

Operator: Welcome and thank you for joining today's webinar on telehealth all community-based organizations addressing barriers for homelessness and connectivity. Before we begin, please ensure you've opened a WebEx chat panel by using the associated icon located the bottom of your screen. If you require technical assistance, please send a chat message to the event producer. To submit a written question, you may either select all panelists from the drop-down menu in the chat panel, enter your message in the message box provided and press enter on your keyboard. Alternatively, there is a Q&A box at the bottom right of your screen that you are welcome to post Q&A questions that the audience can also see. All audio connections will remain muted for the duration of this webinar. There will be no verbal Q&A conducted today. With that I'll turn the call over to Cheryl Levine. Cheryl, please go ahead.

Cheryl: Hello, good afternoon. Thanks for Joining our webinar on telehealth for community-based organizations addressing barriers for connectivity for every individual who is experiencing homelessness and connectivity. If we can go to the next page. My name is Cheryl Levine. I'm with ASPA the office of the assistant secretary for preparedness and response with HHS where I serve as the Director of our Outlets Individuals program and my partner-- providing this webinar for you today include Paulina Hall who's been on detail with us. Thank you to her office. Office of the national coordinator for health information technology is HHS for having spent sometimes supporting the response as well as our great partners at HUD, and I'd like to briefly introduce one of our partners in setting up webinar Christopher Taylor the acting Deputy Director for HUD office of the field policy management. Christopher if you can say a few opening words, thanks.

Christopher: Thank you, Mrs. Levine and to all of our partners and presenters from the Department of Health and Human Services, the Federal Communications Commission Universal Service Administrative Company in Colorado Coalition for the homeless. Today's webinars is cohosted by HUD and HHS. This webinar is the last installment in the three-part webinar series on telehealth for community-based organizations. I truly want to thank our HHS partners for helping to organize these fantastic webinars and bringing the major speakers from the federal government and community-based organizations to share the wealth of expertise and resources with you. As Mrs. Levine said, I'm Christopher Taylor with our head office of field policy management which oversees apartments place take initiative and Including the visions center demonstration. I personally want to thank all of you for your continued service and hard work to help community's agent and partners during an ongoing pandemic and not against social challenges. We really appreciate all our presenters for being able to talk with you all today about the ways to help connect your clients and communities with telemedicine and telehealth services during the Covid-19 pandemic.

Since we have such a great turnout, I do want to take a brief moment to explain what the envision center demonstration is to those who are unfamiliar with the concept. In late 2018, Secretary Carson launched the demonstration just realized resources in a single brick and mortar location. These locations will be called envisioned centers at HUD we initially identified 18 organizations who demonstrated this concept and we've since grown to 60 organizations as of yesterday that have been designated and the number continues to grow. As a designated envisioned center site had committed to see these organizations that we will enhance their service to community under four pillars of self-sufficiency, economic empowerment, education advancement, health and wellness and character and Leadership. Today's webinar falls squarely under the health and wellness pillar and we're hoping the knowledge shared by the presenters will help enhance how the envision centers serve their communities. If you want to learn more about the demonstration, please visit www.hud.gov/envisioncenters. This webinar is a part of HUD's effort to connect our community partners in our play space initiative including our envision centers to critical telehealth and telemedicine resources. In case your colleagues were not able to attend today's webinar, the recording and slides will be made available on HHS's website. We'll also send out materials to all registrants. Without further ado, I'll pass back to Cheryl to introduce today's presenters and begin this webinar. Cheryl, please take it away.

Cheryl:

Thank you Chris. Thank you to my colleagues and you can go to the next slide, please. As we kick off this webinar today thinking about telehealth and addressing the needs of individuals experiencing homelessness and other issues related to connectivity. I wanted to share with you a resource that I think might be valuable particularly to folks interested in this webinar is that we call this our toolkit for addressing individuals experiencing homelessness and disasters and this was a project done in partnership with HHS with HUD and with the veteran's administration and the link is there if you'd like to find this great toolkit is available on my website as well as through to the VA and if we go to the next page-- so it's really got three parts webinar-- three parts toolkits, I just wanted to make sure I highlight what it is for you. There's a section on creating inclusive emergency management system next slide. A section on guidance for those communities' organizations that work with individuals experiencing homelessness on preparing for disasters and then the next slide, and then the section that we created through HHS focuses on health care providers and planning for emergencies for addressing the needs of individuals experiencing homelessness. This is a-- I think a really important tool kit. I wanted to raise your awareness of this resource, okay. The next slide, please.

As Chris mentioned all of these webinars and our three-part series are recorded. We are posting the recorded webinar, the transcript and the questions and answers on our web page. The first webinar is available here.

We focus on Services payment and partners back in July. Next page. And then our second webinar was on promising practices. We talked about accessibility and language access on August 26, and so that information likewise is available on our webpage. Next slide, please. Okay, and just some of the housekeeping for this webinar, as we said, it will be recorded and posted later. Please go ahead and provide your questions to the speakers in the Q&A box, we'll collect all those and address the questions at the end of the webinar, and I'm going to hand it over to Liz Hoya Hall. She's going to introduce our speakers for this session on connecting the communities experiencing homelessness. Liz.

Liz:

Thank you so much Cheryl, and next slide, please. And it's my pleasure to introduce our agenda today. First, we'll be hearing from the Federal Communications Commission FCC going to provide an overview of their universal service fund programs, including the lifeline program. We'll hear about the application progress and as well as their support for covid-19 relief efforts and some additional resources that will be followed by a federally qualified Health Centers the Colorado Commission for the homeless. We'll discuss promising practices for telehealth and access to care for homeless. As well as lessons learned during the Covid-19 pandemic and of course as mentioned that will be followed by a Q&A. Please put your comments in the chat and next slide, please. And without further Ado, I'll introduce our speakers, so first up from the FCC and from USAC you'll hear from Micah Callow, special counsel of telecommunications access policy division-- competition bureau at FCC. Steven Butler senior director of the lifeline program at USAC. Ria Serene communication specialist of the lifeline program at USAC. That will be followed by also with qualified Health Center and he's also the health care for the homeless. Also, we will hear from Andy Grimm who is the vice president of Integrated Health Services with the Colorado Coalition for the homeless and Kaelyn Chandler who is the director of nursing here. Next slide, please. Now I'll turn it over now to Micah.

Micah:

Thanks Liz. Hi, everybody this is Micah Caldwell from the FCC. If you can go ahead and back to the next slide and the one after that. Okay. Today, we're going to start out with an overview of the universal service fund the universal service administrator company and then I'll give you some background information on the lifeline program. And then I'm going to transition the presentation over to my colleagues USAC that's the Universal Service Administrative Company. They actually administer the lifeline program and other Universal service fund programs for the FCC. While we are the ones who—the policies related to the program and the rules related to the program based on our authority it's actually views back that does the day-to-day management and operation of the program. I wanted to start out by giving you all just a quick overview of the four different Universal service programs that the FCC oversees. We're going to talk mostly today about the lifeline program, which is the program I'm involved with. But

they're also four other, sorry three other programs that the FCC oversees and the high cost program which you may have heard of as the connect America fund.

That program is the one where we give funding to service providers to serve and build out infrastructure in rural areas or high cost areas where it's really expensive to deploy infrastructure. We also have the rural healthcare program. That's the one that's focused on-- anyway already be familiar with this, that's the one that focused on healthcare facilities and making sure that they have resources and funding to provide telehealth services. And then finally there's the schools and libraries program as the name suggest that one provides funding to school's library and it's also called e-read program so that they can provide communication services and broadband services for students to access such as Wi-Fi. If you can proceed to the next slide, please. To focus mostly on the lifeline program for purposes of today's presentation, I wanted to give you a quick overview of what it is. What's the lifeline program is and how we help consumers. The other three programs which target funding to organizations and entities that provide broadband services. This program is actually designed to help individual consumers. And the way that we do that is we provide a discount each month for consumers that they can receive also their telephone service bill or their broadband service bill from their service provider. The discount, it is said the discount is 925 for a month.

The way that actually works in practice though is that many service providers that offer a low-income offering will price they're offering such that it either is around 925 or maybe slightly more than 925 so that the lifeline products if the consumer can sign up for is very low cost or even free in certain circumstances. One exceptions to the 925 discount is our support amounts that we will provide and that's available so it's on top of the 925 and that's available to consumers who live in an un-qualifying tribal land. In addition to the 925 per months, they get up to an additional \$25 so that their total discount is \$34.25 a month to give you a sense of the scope of how many consumers have the enhanced support, give you enhanced support out of the 7 million households that participate in lifeline about 274,000 this received enhance support. One other thing that I want to just touch on really quickly is some of the rules related to the program. A household is defined as a group of people that share income and expenses and you can only get one lifeline benefit for household. If you have questions about how that works for consumers who are in transitional housing situations or experiencing homelessness, so I wanted to make sure that we covered that if you do not share income and expenses with other people at the location where you reside multiple people there in their separate households so to speak can sign up for the benefit.

If you are in a homeless shelter, for instance, you don't share income and expenses with most of the other people who live in a homeless shelter, unless maybe it's your family that's with you. That means that you as your household within the homeless shelter could sign up for the lifeline discount. Even if there are other people who lived that location or staying at that location who also receive Lifeline. Could you go to the next slide, please? In order to qualify for the platform program, you can do that in a couple of different ways. One is you can show that your income is at or below a hundred and thirty-five percent of the federal poverty guidelines or which is the most common way to do it is to show participation through a qualifying government program. The major main programs that most consumers are able to qualify through include Snap, Medicaid, Supplemental Security Income, Federal Public Housing Assistance and then the Veteran's Pension or Survivor's Pension. Now there are also some additional programs that consumers living on tribal lands can use to qualify for lifeline. And those are the BIA general assistance program, tribally administer [00:14:39 keeness], tribal head start and food distribution program on Indian reservations.

I did want to point out really quickly before I transitioned the presentation over to Leah, she'll explain this. The application process is through what we call our lifeline national verifier that is our application system that we use. This is available nationwide, online and then also we have a people base application-- will explain if you are qualifying through one of the program's listed here, we might have a connection to a database that will tell us automatically if you are participating in that program, which is extremely beneficial because that means that you don't have to submit documentation to show your eligibility. We can we can determine your eligibility based on the information through our automated connection and currently grossly about two-thirds of consumers here apply for lifeline are able to qualify automatically. Next slide please. With that I'm going to turn it over to Leah to describe the application process and some of our Covid-19 relief efforts as well as point out some resources that are available to all of you and also point out anything that I might have failed to mention during my portion of the presentation. Thanks Leah.

Leah:

Perfect. Thank you, Micah. As Micah mentioned I'm Leah and I'm a communication specialist with the lifeline program. I'm really excited to be here today and talk to you all about this necessary benefit. The next slide please. With that I'm going to go ahead and get started by talking about how consumers can actually apply for lifeline. As Micah mentioned we used the national verifier which check consumer's eligibility for lifeline, so this is our federal applications two step after eligibility is determined by the national verifier a consumer selects a lifeline eligible phone or internet company to enroll in the program and receive service. That's a really important call out to note is that it is a two-step process. First a consumer must apply and then

he must contact a phone or internet connection they've choosing to enroll, so a consumer can apply what a paper form because we of course know that not all consumers will have access to the internet. If they need a paper form mailed to them, they can call our support center and have a copy of the paper application mailed to them.

They will then complete the paper form and mail it to our lifeline Support Center for a review. A consumer can also apply online by visiting checklifeline.org if they do have access to the internet. This online application is accessible from any computer or mobile device, a smartphone or a tablet or a desktop. Consumers may also apply with the assistance of a phone or internet company. If a consume or already has a company in mind that they want to enroll with or they cannot determine which company, they want to go with by using our companies near me tool. I saw a question asking about which company participate in our program? The company near me tool is a great resource to utilize. It will populate a list of phone and internet companies that serve a specific area and offer the lifeline—and that offer the lifeline program. After consumer select a phone or internet company, they will visit that company store locations or some companies will have the application available on their website. The company will collect the consumer's information and submit the application on the consumer's behalf.

I did want to call out that in California, Oregon and Texas the national verifier relies on existing state eligibility processes in these three states, so that means that the application process may vary slightly and consumers in these three states should check with their provider or public utility commission to begin the lifeline application process. Next slide, please. With that I'm going to go into the application process online in a bit more detail. Next slide, please. If a consumer is applying through the consumer portal which is the online application available to consumers, they would visit checklifeline.org. A consumer can sign into an already created application by selecting consumer sign in which is called out in the green box. If a new consumer is applying for the first time, they will look at the information that we've called out in the orange box. The consumer will select where they reside and then they'll press get started. Next slide, please. After a consumer select their state or territory and get started, they will enter their personal information so their name, date of birth and some additional information. They will then be asked to create an account, create security questions and the purpose is if they forget their account credentials, they can use the security question to reset their information and then they can indicate how they prefer you to contacts. That can be by phone, by email or through a mailing address.

The consumer will indicate how they qualify for lifeline. There will be a list of all the programs and then an option to qualified through income and the

consumer will just select all the applicable boxes. The consumer will then have an opportunity to review their information and edit information if there were any typos or mistake. If the national verifier could not verify the consumer's information, so if you just need more information about the consumer's eligibility or their identity, they will be notified in real time of the application errors and be provided with instruction to resolve them. After the consumer has resolved any application errors, they will review and certify to nine statements by entering their first and last initial next to each statement and it will also provide an electronic signature by typing in their full name once a consumer has done that they will submit the application and once they have successfully qualified again the next step would be to contact a lifeline company to enroll in the program.

Next slide, please. I'm not going to go through all of the fields on the online application, but I did want to call out the address field. Applicants are required to include their primary address on the lifeline application. However, we do have some adjustments for consumers experiencing homelessness or consumers whose home doesn't have a street number name. If that's the case a consumer can enter what we call a descriptive address and the street number and name field. The example you're seeing here is similar to examples we've seen in the past. They should just indicate any description of where they reside, they will still need to include their city, state, and zip code, but I wanted to be sure to call out here that a street number is not necessarily required for the home address field. Next slide please. Every consumer enters a descriptive address, so if a consumer is experiencing homelessness, or they enter another address that cannot be verified, they'll just need to provide a bit more information about where they reside using the mapping tool. This is what we call the national verifier mapping tool and it will try to locate where the consumer resides based on the information they originally entered and the consumer will be able to move the pin around to locate where they live and the latitude and longitude coordinates will automatically populate from the pen drops. If the consumer does know they're coordinates and that's easier for them for them finding their home on the map. They can definitely just type in the coordinates instead.

Next slide, please. Now I'm going to talk about how consumer would apply through the paper form. Next slide, please. A consumer would enter all of the same information that they're entering on the online application on a paper form. We just ask that a consumer writes clearly and uses black ink and all capital letters before allowing USAC to process our paper application more quickly and ensure that we can easily read the information and I wanted to call out that all pages of the application must be completed except page 7. Page 7 is for phone or internet companies if they are helping the consumer apply with a paper form. They know then you get a lot of page 7. Otherwise, a consumer can just disregard that page. Next slide, please. A

consumer has the same option to enter a descriptive address on the paper form. However, they will also need to provide just a little bit more information about where they live if they use a descriptive address and we have the options laid out here.

The first option is if a consumer has access to the internet, but does not want to submit an online application, USAC recommend that they use a mapping tool such as Google Maps to drop a pin where they live. They can print out the screenshot of the mapping tool which shows their home address and mail that into our support center along with a completed cover sheet. The second option would be to use a map from their communities. If a consumer is able to get a map from maybe a gas station or the phone or internet company might have maps on hand or if applicable their tribal government may have map on hand. They can use a map in their community and show where they live and if they have coordinates-- if their coordinates are known they should write those on the map and then they can mail that information to the lifeline support center again with a completed cover sheet. Next slide, please. A consumer may also enjoy not to show where they live and the image, you're seeing here is an example of an acceptable hand-drawn map. The image should include crossroad, identifiable landmark, and distances. And again, a coordinate are known the consumers should write them on the map. Again, that consumers should mail this out to the lifeline support center with a completed cover sheet. I did want to call out that there are several other documents acceptable to resolve and address error. In addition to what I've covered this now, but USAC thus strongly recommend that it a consumer should be enhanced, tribal benefit uses one of the three options I just posted here and that's because in order to identify a consumer lives on tribal land to receive enhanced support. USAC will need information to identify the consumers coordinate.

Next slide, please. A consumer will mail the completed application to our lifeline support center at the London Kentucky address listed here. USAC will send an eligibility decision from the lifeline support center, so consumers should keep an eye out for mail from the lifeline support center and if a consumer's application received an error and they need to submit more information, the consumer will also be notified via. mail from the lifeline support center. Consumers should receive an eligibility decision within seven and ten businesses if they've applied through the mail and this just include the processing time to receive the application and mail it back. Consumers can always call and check on the status of their application by calling our lifeline support center at the 800-number listed here. Next slide, please. Now I'm going to go into Covid-19 relief. Next slide, please. What I'm going to talk about now is a series of temporary program changes that you USAC and the FCC have released to ensure those hardest hit by the pandemic are able to receive this benefit and not involuntarily removed from the program.

That's [00:28:38 inaudible] that had suspended the rules and processes listed here through November 30th. That includes recertification, re-verification, general de-enrollment requirement unless a consumer word to request to be de-enrolled, usage requirements and USAC program integrity reviews are all on hold through November 30th. Next slide, please. USAC is also adjusted certain documentation requirements through November 30th to make it easier for those hardest hit by the pandemic to apply. I'm going to run through these pretty quickly. But if you have questions, please feel free to submit those in the Q&A, and we'll address those. We've made adjustment to our prove of income documentation. If a consumer need to submit income documentation to USAC, they have additional options outside of submitting three consecutive month of income documentation. Through November 30th they can also submit a notice of unemployment benefits for a notice of successfully submitted application of unemployment benefits. We are also temporarily accepting expired identification cards to prove a consumer's identity if they need to submit documentation as long as it's expired on or after March 1st, 2020.

Lastly, we provided additional relief for rural tribal consumers. Consumers living in rural areas on tribal lands may begin with receiving service, even if they still are in the process of providing necessary documentation, and they will have 45 Days to submit that documentation all of this information is outlined in much more details on our lifeline covid-19 response web page. Next slide, please. Now I'm going to quickly go over resources. Next slide, please. We had a state and federal partner's webpage, which outlines key things to know for our state and federal partners. That includes information and trials on the lifeline program more information on the application process by applying training opportunities and contact information. This is really meant to be a one-stop shop for Consumer, I mean for state and federal Partners to pull information for their consumers. Next slide, please. He also had a consumer website, so this includes educational material about our program created for consumers. This is also where the house to companies near mutual, so again that allows for you to search for a list of companies and a specific area by zip code or city and state it will populate with a list that you can print and the local include all the companies and that area, their phone numbers, their website URL and what service types they offer.

Next slide, please. I'll actually source aide our lifeline team. If you email lifeline program at usac.org, you will be connected with a program analyst and that is where you should email information about questions, about our lifeline system. If you have requests to partner with lifeline educate shared consumers, or if you have a program feedback. We also have our lifeline support center which is meant to serve consumers. That team can be contacted at the 800-number listed here or by email at lifetimesupport@usac.org. Our support center is open from 9 AM to 9 PM

Eastern Standard Time seven days a week. Next slide, please. Till then I know I went through that information at the end very quickly. I just wanted to make sure our next presenters had enough time. But if you have questions, please do enter those in the Q&A and we will address them. And with that I'm going to go ahead and hand it over to Andy at the Colorado Coalition for the homeless to take over the next presentation.

Andy:

Great. Thank you very much. Hello, everyone. Good afternoon. My name is Andy Grim. I'm the vice president of Integrated Health Services at the Colorado Coalition for the homeless and I am going to talk to you a little bit about the Coalition and our history with telehealth and little bit about our response to the Covid-19 pandemic. Kaelyn Chandler our director of nursing is going to join me here in the middle of the presentation. If we could get the next slide, please. I just wanted to give a brief overview of the Colorado Coalition for the homeless. We are a very unique organization. I like to tell people that in many places in the United States the work that the Coalition does is done by four or five different organizations. We have a mission around reducing and preventing homelessness. And really the creation of lasting solutions is our ultimate focus. And we also have a strong advocacy effort that we do statewide here in Colorado. We are the largest Statewide Homeless Coalition in the United States.

Next slide, please. This is our philosophy of service. Ultimately, we at the coalition believe that all people have the right to adequate housing and healthcare, and we worked to remove the barriers that restrict the access to those right and we firmly believe that Society Benefits When adequate housing and healthcare are available to everyone. Next slide. A brief history here of the coalition, so Colorado Coalition for the Homeless was established back in 1984 and 1985 the Coalition began providing its first Health Care Services of primary care and Behavioral Health Care Services in a clinic there that you can see in the photo on Scout Street here in Denver, but then the Coalition really recognizing that without housing you can only do so much and truly believe in that housing is Healthcare and realizing that no one else was probably going to step up and do the construction necessary the Coalition embarked on actually building and operating transitional and ultimately affordable and permanent supportive housing. Between 1990 and 2000 there were four hundred and seventy-two units built or acquired and then early in the two thousand decade in 2002 the real integration of Housing and Healthcare began to happen and so here in 2014 are large new Stout Street Health Center opens where we have a fully integrated multidisciplinary care team, which I will discuss a little bit further here on the next slide.

As a federally qualified Health Center or Community Health Center the Coalition receives Federal funding through OSA in both the healthcare for the homeless and the public housing Primary Care funding streams, unlike

many other community health centers across the country. We are specifically and only funded for the healthcare for the homeless and public housing primary care mission, so we do not receive any of the general Community Health Center funding that other see if she's around the United States receive our mission is purely focused on providing services to those populations. We are the only organization like that in Colorado and there are not many around the country that have just healthcare for the homeless funding. A multidisciplinary care teams involve every type of provider you might imagine from Physicians nurse practitioners Behavioral Health Providers, which include licensed clinical social workers and licensed professional counselors. We also have a full dental clinic service. We have dentists and dental hygienists and provide a full spectrum of dental services. We have an outpatient pharmacy that fills hundreds of prescriptions for patients on a daily basis. We also provide respite services for individuals who are being discharged from hospital settings that need additional care that you or I might receive as home-based care benefit. We also provide a vision services and have a full Eye Clinic including Optometry and Ophthalmology and then also provide a full spectrum of Integrated Primary Care behavioral health and substance use disorder treatment, including Psychiatry. We really have fully integrated Healthcare model along with a full complement of supportive Services case management peer mentors housing counselors, and I just threw in a comment here that this integrated model of care is constantly evolving now in response to covid-19 and in response to us to telehealth our model really previously was with a focus on in-person visits that we would bring all of the services to an individual patients in the exam room and we'll take in our multidisciplinary team that simply more difficult to accomplish now because of different COVID restrictions and it's definitely harder to accomplish that on a telehealth or telemedicine visit. Those of us who provide integrated healthcare are going to really need to figure out how to adapt this model as we move forward in the response.

Next slide, please. Just a quick overview of our data here, so we did serve fifteen thousand two hundred and four Unique Individuals in 2019. We're on track to probably get to around 16,000 individuals served this year. And that's for all of our integrated healthcare services and supportive services that come under our community health center program. Just a quick breakdown that kind of our medical dental mental health and vision numbers and of note 95% of the patients that we serve over 18 and older and as a health care for the homeless provider that is something that we appreciate and don't want to see how most children have to seek her services. we really are focused on the adult population, next slide. You heard me mention this phrase earlier at the top here, but we truly believe that housing is health and that unless someone has a roof. We're at a place to

call their own their healthcare schools are never going to be able to be fully met.

That is a photo there of our Stout Street Lofts, so the Stout Street health center, which is our largest health center is on the first two floors of that building and then on the top three floors of that building are apartments that are permanent Supportive Housing that we own and operate as a property manager. Next slide. As I mentioned, we are both property developer and then property manager for affordable and permanent Supportive Housing across the Denver metro area. We currently have 19 properties and last night we slept a little over 4,000 individual households in the permanent support of that affordable housing that we operate and we really come by a little barrier housing Healthcare and Supportive Services as are fully integrated model to help support people in staying in housing once were able to get the house. Next slide. And I in order to help people remain housed. We provide a vast complement of support services that you can see here everything from case management and vocational programs. We have different benefit acquisition assistance. We do use Street Outreach provide other Community Resources. It's really important to wrap all of those services around-- they can be successful in staying housed and meeting our health goals.

Next slide. This is our Fort Lyon support of residential community. It is a historic former VA hospital campus. It's on 500 acres and Ben's County and Rural Southwest Colorado. This is a place where individuals experiencing homelessness from across the state of Colorado can leave the community and which they're struggling with substance use disorder and homelessness and go to this campus for up to two years at no cost to them to help them recover from their substance use-- and gets their health and other life challenges more stable and the ultimate goal of this program then is to place people into a permanent housing solution after they graduate from the two-year program or sooner if that is something that they can meet through their goals. Next slide. So the big challenge with Fort Lyon is that it is over three hours away from all of the other Colorado Coalition for the homeless Denver-based services so you can get a sense of how far out in the middle of rural Colorado that location is so that location and really a lack of in-person connection to other providers has always made provider recruitment challenging at the Fort Lyon location. We have a community health center site on that campus that provides services to the people living on the Fort Lyon campus, but is also available to former program participants and other members of the community who might be experiencing homelessness. And so, we provide Primary Care Behavioral Health including Psychiatry at that location.

Next slide. Prior to-- I'm sorry can you go back one slide. I'm getting into Kaelyn's slides here. Prior to 2019, the only telemedicine services that the

Coalition was providing words to connect a psychiatric nurse practitioner or psychiatrist from our main Health Center location in Denver to the rural Fort Lyon Clinic location. And we did that a couple of mornings a week. Generally, that was not a reimbursable service in Colorado for a federally qualified Health Center, but there was just no way for us to recruit a provider particularly a psychiatric provider and give them a meaningful opportunity to be successful in such a small rural community. The same thing really goes for our recruitment of primary care providers, which will get you here in just a moment. I'm going to turn this over to Kaelyn Chamber our director of nursing so she can talk about our current telemedicine efforts.

Kaelyn:

Hello everyone. Thank you so much for having us on here today to speak and so just picking up where Andy left off then moving into our telework efforts. We've been really creative and our funding sources as a community health center and as a nonprofit that works with Health Care and Housing, especially the population of people experiencing homelessness. We first— and diving in a telemedicine route didn't know exactly what the reception wouldn't be with our patient population and how much they would be interested in this mode of technology and so this is nurse education practice quality of retention grant we got that funding for again July of 2018. It's a four-year grant through-- the Bureau of Health Workforce and it is a four-year training grant really working on the nursing workforce and training up nursing students to pursue careers in primary and Community Health Care. Next slide, and you know, we already unique organization with this recipient because a lot of the funding recipients were on the university side, but at the community health center, we really use that grant to do all of these are our goals for this grant base objectives here and as you can see the second to the last line really, one of our goals is to increase the percentage of satellite help center site patients so that access integrated health care service through the enhance—including creating a mobile telemedicine program for nurses. What we did is we really wanted to train our nurses in the workforce to help get our care and access out of the traditional role for the role of our clinic space and really a pilot this work in technology and see if it works for population.

Next slide. Another funding source that we were able to creatively used also help support some of this work is to through our Prime Health Innovation Challenge in 2018. If you go to the next slide, it tells a little bit more about this. But this is again through the Colorado Health Foundation. Most of these were different grants and this one funded prime health annual innovation challenge, CCH actually serve as a judge in a host organization. They had a shark think like event or we were able to partner with care on location to use their \$50,000 reward advance or telemedicine effort. And care on location has been a critical partner in helping us. They actually provided and put together the technology options for us to trials from these

initiatives across the diaspora who are serving here. Next slide. Going back to that primary health care Font Lyon this was our pilot project here. We really use it in this rural area to see if folks are interested in utilizing telemedicine services on the patient's side to give our nurse [00:48:56 **inaudible**] because really work together to make this resource valuable and it really did help a provider retention and recruitment efforts to really get care access out for this location and one of our challenges is always been not until our COVID response as a federally qualified Health Center in Colorado, we're not eligible for Medicaid reimbursement return and that's why it was difficult up until more recently slowly for us to go towards these efforts because of course reimbursement is critical. What we could do and how we could help some of this grant funding support this work was wonderful but again until recently those services have been reimbursable.

Next slide. This is a picture of our telemedicine set up at Fort Lyon and the providers and the nursing team, you're not owning a great kit and learning how to use it from the patient's side. And also, there's a unit cost of provider side. Next slide. This slide is a picture of our telemedicine back pack, so once we realize that it's being work well, our Font Lyon health center, the next place we wanted to trial our telemedicine efforts was on our street outreach teams, because we know that people experiencing homelessness again when they have belongings or if there is, you know, limited trust or engagement with healthcare services, but they still needed there's a lot of care needed on the streets and so we actually paired again with care and location to develop these backpacks so when nurses were carrying out on the street to see people to connect when people are on the streets connect right to people in our clinic. Being with whatever services they need and to reform demand access.

Next slide. This is what our nurse coordinators demoing the backpack here. And again, the nurses really love it because they're able to offer a higher level of care out on the street and our Healthcare Providers really love it because they're able to see more people that-- wouldn't be able to make it into a clinic setting and they're really fulfilled this concept of meeting people where they are. We were interested. You can move to the next five you're interested of its street outreach again to see if clients really would want this level of service or not. Again, you're out on the street there, potentially our privacy concerns on the side of the patient. We didn't know if people would really want to engage with us provider on the screen rather than person building that trust and one of the things, we found is that nurse bring the backpack out really. Well just that trust and people actually wanted immediate access and really, we're excited about this pilot really wanting-- we're asking for this resource more and more, more than we even realized. Because of that the state of Colorado governor's office of e-health innovation actually of awarded us and innovation award to expand the fuse

of backpack because we did see how effective it was and we need more funding to fund the backpack.

Now we're actually going to be studying it and not just two nurses, but MAs and our case managers are on a community. This is one of our nurses in the housing unit somebody doing—treating this woman for really caring cellulitis because she's having mobility issues to come in for clinic. Next slide. COVID has really increased their telehealth efforts again for one it's been more critical than ever to have socially distant healthcare and also provide people Health Care in their homes so that they can safely isolate as needed until he has been again with our housing units, we've been providing telemedicine services. And then also we-- with COVID these services become reimbursable which is amazing. I'll let you read through them in detail. I know we're pushing up against the end. Next slide. This webinar is recorded, and you will all be provided the slides. Our activated rested with a good action response during covid-19 has been in partnership with the city of Denver with multiple other nonprofits. We did create and active addressed. Tell where people experiencing homelessness could isolate and quarantine based on positive tests of Covid-19, so it's not spreading to congregate shelters. And then we also created some predicted action rooms, which are about 600 hotel rooms for people who are at highest risk of COVID can go and isolate themselves as they have no way to protect themselves on the streets.

Next slide and really, again, we have really piloted a lot of this backpack work and telemedicine work in this hotel room because again, we just want to limit the high-risk face to face contact and we want to make sure they were offering full health care services to these people who are high-risk. Last slide here is that next one. Our key takeaways, I would just always encourage you to be creative. We have made so much progress here at CCH just been asking clients what they prefer, doing client surveys, asking staff what they need looking at our recruitment and retention, looking at barriers to care. Then also looking for regional opportunity, local opportunities like the Prime Health Challenge for federal grants, for state level grants that will provide services that can fund some of these telehealth and its initial setup cost for this technology and really, like I said people want to be met where they are if we go and-- if we get out of some of the traditional round in healthcare and ask people what they need, I think we're always surprised here at CCH and I'd encourage everyone on this call. I think it's continually surprising to know what people actually want versus assuming what we think they will meter what they want in terms of access Just in case. that that's that and on this note I will hand it back over to Cheryl for the final minutes.

Cheryl:

Hi, thanks this is Cheryl from HHS. Thanks to our amazing speakers. We have just a couple minutes. I'm going to throw a couple questions out there.

We've captured all your Q&A we'll have an accompanying resource to cover that when we put up the recorded webinar. Back to FCC just a couple things for following up. Can you maybe get some clarification about when individual experiencing homelessness who doesn't have an address it, can you give us any more information about how they could provide that hotspot and if there are any more information about tribal or persons who are living in cities not tribal lands, thanks?

Micah: This is Micah and I'm going to differ to Leah in the first question with respect to the application. I think she's described that to some extent when she was going through the application process about the alternative there if you don't have an address.

Leah: Hi, this is Leah. To answer the first question great question, great question. I did want to clarify that providers, so the lifeline companies will also-- the lifeline companies will be the ones responsible for providing devices to actually receive this service so questions about the hotspot or how could you might as well make use of it, that is something that the consumer will need to speak with their provider about in regards to consumers experiencing homelessness. Yes, as I did mention on the application itself consumers do have the option to include a descriptive address to indicate where they reside however our guards to receiving communication when you talk about the status of your application. They have the three options so they can do a phone number and email address or a daily address or a mailing address so if a consumer is experiencing homelessness and has occasional access to the internet including their email maybe a good option here. Another option would be if they visit a shelter frequently or another support service that they are able to receive mail at, that would be a good option to include a folder mailing address. And then lastly of course, we know that not all consumers do have access to the internet but the way to receive the quickest response would be applying online and receiving an eligibility decision online. If a consumer is able to maybe get access at a public library or again do another support service. That would be a really good option for a consumer to submit an online application.

Micah: Okay. Thank you so much, Leah. Thanks again to our speakers. Great topic. Really interesting telemedicine practices and programs. We are out of time. We'll put everything up on the web for you to be able to get these resources at a later date. On our 505 we say thank you. Thanks to everyone. Thanks to our speaker. Thanks to our participant and thanks to our partners. Have a great day.

Operator: And that concludes our conference. Thank you for using Event Services. You may now disconnect.