

SLIDE 1

Hello, everyone, and thank you so much for joining us for the COVID-19 Preparedness and Response Activities in the Housing Opportunities for Persons with AIDS Program and the Ryan White HIV/AIDS Program.

Today is April 6, 2021.

Today's webinar is being recorded and will be made available on the HUD Exchange website, and you will receive that information towards the end of the webinar.

You will also receive a copy of the webinar presentation at the conclusion of today's event.

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

Kate?

Thank you, Valencia.

Hi, everyone.

My name is Kate Briddell, and I'm with Collaborative Solutions.

Again, we're pleased to welcome you to this webinar.

We have a number of people joining us today to provide HOPWA grantees and Ryan White – sorry, information about Ryan White resources regarding COVID-19 preparedness and response activities.

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Today we are joined by staff from the Office of HIV/AIDS Housing: Rita Harcrow, who is the Director; Amy Palilonis, Senior Program Specialist.

We have folks from HRSA, the HIV/AIDS Bureau Staff: Ms. Cyntrice Bellamy, Senior Advisor for the HRSA HAB Office of the Associate Administrator; April Stubbs, who is the Senior Public Health Advisor; Wendy Briscoe, who is the Project Officer for the Division of State HIV/AIDS Programs.

Joining myself from Collaborative Solutions Staff is Emily Fischbein.

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We're also joined today by two grantee participants: Travis Barnhart, who is the Manager of Quality and Housing Services at the City of Kansas City, and Erika Sugimori from the Louisiana Department of Health.

So we're going to begin with opening remarks and then hear from our friends at HRSA.

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Rita?

Hi, everyone.

This is Rita Harcrow from the Office of HIV/AIDS Housing at HUD.

I want to welcome you all today.

Thank you for joining the webinar on COVID-19 preparedness and response for HOPWA grantees and Ryan White HIV/AIDS Program recipients.

The goal of our webinar today is to highlight the eligible COVID-19 response services and activities under each program and also to feature two grantees that have implemented their HOPWA and their Ryan White CARES Act funding in a way that's coordinated or complementary.

Although there's progress being made and we're all very hopeful right now in the fight against COVID-19, many people are still struggling from health and economic impacts of the pandemic.

And we know that COVID-19 response activities will still be required and a necessary part of our work for a while.

Before we get started today, I do want to thank the HIV/AIDS Bureau leadership and staff for continuing to be such strong partners.

We enjoy a wonderful working relationship with you all, and thanks for collaborating with us on the development of this webinar today.

I also want to thank Collaborative Solutions for hosting and taking care of the tech side of things, which turns out is often more challenging than you might think.

And finally, I want to thank our grantee speakers today for taking time out of your busy schedules to share your information with us, Travis and Erika.

We appreciate hearing about your successes and challenges in the COVID-19 preparedness and response in your communities.

And now I want to turn things over to Cyntice Bellamy from the HIV/AIDS Bureau.

Thank you so much, Rita.

Good afternoon.

My name is Cyntice Bellamy.

I'm the Senior Advisor within the Health Resources and Services Administration HIV and AIDS Bureau.

I'm delighted to be joining you today on behalf of Dr. Laura Cheever.

I would like to thank the U.S. Department of Housing and Urban Development, HUD, for inviting us to collaborate in this effort to support our Ryan White HIV/AIDS Program and HOPWA recipients through what has been the most unprecedented year during the COVID-19 pandemic.

Our goal is to provide optimal HIV care and treatment for all people with HIV and to continue supporting the needs of our Ryan White HIV/AIDS Program recipients and clients.

The HIV and AIDS Bureau recognizes the significant work of *many* of our Ryan White HIV/AIDS Program recipients who serve the unique needs of people experiencing homelessness and understands that housing remains an important concern to our clients.

The HIV and AIDS Bureau serves a critical role in the intersection between HIV care and treatment and housing.

There's a large and growing body of research that indicates that stable housing has a direct and powerful effect on HIV incidence, health outcomes, and on health disparity.

In fact, housing is a more significant predictor of health care access and HIV outcomes than individual characteristics, behavioral health issues, and access to other services.

Housing is a proven and cost-effective intervention that can improve HIV health and outcomes.

The HIV/AIDS Bureau spends a lot of time and resources addressing the intersection between HIV care and treatment and housing.

We constantly engage with our supportive agencies and communities to assess how the Ryan White HIV/AIDS Program should address the housing needs of persons with HIV.

But because we are not a housing provider, we welcome partnerships like these with HUD to further enhance our ability to address the housing needs of our clients.

I would like to thank Rita Harcrow and Ms. Amy Palilonis again for extending us the opportunity to engage in this collaboration.

Now I would like to turn it over to Wendy Briscoe.

Wendy?

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[Pause]

Hi, good afternoon, everyone.

I am Wendy Briscoe.

I'm a Project Officer in the Division of State HIV/AIDS Program at the HIV/AIDS Bureau, and I'm Chair of the HAB Housing and Homeless Work Group.

I'm very delighted to be here today to add to this collaboration.

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The CARES Act provides one-time funding to help Ryan White HIV/AIDS Program recipients prevent, prepare for, and respond to the Coronavirus disease.

The CARES Act appropriated \$90 million to help recipients respond to COVID-19 related service needs for Ryan White-eligible clients.

The CARES Act funding will support core medical and support services for Ryan White clients.

The funding cycle began April 1, 2020, and ended on March 31, 2021.

As the pandemic continued to unfold, we learned that recipients were unable to spend funds as expected.

Recipients allotted funds for expenses that turned out to be not in demand as anticipated or unavailable since the vaccine.

As a result, recipients were able to submit a no-cost extension to continue using the funds past the March 31st deadline.

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PCN 16-02 are what we call policy verification notices.

This outlines allowable services that Ryan White recipients can spend funds on.

The CARES Act essentially allowed for the expansion of these services during the pandemic.

The more frequently-used services included rental assistance; EFA, which is Emergency Financial Assistance; telehealth medicine; and medications.

Additionally, the CARES Act funding supported client needs and persons that reside in their households by allowing recipients to purchase personal protective equipment or PPE.

If you visit the website shown on the screen, <https://hab.hrsa.gov/coronavirus>, you will find Frequently Asked Questions; FY2020 CARES Act funding for Ryan White Program recipients; HAB webinars; and other resources as well.

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This concludes our brief portion of the presentation.

As you see, our information is on the slide.

Please feel free to contact us.

I will say that Ms. Wendy Cousino is our other co-Chair of the Housing and Homeless Work Group, and she was unable to be here with us today because she has been deployed to assist in the border crisis.

At this time, I will turn it back over to Amy.

Thank you all very much.

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Thank you, Wendy, for that overview of the Ryan White CARES Act funding.

Good afternoon, everyone.

I'm Amy Palilonis.

I am a Senior Program Specialist in the Office of HIV/AIDS Housing.

Just to provide some additional context before we get into the grantee presentations, I am going to try to very briefly tell you about the HOPWA funding authorized under the CARES ACT, some of the eligible housing and supportive services activities grantees can implement for COVID-19 preparedness and response, and then just briefly tell you about some of the waivers and other flexibilities available to grantees during this time.

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As all of you know, back in March of 2020, Congress passed the CARES Act which provided a total of \$65 million in supplemental funding for the HOPWA Program.

This was separate, in addition to our normal HOPWA annual appropriations.

For the breakdown of this funding, \$53.7 million was provided to our HOPWA formula grantees; \$10 million in one-time, non-renewable funding was provided to our current competitive renewal grantees; and \$1.3 million was awarded to HOPWA technical assistance providers as an increase to their prior awards to do things like this webinar and to utilize that TA funding for capacity building and assisting grantees to successfully implement the funds.

The CARES Act grant funds are considered one-time awards and must be used for activities directly related to the COVID-19 crisis.

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In general, the CARES Act funds are to be used by grantees to maintain operations and for rental assistance, supportive services, and other necessary actions in order to prevent, prepare for, and respond to COVID-19.

The funds can be used for a flexible range of eligible HOPWA activities in a manner that addresses the needs of each community related to COVID-19 preparedness and response.

The HOPWA CARES Act grant funds can be used to cover or reimburse allowable costs incurred for eligible COVID-19 related activities carried out as early as January 21st of 2020, which was the date of the first confirmed case in the United States as long as those costs were eligible and documented.

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So as I mentioned, the CARES Act language on eligible activities is very broad and flexible.

This slide just shows examples of the types of activities grantees and project sponsors are implementing in their communities.

These include short-term rent, mortgage, and utility assistance to prevent homelessness for households that rent or own their homes; stays at hotels, motels, or other locations to quarantine HOPWA-eligible individuals and their family members; transportation services for eligible households to access medical care, supplies, and food or to commute to places of employment; assisting eligible households in accessing essential services and supplies such as food, water, medications, medical care, and information; providing nutrition services for eligible households; educating assisted households on ways to reduce the risk of getting sick or spreading COVID-19 to others; and then costs related to infection-control measures such as cleaning, disinfectant supplies, PPE, gloves, and other safety-related supplies.

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The CARES Act funding came with some extra benefits and flexibilities in using those funds. The CARES Act funds have increased caps on administrative expenses for both grantees and project sponsors.

So grantees can use up to 6% of their HOPWA CARES Act award for administrative purposes, and project sponsors can use up to 10% of their CARES Act funding that they receive for administrative purposes.

Another flexibility is that the CARES Act HOPWA awards can be used to provide short-term rent, mortgage, and utility assistance or STRMU assistance payments to prevent homelessness for up to 24 months.

This is increased substantially from the typical 21-week a year cap on these types of homelessness prevention payments.

Finally, the CARES Act funding can be used to pay for relocation services including lodging at hotels, motels, or other locations both for eligible people living with HIV as well as for their HIV-negative household members.

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So these flexibilities are applicable to all HOPWA/CARES Act grants, as well as any portion of a formula grantee's 2020 HOPWA allocation that they have designated for COVID-19 preparedness and response activities per the guidelines that we put out in the implementation notice that we published last May.

Next slide, please.

So just really quickly since we are talking about using two different funding streams for COVID-19 related activities today, I thought it would be important to mention the duplication of benefits prohibition that applies to the HOPWA/CARES Act funds.

The Stafford Act prohibits the duplication of benefits for programs that provide financial assistance to people or entities suffering losses as a result of a Federally declared disaster or emergency, such as the COVID-19 pandemic.

Duplication of benefits occurs when Federal financial assistance is provided to a person or entity that has received, or could reasonably obtain, financial assistance for the same costs from another source and the total amount received exceeds the total need for those costs.

HOPWA grantees and project sponsors are required to establish and maintain policies and procedures to prevent any duplication of benefits with CARES Act funds.

And while this webinar is specifically focused on Ryan White and HOPWA coordination and not focused on duplication of benefits, the grantee representatives will be discussing their decision making about using their HOPWA and Ryan White CARES Act funds in a complementary and non-duplicative manner to meet the needs of their clients.

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So again, I don't have time to go into much detail about the regulatory waivers we issue to provide greater flexibility to our grantees in their COVID-19 response efforts.

But I did just want to briefly mention last year we issued several regulatory waivers.

They included allowing clients to temporarily self-certify their income and HIV status; waiving the Fair Market Rent Standard for units as long as the unit still meets rent reasonableness standards; allowing housing inspections to take place virtually instead of in person to keep staff and clients safe; waiving the Space and Security regulations to allow housing facilities to get creative and utilize their communal space for reconfigured units to help isolate clients and keep people distanced; extending the time limits for some of our housing activity types; and extending the due dates for annual HOPWA reports.

So the reason I wanted to mention these today is because there were some recent developments with our waivers.

Some of the waivers were originally supposed to expire in March and May of 2021, but we recently issued another memorandum extending all of the waivers that had hard end dates.

Those have been extended until the end of June.

Again, this isn't the focus of today's webinar.

I just wanted to mention it here today because this is new information, and I included the link to the new waiver extension memorandum on this page for everyone's reference.

I could also put the link in the Chat box if that would be helpful.

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Next slide, please.

This final slide just includes some helpful links to HOPWA and COVID-19 related information for your reference.

So that was a really brief overview of the HOPWA/COVID19 preparedness and response funding and eligible activities.

I am now going to turn things over to Travis Barnhart from the Kansas City, Missouri Health Department, who will be discussing how the Health Department has implemented HOPWA and Ryan White CARES Act funding to meet the needs of people living with HIV in the Kansas City area.

Thank you.

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Thank you, Amy.

Hi, everyone.

This is Travis Barnhart.

As Amy mentioned, I'm with the City of Kansas City, Missouri Health Department.

I will talk to you today about how we've coordinated our services between HOPWA and our Ryan White Part A funding.

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To start out, I wanted to give you a bit of a background about the Kansas City Transitional Grant Area.

We are a bi-state region covering parts of Kansas and parts of Missouri for a total of 11 counties, as you can see there on the little map.

In case you don't know Kansas and Missouri, the dividing line is kind of right here where I'm showing on the screen where there's that river over by Leavenworth County and Platt County.

The Kansas City, Missouri Health Department is both the Ryan White A recipient and the HOPWA formula grantee, which is very helpful when we're talking about coordinating services between the two programs.

We serve about 2,700 Ryan White clients annually here in the KCTGA, and about 600 of our clients are served in HIV-funded housing programs annually.

I would say these numbers are actually probably a little bit higher in 2020.

We haven't gotten final numbers completely yet; but because of the Coronavirus, we definitely have seen our client loads increase in both Ryan White and in housing.

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A little bit more about our housing program.

To talk about coordination of services during COVID, I need to go back and kind of give you a background about how our program has grown over the last couple of years.

SLIDE Animation

Prior to 2017, we had been operating off of really kind of the same funding and the same activities for many years.

We were the HOPWA formula grantee, as I mentioned earlier, as well as we have had a longstanding HUD Continuum of Care-funded Shelter Plus Care Voucher Program.

And for quite a long time, we've only had one staff member in the position that I'm in currently, Quality and Housing Manager, working in the Housing Program as well as running the Ryan White Quality Management Program.

SLIDE Animation

Then in 2017, we started to expand our program with some demonstration grants.

One of the first ones we implemented was what we referred to as our Data and Service Integration Project, which was a HRSA-funded project.

And really what we wanted to do with that project was bring our housing providers into the database that we use for our medical case management providers – I'll talk about this more on the next slide – as well as increase coordination of services between the two programs, housing and medical case management.

And we were also able to bring on another staff position when we started that program.

SLIDE Animation

Then also just briefly mention these other ones that helped us grow.

We did implement something called KC Life 360, which was a SPNS project focused on HIV housing and employment.

It also allowed us to hire more staff and expanded our service reach beyond just HIV medical case management and housing to incorporate some employment service agencies.

SLIDE Animation

We also worked with HOPWA and the Department of Justice to implement a demonstration project around HIV housing and intimate partner violence, which also helped us open up to new partnerships in our service area.

SLIDE Animation

Then finally, we also talked with our local Planning Council about our housing needs; and we were able to secure some funding for the Housing Program for Ryan White Part A – so transitional housing, which is still going.

And then for a brief while, we did have emergency financial assistance available through Part A funds as well.

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So I want to just talk a little bit more about that Data and Service Integration project because it really helped when it came to our coordination of services when it came to COVID further down the road.

SLIDE Animation

As I mentioned earlier, this project was about bringing our housing providers into the client-level database that our medical case managers had been using for quite some time.

That database is called SCOUT.

What that did is it made it possible for our medical case managers and our housing providers to log into the same system, where they could send and receive referrals and see those easily without having to go through kind of a mediary in-between.

The way that database works is it basically provides shared case notes/shared file for every provider to look at.

As many folks know, when you're working with clients across different service areas, one service provider might know certain details about a client that the client then doesn't report to other service providers.

This database allows us to share information across the board and see where needs are for clients.

SLIDE Animation

Also, although this was really called a Data Integration Grant, it really ended up meaning that we were integrating services as well.

So a big part was around integrating into the database, but we also focused on bringing our housing providers into some of the meetings that our medical case managers were already attending.

For a quite a long time, we've had what's called "service coordination" that meets twice a month.

All of the medical case management agencies we have services with, all their medical case managers attend those meetings.

So we brought the housing case managers and housing specialists into those meetings as well.

What that really provided for everyone was really great opportunities to network as well as case conference as they needed to.

SLIDE Animation

Then we also implemented something called the Housing Task Force.

This was a voluntary program that our medical case managers and our housing providers could join in and really was an opportunity to get involved at a systems level.

So we did a lot of projects in that group around getting to know the services, the staff, and the functionality of both the medical case management agencies and the housing agencies.

And one really great thing we implemented right before – maybe six months before COVID hit was a project focused on improving service delivery.

So we have one housing agency that provides a lot of the HOPWA services such as STRMU, permanent housing placement.

They're the agency that implemented the Ryan White funding emergency financial assistance.

Prior to this project, the medical case managers had to sort of know what was available in all those different pots and submit the best service referral for that.

What we did with this group was bring the different providers together and develop what we called the Non-Voucher Packet.

That allowed medical providers to just fill out one packet, submit it to the housing provider; and then the housing provider decides on which funding source and which programs are most appropriate for the client.

So we had all that going prior to COVID.

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Also I wanted to mention our connections with our local HUD Continuum of Care, which is who we get our HIV-Specific Shelter Plus Care grant through.

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We have in recent years become much more connected.

As we've brought more of those staff members on, we've connected with CoC much better.

For example, in the coordinated entry process through CoC, we have trained our housing support staff on – or we've had the CoC train our staff on how to do the assessments for the coordinated entry process of the by-name list.

And our housing support staff is able to enter that data into the system.

Also, that staff member is able to access the CoC system, pull down data about clients who are out and maybe not connected with HIV services, and then is able to coordinate between the CoC system and our local HIV housing and case management system.

Then they also attend what are called Housing Solutions meetings, where clients are case conferenced to discuss different services.

SLIDE Animation

At large, our full staff also participates in many of the committees and work groups as the local CoC.

We're able to provide our HIV system perspective there, and we help form policies that make the people living with HIV who are (inaudible).

Our connection to CoC really helps us stay informed on bigger-picture issues around homeless services, advocacy, funding – everything that's going on in our community, not just the services and issues that are specific to people with HIV.

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So you're probably going, okay, you're talking about all these things.

How does that all relate to the CARES Act coordination, which I mentioned a little bit already?

SLIDE Animation

But what I would say is we could not have coordinated our services that I'm going to talk about on the next couple of slides very well if we hadn't already been on this journey prior in the previous couple of years in building up our programs as well as our relationships with different providers over the years.

You probably have heard the expression, "Rome wasn't built in a day."

It certainly took us quite a bit of time and effort to build up our program, which was very helpful once COVID did come along.

So I highlighted on this slide a couple of key helpers.

Communication and coordination is a huge component.

As you have heard me talk about making sure that your Medical Case Management and your Housing agencies are talking to each other is very helpful.

At the recipient and grantee level, I know not everybody has both their Ryan White recipient and their HOPWA grantee in the same office.

You may be in the same building; you may be in different parts of your state or city.

But if those two – if the recipient and the grantees aren't talking to each other, that can make it really challenging to coordinate.

My recommendation is to make sure they're talking to one another.

Then also, everybody has some kind of local HUD Continuum of Care system, whether that's at the state level or it might be at a smaller geographical level but more highly concentrated.

Making sure that you're communicating and coordinating between your HIV system and your local HUD Continuum of Care is very important.

Then also as I pointed out, how we built our programs.

We started thinking outside the box a lot.

You see these different demonstration projects and projects coming down the road.

Other sources for funding – maybe it's from your CoC – explore those options and go after that funding.

Work on building your program over time.

You may not feel like you have the expertise and the knowledge to do that, but getting your feet wet with those programs is going to really help you over time with developing your program.

Then also, check in with your local CoC.

Even if you're not a recipient or a sub-recipient in that program, attending their meetings, their planning, their policy-building processes – that can be a really great way to get involved and have a bigger picture of what's going on.

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Okay, so as I jump in now to talk about as we got into COVID-19 last year around this time, one of the biggest things that helped us with coordinating what was going on locally was our tie-in to our local continuum of care, which locally is called the Greater Kansas City Coalition to End Homelessness.

So they were definitely very helpful once COVID hit in serving as a central hub for gathering information on what services are or were available throughout this whole COVID pandemic.

They coordinated much of the services that were being provided across our TGA, and we were able to frequently hear from them about their advocacy efforts helping with hotels, quarantining locations, warming centers, et cetera.

I included a picture of one of the most helpful resources we had during COVID-19.

Early stages is what was called *The Street Sheet*.

This was actually developed by the Kansas City Public Library, but it was one of the things that our local CoC really promoted us and other providers being a part of on a regular basis.

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So when it came to what – when we found out we were getting funding for both Ryan White Part A as well as HOPWA, how did we decide on what we were going to do with the funding?

This was the rationale that we used.

Really because of the quick turnaround time from when funding was announced until contracts had to be in place and activities were supposed to start, we made the decision very early on to put our funding into service categories that were already being provided and provide those through sub-recipients who were already funded.

So it was easiest to just make amendments to the current contracts without having to go through a whole RFP process.

We were also very mindful of what services were most likely going to be needed in the new normal – so thinking about were clients going to need medical care, case management, PPE, a lot of the different things that our Federal partners talked about earlier.

And really when it boiled down to it, it wasn't so much about us providing new services.

It was more about being mindful about the policies and procedures we needed to implement to make current services successful virtually, being mindful of the different waivers that were coming out and how those were going to be implemented, and how we needed to adjust our way of doing things to focus on that.

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So what did we actual fund when we got the funding?

On the left there, you have the Ryan White Part A.

You can see that we funded medical care through outpatient ambulatory health care.

We do both contracts as well as some fee-for-service provision there; medical case management; EIS, which we used to fund our Lincoln Street Care programs; mental health; and substance abuse services.

On the right you see for HOPWA we put money into STRMU.

We also then put some money into essential services to buy PHP for both staff and clients, cleaning supplies, and groceries.

And we did decide to fund some Hotel Gap Lodging to help with quarantining needs.

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So of course, as always happens, you make a plan for what you're going to do; and then things change.

I highlighted in blue that we did have some changes to the Ryan White Part A.

Out of those three fee-for-service providers, only one was actually able to use the funding, and so we brought back the funding from- to the other providers.

We then redirected that funding into a newly-funded service category called Technology and Communications Services.

I'll talk more about that in-depth in another slide.

Then on the HOPWA side, we quickly realized we weren't really going to be using the Hotel Gap Lodging.

So we brought that money back in and put more towards the STRMU provision.

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So basically, we moved funding from services that weren't being utilized.

That really came about because a lot of funding came about from different sources.

Amy was talking earlier about being mindful of duplication of services or duplication of benefits.

So we did have a lot of our medical providers and even our housing providers saying, "We're getting funding from all these different sources; it's kind of challenging to figure out how to implement and spend down everything."

So we definitely were trying to help them with that.

So with Ryan White, those fee-for-service contractors – the two that returned their funding – reported to us, "We've got all this other funding; we don't really have the time or the staff to make sure that we're using up the Ryan White/CARES Act funding."

With the HOPWA, with the hotels, what we found is that our local CoC and the greater city as an agency was coordinating larger systems implementation – providing hotels and quarantine programs that our clients could access without having to use HOPWA funding for that.

But what we did recognize was that there was a big gap – that clients needed increased capacity to access services virtually.

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So that led to more recently we put that Ryan White funding that had come back from fee-for-service into technology and communication support.

What we did with this was we funded one medical case management agency to coordinate the whole program.

What they did is then use the funding to purchase smartphones and tablets for Ryan White-eligible clients.

They also purchased as part of that the phone plans or data plans that go along with it.

So each device has a one-year plan with unlimited data, and the client gets to keep the device and the phone number after the year is up – or really from the time that they access that device.

The devices also come preloaded with apps to help connect with HIV care and support services.

We also funded a research component to assess how the program is helping clients and any issues that need to be addressed.

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So what about sustainability with that TACS program I just talked about?

We definitely have had a lot of interest from the Missouri Ryan White Part B program, which is also one of our big funders, in supporting the TACS program moving forward.

We're also looking at that as a Part A grantee to see if that's something we want to put funding toward in the future.

That research component is going to provide us with really great data to help justify continued funding.

One thing we also did related to the Housing Task Force I talked about earlier is we formed a COVID and Housing Policy Work Group which is made up of both housing providers, medical case managers, and the recipient or grantee's office to help us develop those policies.

But also, we plan to go beyond COVID times to develop housing policies that are informed by all of our key stakeholders.

We also plan to continue to grow.

We plan to continue to grow the Ryan White Housing Programs and, as was mentioned earlier, there was the possibility to request a no-cost extension.

We have requested for the Ryan White funding and plan to continue the HOPWA funding moving forward until it is expended.

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That is all I have for you today.

We can take questions through the Q&A, but we will also have a question-and-answer session at the end.

There is my contact information for everybody.

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I will now pass it on to my colleague at the State of Louisiana, Erika.

Okay, hopefully mine works because I was getting messages that my Internet was unstable; but let me see here.

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Nice to be with everyone today.

Thank you for having me and hopefully, again, my Internet works.

My name is Erika Sugimori.

I'm the HIV Services Manager with the Louisiana Department of Health, Office of Public Health, STD/HIV/Hepatitis Program.

I'll first get started with a little bit of our surveillance information.

CDC ranked us in 2018 as fourth in the nation for HIV case rates.

Baton Rouge Metro Area ranked third; New Orleans ranked seventh for large metro areas in the nation.

For AIDS case rates, Louisiana ranked fourth in the nation; Baton Rouge ranked tenth in AIDS case rates; and New Orleans ranked fifth.

As of December 31, 2020, a total of 22,285 people were living HIV in Louisiana, 50% of whom had an AIDS diagnosis.

Twenty-five percent of our population lives in Baton Rouge Metro Area, 39% in the New Orleans Metro Area, and 36% in the rest of the state.

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The STD/HIV/Hepatitis Program, also known as SHHP, strives to support a comprehensive and coordinated continuum of person-centered core medical and support services so people living with HIV may enjoy overall wellness and positive health outcomes.

We are the recipient for a Ryan White Part B and ADAP and grantee for HOPWA formula funds.

Statewide with our Ryan White dollars we provide the Louisiana Health Access Program, which is the local name for the ADAP Program.

We provide health insurance assistance, covering insurance plan premiums and non-drug copays, coinsurance, and deductibles for insured folks.

And the Louisiana Drug Assistance Program, which covers drug costs for uninsured individuals as well as drug copays, coinsurance, and deductibles for insured individuals.

Our state is divided up into public health regions. and I'll show you the map on the next slide.

We have two Ryan White Part A programs in our stage, providing a continuum of support services in Baton Rouge and New Orleans Metro Areas.

SHHP provides support services in the remaining public health regions, 3 through 9, where we provide case management, referrals to services, medical transportation, housing assistance, food bank/food voucher, mental health, oral health, and more support services.

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Here's our map of lovely Louisiana with the nine public health regions, with the Part As in Baton Rouge and New Orleans Metro Areas and Part B and HOPWA serving the other public health regions for support services, each through a single contracted agency in each region.

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So again, the Ryan White Part B and ADAP Program is used to purchase medications and provide insurance assistance.

And then we contract with seven community-based organizations across the state to provide case management and support services.

Then for HOPWA, we contract with those same seven CBOs across the state to support housing needs and all within a single combined contract.

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Now on to our COVID response.

When CARES Act funds were announced in early April of 2020, we were immediately faced with getting the dollars out fast, how to determine how to prioritize those services, how to appropriately track the use of funds.

Charting our way forward, SHHP staff met virtually with seven sub-recipients to discuss emerging client needs.

We identified service categories in the Ryan White and HOPWA buckets, and they ended up being categories that were already funded and built into sub-recipient contracts.

So that was very fortunate.

This enabled us to proceed with contract amendments and not any further arduous process.

SHHP issued guidance related to invoicing, changes in state-level restrictions, and provided other clarification guidance through a COVID Policies and Procedures document that was periodically updated as changes arose.

Then we also set up biweekly COVID calls with all of our contractors to touch base, share information as things changed throughout the pandemic, and SHHP continues to do so regularly, and this really enables continued communication.

SLIDE 37

The outcome of our virtual meetings were these prioritized services for Ryan White.

It was emergency financial assistance, food vouchers/food bank, housing assistance, medical transportation, technology – limited technology, and PPE with grantee admin dollars.

HOPWA it was STRMU and PHP and PPE with grantee admin dollars.

SLIDE 38

As far as the amendments, we were very fortunate to be able to proceed with just those contract amendments, though seeking the approval of those contract amendments caused some delay in spending.

The process for amending the seven sub-recipient contracts was initiated the first week of May of 2020.

However, we were caught right in the closeout of the State fiscal year, and so the amendments were actually approved in August.

But the sub-recipients were able to bill back to the start of their service delivery, but it really did take relationship and good faith to be able to deliver those services in partnership with the seven sub-recipients.

SLIDE 39

With regard to data, we certainly had an advantage when it came to tracking the additional services in dollars.

The fact that the agencies were already entering HOPWA services into CAREWare was very useful, along with the Ryan White data of course.

And that supported our quick pivot.

With just some additional guidance provided through that policies and procedures document and on the calls and also through a CAREWare report cheat sheet, they had the information they needed to enter the data, make notations, run reports, and we were able to quickly onboard them and ready them for invoice services.

SLIDE 40

We are absolutely thankful for these funds during such a challenging time, and the resources helped to provide some stability for our clients most affected by the widespread economic impact and threat to health and wellbeing brought on by this pandemic.

Here's a summary of our successes and challenges that we experienced with the administration of the CARES Act dollars.

On the side of successes, again, the combined Ryan White and HOPWA contracts enabled a quick pivot.

There wasn't laborious work plans that were required.

Our longstanding relationship with contractors was definitely helpful.

CAREWare was already tracked in Ryan White and HOPWA.

We have some funds in the Ryan White area, so approval of the no-cost extension has been great and then of course the multiple years to expend funds for HOPWA as well.

Certainly the resilience of all parties at all levels has also been a success as we all make our way forward.

Some of the challenges -- with additional funds comes the stretch on bandwidth when it comes to both the amendment process, the following up and the changes to the data system and all the policies and procedures, et cetera.

So there certainly was a strain there because it really required the quick changes to fully operationalize the funds and get them into the community.

Then of course we didn't have a fun time of a very active hurricane season, which also hampered and stretched our bandwidth as well.

That is our summary of our experience with coordinating COVID-19 response in our community.

We've been so thankful of the HUD Exchange and all the different guidance provided by both HRSA HAB and HUD to support our work as a State and for our sub-recipients and the people we serve.

So thank you very much for all parties and for having us today.

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This is my contact information in case there are any questions.

With that, I think there's a little bit of time for questions.

SLIDE 42

So I'll turn it back to the conveners.

Thank you.

Thank you so much, Erika and Travis, for presenting about the work that you've done in your communities during the last year using these COVID dollars.

We really appreciate the work that you do every day for your clients and especially sharing this information with us.

I'm sure the folks that joined us today have been able to take some of that information and maybe run with it in their communities.

We are at the end of our hour, but I do just want to ask one question that has come up several times.

Travis, what service category did you use to fund the telecommunications items?

We included it under our medical case management.

Fantastic.

Well, with that, I want to be respectful of everyone's time.

Thank you so much, everyone, for joining us.

Thank you for our partners at HRSA and at HUD for convening this.

With that, thank you again for joining us today.

Stay well, and we look forward to working with you in the future.

Thank you all.