NCIL IL‑NET

Remote Work and Consumer Connections During the COVID‑19 Pandemic: A Q&A Session for CILs and SILCs

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>> TIM FUCHS: Thanks for staying flexible with the quick planning.

I'm going to go ahead.

It's 3:01.

Everybody ready?

>> Let's go!

>> TIM FUCHS:

>> TIM FUCHS: I just want to make sure the CART is running.

I'm getting it in my chat box right now.

>> SHARON FINNEY: Looks good.

>> TIM FUCHS: It looks like our Streamtext wires are crossed with another meeting.

>> TIM FUCHS: All right.

Hi, everyone!

Sorry for the delay.

We were just making sure we had everything ready.

We have been dealing with some of the internet issues I'm sure a lot of you all have experienced from home this week as we test the limits of our residential internet and broadband.

I'm Tim Fuchs with the National Council On Independent Living.

I want to welcome you to our latest IL‑NET webinar, remote work and consumer connections during the COVID‑19 pandemic: a Q&A for CILs and SILCs.

This is the first in a series of continuing webinars ‑‑ I guess it's the second.

We had that intro webinar, the Q&A, with so many of you on March 20th.

So it's really the second in the series we are going to be doing biweekly here.

We knew that people were craving this information, but I was still surprised when we started getting five, six, seven registrations a minute over the last few days.

We ended up with 830 people all around the country, every state and territory, registered for this.

So thank you so much for staying engaged with us and I hope that these presentations remain informative for you all.

I know we're kind of craving information here as we respond to the pandemic and do the best to keep our work going.

So I wanted to go through some housekeeping things before we jump into our questions today.

I wanted to mention a few things.

First of all, we are running captioning today.

Of course, as we always do.

So you can turn on your closed captioning within Zoom by selecting show subtitle.

If you don't see that, you might click closed captioning, depending on the version of Zoom you are using, and if you don't see it at the bottom of your screen, you might select the More options from your Zoom menu bar.

Also we have sent out the CART link for the full‑screen captioning at Streamtext.net and unfortunately we've crossed wires with another meeting that's going on.

So I'm going to share the correct link in the chat right now.

So that you all can join there.

It's the same link you all are used to except it's ‑‑ ILNET all caps at the end.

So that's in the chat.

Apologize for that.

Again, the captioning in Zoom will work just fine, but if you do prefer that full‑screen Streamtext link, please use the one that I just shared in the chat.

If you can't access that for any reason, send me ‑‑ drop me a line at tim@ncil.org and I'll send you a link just as soon as I'm done with the intro.

Thanks for your patience with that.

Today's panel presentation is set up like a Q&A, so we are going to be discussing some questions we have developed with our panelists but we will be taking some Q&A breaks to take questions from you all.

We've dialed these back to an hour just to make them easier to fit into your schedule.

I know that we're all really slammed right now.

It feels like we're on the phone or Zoom all day at this point, and so we thought a 60‑minute presentation might be a little easier to fit in.

So we'll take your questions as time allows.

We're going to take one Q&A break mid‑stream today, we'll do another one at the end of the presentation, and we'll just take as many questions as we have time for.

Hey, there an evaluation for today, so please do take a minute to fill that out.

I would appreciate your thoughts on the presentation.

With that, I want to save the rest of the time for the presentation so I want to introduce our panelists today.

I can't thank you all enough again for joining us.

I know things are very busy and it says a lot that you all have taken the time to share your experience and your expertise with our audience.

Again, with us today we have Susan Dooha.

Susan is the of course, Executive Director of the Center of Independence for the Disabled in New York.

Lou Ann Kibbee is here.

Lou Ann is a Systems Advocacy Manager with SKIL in Kansas.

And Sarah Martinez is the Executive Director Access to Independence of the Eastern Iowa Corridor.

So, Susan, Sarah, Lou Ann, thank you again for joining us and for being with us.

I am going to go to the next slide here.

These are some of the housekeeping points I just mentioned.

By the way, audience questions, you can enter those in the Q&A tab on the Zoom screen.

If you are not on Zoom, if you are only on the phone, you have a couple options, you can email me my questions at tim@ncil.org.

You also, if you need it as an accommodation you can also press star 9 on the phone.

I am going to ask you all to please reserve that option for folks who cannot access Zoom just because with so many people on the line today it can be a lot to try to find those raised hands in the list of participants I have to go through manually.

So if you can ask a question by email or through Zoom, please do that.

But if you cannot, if you need as an accommodation, you are welcome to press star 9 on the phone to raise your hand.

Richard Petty is unfortunately dealing with some internet problems, and I trust Richard will be with us very shortly.

We will be ‑‑ Richard and I will be moderating the call today, and I have introduced our panelists, here they are on slide 5.

So I am going to try to bring Richard on, but in the meantime, I'm going to steal his question away from him and get us started here.

So, I wanted to start with you, Susan.

You know, what disasters or other policies did you already have in place before you realized what was happening with COVID‑19 and what new policies and procedures did you need to address once the crisis was in process?

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>> SUSAN DOOHA: Tim, we had a full array of organizational policies and procedures.

Personnel, civil rights, harassment issues, all kinds of things were in place, time off, all sorts of things, and we had a disaster plan that contemplated the disasters we'd experienced before.

Like most people, we're very good at planning for disasters we've already experienced.

So September 11th was reflected in our disaster plan and also Hurricanes Irene and Sandy were reflected in our disaster plan.

But those were quite different from having a plan for communicable disease.

That would specifically contemplate how COVID‑19 or coronavirus has been appearing.

That really changed our thinking.

We understood that we really had to shift in our thinking.

We were no longer talking about having people at one of our offices shift to work in another office.

We were talking about having no one in an office at all.

We were talking about moving from having outreach, moving from having in‑person contact, group contact at homeless shelters, at soup kitchens and so on, to just talking to people by phone.

And all of the policies that we had needed to be adapted for coronavirus.

So our current communicable disease policy includes the implications of the occupational health and safety act for our employees, the application of equal employment opportunity to employees affected by the coronavirus, nondiscrimination and anti‑harassment in an pandemic environment, the ADA and its application.

Yes, coronavirus, COVID‑19, are covered by the Americans with Disabilities Act.

And so we needed to make sure our employees understood these applications.

We needed to provide confidentiality guidance appropriate to people working at home in settings where their children were also home, where other family members were present, where the dog is barking in the background, and we needed to be very clear with people about compensation policies.

Employers have the option of course, not to pay people who are not able to work because their jobs were dependent on a particular setting or way of work.

We made a decision that we were going to pay our employees through this epidemic.

So we had to clarify that.

We had to clarify time off, time away, the application of the Fair Labor Standards Act, paid and unpaid leave, which is growing.

Now we have federal leave, and we also have state leave, which we didn't have before.

So we've had to add those into our policies so that people know in addition to the Family Medical Leave Act all of the ways that they now can access leave if they become ill or dealing with a family member who has.

We had to change our bereavement policies and procedures.

People are being hit with taking care of a number of family members at one time.

Or their own illness, which is extending beyond normal sick leave policies.

We had to deal with insurances and which of our insurances covered communicable diseases and covered COVID‑19.

And we had to relook at our technology policies.

What did our employees have to know about being home with a phone, with a laptop, with a printer, with hot spots, and how they should deal with that technology.

And we had to develop telecommuting guidelines.

What were our expectations for responding to inquiries?

What were our expectations for staying in touch with your colleagues and your supervisor and for CIDNY as an organization, knowing what's happening in the field.

We can't just stop by and say, hey, how are you doing?

>> TIM FUCHS: Right.

Thank you so much, Susan.

I just elevated, I believe, Richard to our panelist queue.

Richard, are you there?

>> RICHARD PETTY: Hi, good afternoon, everyone, and I'm experiencing a complete loss of internet service, so I'm with you by phone, and, Tim, thank you for proceeding, and I do have a question to the panelists, and the question is: you know, we're a few short weeks in, they're short, but they're really long weeks, into this pandemic emergency that we're experiencing, and what recommendations would you have for other centers, a couple things that would help them keep running and to keep going as they're doing work now?

>> LOU ANN KIBBEE: This is Lou Ann, and a couple of things that we found, one of the things that we've been doing for a few years, actually, is our management team meets on a weekly basis, but since this is ‑‑ this crisis has come about, we've actually started meeting weekly with the direct service staff meet weekly and some of our other departments are also beginning that.

Just to be able to keep that communication between the staff and the management and the different areas of a Center that keeps everything running, especially in these very strange times.

Another thing that we've done here in Kansas, actually, the IL Network has worked together, is with the C.A.R.E.S. Act coming down with the $85 million additional Part C funds for federally funded centers, which is wonderful, we have four of our ten centers in Kansas do not receive Part C funds, and we all thought it was important that ‑‑ you know, those four centers really supported and advocated just as much as the federally funded centers for that 85 million and we felt it was important that as federally funded centers that we also support the state‑funded centers.

So we've started advocating with the state to try to get some additional funds to help those four centers to work with individuals through this COVID crisis just as the federally funded centers are getting additional funding.

So we're hoping that that does occur.

We're still working on that.

Nothing definite yet.

>> RICHARD PETTY: Thank you, Lou Ann.

Could I ask Sarah next?

>> SARAH MARTINEZ: Yes.

So, from the perspective of a small Center I have four‑and‑a‑half staff, including myself, and we found that continuing weekly staff one‑on‑ones for an hour, and then two‑hour weekly staff meetings, allowed us to continue the flow of conversation of what we need to do to stay organized and continue running sufficiently.

So we utilized Google Sweet, including Calendar, Drive, Chat and hangouts.

So staff can utilize the Chat function to ask questions and maintain communication throughout the day and we can share documents we're either all working on or a couple of staff are, and that has kind of kept us as a cohesive unit.

Additionally, our state IL Network has started a weekly call to discuss what each Center is doing.

We've shared, like, state funding opportunities that are available, grants and such, and then also state and federal legislative efforts.

So that has allowed us to come together to be cohesive in what the concerns are in the state of Iowa and also keeping an ear out on federal issues that we can all use our voices to raise.

>> RICHARD PETTY: Thank you, Sarah.

Susan?

>> SUSAN DOOHA: Hi.

It's great to hear your voice.

So, we took steps right away arrange for all banking to be online, to transfer all of our mail.

We had to arrange for equipment at home for 80 staff, and we had a lot of contracts that were dependent on us being out in the field, meaning doing outreaches anywhere and everywhere.

Stationing our counselors at different locations around the community where we would find people that we needed to work with.

Doing home visits.

So we had to have some conversations with our city and state and federal contractors about the way that our work would be changing.

And the fact that our workforce was heavily made up of people in higher risk categories, and that a lot of the work we did was going into higher risk settings, like homeless shelters, like nursing facilities, adult homes, group homes, and dealing with people who are in jail and all of these environments are very high risk.

Congregate environments.

And we had no protective gear.

So it meant that we really had to have a serious talk with our contractors about our ability to continue doing the work, but that we were going to do it in a different way.

We've shifted entirely to telework at this point.

We have regular meetings of each of our teams.

We have policy and advocacy meeting with direct service staff, leadership, so that we are looking in our advocacy to address the things our counselors are identifying in the field as they're working within individuals, and we also have regular management team meetings.

We have a little terrific ‑‑ terrific little thing that's happened which is our staff are greeting each other in the morning, just saying "Hello," "How Are you doing?" "It's going to be a great day," and expressing their cohesion and care for each other.

And that's been very, very important.

We're going to be beefing up what we're doing.

We're hoping to add a newsletter that will go out to our staff every day talking about what's going on out in the field and in our organization because we have so many people to communicate with.

Thanks.

>> RICHARD PETTY: Thank you, Susan.

There's an interesting theme there of staying in touch with your staff, whether one‑on‑one or in group sessions and some interesting ideas there of newsletter and of meetings specifically focused on advocacy to turn some of those individual contacts and identified needs into an advocacy agenda.

So thank you.

Tim, if we're ready for question 3, I'll proceed and ask, if that's all right.

>> TIM FUCHS: We're actually going to do ‑‑ we've got a Q&A break.

Lou Ann, did you get a chance to respond to that last question?

>> LOU ANN KIBBEE: I sure did.

Yep.

>> TIM FUCHS: Sorry.

So I'm actually going to go ahead and do our participant questions because we have a few in the queue.

Our first question, the attendee asks it would be helpful to know how many employees each of you have.

Sarah, I know you mentioned you have four‑and‑a‑half.

Lou Ann, about how many staff does SKIL have?

>> LOU ANN KIBBEE: I think we're around 60 ‑‑ I think around 60 now.

>> TIM FUCHS: Big.

Yeah.

Okay.

Susan, same question?

>> SUSAN DOOHA: Well, we have 80 staff.

We also have about 200 volunteers who are accustomed to meeting on a regular basis and also being out in the field doing work.

>> TIM FUCHS: Okay.

Great.

Susan, I am going to stick with you.

Maria from the Access Center in data is wondering if you would be willing to share some of the policies and procedures that you all developed around communicable disease.

>> SUSAN DOOHA: Absolutely.

And all mistakes are purely my own.

>> TIM FUCHS: That's very generous.

>> SUSAN DOOHA: I'm happy to share.

>> TIM FUCHS: Thanks.

Just as a process, if you want to get those to us, we can share them on the page where we archive the training as a means to get them out.

Thank you very much.

And Alexa is wondering, will already federally funded centers have to apply for the C.A.R.E.S. Act funds or will that be coming automatically or some other level?

That's a complicated questions.

There are a number of funding streams available through the C.A.R.E.S. Act centers could be available for.

Now, the Part C dollars will be distributed like other Part C dollars.

So those would be distributed in accordance with your state SPIL for Part C funds.

Keep in mind those are Part C funds only.

There were not Part B funds in the C.A.R.E.S. Act.

There are other things like the small business administration loans that have been getting a lot of press that you would have to apply for.

Coincidentally, NCIL has a webinar on that tomorrow.

You may have seen that announcement.

We're offering to that our member centers.

You might want to sign up for that to find out more information about that.

There are probably other funding streams through the C.A.R.E.S. Act that I'm not familiar with, but those are the two big ones.

And the Part C funding will just come through.

The small business administration loans you would have to apply for.

Susan, Corrine is 100 ring, you mentioned COVID‑19 is covered under the ADA.

What did you mean by that?

>> SUSAN DOOHA: COVID‑19 is a disability, and so the provisions of the Americans with Disabilities Act apply to individuals who have COVID‑19.

Just as they would somebody with AIDS, for example.

So it's important to be mindful of the rights of individuals with COVID‑19 regarding disclosure, regarding accommodations, all kinds of things.

>> TIM FUCHS: Great.

Thank you.

Next question is from Naisha.

She asks, Susan does all her meetings with her staff through Zoom, is that right?

>> SUSAN DOOHA: No.

We don't do everything do Zoom yet.

We are using phone.

We are using Zoom.

We're using other platforms.

And we haven't yet fully consolidated which apparatus we're using for each thing.

We do want to be sure that whatever we're using in our communications is captioned, that people can join by video phone, that we are in every way ensuring equal access to all of the communications we're creating.

For the people we work with, we're creating videos that will be fully captioned and some that are in ASL.

>> TIM FUCHS: Great.

Thanks.

I am going to ‑‑ I am going to try to get as many as I can and we have a couple more minutes.

Cheryl is wondering, how have you handled getting the mail?

Sarah, I'm going to go to you.

>> SARAH MARTINEZ: I'm the only staffer who is still working part of the time out of the office.

So I am getting the mail and have access to all the admin stuff that I need there, and that's just because not everything can be moved remotely.

>> TIM FUCHS: Could you repeat that last sentence, Sarah?

Your audio cut out.

>> SARAH MARTINEZ: Yes.

Not all of our admin documentation and things that we need can be moved remotely, and so I can still access the mail from the office and get the things that we need and am working the rest of the time from home.

>> TIM FUCHS: Okay.

Great.

Thank you.

All right, what would you all suggest ‑‑ this is sensitive, but I think it's important.

What would you all suggest for staff who are feeling frustrated, they don't feel like an organizational level their organization has responded or come up with a good plan?

Anything that you all ‑‑ Lou Ann I'm going to come to you since you're not an E.D.

What are some things staff might consider and in what could be a very tough situation to help push leadership to develop a better remote plan or response to working from home?

>> LOU ANN KIBBEE: Well, I mean, I think it's important for them to talk to their supervisor, whether that be the director or management.

And just talk to them about ‑‑ and maybe ‑‑ you know, I think a lot of times staff have great ideas, but may not always feel comfortable about bringing it to the management of the Center.

I think it's important for staff to be able to feel comfortable to do that.

And I think it's important for the management of the Center to be open to listening to their staff, because the staff are the ones that ‑‑ a lot of the staff are the boots on the ground out there,

And they are the ones ‑‑ they know the resources, they know the customers,

And I think a lot of times come up with some great ideas.

So I think, again, it's communication.

Right now I think communication is so important across the board.

>> TIM FUCHS: Absolutely.

Okay.

Thanks.

I'm ‑‑ I realize we have some other questions but I want to get back to the presentation, and then we will have another Q&A break at the end.

So we'll start with these questions we haven't gotten to.

>> RICHARD PETTY: Tim, if you are ready, I'll continue.

This ‑‑ if I'm on track, and I hope I am, that this will be primarily to ‑‑ initially to Lou Ann, and others may also respond.

The broad question is how are you staying ‑‑ maintaining contact with consumers, staying in touch with them?

Can you describe that for us?

>> LOU ANN KIBBEE: Sure.

We have a number of things that we've been working on, and some things we collaborated and partnered with other centers and other organizations, some of our coalition, too.

One of the things that we've been doing as far as staying in touch directly with our consumers is we developed a questionnaire, and staff are actually calling customers one at a time, which is a lot, we've got about 200 IL customers and about 800HCVS customers.

So there's a lot of phone calls there.

But staff are working on it, and calling them, talking to them, making sure if they are alone, if they have someone with them in their home, do they feel safe in their home, whether that is because of the people ‑‑ other people in the home or do they have the food that they need for at least a couple of weeks, prescriptions, medical supplies, personal care attendants.

Are there attendants coming in to work.

If not, why?

We're finding a lot of situations there.

And just a variety of questions to find out if the individual is doing okay.

And then with those questionnaires, the staff kind of know which ones obviously that they're going to need to provide some assistance to, find resources for, whether that's helping them find more food, food delivery, helping them learn how to maneuver ordering food online, if they have online access, if they need to find new attendants because their attendant quit coming in.

Whatever the case is, those questionnaires are being utilized for that.

That also gives us information about what some of the needs are, which helps me as a systems advocacy manager also in the systems advocacy that we're doing with ‑‑ especially with the state and looking at other resources also to help people.

>> RICHARD PETTY: Lou Ann, also a question ‑‑ a request for a couple of quick responses, and that is, if you have encountered folks that don't have any technology?

That might be no smartphone, no computer, or it might even be no phone.

>> LOU ANN KIBBEE: We haven't ‑‑ we don't have a lot of people that don't have phones in our area, which I know seems a little ‑‑ I guess part of it is because it's such a rural area that we serve that that's really people's only means of communication, that and also for people that receive HCVS through the programs and Kansas they actually can access phones with limited data, although I think they've increased the data through the MCOs, the managed care organizations.

That has happened a lot of our people that haven't had phones.

So we haven't had a lot of people not having the phone, but we do have a lot of people that do not have technology, and that's something that we've also been looking at with some of our other partners.

For people that do have a laptop or a tablet, they may not have internet service.

So, can we get them internet service?

If they don't have a laptop or tablet, we're looking at the possibility of ‑‑ we're still working on this one ‑‑ but the possibility of trying to get some tablets for people, which would be great, to be able to get people to have that connection.

So that's all really important, obviously.

And some of the other things we're doing to communicate with customers is there's ‑‑ the Vermont Green Mountain Self‑advocate group created a plain language document about COVID to educate individuals.

We sent that out by mail to all of our customers, all of our direct support workers also, to educate people there.

We're doing a lot of systems advocacy and having staff to talk our customers about that also, about the different things that are needed and different programs, trying to get changes with the 1135 and the appendix case to make modifications within the home community based service programs so people don't end up coming to nursing homes or institutions.

No one wants to go there any time, but this is really the worst time to go, obviously.

So those are, I guess, some of the things we've been doing.

Another ‑‑ another thing I wanted to throw out, kind of ties into that last question, is I was on another webinar last week, myself and another manager, and someone talked about the discord app.

I didn't know what the discord app was, but it's for gamers, apparently, and we've got ‑‑ we set up a group for our direct service staff to get on there, and it's really kind of a cool place where they can just in the morning ‑‑ we ‑‑ a bunch of us are on there, we get on there, and say good morning to each other.

If a staff person has a particular situation that they're running into that they don't have a solution for, they can throw it out there.

Obviously keeping it confidential with no name.

But to bounce it off other staff, and staff kind of throw around different ideas for them to go with.

So that's been a really fun and useful tool.

>> RICHARD PETTY: Okay.

Very interesting.

Thank you.

Tim, would you and Sarah like to go on with the next question?

>> TIM FUCHS: Sure.

I think Sarah was going to add a little bit to that ‑‑ to Lou Ann's response just about connecting with consumers.

>> SARAH MARTINEZ: Yeah, so, really low‑tech, low‑cost options would be mailing.

Something we've done to make sure that all of our consumers can get access to programming changes and information about changing services, is doing mailers.

So we've seen changing costs, you know, moving services remotely, and have moved some things around to make sure that office supplies and stamps are something that we can purchase and continue to communicate with people.

Suggestion to talk to your local internet providers and see if there are options to open up internet services for those who don't have them currently to see if there's any way they will allow for a neighbor to piggyback off of already existing services.

And this is also a really cool grant opportunity to upgrade technology.

So if you have consumers who don't have enough minutes or who have a flip phone and maybe need a smartphone to access telehealth and remote services, seeing if you can get funding to purchase smartphones.

>> TIM FUCHS: That's great.

Thanks, Sarah.

I'm going to keep us moving along here.

I'm going to ‑‑ actually I'm going to stick with you, Sarah, and I was going to ask you to take the lead on this one.

Now that we're a few weeks into physical distancing here, are you finding your consumer needs are changing?

And how are you adapting your practices to continue to serve your consumers?

>> SARAH MARTINEZ: So on March 23rd we sent out a community survey to get more information about the needs that exist in response to COVID‑19, and what we found were people were most concerned about social isolation negatively impacting their physical and mental health, a lack of recreational activities available to them, obtaining medical care and prescriptions, and paying their bills.

We additionally had local agencies and consumers reach out to us wondering if we were able to assist with them obtaining food and groceries or prescriptions during this time.

So we had to shift our directed services to meet those needs.

So what we've done is coordinate frozen meals through our AAA and their Meals‑on‑Wheels delivery to get people who are homebound meals that can be ‑‑ heat up.

Additionally, there's now county emergency food deliveries for some of our Metro areas where we can coordinate the local food pantry to do a drop‑off of a food box directly to their door.

For our rural areas where that's not available, we've coordinated with our local community action program to get 25 pound boxes of shelf‑stable food to hold in our office, and when we identify a consumer who needs that box, we deliver it to their door.

What we found is some of our consumers don't know how to prepare dried beans or utilize those shelf‑stable items.

So we're creating kind of quick recipe guides and links to some YouTube videos and some just traditional recipes to make sure they can utilize the things in those boxes to their fullest potential.

And then we also got a really small grant from Kelly's Kitchen to purchase frozen meals that we can also supplement our AAA and deliver.

We are going to be putting together care packages of essentials like toilet paper, soap, hand sanitizer and other essential household products that you can't use food stamps or EBT for to make sure that they have those essentials.

So we also have kind of programming shifting.

So we're doing twice a week peer groups that people can call in, and then our self‑advocacy group where we're going to be doing a different topic each week to address specifically self‑advocacy needs like healthcare and how to obtain those essentials during this time.

So, accessing feedback from the community has probably been the biggest help to us to really target what our needs are and how to shift programming in the services to address them.

>> TIM FUCHS: Great.

Thank you, Sarah.

Susan, you're in a very different area here, and so you're right in New York City, which has been impacted so significantly.

So how about for you, how have your consumer needs changed and how are you all keeping up with that?

>> SUSAN DOOHA: Well, our situation is somewhat different.

We're completely on lockdown.

There are only two reasons to be going out right now, and that is to go to the doctor, the hospital to, to get some food and that's it.

You can go pick up a prescription.

I guess that's the other thing you can do.

But places are closed.

You cannot go into a lot of places anymore.

We have, as of today, more than 72,000 infections in the city, and all of the systems that we have in the city are extremely strained.

We have many food services that are delivering.

We have a city service.

We have God's Love We Deliver, we have Meals‑on‑Wheels, and then a bunch of other food delivery services that will take the food to people since they're not permitted to go out.

And the problem with these is that they have waiting lists.

It can take two weeks to get on a list to get food.

We are finding that there is a dramatic increase in people applying for food stamps.

People are needing help in applying for unemployment.

A lot of the benefits programs, the safety net programs in the city, have been flexed, and you can substitute for doing a face‑to‑face interview with a phone interview or sometimes they're waiving even the phone interview.

They're lengthening times for recertification.

They're easing applications.

So all of that is very good, but a lot of it you have to be able to do online, and that's really a problem for people who have trouble accessing that or who don't have Wi-Fi at home, and also it takes hours of sitting on the phone.

We are having people report to us that they're logging four hours sitting on the phone waiting for a person to come on to help them just get food or to help them apply for food stamps or to help them with whatever is happening, and it's very frustrating for people.

There is a lot of anxiety right now.

People feel very, very stretched emotionally and are very isolated.

We've been looking ‑‑ we've been doing the same kind of surveying that I'm hearing about from Lou Ann, from Sarah, reaching out and talking with people, reaching out through our newsletter to find out what's going on through our social media, every mechanism that we have, to try and be in touch with people, and we're hoping to ‑‑ we're looking around at the support groups that are available, and there's one that I like very much ‑‑ sorry about that, guys (phone ringing) ‑‑ there's one that I like very much that is a meditation group where you get on and ways of relaxing are the topic, and a leader walks you through at the beginning of your day how you can sort of Center yourself and your day and find time within it to take care of yourself and to notice how you're feeling and to get help when you need it.

(phone ringing) sorry about that, guys.

We are also noticing that a lot of people who have aides are refusing them because of the priority right now is on protective equipment for hospitals, and they do not have enough, absolutely don't have enough, to get through the day, get through the week.

People are reusing.

People are sharing.

These are not good practices.

But people who are first responders, people who are health staff in the hospitals are getting the first priority.

That means people in nursing facilities and the staff that serve them don't have this equipment or have very little of it.

We have found a nursing facility that doesn't have any materials to help control infections.

We are also finding them in group homes, in adult homes, in jails, homeless shelters, and we're seeing it also very much affecting home care.

People are unwilling to let someone into their home who has been to see other people, and they may be infected, they may be asymptomatic, but they may be able to infect you just the same.

It has not been made a priority to get protective equipment to any kind of home care worker or personal assistant, and that's a very serious issue because it means that people are going without those services for really fundamental activities of daily living, and we're very worried about people falling.

We're very worried about people not having good nutrition and other things that are of tremendous concern.

We are noticing what the other are noticing with not getting toiletries or needing prescriptions, things like that.

So in some ways we're the same, in some ways we're different.

In terms of the magnitude, even though we're doing the same things that Sarah's area is or Lou Ann's area is, the magnitude of need is so enormous, and especially the environments where you find people with disabilities are left behind when it comes to infection control and when it comes to protective equipment, and that's a really desperate situation here in the city that we're advocating within the city about and within the state.

>> TIM FUCHS: Thank you so much, Susan.

Sarah ‑‑ I am going to move into audience questions now.

Sarah, I know you mentioned you all have been able to gather some groceries and central supplies.

Have you been able to get your hands on any of those really difficult to find items now, like toilet paper and sanitizer, gloves, and if so, how?

>> SARAH MARTINEZ: Yeah, this is such a hard one.

We're really fortunate there is a Costco in our area, and so they still have a really large quantity that they're ‑‑ toilet paper they're putting out that we can kind of break down into smaller units.

And then there is a winery and ‑‑ goodness ‑‑ they make liquor there.

They actually started making hand sanitizer in bulk for the community, and they're selling it in gallon jugs and then also packaging it in smaller containers for the community to distribute.

So we're trying to get our hands on some of the stuff they're making.

I know online there is still places that have some lag time but are still selling, like, Purell.

So it's still a lot of trying to search and seek out and find what's available.

I know from our Facebook groups and other community groups I'm on that our local Dollar General and our Walmart and those kinds of places, when they put toilet paper out, it's gone within the first hour or two because people are sitting around waiting for it.

So we kind of have to struggle with that like everyone else does.

>> TIM FUCHS: Speaking from an urban area, the cornerstones and Bodegas, the smaller places are the smaller ‑‑ are the places that have it.

It's highly dependent on the environment you're in.

Thanks.

Those are helpful tips.

I know already we're not going to have time for all the questions.

We have a huge audience.

I will ask for your patience as I go through these and try to pop some of the ‑‑ pick some of the questions I see popping up multiple times.

Another one that's been very popular is following up a little more on technology.

You know, how do we use Zoom?

Should we use Zoom or Google Hangouts.

One point I want to make and I'll ask if you have to add is just that, remember, none of these are going to be a one‑size‑fits‑all for your consumers, that whether it's preference or whether it's accessibility, you are going to need to be cognizant of what is going to work best for your consumers and your staff.

You need to remember that some of these programs aren't going to work at all unless you set up captioning to go with them.

Some people are going to just want a good old‑fashioned phone call and that some of this is going to depend on generational issues and individual preferences and access.

So with the time we have I'm not going to say much more than that, but anything our panelists want to add in terms of technology and access, making decisions about what to use?

>> SUSAN DOOHA: I'm not a technology maven.

Thank goodness I work with someone who is.

Boy, do I wish he was here right now for that question.

>> TIM FUCHS: Someone asked specifically about Zoom.

It's gotten so popular so quickly, and how can we do training.

For folks ‑‑ again, this is highly contextual, but for folks who are comfortable with web technology and video calls, the Zoom website is full of do it yourself tutorials on how to use it.

So for your staff and for consumers that are comfortable with that, I would encourage you to make use of that so you are not trying to develop custom trainings yourself but just keeping in mind that for others, if you do want ‑‑ if you do want to use Google Hangouts or Zoom that you're going to be needing to talk to folks about their access needs, including cognitive access, maybe walking through, doing some practice sessions with folks, because it's not going to be one‑size‑fits‑all.

>> SUSAN DOOHA: That's really good advice.

To that I would add, all of these platforms don't have the same protections in terms of confidentiality.

So you want to be careful what you are doing on what platform.

>> TIM FUCHS: Yeah Zoom has been in hot water and it's been all over the press because of some of their security issues.

We're using it today because we really love the accessibility, but that's something to keep in mind.

So it's a moving target.

We have to keep pressure on these companies to manage their data and manage their security well.

Another one that I've seen from several people is ‑‑ this is specific to programming, but folks that are working on the new core service around supporting youth that are transition age are wondering, what the heck to do with schools closed.

Has anyone had any success maintaining some of that programming with schools closed and going to virtual learning?

>> SUSAN DOOHA: We're able to maintain contact with the kids that we've been working with and family members that we've been working with.

But referrals have stopped all together and we were' no longer in classrooms because school is closed, and likely will be, through the remainder of the semester.

And our school ends at the end of June, and I don't see it reopening.

So that's a terrible problem.

It limits us to working with people who are already known to us and not allowing us to really reach out to others except through our outreach mechanisms, our various social media, for example, to see if we can pick up some interest.

>> TIM FUCHS: All right, thanks, Susan.

Sorry, just going through the questions here.

I know there are ‑‑ focused on the Q&A, but I want to check the CART screen as well.

For those of you that are on that full‑screen captioning at Streamtext, I'm logged into the chat there.

You are welcome to enter your questions there.

I will be happy to voice them for you if you are not on Zoom.

Does anyone have ‑‑ does anyone have experience or solutions for consumers who use food stamps and don't drive?

How are they able to buy food online in areas where there's a lockdown.

Online and curb delivery ‑‑ excuse me ‑‑ delivery and curb pickup has gotten so popular but what folks who can't drive and/or use food stamps.

Any solutions there?

>> SUSAN DOOHA: A long time ago we went to the USDA and we said you have to let people order by phone or order by email and have food delivered to them using their food stamps, and the USDA said it's a great idea but we can't quite figure out how to do it.

Right now lo and behold people are able to use their food.

>> TED STAMP: That's in New York City and get food delivered.

So I'm not sure how they removed those roadblocks, but it's happening now.

>> TIM FUCHS: Things are happening quickly and it's an opportune time to push these policies as well.

A lot of this stuff is stuff we have been asking for for a long time, isn't it?

>> SUSAN DOOHA: Yes, it is, absolutely.

>> TIM FUCHS: So there is some political momentum now which is good.

>> SARAH MARTINEZ: I was going to say that was an issue we were just talking about in staff meeting on Friday, is trying to navigate who would allow that and we're finding that ‑‑ through online orders or phone orders that they can't use EBT and so definitely an advocacy issue to bring up to the grocery stores and to the state to open up those portals that people can utilize that.

>> TIM FUCHS: That's great.

Look, we're here at the top of the hour.

I want to mention a few things.

First and foremost, just acknowledging we weren't able to get through all the questions.

I'm going to go through these.

I'll save these questions and we will do our best to respond.

I don't know we're going to be able to get back to everyone.

But we will certainly do our best to respond to you by email with answers to your questions.

Part of going to 60 minutes is that, remember, we're going to be doing more of these.

So we will be following up with additional episodes in this series on COVID‑19 for CILs and SILCs and we will be addressing subtopics that are in line with the kind of hot topics and questions we're seeing from you all and feel free to email me and tim@ncil.org.

Several of these first episodes have come right out of suggestions we have gotten from folks out in the field, including this one on telework and consumer connections.

So please do let us know if you have requests for future episodes.

We're not going to be able to address everything but we're going to do our best to get to as much as we can.

Please also take advantage of the resources that are developing online.

I know ILRU and NCIL, ill rule.org and NCIL.org, we both have resource pages on COVID‑19 that are full of resources from centers all around the country, from the feds and other national resources.

So please do.

The webinar like we're doing why for NCIL members tomorrow on accessing SBA loans, there's a lot out there, and in addition to your full inboxes with webinars and resources, remember that we're developing some from NCIL and ILRU that are specific to CILs and SILCs.

So I hope you will take advantage of that.

Last thing I wanted to mention, please don't forget to fill out the evaluation today.

We really would appreciate your input on today's presentation.

And I hope that you'll stay tuned as we continue to work on these and hold these episodes.

With that we're going to have to go ahead and close, but I want to thank our panelists, Lou Ann, Sarah, Susan, thank you so much again.

I know you guys are slammed and I really appreciate you doing this with us.

Richard, so sorry for your internet troubles.

So glad you were able to join us by phone.

Thanks to all of you in the field.

Hope you all have a great day.

Bye‑bye.