

**COLLABORATIVE SOLUTIONS, INC.
HOPWA COVID-19**

**Moderator: Valencia Moss
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OPERATOR: This is Conference # 302752084

SLIDE 1

Valencia Moss: Hello, everyone. And thank you for joining us for the COVID-19 Information for HOPWA Grantees and Project Sponsors. Today's webinar will begin promptly at 1:00 p.m. Central Standard Time, 2:00 p.m. Eastern Standard Time. We will start in two minutes.

COVID-19 Information for HOPWA Grantees and Project Sponsors will begin promptly in one minute.

Valencia Moss: Hello, everyone. And thank you for joining us the COVID-19 Information for HOPWA Grantees and Project Sponsors. Please note that today's webinar is being recorded.

And for those of you who missed it or would like to watch this webinar at a later date, you may do so immediately following the webinar by clicking on the link for the live webinar series.

If you would like to communicate or ask questions throughout today's webinar, we ask that you locate the chat box located in the bottom left-hand corner of your screen. Individuals will be monitoring the chat box to answer all questions throughout today's presentation.

Also, if you would like to download a copy of today's webinar, you may do so by locating the link box located in the left-hand corner, select COVID-19. This will allow you to download the project directly to your desktop.

Also, throughout the webinar, they will review Using HOPWA Program Funds for Infectious Disease Preparedness and Response. You may download that directly to your desktop as well.

I would like to introduce to you your first speaker for this afternoon, Kate Briddell.

Kate Briddell: Hi, everyone. My name is Kate Briddell and I am the HIV Housing and Health Program Manager here at Collaborative Solutions. We are pleased to host this webinar entitled COVID-19 Information for HOPWA Grantees and Project Sponsors. We are very pleased to welcome all of you today.

SLIDE 2

Our moderators today are myself and Crystal Pope. We will be assisting with the question-and-answer portion of this webinar. Today's speakers are Rita Harcrow, who's the director of Office of HIV/AIDS Housing at HUD; Ben Ayers, deputy director of Office of HIV/AIDS Housing; Amy Palilonis, senior program specialist, Office of HIV/AIDS Housing; and David Canavan, technical assistant provider with the Special Needs Assistance Program.

At this point, I would like to turn it over to Rita.

SLIDE 3

Rita Harcrow: Hi, everybody. This is Rita Harcrow. I want to thank you all for joining the webinar today. Since this is our first webinar and opportunity to reach out to our HOPWA Grantees and providers about the COVID-19 crisis, we have some pretty broad objectives here for today.

Our main goal is to take the latest information we have and put it in your hands, and where we know of resources to make sure you have access to those. We also want to spend time answering questions. Some have already come in through the AAQ portal, and some will come in today in the chat

panel, as was mentioned. And we will do our best to answer as many of those questions as possible.

SLIDE 4

And while we want to get information to you, this webinar is not intended to offer specific protocols or mandates on how your local community should respond to COVID-19. Every grantee must determine the best strategy based on local needs and unique situations, including your HOPWA program model and the local COVID-19 impact that you're experiencing.

The Public Health COVID-19 Guidance we've all been receiving and at the federal level and what you've seen at the local level is critical to shaping our response. And I want to acknowledge that this information is updating rapidly, sometimes it's several times a day. The Public Health Guidance should be the primary driver in your local decision making for health and wellbeing of the people served by HOPWA as well as you and your team members.

Though we're not developing specific protocols for grantees or issuing COVID-related mandates, what we are doing is assessing the Public Health Guidance and working to provide you with information and flexibility to deploy the appropriate strategies for your program in your local community. And so, now I want to turn the webinar over to David Canavan. David is a subject matter expert on disaster recovery and infectious disease response for HUD Homeless Programs. He's now in a lead role for the COVID-19 technical assistance work for HUD's homeless program.

And we've asked David to join today and help translate some of that continuum of care and homeless response expert information for HOPWA. And after David speaks, we'll hear from Ben Ayers.

So, David I'm turning it over to you.

David Canavan: Thanks so much, Rita. And thanks for having me here to speak with your grantees in the HOPWA Program. I really appreciate the opportunity. For

folks who don't know, the Special Needs Assistance Program Office of HUD does maintain a Disaster Technical Assistance Team.

And we have worked in the area of infectious disease repeatedly over the last ten years, working with drug-resistant tuberculosis, hepatitis A, shigella, a variety of infectious diseases. And so, while this particular event certainly exceeds anybody's sense of scale or plan, I was glad that we had some assets and resources to deploy quickly to help answer some very specific questions.

So, I want to start by directing everybody to the – if you do operate a congregate program, the guidance that it is on the HUD exchange regarding the shelter management during an infectious disease or public health outbreak, CoC Programs, for some of you that will be more relevant.

I know that we share funding with many folks between the CoC Program and the HOPWA program. And then working with outreach teams. I think that the information and guidance there – and we did work with the CDC and HHS on the development of that guidance is useful. And it really looks at some of programs in congregate settings that are very concrete in terms of the bleach solution concentration, how to track chores.

I come from a provider background, so I know in the shelter program I worked in, we have residents who were part of the chore schedule. And so really thinking through how those activities are executed in this moment of where people are feeling at increased threat.

Like any infectious disease – and I know many of you are very familiar given the foundation of the program in the HIV/AIDS world with how disease can be stigmatizing to a particular population - I think it's important that our activities, our directions, our perceptions are grounded in science.

And we know a lot at this point about this – this virus. We're still discovering a lot of things, but we do know a lot. That it's droplet-based and that we need to be very focused on cleaning things, but that we understand the infection vectors that are involved.

And all of that guidance is up on CDC's website and that is the primary source for public health guidance. And CDC specifically has resources around HIV-positive individuals and coronavirus and the intersection of the two infections.

And so, fundamentally, what we want providers to do is figure out how to integrate adaptive procedures in this moment to still deliver the care that the programs are responsible for. That there are reasonable edits to program delivery methods.

SLIDE 5

I answer the AAQs around health preparedness at this moment on the AAQ desk for the SNAPS program. And we're getting lots of questions about masks, and PPEs and all of those need to be guided by public health.

The most recent CDC guidance that I have read is that personal protective equipment is not necessary for folks who are not delivering healthcare in a confined space for more than ten minutes. And that masking individuals who are positive is the correct procedure.

Now, we want to stay up to date on our information and we want to be aware of where that information will be published and get on list serves and things like that. But making choices that are fundamentally informed of the – by the science is critically important in this moment.

We also have some communities that have taken the lead in kind of navigating some of these critical issues. And so, you'll see up on the HUD Exchange we have put lots of community examples up. And that is really just our sharing the information that we have available to us.

So, the Atlanta screening tool is up there, and a few other examples from some jurisdictions around the country. We are collecting these rapidly and assembling them and trying to really make them available to communities to navigate these moments.

So, the shelter screening questions from Atlanta you'll see up on the HUD Exchange are around new symptoms. We know the intersection of individuals experiencing homelessness and respiratory illness is high. And so, the

screening tool particular to Atlanta is focused on new symptoms related to this.

And then what's critically important also is that programs have a vision for what happens when they are concerned. We want – on the SNAPS side we really encourage our grantees to engage deeply with public health and emergency response officials in this moment to make sure that we're taking reasonable steps that don't overwhelm our systems of care that we are a part of and we all depend on.

And so, calling 9-1-1 because somebody has a cough is going to quickly overwhelm that system. The capacity of the 9-1-1 system is not built to manage that function. And so, I've been sitting at an emergency operation center in the state for the last two weeks and they've really been navigating, how do we take assets like 2-1-1 or 3-1-1 in jurisdictions and use that as an initial screening.

Of course, we never want to be getting in the way of somebody who feels like they need access to emergency care. And so, people need to execute that resource as they so indicate. But as system planners and program administrators, trying to think through these questions clearly and thoughtfully is, I think, of great value to our jurisdictions.

As I said, coordination with public health authorities, with our CoCs are critically important. I know we've used our TA providers on the disaster technical assistance team to support those dialogues and make sure that they're very focused on, you know, high utility conversations in this moment.

We have had, unfortunately, some programs choose to stop serving individuals, which is – without a clear vision for what happens. And again, this is probably more relevant for programs that are serving homeless individuals. But where individuals are experiencing homelessness go then in those moments when our homeless shelters close is critically important, and how to plan for that moment rather than doing so on – independently.

And we have lots of jurisdictions that are exploring non-congregate options. So, for folks who are on the street, who are in this highly vulnerable category

– and again, with the crossover of these – of your programs with HIV and COVID-19, we've – being thoughtful of how can we can marshal new solutions that help us to avoid infection where possible because we know that folks with – who are medically fragile, who are elderly are at a higher risk of severe symptoms. And so, trying to make these health policy decisions in the community in consultation with public health authorities and emergency management officials will have a lot of value to the jurisdictions in this moment.

Rita, I think probably that's a good stopping point. I apologize to everybody. I only have one slide. I've not had an opportunity to kind of put all of this together. But much of what I just referenced is on HUD Exchange. And happy to pass any information along that's needed. And we'll be answering questions at the end.

So, Rita or Ben, do you want to take it from there?

Rita Harcrow: It's to you, Ben.

Benjamin Ayers: Oh, OK. Can everyone hear me?

David Canavan: Yes.

Benjamin Ayers: Hopefully, you guys can hear me. So, I am...

Valencia Moss: We can hear you, Ben.

SLIDE 6

Benjamin Ayers: So, hi, everybody. Ben Ayers here deputy director in the Office of HIV/AIDS Housing. I do want to start out by just saying that, you know, as a person living with HIV, it can be, you know, a very scary time out there right now.

You know, I, myself have had fears about going, you know, to the grocery store, if I pick up COVID-19, you know – you know, what exactly happens to me if I get sick. What happens to my T-cell count?

So, you know, I can assure you that, you know, your clients are probably feeling the same way. And quite likely a good portion of your staff as well.

Not only if you're getting COVID-19, but likely of passing that on to one of your clients.

And so, the truth is, really, for right now, there's not really a lot of data out there to show that, if a person with HIV who, you know, has a healthy T-cell count, and is virally suppressed is really at a higher risk than the normal general population.

And there's not really a lot of data out there either to say, you know, if a person with HIV, regardless of whether they're virally suppressed or not, or not in treatment, how COVID-19 impacts them. If it's – if they're hit harder with more severe symptoms or if they're more likely to pass away, there's just not a lot of data out there right now.

So, what I can tell you what we do know is, of course, that people whose T-cell count are 200 and below are generally highly susceptible to upper respiratory infection. So, I say kind of all of this just to say, you know, that's why it's really just kind of important, you know, for everybody to just, you know, remain calm. I, myself, have to calm myself down, every once in a while, you know?

Remind myself that, you know – you know, I'm not in The Walking Dead or anything, you know, and things will kind of turn back to normal. And just make sure I practice, you know, the CDC recommended isolation and personal hygiene recommendation.

You know, keeping six – six feet from someone else, you know, washing your hands often. Wiping down the surfaces you use. You know, not touching your face. And so, like, as I'm touching – you know, saying this, I'm touching my face. So, that's, like, the hardest one ever for me.

And it's also equally important that your clients stay engaged in care and have a supply of their antiretroviral; at least 30 days. I, myself, get three months' supply when, you know, emergency situations happen or I'm on long travel and my mail ordering system allows me to do that. That might be an option for some of your clients.

Also, us with – especially us with HIV should make sure all of our flu and pneumonia vaccines are up to date. And if you're aware if that a client or an intake has symptoms of COVID-19, getting them, you know, access to those healthcare services as soon as possible.

And so, you know, I just wanted to reiterate some things that David was saying. You know, it's extremely important that you continue your intake and outreach efforts. So, we got to think through some ways to be really inventive about how we do this intake. And that – and that could involve, you know, doing intake remotely as much as possible.

If folks have to come in, that, you know, those appointments are scheduled staggered-ly so that, you know, there's not a group of people in your intake offices, you know, all at once. You know, wiping down surfaces that are used, you know, before and after.

And it's also very important for clients to use, you know, social media and Facetime when possible to stay connected to each other as well as their support systems. I mean, we all know, you know, clients who are recovering addicts or re-entry folks that, you know, isolation can really be, you know – can really be kind of their worst enemy.

And isolation in general can lead to, you know, severe depression issues. So, it's, you know – it's really good to keep folks engage and socially active as much as possible in a remotely way – sorry, in a remote way.

So, with that said, you know, there are a lot misconceptions out there around the HIV and COVID-19. And the CDC put out some FAQs last week and so, we just thought we'd go through those.

Now, I'm going to use – I'm going to use the terms, I, we, and us because, you know, I have HIV, I'm in this with you. And I can guarantee you us as a policy program office we are in this with you. I seem to not be able – oh, there we go. OK. So, we'll just start with the first.

SLIDE 7

So, me, as a person with HIV, are people with HIV, are we at higher risk for COVID-19 than other people? Again, at this present time, there's, you know, no specific information about the risk of COVID-19 in people with HIV.

The risk from immune suppression is not known, but what we do know is with other viral respiratory infections, the risk for people with HIV getting very sick is greatest in those with low CD4 counts, and people who are not in treatment. Also, people with HIV can also be at increased risk of getting very sick based on age or other medical conditions outside of HIV and that's true for the general population.

SLIDE 8

So, what can we do with people with HIV to protect ourselves from COVID-19? And so, again, there's currently no, you know, vaccine to prevent COVID-19. And the best way to prevent getting sick is to avoid exposure to the virus.

So, we should be, you know, taking everyday preventative actions to help prevent the spread of COVID-19. We should, you know, maintain healthy lifestyles and we should absolutely continue our treatments and follow the advice of our healthcare providers.

SLIDE 9

So, you know, what else can we do, you know, for those of us who have HIV who are in those higher risk categories? You know, an additional step that you can take in addition to those recommended for everybody else or just making sure, again, that you have at least a 30-day supply of your medicine.

I know I mentioned I do the three-month thing through my mail-in pharmacy and, again, that might be an option for some of your folks. You know, talking to healthcare – your healthcare provider and making sure all your vaccines are up to date, establishing a plan for clinical care, including telemedicine, if available. If not available, communicate by phone or text.

And just making sure you can maintain your social network remotely, online, by phone or through video chat. And, you know, if I were to become sick or if any of your clients or you were to become sick, make sure you stay in touch with someone through – by phone or e-mail with those who can help you. And so, as many of you know, a lot of your clients and a lot of the beneficiaries we have, will need your help in figuring out all of these things.

SLIDE 10

Also, you know, if – if we have symptoms of COVID-19, what should we do? Right? If I have symptoms, I'm going to call my healthcare provider. I'm going to discuss how I can get evaluated and how I can avoid potentially exposing others to COVID-19. And again, some of your clients may need help in figuring all of that out.

Should I even be traveling at this time, right? Should folks with HIV be traveling? So, what we do is we recommend people take a look at the CDC travel recommendations on their information page. They keep that up to date. And just make sure you follow their guidance regarding travel.

SLIDE 11

Here's a big one that's been kind of floating around is, is can my HIV medicine be used to treat COVID-19? So, there are some types of HIV medicines specifically to and I swaddle their names every time I say them. You'll have to forgive me. It's the two listed here: lopinavir and ritonavir.

And those are being evaluated through clinical trials to treat COVID-19. And, you know, there is some evidence that these types of HIV medications might help treat infections. With SARS and MERS viruses, which are two other coronaviruses that are related to COVID-19, but there's no – absolutely no data yet available from clinical trials that these drugs help people with COVID-19.

So, we should absolutely not go out and try and switch our medications in an attempt to prevent or treat COVID-19. There are whole other host of issues that come with switching medications that, you know, our clients really

shouldn't put themselves through because there's just no data that supports that right now.

SLIDE 12

So, there's rumors of shortages of HIV medicine or PrEP. And so, we just want to assure everybody that, you know, drug shortages and anticipated problems with HIV medicines have not been identified. The FDA is closely monitoring the drug supply chain.

And that NASTAD, the National Alliance of State and Territories AIDS Directory, you know, remains in contact with the major manufacturers of HIV medicine because many of the ingredients you use to make those medicines are produced in China. But as of March 10th, 2020, there were no reports of manufacture concerns or supply shortages.

SLIDE 13

So, what can we all do to minimize stigma about COVID-19, right? Minimizing stigma and misinformation about COVID-19 is extremely important. And, you know, those of us who live with HIV have lived experience in dealing with stigma and can be allies in preventing COVID-19 stigma. So, some ways stigma can be countered are really raising awareness about COVID-19 without increasing fear, so having conversations like we're having right now.

Share accurate information about how the virus spreads and speak out against those negative behaviors, including negative statements from social media about groups of people or exclusions of groups of people who really pose no risk for regular activities. And also, be very cautious about images that you're sharing or images that you have shared and make sure that they don't reinforce those stereotypes.

SLIDE 14

So, that's pretty much it for me. I will be around, again, for questions at the end, like David and the other folks. I'm going to hand it over to Amy who's

going to take you through some use of funds for preparedness and response to the COVID-19 under the HOPWA program. Amy?

Valencia Moss: Amy, unmute your phone.

Amy Palilonis: Yes. I just did. Can you hear me now?

Benjamin Ayers: Yes.

Valencia Moss: We can.

Amy Palilonis: OK. Great. Thank you.

And thank you, Ben.

I am going to start by walking through a recently released guidance documents for HOPWA grantees and project sponsors about using HOPWA program funds for infectious disease preparedness and response.

A similar document was recently released for the CoC and CDBG programs and we adapted it for HOPWA. The document provides examples of eligible activities to support infectious disease preparedness and response and discusses planning and regulatory considerations for grantees.

SLIDE 15

So, this slide shows a chart that was included in the document, and the charge just provides some examples of how HOPWA-eligible activities can be used for infectious disease preparedness and response. It doesn't cover, you know, absolutely everything. It was just some examples that we were able to put together.

If at any point you have questions around how eligible activities – eligible HOPWA activities can be used in response to COVID-19, please submit a question through the Ask A Question portal and we will be able to respond to you through that.

And so, the chart just breaks down a few different line items, starting with administrative costs. And an eligible activity under administrative costs could

be creating a disaster response plan for the local HOPWA program to ensure access to housing and services for eligible households during crises, such as the COVID-19 pandemic.

Another line item is Resource Identification and types of activities that could be funded using that line item include assessing and implementing modifications to workflow and program design in response to infectious diseases, such as COVID-19, that may impact eligible household access to housing and services.

Resource ID could also be used to conduct local assessment and planning activities to ensure grantees and project sponsors are prepared to respond rapidly and effectively to emergencies and the infectious disease outbreaks in their programs.

And finally, Resource ID could be used for coordinating with the Ryan White HIV/AIDS Program, recipients of that grant funding, because often they can be well positioned to play an important role in delivering medical care and support services to HOPWA-eligible individuals and assisting local communities during infectious disease outbreaks.

And just a note on Resource Identification. It is currently only available to HOPWA formula grantees and some competitive SPINS grantees. It is not available line item for competitive renewal grantees at this time.

Another very important line item in responding to COVID-19 pandemic is supportive services. HOPWA supportive services are very flexible. And activities that could be funded using supportive services include assisting HOPWA-eligible households in accessing essential services and supplies such as food, water, medication, medical care, transportation, and information.

Providing nutrition services in the food of – in the form of food banks or mail deliveries. Educating assisted households on ways to reduce the risk of getting sick or spreading infectious diseases, such as COVID-19.

Just a note that, unless otherwise waived, grantees and project sponsors are subject to the HOPWA requirements that payments for health or medical services may only be made as a last resort.

Another line item under HOPWA that can be used for response is leasing. Costs for short-term hotel and motel stays for clients are eligible under the leasing line item in the HOPWA program. Hotel/motel stays are limited by guidance to no more than 60 days in a six-month period.

Hotel or motel rooms can be used as quarantine space for eligible clients who may have been exposed to infectious diseases, such as COVID-19. I'll talk a little bit more about the short-term hotel/motel stays in a few minutes and that – and that time limit because we are receiving a lot of questions about that through the AAQ.

And finally, the operating costs for housing facilities line item. Costs for essential furnishings, maintenance, equipment, and supplies that support the operation of housing facilities are eligible under HOPWA. Eligible supplies include cleaning and disinfection supplies.

And just another note, unless otherwise waived, medical supplies such as gloves and masks may be purchased subject to the requirement that payments for health services for any items or service may only be made as a last resort under the HOPWA program.

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So, some planning considerations for HOPWA grantees if they wish to make changes to the types of activities that are being funded in their programs in response to COVID-19. Grantees should definitely review their available grant balances. There may be unspent resources that could be used for activities related to infectious disease preparedness and response.

Just some notes on consolidated planning. Formula grantees must amend their consolidated annual action plan when there is a change to the allocation priorities or method of distribution of funds.

An addition of an activity not described in the plan or a change to the purpose, scope, location, or beneficiaries of an activity, and if the changes meet the criteria for a substantial amendment, the grantee must follow its citizen participation process for substantial amendment.

There may be some ability for flexibility around this coming out, so please – you know, as information is changing and the guidance is available, please make sure that you are plugged into the HUD Exchange, where we will be sharing information and guidance about that.

And finally, competitive grantees must amend their grant when there is a change to budget line item amounts, outputs, or objectives and all amendments are coordinated through local HUD field offices.

SLIDE 17

So, we just wanted to take some time to cover really the most frequently asked questions that we have received to-date through the Ask A Question Portal. And again, if you – we'll have time for Q&A on this call. But if you think of questions over the coming days about anything that is being said on this webinar, please submit them through the AAQ. That is really where we are directing everyone to submit their questions about COVID-19 response.

And so, the questions that we have been receiving most frequently through the AAQ portal related to COVID-19 to-date are about initial and annual housing inspections, remote methods for completing some required grant activities, and time limits on hotel or motel stays.

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So, a question that we have been receiving fairly frequently is, are grantees or project sponsors able to delay initial unit inspections due to COVID-19 concerns in order to quickly house new homeless or unstably housed clients through HOPWA tenant base rental assistance?

And the guidance that we are providing is that HUD supports reasonable adjustments to operating procedures based on the enhanced risks to households living with HIV. As we mentioned earlier, some people living with HIV are at an enhanced risk for infection and are more likely to have

severe symptoms, and simple adjustments that support the community to reduce risk of infection may be implemented.

We are working on additional guidance regarding requirements for initial inspections for HOPWA tenant base rental assistance. In the meantime, the health and safety client staff and the public are the priority. Please follow the guidance of your local public health authorities, even if it means you are postponing initial unit inspections.

The use of video technology to inspect a unit prior to housing the client is a feasible option if the grantee or project sponsor commits to conducting an in-person standard inspection once operations have returned to normal.

And everyone that submitted these questions through the AAQ -these similar types of questions than what I'm discussing will be receiving responses very shortly.

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Another question is around annual inspection, so that question covers the initial inspection and that question is around the annual housing inspections after that. And the question is, can grantees or project sponsors postpone annual housing inspections due to COVID-19?

And our answer is that, grantees should do their best to keep their staff and clients safe if they feel it is necessary to postpone annual housing inspections due to COVID-19 health and safety concerns for their clients, staff, and property owners. Adjustments may be implemented.

Grantees should put a policy in place that addresses postponement of annual inspections due to COVID-19 health and safety concerns, detailing how delays can be approved and explaining when and how the policy will be consistently implemented.

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The next question has to do just with remote methods of doing business. And the question has to do with, can home visits, income verifications for

eligibility, and other program functions normally handled in-person be handled by phone?

And the answer is that, yes, grantees and project sponsors are encouraged to conduct program processes such as income verification, rent calculations, lease reviews, case management, and other activities using remote methods when warranted by the current situation.

For example, this may include conducting program functions through phone calls, video conference calls, and exchange of information through emails. When implementing work methods, programs should include careful documentation of all interactions and ensure that confidentiality protections are in place.

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The final question that we wanted to cover today has to do with hotel/motel stays. And the question is, can hotel/motel stays funded under HOPWA be extended beyond the 60-day time limit due to COVID-19?

So, HOPWA guidance provides that hotel and motel stays be limited to no more than 60 days in a six-month period. If grantees feel that hotel and motel stays should be extended past this limit due to COVID-19 health and safety concerns for their clients, they should put a policy in place documenting that it is due to COVID-19 health and safety concerns, detailing how extensions can be approved and explaining when and how the policy will be consistently implemented in that program.

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So, those were the frequently asked questions that we've received so far through the HUD Exchange that we just wanted to make sure that we talked about today on this webinar. Again, if you submitted similar questions and you haven't received a response yet, you will be getting responses shortly.

We will absolutely be pushing out more guidance and resources on a regular basis, moving forward, through the HOPWA mailing list. Please make sure you are signed up for the HOPWA mailing list if you're not already. Definitely sign up for the HOPWA mailing list.

It is also a good idea to sign up for the CoC mailing list. They have been pushing out a lot of useful information to their recipients as David touched on earlier. They have also been holding weekly office – weekly office hours that feature updated information and some time for Q&A.

Although their information is geared specifically to homeless service providers, a lot of it is relevant to all low-income housing providers and social service providers that target special needs populations. So, when you're signing up for the HOPWA mailing list, it is also a good idea to sign up for the CoC or other HUD program mailing lists that you think are relevant because all the programs are really working to push out information as they have it.

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So, this slide just highlights important resources. We sent all of these out through the HOPWA mailing list. First is just – the link directs you to the Ask A Question Portal. You know, any questions after this webinar that come up that you know that you're not able to ask today about COVID-19 response and the HOPWA program should be directed to the HOPWA Ask A Question Portal and TA providers are staffing that portal and will make sure you receive a response as quickly as they are able to.

There is also a link to the disease risks and homelessness webpage on the HUD Exchange that has information on COVID-19 planning and response that's geared to providers of services for persons experiencing homelessness, but there's a lot of great information there.

There is also a link to the recently released Interim Guidance from the Department of Health and Human Services on COVID-19 and people living with HIV. We also included a link to the frequently asked questions on COVID-19 for Ryan White HIV/AIDS Program recipients and providers that HRSA's HIV bureau is updating regularly.

And finally, there is a link to a special session on COVID-19 at the 2020 conference on Retroviruses and Opportunistic Infections that feature comments on HIV from Dr. John Brooks from the CDC.

Again, we will be sending out more information and resources through our list-serve as they become available. And if you have any questions at all about any of the resources or guidance we have sent out to-date or sent out after this webinar, you can either ask us on this webinar or direct them to the HOPWA Ask A Question Portal.

So, that is all the information that I will be presenting.

Ben or Rita or David, is there anything else that you would like to add before we move onto question-and-answer?

David Canavan: Nope. That was great.

Rita Harcrow: No, I think that was really great, Amy.

Valencia Moss: Amy?

Amy Palilonis: Yes? Are we – I'm sorry. We're moving onto the question-and-answer portion?

Valencia Moss: Yes. So, Kate ...

Kate Briddell: OK.

Valencia Moss: Do you have any questions?

Crystal Pope: Yes. Quite a few questions have been coming in as you all have been talking, so we're going to try to get to as many of those as we can. There may be some that we'll need to follow up on later, so we'll do our best.

Amy, Rita, and Ben, there's a question here I'm not sure if that's going to be totally addressed. But asking about whether individual state supreme courts are holding up rulings not to evict people during this time. And if so, how long those mandates are in place.

Rita Harcrow: Hi, this is Rita. I'll give it a shot. And, David, you may have other information on this, but my understanding is that those decisions are being

made at state or local levels. And there is a – there's a resource that – listing those out where those communities are. We did not point to that in this presentation, but it's something that we should be able to have available.

David Canavan: And I'm so sorry. I didn't hear the question. I'm inside of an emergency operation, so I'm distracted. I apologize.

Crystal Pope: Oh, no problem. It had to do with individual states putting ruling in place to forestay eviction rulings and just asking about there was more information on that.

David Canavan: Right. Yes. There's a variety of kind of authorities involved in that from local sheriffs who actually execute the eviction to the landlord following the formal process to, you know, governors and federal authorities being able to order their subsidized properties to not execute evictions in a situation that would otherwise require it.

And with any kind of process like that, there's lots of opportunities for it to go wrong. So, I think, in general, most of the communities have adopted a posture of not executing eviction in this moment. From a life safety side of not – this isn't an opportunity – an ideal moment to be placing people at further risk and then, also, just from a process perspective, many of the relevant workers who would be involved in executing a formal process are not, in fact, at work and we don't have good electronic procedures in many jurisdictions.

All of that is separate, of course, from landlords executing illegal evictions in this moment, which is a substantial concern. So, for folks who are engaged in those conversations locally, I would encourage you to contact your local authorities and folks as you become aware of those issues. And be sure that we're keeping a close contact and a close eye on these as this community of grantees on the phones know that, if a disease becomes stigmatized, those who are infected with it often encounter disparate services.

SLIDE 24

And so, it's important that we are really clear on what's happening and are in close contact with our law enforcement partners so that we can quickly document and intervene in situations that are contrary to law.

Crystal Pope: Thank you. Kate, do you have the next one?

Kate Briddell: I do. Our next question is, has HOPWA approved a – and this has actually come up several times about signatures. Is there a way to get verbal or alternate signatures for intakes? Is that eligible right now?

Benjamin Ayers: I mean, we're saying to do intake as remote as possible. You know, I would say that – sorry, this is Ben. That that is acceptable. There are plenty of software programs that you can convert the documents to form-fillable and signature – electronic signature file as well as software programs that can send the documents in encryption and allow the person on the other end to have a password that can then unencrypt those documents and then have them sign then and send them back electronically.

Rita Harcrow: Thanks, Ben.

Rita Harcrow: And, Kate, do you think, sorry. Do you think the question was about if it's allowable instead of having a wet signature or about the cost associated with equipment for that?

Kate Briddell: No. The questions that I've seen so far are just about whether or not they need to gather signatures currently or how they could do that right now while we're trying to avoid face-to-face contact.

Rita Harcrow: OK.

Crystal Pope: And then we have quite a few questions about program fees and we've had some clarification on that. People have asked whether program fees, by which they mean – in this case, occupancy fees, rental fees that clients are paying – whether those can be waived during this time.

Associated with that, and I think which would be part of it, is whether agencies should do re-certifications on income so that the client share is reduced, you know, because so many people have lost income.

Benjamin Ayers: I mean – well, addressing folks who have lost income who are – who are – who have been – you know, lost their job or who have been laid off, you can certainly do, you know, rent recalculations to make sure that, you know – if they don't have any income and they're not contributing toward their rent.

And then, of course, I'm not sure that the fees thing, if Rita or Amy, you guys have other things to offer. But, you know, most of the fees associated with move in and application fees and that kind of thing occur at the time of move in, which can be covered by our permanent housing placement activities line.

So, I'm just not exactly clear on, like, which fees they would be talking about. And then also just as a reminder that, you know, folks shouldn't be charged fees for services that are paid for through HOPWA funds.

Crystal Pope: Right. I think we need some clarification from folks on what kinds of fees. But again, you can also put the questions into the AAQ and be more specific in your language and we'll try to get responses back.

Amy Palilonis: But just to be – just to reiterate, if you're talking about client rent, that absolutely should be – re- rental payment should be recalculated if there is no loss of income due to the current situation.

Crystal Pope: Right.

Kate Briddell: We've had a number of questions that have some – in some form or another are about how grantees can change their funded services such as – we currently don't fund leasing; how do we go about doing that? If we're not funding food, how do we go about doing that?

Can you say – reiterate your statement about that, Amy, regarding folks needing to do action plan or con plan changes?

Amy Palilonis: Yes. So, you know, currently, if you're a competitive grantee, you would have to coordinate all amendments to program design, such as adding new line items or changing services through the – through the field office.

And formula grantees, as far as those types of changes, you would have to amend your consolidated annual action plan and, depending on whether or not it is a substantial amendment based on your citizen participation processes, you would have to go through that.

However, we are working on some waiver processes around that that should be coming out hopefully shortly, so definitely stay tuned for that. But the guidance for right now is that – to reach out to your – to your field office to explore amendments as needed to add these types of services to your programs.

Crystal Pope: Great. Thank you. This may be from someone who has not done hotel/motel vouchers before and it's requesting information on whether a doctor's referral is required, and I think we can just answer that upfront by saying, no. That is – you know, that is something that could be provided to anyone who is determined to need that service if you have it set up as one of your activities.

David Canavan: And also – this is David. I wanted to back up. I saw one of those questions come in about food and I – and I heard it framed as an eligible activity question and wanted to just make sure that it was not an emergency need question.

And so, if you have individuals who are not able to acquire food, that is a life-threatening thing and they – you need to be in contact with your local office of emergency management or work with your non-profit partners who do food delivery or things like that to help ensure that people have access to food in this time.

We know that people are, you know, being ordered to stay home for extended duration in many states and I just wanted to make sure that, if the question I saw in that earlier queue was about just accessing food locally because there wasn't food available, that was a different kind of question.

Benjamin Ayers: Yes. And nutritional services and transportation assistance and assistance to, you know, get groceries, like, those things can be eligible under the supportive services line item for HOPWA.

Kate Briddell: Thank you for that. Rita, we now have a question about whether or not they can use funds to create online tools to process paperwork remotely.

Rita Harcrow: Right. So, if it's associated with an activity, so if it's to carry out, say, the Tenant Based Rental Assistance, then if it's tied directly to carrying out that particular activity, those cost would – could be allocated there, or you could bill it to admin, which I know people struggle with their admin cap. So, I think it would be a determination of what your activity is that you're using that equipment for and seeing how that fits into your current line items.

Amy Palilonis: And documentation questions such as that and the wet signatures question, the regulatory waivers and possibilities that we've been talking about that are in the works could also address those types of issues. And hopefully we'll be able to provide more information on that shortly.

Kate Briddell: Thank you, Amy.

Crystal Pope: Amy, would that relate also to – I think there are a number of questions like that that have come in about if a client does not have computer access to be able to do signatures electronically, whether you could, you know, get that answered verbally over the phone and indicate that in records. Is that something that's being addressed?

Amy Palilonis: Those types of documentation issues should be addressed. Correct.

Crystal Pope: In the upcoming guidance, right?

Amy Palilonis: Yes.

Crystal Pope: Good. Thank you.

Kate Briddell: So, I have a number of questions coming in around something that I'm not sure you can address today but wanted to bring to your attention. Somebody

mentioned Admin cap. And so, a few people had asked if those could be raised.

And another thing that goes along with that was people who are wondering if STRMU could be extended. And finally, along with that is, will there be more money coming to cover all of that extra need?

Rita Harcrow: So, I can address that. I might need – there were several parts to that question.

Kate Briddell: Sorry.

Rita Harcrow: Regarding will there be additional funding or changes in admin caps, those are decisions not made by HUD or by OHH. Those would be legislative in nature. And as we know, there's a large debate going on now, on the Hill, so we really don't know exactly what might come from that.

And, you know, I wish I knew and could tell you, but we really don't have the answer to that either except that, you know, we believe some of that might be, you know, part of what's being discussed.

And that would address the increase in admin caps as well as will there be any kind of supplemental funding. Was there another part to that question?

Kate Briddell: There was. And I think it also is a question for Congress, but it is, will there be a way to extend STRMU beyond the time limit ...

Rita Harcrow: Right. That would be a – . Yes, that's another provision that we find in the HOPWA statute that would have to be addressed outside of, you know, what our purview is. But as soon as we get that kind of information, of course, we will get that off to everybody as well.

(Litza Reilly): I have a question. I have a question. ...

Rita Harcrow: Hi, is there someone who has a question in the chat box?

Rita Harcrow: I'm sorry.

(Litza Reilly): Yes, I do.

Valencia Moss: I think this is a live participant on the call who's asking a question.

(Litza Reilly): Yes. I just – can I ask my question?

Valencia Moss: Go ahead.

(Litza Reilly): OK. So, my question is this. We are a provider in the community and so we are – we can assist clients who are undocumented is we (inaudible) have an influx if (inaudible) for assistance (inaudible) because of what is happening on the ground level. The people who are asking for assistance, they usually don't have a mode of showing income, right?

So, they get money from, let's say, under the table or something like that. And what's happening (inaudible) we're starting to see clients (inaudible) because they were let go – the question is, I know that you guys talked about the upcoming guidance.

Is there something we can do with that – we asked Ryan White for assistance for before but now (inaudible) bigger influx of asks. How can you guys help us with that?

Rita Harcrow: So, that's a – that's a question that has a lot of nuances to it. I don't want to avoid answering, but we're trying to answer more general questions. And I think there was a question that Amy already answered in the – in her presentation about documentation, if I'm not mistaken.

So, again, those are things that we're working on. But for those nuance questions around undocumented participants, it would be – it would be really helpful if you could let us help you with direct technical assistance answers to that. I'm sorry if I don't understand the full nature of the question because you were breaking up on the call.

(Litza Reilly): Oh, I'm sorry. I kept unmuting so that I can hear you. But if you give you me a direct email I can send you the request. I can send you the ask.

Rita Harcrow: OK. What is your name and someone will reach out to you over in the chat box on the webinar.

- (Litza Reilly): OK. Thank you. My name is Litza Reilly. Do you need the email address?
- Rita Harcrow: OK. No, they can reach you through there.
- (Litza Reilly): (Inaudible).
- Valencia Moss: Okay, Litza, this is Valencia. You can send that question directly to my email at Valencia@CollaborativeSolutions.net.
- (Litza Reilly): OK. If you guys can send it through that, I'm just hearing choppy, so. I didn't hear that email. Thank you.
- Valencia Moss: OK. Thank you. You can put your phone back on mute mode. Thank you.
- Kate Briddell: I can respond to Litza. I can see her right here.
- Valencia Moss: OK. Kate and Crystal, do you have any more questions?
- Crystal Pope: Yes. So, we're sifting through them now and I think a few more questions have come in about recertifications, folks. And I don't think that it's related just to doing the re-inspections on the housing unit, but whether they could delay the recertifications and recalculation of rents and so forth, and income.
- Benjamin Ayers: I mean, I would say on the recalculation of the income, if folks' income are being affected and they're not going to be able to make their rent portion, you may want to deal with that remotely and go ahead and do those recalculations to help them address that issue of not being able to afford their portion of the rent due to a loss of income.

As far as annual housing re-inspections, the general rule is you do do that kind of annually. That's not specifically in reg. The reg states that you have to – the unit has to meet HOPWA housing habitability standards and, you know, the general guidance that follows Section 8 guidelines and doing that on an annual basis. But you can certainly postpone that and just make sure that you document that it's due to COVID-19 and, you know, of course, we're not going to come after you for doing that.

- Valencia Moss: If you called into the webinar, please mute your phones by pressing "star" "6" or "pound" "6" or by utilizing the mute feature on your phone.
- Crystal Pope: So, let me just remind everybody that the questions about housing inspections, both initial housing inspections and annual housing inspections were answered by Amy on this webinar and they're in the actual slides. You know, there's been a lot of concerns about how to get those slides.
- There is a links section on your screen where you should be able to see two options. One is COVID-19. That is the PowerPoint presentation that was used today. And the other is the other guidance documents that Amy talked about. So, you can download those there and we will make sure that this is also posted so that people can get to it.
- I think, in addition, people have asked whether all of this Q&A would be available as FAQs, frequently asked questions, in the future. And I think some of the things that are most frequently asked will probably come out in FAQ format at some time, but we won't be able to consolidate all of the questions from here.
- However, we are going to go back and try to answer each of your questions individually if we didn't get to them. And if you don't hear from us, you can also use the Ask A Question desk through HOPWA and we will definitely get answers back out to you.
- Kate, did you have other questions that you've seen? Are you muted?
- Kate Briddell: Yes, I am. I have one question ...
- Crystal Pope: OK.
- Kate Briddell: ... that we haven't answered yet. Is there any additional guidance for states or areas that were declared a major disaster by the President?
- David Canavan: So, this is David Canavan. There are several, again, layers of authority that are involved with emergency and disaster declarations, and so folks will want – you may want to – possible to narrow that question a little bit because there

are substantial statutory and regulatory pieces at play with state and federal declarations.

I think, fundamentally, if you're concerned are there – most of the activities that are eligible for reimbursement or for the state or all of those different programs that become active under an emergency declaration are also active under a major disaster declaration.

These are two separate types of declarations, though. One is the initial one that the President made is one that the President may make without requests by the state. A major disaster declaration is one that indicates that the state's governor has submitted a request to the president for a major disaster declaration, which has an implication on federalism and state's rights and a variety of things.

And so, if you can narrow that in a little bit more, that would help me to – or, help folks to answer or you can submit questions through the AAQ.

Kate Briddell: Thanks, David. Crystal?

Crystal Pope: We had a little more – a little more specific question about hotel/motel costs and whether there is a cap on the cost. I think we've had the question before in terms of whether that relates to FMR at all or whether there is a maximum that people can pay for hotel/motel rooms.

David Canavan: I'm guessing that's a question for (inaudible) ...

Benjamin Ayers: Not at the federal (inaudible) ...

David Canavan: Yes.

Benjamin Ayers: Not at the federal level for HOPWA. We don't have any caps. But now your grantees or your local grantees may have set caps on those, so be sure you communicate with those and take a look at what your – you know, your organization's policies are around that. Rita, do you have anything to add?

David Canavan: And just in terms of during disasters, I know we – you know, we want to be always paying attention to reasonable, eligible, and allocable as our – the holy

trinity of federal funds. So, in general, hotel rooms should be broadly available of – at this moment. Many states are using that as part of the strategy pay to rehouse folks who are experiencing homelessness.

So, we're anticipating the room costs should not be unreasonable in this moment. And, in fact, many hotel owners are happy to be doing business in this moment with anyone. So, reasonable, eligible, and allocable are the key components in most programs.

Rita Harcrow: And I think Amy addressed this earlier, but there's – there tends to be confusion around how to pay for hotel costs out of what line items and for HOPWA that is eligible under leasing.

Crystal Pope: Yes. And not under PHP, which a few people have asked.

Rita Harcrow: Okay.

Kate Briddell: Speaking of hotels, we just got a question. If a client destroys a hotel room, who is responsible for paying?

David Canavan: So, this is David again. In general, during a disaster, it would be – the Federal Government certainly, in general, does not form a relationship between the hotel owner and operator and the Federal Government. The agreement is between the occupant of the hotel room and the hotel owner/operator. And so, all liability would be contained within that dynamic.

Now, in this moment where states or other municipalities or other authorities may be entering into larger agreements, those liabilities are generally managed as part of that agreement. But kind of going a little bit further in terms of program and landlord relations, lots of organizations establish – or, lots of CoCs, I should say, establish joint damage pools to manage when a unit becomes damaged as a way of helping to encourage landlords to engage and participate in the local rehousing effort.

And so, I think there is a legal question, which you'll have to answer locally in the jurisdiction, and then a policy question, which it may be a good policy depending on the local dynamics.

Rita Harcrow: And also, I just want to add to that. So, I think you've mentioned this. So, this is – it's not unusual to have that kind of cost associated with just leasing in general or, you know, the kinds of housing activities that you're already carrying out.

And one of our recommendations is to make sure that you're engaging heavily with supportive services. That case management is, you know, involved to kind of head that off before it happens because, should they – a client destroys a hotel room, they might again find themselves in a situation of being homeless or at risk.

Crystal Pope: Thank you. So, we also have a question relating to – back again to the annual inspections asking, how long it is reasonable– sorry. How long could those reasonably be delayed, and will an example policy be given?

I think the guidance so far has said – has indicated that, you know, not a specific timeline. But when circumstances change locally based on health laws and, you know, regulations that are going on there, that things could resume at that point. And I think there might be some language about that coming out later.

Rita Harcrow: Right. And there was a phrase associated with that. I can't think of that. Amy, you might remember. But it is related to the – when public health officials declare, you know, that things have changed. Then at that point, you know, normal practices can prevail.

So, we don't really, you know, have a way to know exactly how far into the future this will go. But for things that we're waiving, we are looking at being able to waive those, you know, beyond six months.

Amy Palilonis: And the example policy idea is something that we'll definitely look into. But, Rita and Crystal, you're correct. The language we are saying right now is when, you know – when operations return to normal.

Crystal Pope: Great. Thank you.

Kate Briddell: There are a few questions about – from folks saying that they don't have leasing lines currently in order to lease hotel/motel rooms, although they would like to. How can they go about funding that line?

Benjamin Ayers: So, Amy talked a little bit about this before, I think, around amendments to – you know, when she was going over frequently asked questions around amendments. So, you know, again, this would be something which an amendment would need to take place in order to participate or do a new line item.

So, you may want talk to your, you know, if you're a project sponsor, talk to your grantee about amending your contract. If you're a grantee, you know, reach out to your field office about conducting an amendment. And then again, there are flexibilities coming down that hopefully you'll be getting information on soon that will help deal with that, those issues, process issues.

Crystal Pope: Folks, I don't think we have any real additional questions at this point, unless you have any, Kate.

Kate Briddell: Not anything that isn't incredibly specific to a grantee.

Crystal Pope: Right. And again, this is just a beginning. I think people are going to continue to have lots of questions, and...

Rita Harcrow: And in light of that, and seeing the questions here, I do want to, you know, commit to that, that our office will look at ways to stay connected. I don't know if we'll be having weekly calls in line with what some of the other programs are doing or more webinars like this.

But we want to make sure that we're engaged in answering questions as new resources and tools become available and new flexibilities become available to make sure that you're getting all that information and guidance around how to use it.

Amy Palilonis: And Kate or Crystal, you had said that folks that had submitted questions that weren't answered will be getting responses to those. You have the ability to

respond to folks that put them in the chat box to answer their questions, whenever you have answers to those.

And then, if you have any questions after this webinar, please send, submit them to the Ask A Questi portal. And we are tracking and responding to COVID-19 related questions and all HOPWA questions through that portal.

Benjamin Ayers: And then, I think, Rita, we wanted to do a call out, too, for a possible, you know, piece of communication or webinar at a later date for grantees that have been doing some very inventive things around intake and in this time of, you know, isolation and specifically in facility-based housing and to, you know, communal residences, if you guys have some really inventive ways that you've been dealing with that, please send those out to hopwahud.gov and we would love to highlight some of those inventive processes.

Rita Harcrow: Thanks, Ben.

David Canavan: Also, this is David Canavan with the Disaster Technical Assistance Team. I know sometimes folks get concerned that at a federal level we don't, in fact, know what the word soon means, but we do.

I think the waiver that is in the works involves a tremendous number of program offices and so it's working its way through, but days is the desired timeframe for everybody. So, that's the scale of time that the team is working on, as far as I know.

Rita Harcrow: Yes, we would like to say this week, and hopefully that's what we'll see.

Valencia Moss: All right. I thank everyone. That will conclude today's webinar presentation. Do you have any last follow-ups, Crystal, Kate and Emily that we need to review?

Crystal Pope: No, I think we've covered everything.

Valencia Moss: OK. Everyone, a copy of today's – we're going to also email, well, through the Collaborate platform where you registered for today's webinar, I'm going to also send out the webinar presentation that was presented and also the

handout, Using HOPWA Program Funds for Infectious Disease Preparedness and Response.

Also, if you would like to review this webinar, it will be available immediately on our on-demand play through the link where you registered for today's webinar. Thank you, everyone, for participating. This will conclude our webinar for today.

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