



RPC - WESTERN NY REGION

Allegany Cattaraugus Chautauqua Erie Genesee Niagara Orleans Wyoming

Western NY RPC COVID-19 Open Discussion
Friday 5/21/2020 10 am – 11 am
Held through Conference Call
+1 (408) 650-3123
Access Code: 274-538-325

Minutes

Meeting started at 10:01 am

Attendants: Mark O'Brien, Katie Molanare (RPC), Alyssa Gleason (RPC), Katerina Gaylord (RPC), Jennifer Earl, Shannon Higbee, Vicki Landes, Howard Hitzel, Megan Dumpleton, Linda O'Donnell, Amanda Kopacz, Michelle Scheib, Gail McKee, Alicia Delecki, Heather Kemp, Francine Gullo, Steve Harvey, Nicki Rodriguez, Erik Hoertz, Marsha West, Craig Douglass, Margaret Varga, Bruce Nisbet, Michael Wahl, Elizabeth McPartland

Introductions: Mark O'Brien started the meeting. Reminded that the next board meeting is scheduled for August 19th from 10 am to 12:30 pm.

Open Discussion: Katie Molanare discussed the purpose of the meeting and opened the floor for discussion on how everyone is handling the State of Emergency.

- Fran – No barriers experienced. Clients responding well. Able to increase intakes and more services are being used. Clients more open than in face to face sessions. They are seeing longer sessions from clients.
- Howard – staff are all working remotely and this is going well. Both staff and consumers adjusted well to the move to telehealth. Small portion of clients without phones and/or computers. Clinics open, but majority is telehealth. There are no specific resources for those without the technology. For children, seeing more input from parents. State deserves kudos for the flexibility they allowed providers.
- Bruce – on an advocacy level need to extend the flexibility long-term. They were able to use funds to get clients iPads to do telehealth. Teams are out in the community for injectables and high need clients. Majority of the work (90%) is done remotely through telehealth. No show rate is low and engagement is high through telehealth. Clients are more verbal through the phone.

Reopening Discussion:

- Shannon Higbee – just starting to re-open, but not all staff are back. Doing varied schedules for staff. Doing a combination of office and remote.
- Beth – Questioned how quickly the flexibility will be scaled back. Difficult to plan without this information.
- Margaret – Telehealth has helped with outreach. They are reaching more people. The change in time restriction has been helpful with Adult HCBS Services. This change would be beneficial to continue for both face to face and telehealth. Hybrid model of face to face and telehealth would be beneficial. Texting is also a good option. This would help to be added to the regulations.
- Fran – also seen an increase in texting.
- Michelle – clients are enjoying the texting. Found it is easier to reach clients through this way and engage them.
- Bruce – concern with reopening is ventilation in buildings and setting up office space to allow six feet separation between client and clinician.
- Howard – not in a hurry to bring people back. Clients' needs are being met right now. Important that we continue to address their needs and not expose others.
- Bruce – virus brought us to the future of where we were going. Will result in fundamental changes.

Clients view on re-opening/back to Face to Face:

- Fran – will be starting to discuss this with clients.
- Gail – customers saying they are missing face to face.
- Mike – ditto to what Gail said. Socially isolated peers doing groups through Zoom.
- Bruce – website – community of caring through Spectrum. Offer yoga, support groups, mindfulness workshops. Both staff and clients are utilizing this resource.
- Marsha – children experiencing zoom fatigue.
- Mike – customers feel like they are getting overloaded with all the calls from a lot of different providers.

Workforce Challenges:

- Shannon – able to do some staffing with the waivers for fingerprinting. Able to get in touch with candidates and interview through the teleconference system. Staffing situation has improved.
- Bruce – adding staff. No lay-offs.
- Beth – clinicians getting tired, especially those with children at home.
- Linda – case managers with children at home are also having difficulty balancing.

Addressing Vicarious Trauma/Burn Out:

- Linda – Microsoft Teams Face to Face/Zoom calls with the camera on helps.
- Bruce – Teams helps. Have weekly team meetings. Community of Caring activities.

- Margaret – Learning Fridays, Friday morning coffee hour for the staff.
- Gail – Thursday morning coffee hour to de-stress. See staff smiling and seem happy.

Pandemic Positives – Positive Notes:

- Appreciate warmer weather and smaller moments are more meaningful.

How Can the RPC Help?

- Mark – Don't know what the federal government will do. Contracts may be changed. This may be a difficult time for non-profits. RPC needs to help advocate during this vulnerable time.
- Laura – Niagara County has seen a 50% increase in calls to crisis center compared to last year's timeframe. They've also seen a 48% increase in overdose and overdose deaths. RPC can help advocate as will need an increase in mental health and substance use care. Shouldn't have to interrupt contracts/services that are so needed.
- Use all platforms to advocate for this.

Meeting adjourned at 11 am. Another meeting will be scheduled.