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APRIL

Nursing Home Peer Support – (Zoom)

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December 16, 2020

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>> For folks that are just joining us, we're going to get started in about two minutes. As we're having our influx of people joining... it's nice to see everyone again. We'll get started in just a moment here. There is closed captioning for this event. You can click or select CC from your toolbar. There's also ASL. The name is ASL interpreter.

If you select the three dots at the top of their box and select pin video... from the drop down menu, you can make her larger. I think I'll go ahead and get started. I just have a couple announcements. .

Welcome, everybody to the APRIL COVID‑19 check‑in call. If you need to make the interpreter larger, select the three dots at the top corner of your screen. And select the pin video and make that nice and big on your screen.

We also have closed captioning, by selecting CC. For today's event, this is a Zoom meeting. I'll tell you, at APRIL, we like to keep things nice and informal. This is just an opportunity we've been hearing from folks that would really love a time in space to just talk with your peers. From across the country.

Specifically, this call is to talk about COVID‑19‑related services and barriers and questions that you may have for your peers. This is just an informal call to give you all some space to meet with one another. There are no designated speakers or presenters for this call.

In order to... have good access, we ask that you continue to stay muted, unless you're speaking. Again... you can do that by selecting the microphone that says mute on your toolbar. If you are using key strokes... you can select alt A and if you're on the phone lines... today... you can suppress star 6.

Before you speak... if you could tell us your name, and... where you're from. It helps us to build a community of support and to keep access nice and clean.

So... I'm really excited to see and hear from everybody today. We have some guiding questions, but... it doesn't have to be about this.

Again... if you can say your name and where you're from, when you speak and this call is to talk about, what are you currently focusing on? Related to COVID‑19? What are some barriers or issues that you're seeing? What questions do you have for your peers across the country that you're hoping they can help answer.

And... what creative solutions have you been using in your communities to address some of your barriers?

Again... today's call, we do have captioning, which means that I'll have a transcript later, so... if you need that, you can access it by reaching out to me, Mary Willard. It's MOLSON.APRIL@gmail.com. Or you can select myself or my colleague Sierra Royster from the chat box and we'll help you get set up.

Really excited to see everybody. Let's kick it off. Would anybody like to start by stating your name? Where you're from? And... you know... what's going on related to COVID‑19 in your community? Or what questions do you have for your peers?

>> I'll start... good afternoon, everyone, can you hear me okay?   
 >> Yes, thank you.

>> My name is Jerri Lyn [phonetic], I'm a transition specialist and work with the Niagara County Agency on Independent Living. I'm a transition specialist and also... the coordinator for our region.

With open doors... the MFP program. So... I just want to ask how are you or... you know... if someone has dealt with losing a family member to the pandemic, to COVID‑19 and how are you dealing with the continuous interaction with the, with the work that we do... well... with any Health Care ‑‑ I'm sorry... I'm uncertain... you know... what kind of work you all do.

But... within my role... I work... you know, with people trying to get out of the nursing home. Nursing home is like the... highest affected place.

So... and just having a really close family member of mine pass away because of it. I really want to know how are you dealing with it? As it's hitting so close to home and moving forward and being able to do the work you do? Thank you.

>> Can you tell us your name and where you're from, please?   
 >> I'm sorry... I'm Jerri Lyn Kappes Anderson and I'm from Western New York, Independent Living and I work at the Niagara County office in Niagara Falls.

>> Thank you, hard one to start off. How are folks helping consumers and others deal with this ongoing... you know... the loss of loved ones that is happening for them? What are ways you're helping to support them with that?

>> Hi... this is Elizabeth ‑‑ can you hear me?   
 >> Yes... Elizabeth Donnelly Johnson from Disability Network West Michigan, I forgot her name already... so sorry... I used to work for the Alzheimer's association and so... when you're talking about loss... is maybe looking at having a place where they can have a memorial.

So... maybe kind of a Zoom call or something where people can... because of COVID, it makes you feel more isolated. Maybe looking at doing a monthly kind of support group. More of, maybe showing a picture of their loved one and talking about the impact they had on their lives. Something meaningful or a tribute to them.

Giving people an opportunity to not feel alone. And especially, if there've been caregivers. There's a lot of heaviness to it. That's a suggestion I'd have. Looking at some way to have a tribute or memorial for them.

>> Mary: Thank you, that's a great suggestion. For those just joining us, again... we're checking in, formally around COVID‑19. If you have any thoughts on what you're working on in your community or any questions you'd like your peers to help you workshop. Anybody like to be the brave soul to go next?   
 >> I'll go next. My name is Wally. Seasons Greetings to everyone. I'm, like I said, Wally from Motion Center for Independent Living out of New Jersey. Since the COVID, since March, our organization has adopted virtual groups that kept isolated individuals connected. Through the COVID‑19 pandemic.

So... we had different virtual groups, such as... peer‑to‑peer, when they can come on and talk about their issues. We didn't necessarily talk about what's going on with COVID. We did a peer‑to‑peer ‑‑ we have a name that tune, a craft hour... women's group and then... like I said... we've been doing this since March. We've been doing, and happy hour, every Friday, since March.

So... when we bring on different acts... and... we bring on... different information, regarding COVID... regarding our disability... regarding... whatever it is. Like... this week... we had... we talked about, when it came to, when you buy stuff you know... through the internet, identity theft, fraud, the signs to look for.

We've been doing those different virtual groups and... right now... I'm, I'm ‑‑ thank you very much for inviting us. We're looking for different ideas to continue our efforts. To serve our individuals. Thank you.

>> I'm Diana Clanton, independent living coordinator for Skill Office. (?) What we've done is they divided up our customers list and gave us each a list and... we called them to see how they are... did a couple surveys... trying to get the state to give us some grants to get our people that's got HCBS services, tablets or something, so they can do the social.

I live in a rural area and it's really rural. My customers don't have internet, they don't have any of the, you know... tablets or anything like that. They just have a little flip phone that they can talk on.

So... I'm really rural. But... we cover a lot of different counties. I've got a lot out west of me, like... in Norton, Kansas. I'm about 200 miles east of Wichita, Kansas. We've done surveys and talked about anything they want to talk about because they're isolated.

>> Todd: Todd Holloway. I'm light‑skinned, graying brown hair, red shirt and I work for an Independent Living Center. My pronouns are he, him and his. And here, in Washington State... one of the biggest questions and concerns I had beyond the things that we're doing for our folks in our Independent Living Center, I'm also the chair of the NCIL emergency planning subcommittee. With the vaccine rollout, I'm having concerns about Walgreens and CVS being able to get delivery to nursing homes in remote areas.

If we go down that past and the conversation today... I'd love to connect with people who may have some solutions in mind for that. Beyond that, a lot of the work we're doing is similar to things I've heard on the call today, having as much remote contact as possible, so that we keep in contact with folks.

We did have one in‑person, one participant at a time. Be able to come to our office to pick up Christmas gifts that were things that we were able to get from world vision and the food pantry and other donations. From our local community.

We've been involved with, with food delivery, medication delivery and other things like other centers and that's been a real, a real big help for folks, transportation, as you know, is a nightmare, not only in the cities, but... it's near impossible once you get outside of the metropolitan area.

So... I think that one of my main concerns right now... is getting people out of institutions as quickly as possible. So... our fifth core service is really being strained. We have extra help, thanks to CARES Act dollars to be able to try to get people out of institutions.

But... the housing situation here is as bad as it is everywhere else. Kansas, I hear, is doing some great stuff. Amy, I talked to, not long ago, on one of our calls, doing great stuff in Kansas, to get people out of facilities and into hotels and other transitional housing.

That, that kind of thing may save people's lives and... the more we ‑‑ the more I can learn from that, and... do the same thing here in Washington... the more we'd like to continue doing that.

I really am grateful for all of you getting together to have this conversation today. The difference it makes, literally, will probably save some people's lives.

>> Thank you, Todd... I'd like to pause. Because... Todd had a lot of great comments and then there were a couple questions I'd like to throw out to the group that he brought up.

Are folks doing ‑‑ what are folks doing around vaccine rollout? He was asking if folks had solutions for some of those rural areas getting access. And then... other question I heard was... what are folks doing around nursing home transition? If anybody has thoughts on that? Any thoughts on his questions?   
 >> Maia: I'm in Rome, Georgia. The transition question... the challenge we have... and I'd imagine it's elsewhere... is that... at no time have any of our nursing facilities been out of lock down. We cannot go into them. And the relationship between us and social workers, many of whom are new now... and... who are strained to the max, trying to deal with everything... including COVID... is thin, at best.

So... one thing we've done is we sent, first... we made sure our list was completely updated and... we had a staff person attempt to contact every social worker in our area.

And... verify that we had correct information. And then... we sent a letter of appreciation thanking them, I mean... I know... from personal experience, that... social workers are people. Some are terrible, some are fantastic.

So... you know... they're there. They're working. This is something. We sent them a letter of appreciation, we sent our brochures again, we've sent offers to do Zoom presentations... everything. Because... unfortunately... we can't get through to the residents unless they contact us and... so... that's a real tough thing. We've done some transitions... not MFP, except... I think one at the beginning.

Because... certain requirements for MFP have changed around here. And housing. We found hotels and smaller roommate situations. It really takes digging. We're reaching out to staff at the nursing facilities to see if there are any relationships that can be established, so we can reach out to more people. Thank you.

>> Thanks, Maia.

>> Go ahead, Julia.

>> Hi, Maia. This is Julia Sain, the Executive Director of Disability Rights and Resources in Charlotte, North Carolina. I'm a 65‑year‑old Caucasian female with short salt and pepper hair. My pronouns are she and her. Going back to working with our consumers and staff and so forth... the one thing that is... in need for a loft people in our community... is just talking to somebody. I know, personally... as an Executive Director, when I try to reach out to other organizations...

Even if it's me personally, trying to call somewhere... I feel ignored, so much. And they're feeling ignored, so... one of the things the staff is becoming more and more aware of is... you talk to somebody and listen to somebody as long as they need you to.

And you can say to them... if it would normally not be this way... and I know consumer control, so... we don't call them, they call us, kind of stuff. That's all kind of gone out the window.

If you're talking to someone on the phone and they just ‑‑ if they say something like... oh... you know... nobody ever listens to me or I haven't had a chance to talk to anybody, say... you know what? I'd like to call you back in a few days, if that'd be okay. You still get consumer control and you still get can permission ‑‑ it's not like I'm your mom and calling you... but... my staff is finding... I told them for years... we're not about quantity, we're about quality.

How many people say "you're the only place that answers the phone." You're the only place that has let me talk. And people cry... on the phone, because we say "we're in no hurry, you take your time, call me any time you want to." I think as we get past the holidays, it'll be so much worse.

People get kind of ‑‑ this year, they're going to get adrenaline rush and be kind of positive during the holidays and January and February will be bad.

So... we ‑‑ it's our way of doing business, is that, you know... I don't mind ‑‑ I'm tickled to talk to you. When it comes to nursing home transition... I ‑‑ nursing homes are sort of like hotel California. You can check in any time you like, but... you could never leave.

Nobody's going to leave ‑‑ for you, babies, you'll need to Google that. Nobody is leaving in the nursing home. Because... nobody wants to take somebody who's been in a nursing home.

Our focus, right now... is... we want to do diversion. And we have taken all the energy we were spending on transition, that we will spend on transition again some day and we're focusing it on diversion. Don't go in there. What would it take for you not to go in there?

And... we are now, partnering, with ‑‑ instead of ‑‑ I heard what you said, from Rome and I absolutely think that's a great idea about calling the social workers and so forth. We sort of did it backwards, maybe, from that. We contacted the shelters. And we said we don't want you to put anybody in the nursing home that has a disability.

What would it take for you not to do that? We know that sometimes the shelters is the stop on the, on the route before they get to a nursing home. We want to stop it there.

And... one of our shelters has bought an old motel. And... is putting people in that old hotel, motel. So... we are sponsoring people through the Salvation Army that are in the motel saying "you're not going to leave the motel." As long as we have money to help you, you're not going to have to leave the motel.

The stress that takes off people's lives. We had one person that is staying in a, a ‑‑ uptown, intown suites kind of place and we can pay them, by the month... because they're on a list and as soon as that place is ready... they're going to get housed, but... where do they go in the meantime?

And we've said... you're not going anywhere. You're fine... you're going stay here, we're going to keep you here. It's huge for their mental health that way.

So... that's what I have to say. We're partnering with the shelters and... then, also... the other one ‑‑ we contacted our local Mental Health Association... which is also a non‑profit. Professionals will be providing people an opportunity for free mental health counseling. And I'm using ‑‑ Kimberly's wanting to know what funding we're using? We're using our CARES Act funds.

So... that's what ‑‑ that's my ‑‑ that's where we are right now. Today... it's a Wednesday... it could change tomorrow.

>> Mary: Thank you, go ahead, Amber.

>> It's Amber from Wyoming Independent Living. I want to share what we've been doing over the last six to nine months. We received CARES Act funding as well and... initially, we had used some of that funding to purchase iPads for those that were going to need some TeleHealth access.

As well as some of our offerings at our center that we were switching to virtual. We've also purchased PPE and we've been getting that out to any consumers that needed that.

All of our groups have gone online, so... that they can stay connected. We have peer support groups that meet every week. We have a ‑‑ an individual advocacy group, we have a systemic advocacy group. As far as nursing home transitions... when COVID hit... we've been... contracted with Medicaid... our state Medicaid for nursing home transition services for years.

In Wyoming, we've been impacted quite a bit in our energy sector and our state funds were cut, along with our nursing home transition program. What we did was switch our CARES Act funding to nursing home transitions. Or some of it.

But... I was wondering, though... from the group... if anybody is... providing any workshops that are focused on mental health? Just kind of like... healthy community living? But... more for the mental health sector from a peers group perspective. I was wondering what other CILs are utilizing. We offer quite a few workshops at Youth Leadership Academy. We've done an annual conference that was virtual this year.

We thought this would be a good opportunity to utilize CARES Act funding to put a mental health workshop together.

>> Mary: Thanks, Amber. Also... Kimberly was wondering if you're planning on getting the iPods returned or is that for consumers to keep?   
 >> Amber: We are ‑‑ we've been kind of doing that in a couple different ways. We did loan out iPads to those that were wanting to participate in our groups or... in our conference, so... those were on loan. Also... as an opportunity to provide skills training and connect them with our state AT program, to get technology that would be suitable to their needs. I hope that answers the question.

They are on loan... but... we do have quite a bit of CARES Act funding still left and... are looking at the possibility of helping people purchase their own technology with that.

>> Mary: Thanks, Amber. So... to circle back. Amber is wondering if anybody has thoughts on mental health groups? Especially during this holiday/COVID run‑in season. What folks are doing in that area?   
 >> Dariusz: I highly recommend the program. I don't think I saw ‑‑ thank you for reminding me about this. I don't think we provided this virtually, but... we had... actually a volunteer, somebody who was trained and has a lot of experience doing this... if anyone is interested, I would recommend [indiscernible] and connect you with somebody that has the training and knows what they're talking about.

However... I want to also... sort of caution people ‑‑ I don't know how to even phrase it. Following up with people and... the idea that... you know... we are the only ones who are really picking up the phones and talking with them.

I notice, with, with some of our staff... that... I used to manage in the past, that... we try to help people so much that... we attempt to do clinical work without proper, you know... licenses. Proper preparation and things like that.

And it turned, at some point, into people calling us with suicidal thoughts and things like that.

So... first of all... definitely talk within your agencies, if you don't have a procedure, what to do in such situations, if a consumer's contacting you with suicidal ideations, but... also caution your staff and... just... you know... word of caution to you, try not to become a clinician. People need professional services, we can support them in addition, but... definitely refer them to people who are trained in doing this.

>> Mary: Todd?   
 >> Todd: In the state of Washington, we've had really good response in the past from peer support when it comes to mental health and behavioral health as well.

If you're a state that received any of the FEMA money ‑‑ somebody had in the chat ‑‑ I haven't been able to keep up. FEMA has dumped a substantial amount of money into certain states to help with the crisis counseling around this time. In Washington, we have Washington listens. That's probably where the bulk of that money went. Dumped into the mainstream mental health organizations within the states.

But... I know they created that... I don't know enough detail about Washington listens to really say whether it's a great thing or not. I hear great things about RAP and I'd like to learn more. I'm in agreement with all of you. That the amount of ‑‑ the amount of crisis counseling that is going to be needed and is needed right now... is going unrecognized. I think this is something that... that... those of you who are spending hours and hours on the phone with people... you're, you're probably keeping those people out of institutions as well.

So... any, any ideas along those lines, I'd love to, not only hear from you, but... also, maybe do some research and find out more, if some of that money that has been distributed is actually going to the people who need it.

>> Mary: Thanks, Todd. As always... great transition. I was actually going to double back to the chat. Talking about FEMA money, we have a question from Misty. Has anybody been successful in getting any FEMA reimbursements for some of your congregate setting, relocation efforts?

>> Todd: I'd be surprised if people did. FEMA's been extremely rigid with their individual assistance and public assistance, in that regard. We've been pushing them and prodding them for months now through the partnership and inclusive disaster strategies, as well as the NCIL, Emergency Planning Subcommittee. That's some deep pockets that really need to step up to the plate and help with this issue.

I don't know the answer there. We keep approaching them and not getting the kind of responses that we want. But... again... I'm happy to point people in the direction of Marcy Roth, who is also an independent living Veteran who is now with World Institute on Disability. Was the office of disability and coordination leader at one point. She knows how FEMA works, internally... very well.

And... that, if... maybe if, if everybody on this call... would join with everybody on that partnership call... we might be able to get them to move.

But... we haven't been able to get them to budge. It seems like sheltered workshops are somehow on the, on the list for getting reimbursement, but... centers for independent living are not. It makes no sense to me whatsoever.

>> Mary: Thanks, Todd. Any other thoughts on what's been asked before or new, moving forward, questions and thoughts you have?

>> Amber: This is Amber with Wyoming, independent living, appreciate the feedback on the WRAP program. Looking into that one. I sent some e‑mail to get more information. Can any of you that are using the WRAP program... tell me if it's fully accessible or if it's a good one to do virtually?

>> Kari has offered her e‑mail to you. She says she's doing the RAP program over Zoom if need be. Do you know if it's accessible, Kari?   
 >> Kari: I've used it for people with disabilities, people with mental health issues, I've used it with Veterans. It's a pretty easy program once you get the material and get the training and stuff. It can be used for so many different things.

>> A link has been dropped in the chat. Long‑term care facility residents can get the relief we need in the next COVID‑19 relief package. There's a link to that Google doc to learn more about those efforts.

What we'll do... we'll try to save the chat and compile it all... and we'll have it sent back out on the e‑mails with the transcripts.

We also have lots of info in the chat. People are dropping in there, different social groups they're offering and different programs they're offering via Zoom.

Some of those folks have offered that if any of your consumers ‑‑ or if you'd like to join... you could do that as well. Those are in the chat. We'll save them and pull them forward.

I also have, Herschel is wondering if anyone has had luck with Deaf Outreach with COVID and what does that look like?

>> Beth: From Tennessee. We serve a large Deaf Community. We offer ASL interpreting services.

So... we've reached out to our Deaf Community. We're doing a lot of things over Zoom. We're doing a lot of videophone calls, checkins and a lot of texting with our Deaf Community.

>> Thank you. Great... anybody else? Any thoughts or questions for your peers on COVID‑19‑related?

>> Todd: Our work we're doing with the Deaf Community, we have a really good relationship in the state with our Department of Health and we have a disability equity person who was just hired. Which turned out to be really advantageous. We've been creating ASL and captioned videos for the deaf and deaf‑blind community, has been a really tough reach.

We have a large population, as Kimberly will tell you, in the Seattle area, of people who are deaf‑blind and trying to get information about COVID testing and flu vaccines and now... of course... with the COVID‑19 vaccine. Reaching folks, we knew, was going to be a challenge.

The relationship we've built with our Department of Health, has made that extremely better and... faster. So... I would recommend that if you have any relationship at all with public health in your community, to, to reach out to them. They have deeper pockets than we do.

And they can help a great deal with that. Jim Hause who is a deaf individual himself is with our lead state coalition. He's worked closely with Steve Peck, with Office of Deaf and Hard of Hearing and they've created a lot of really good materials.

I wish I had them at my fingertips to throw them in the chat. What I can do is offer them in some way, shape, or form. I'll put our SILC, state Independent Living Council website and inclusion on emergency planning website in the chat, if anybody wants to connect with Jim. He has friends at the FCC, even... they do a lot of great work.

>> Mary: That's one of the wonderful things about these meetings. We can share resources in instant time.

There were a few others in the chat. Jeanette wants to circle back to mental health. Mental Health First Aiders look for signs of crisis and how to implement resources and signs of crisis in order to assist client with mental health issues outside our scope. Thank you... that's a great resource.

Any other questions? Thoughts? Can I just say... this first 40 minutes, it's been already, so informative and... I'm loving seeing all the resources being shared. Thank you, everybody... for being willing. Anybody else want to share or have questions?

>> Maia: Regarding mental health... and... reaching people... we are fortunate to have someone who is very active in NAMI [phonetic] on our board and we have staff members who belong to several mental health‑related groups in our area and several of us staff have mental health issues.

So... we, I found that within our community... we have two issues. One is... there are ‑‑ I think we're down to one or two in the entire area that, mental health professionals who are licensed clinical psychologists or psychiatrists.

So... that makes it quite challenging. A lot of the people don't want to do virtual strangers, but... they'll do it with us. Which is really cool.

And... whenever we talk to somebody, we're not a psychiatrist, we can't prescribe your meds, you know... as peer supports, we have huge peer support groups, well... we have a lot of peer support groups. But... this leads to another issue during the years preceding COVID... we've become more and more involved in our community with the prison re‑entry initiative, with... people who are unhoused, substance use issues.

And... so... we've been working less with the shelters, but... more with the day centers for people and help prying food during COVID. And I'm hoping that when the vaccines hit our area... we'll be in a position to help ensure that... very marginalized persons will be able to receive the vaccines and we can work with them. We're doing our best with nobody professional around. We're doing our best that way. It's one way to go.

Thank you.

>> Kathy: We need to do this more often. This is Kathy Breaker from Rome, Georgia. Maia is my Executive Director. She's on this call and this is live, folks. Anyway... we do, the peer support groups, the one‑on‑one conversations that I'm actually participating in, with the people that call in... that need help. Are... the most‑effective.

I know, to me, they are. So... I would just leave that out there for anybody to take it. Like they need to, okay? Thanks, Mary.

>> Mary: Thanks, Kathy. There's a lot of great resources being dropped in the chat. We'll work on getting those together. Cindy says their staff is trained in QPR, to handle situations where consumers are struggling with mental health.

There's some great ‑‑ the deaf and hard of hearing, and the deaf‑blind work links that Todd promised are also in the chat.

And... I think Tom, were you trying to speak? No...? Sorry... I thought I saw you unmuted.

I just want to circle back. I'm trying ‑‑ I apologize if I missed anybody's questions in the chat. I'm trying to follow as best I can. There was one way up at the top... asking if anybody else is having success with relocation or diversion, using hotels and motels in their area and what does that look like?

>> Hi, from Williamsport, Pennsylvania. We've been successful relocated individuals from group homes and from long‑term nursing facility, nursing facilities. To hotels. Through... the use of our COVID funds.

We're finding great success in it. It's allowing individuals to have more control over the amount of people, care providers, you know... interacting with them. We're able to supply them with PPE that's needed. Home health meals. Personal attendant services and skilled nursing, if needed.

But... I would say that, relocation efforts, using hotels and motels have been very successful and I encourage, you know... all CILs who have COVID funds, to sort, take that route, if possible, and I'd be willing to help assist any of CILs in understanding... we have a flow chart that we can share. On how that might be able to be useful for you.

>> I think that'd be great. If you don't mind sending a flow chart to me, even, this is Mary, I'd be happy to add it in the resource that's come out.

Also... Cheryl says: Using CARE funds, they were able to provide hotel stays for some people during COVID. Other folks trying to figure out what to do with their CARES facting. Other ideas, what are people using that for.

>> Todd: In Washington State, we did just have a very successful module training from the partners in disaster strategies or for disaster strategies. Inclusive disaster strategies, that culminated with a two‑day conference. I put that link in the chat, that... for the newsletter, from our state, that talks about that and at the end of that link ‑‑ there's also a link to the partnership website.

They can actually work to, work with you to come into the state using CARES Act dollars to work with all the CILs. What they did was work to create continuity of operations plans. We all did a, gap analysis to look at how we were prepared for, not just pandemics, but... disasters in general.

It basically... got us to the point where we had 300 + people at the conference where we could talk and... not ‑‑ in realtime, create relationships with folks that we had been working with in emergency management and the Department of Health as well.

That turned out to be really beneficial. Of course... I can't think of any better way to spend CARES Act dollars right now, than to do whatever you're allowed to do in your state to keep people out of institutions where it's, you know... risking their life just to be there.

So... that's something that we're going to continue to look at, again... another area where our Department of Health has come across money that we didn't have, that was their CARES Act dollars to help with that.

So... looking at the first dollar resources and not duplicating services. Those types of things. Unfortunately... a lot of that money was supposed to be spent by the end of the year. That's likely not going to happen. I don't know how much of it will get rolled into this next stimulus package, but... it's going to be up to us, we have an obligation to raise our hand and let them know that human life is probably more of a priority than some of the other things that they're concerned about.

But... again... if, if anybody wants any information about the workshops, the trainings and the conference, I'm happy to share that with you and we have daily phone calls, nationwide, at 3:00 p.m. Eastern... that have to do with the, dealing with independent living and... disability and disability rights during COVID‑19.

>> Mary: Wonderful. Todd... if you could drop any information, like the website, in the chat, that'd be great.

Kimberly, did you have a thought?

>> Kimberly: We are in Seattle, Washington with Alliance with Disabilities. One thing we've used COVID dollars for is, early on, we realized that the county was not including people with disabilities in a lot of their outreach and messaging and so... it was inaccessible for the disability community in order to get that information.

Food, resources, housing, funding, anything like that. And so... in response to that... I partnered with the Executive Director from the Ark of King County. We've been working together since March. We formed a coalition of disability service providers in King County in order to advocate for the county to provide access to all of their materials... up to and including actually collecting disability information, which they don't do at this point.

And so... our county operates under what's called ‑‑ it's our strategic plan and it's called the, the equity and social justice strategic plan. And that strategic plan has no inclusion of people with disabilities in any way, shape or form.

And... so... through the advocacy that our disability consortium created... we actually wrote a letter to our county and... it resulted in a fairly lengthy 17‑page report on the failures of our county for... the disability community and... because of all of the outreach, we now are, we actually have been written into the budget. They are hiring two new ADA coordinators. They are doing a bunch of equity work. They're re‑examining all of their title 1 and title 2 work within our county.

To ensure full disability equity and inclusion. The reason that we formed our coalition was because in, in King County, where we are... there are coalitions for everything. From food service to housing, to... kids daycare. But... there was no coalition for the disability service providers.

We were obviously... finding that we were all kind of working in silos.

And... it's through the community action that we've worked together to provide an opportunity to have those disability service providers come together and talk about all of the shared issues that we're having. As well as to share resources. And so... not only is it a place that we can have for advocacy to work with different organizations and departments and... the county in general... but... it also is a place that we know that the county can send us resources and we can send it out to our disability service providers mailing list.

In order to be able to share that. We're hoping that... I mean... it's already provided additional referrals to us as an IL center. Initially, it was quite a bit at the beginning. It's tapered off a bit now. We're doing more advocacy work on that end.

The relationships that we're building, that we never had. Within our county, with some of ‑‑ even ‑‑ some of the smaller service providers is just absolutely amazing.

So... I just encourage you ‑‑ if you can find a way to ‑‑ if you don't already have something like that ‑‑ if you could find a way to partner with one organization or two... to try and link the disability service providers within your county or your service area... together... many voices make a lot of difference when it comes to advocacy and seeking things that can better the situation.

>> Mary: Thanks, Kimberly. My gosh... time flies, y'all. We covered so much today. I was wondering if there are any kinds of questions that hadn't gotten addressed yet that anybody would like to ask at this point? Or any other... information we should know.

>> Todd: Hey, Mary. One thing I ‑‑ one of our siblings in Montana was kind enough to share with us. Some information they got from the Walgreens rollout of the vaccine. That's going to be happening there. There's quite a bit of information there, and... I, I doubt I'm really supposed to share it.

But... looking at their plans for nursing homes and how they're going to do it... I'm hoping to put together a short synapsis. So... if I can get that to you and you can get that out to the rest of the group at some point, that'd be great.

>> I'd love to do that.

>> Wally: I see one of our individuals on the chat ask if this meeting will go every month. If you guys can ‑‑ I agree ‑‑ if you can do this at least once a month... so we can come together and share ideas and talk about the weather, whatever... whatever it takes... you know... I'd like to do this every month.

Thank you very much for the invitation.

>> Mary: Well... so... I guess this would be a good time to say that... yes... we ‑‑ so... this is... you know... sponsored by APRIL, today's call. We know that it's important and so... we've actually working with the IL net, the ILRU Technical Assistance Center and in January... we're going to start holding these every third Wednesday of the month throughout the rest of the year.

It's, you'll see it across your board as the World Conversation Community. You know... they used to be about all kinds of things, but... right now, they're just really about COVID. It's kind of taking all of our lives over, I think.

So... we're going do that with the ILRU Technical Assistance Center, every third Wednesday of the month and... I saw Kimberly said "every other week would be good." So, you know... APRIL, again... we're going look at, you know... other ways we can continue conversations through our funds as well, like today. So... maybe you'll start seeing two a month. We're kind of open to following where the need is. So... thank you for saying that. We're glad these are useful.

With that... we've got about three minutes left and I'm wondering... if there's anything else that we really didn't address? You know... I had a couple questions earlier... are there any folks still struggling with getting PPE? Or... you know... needing immediate assistance for consumers?

>> Diana: I think that's what our Skill did. They did that CARES Act money and we've got loads and loads of the PPE and we also just had, the other day, our emergency preparedness man brought around hand sanitizer to give out and our Health Department gave us a few things to give out also.

So... we can keep our customers and their helpers, workers, safe.

>> Todd: Another thing I learned from the state of Florida. They had purchased some steam cleaning equipment for... all of their CILs down there that they can use to reuse durable medical equipment and assistive technology. That is okay to do. I know there are restrictions, depending where you're at. We also use it in our office. I'll try to get that, the manufacturer information over to you.

The other big one... I haven't checked on the price, I'm sure it's pretty expensive. Is the hub ‑‑ scrub hub or hub scrub. There's two of them. One of them is... specifically designed to clean large, durable, medical equipment. In a ‑‑ and... decontaminate it, completely.

And, that and the anamizers [phonetic] to sterilize where we're at. CARES Act funding helped with that.

>> Kimberly: I know we're at the end, but I wanted to point out, those who have PPE that haven't considered it ‑‑ there's a lot of conversation about reaching out to the deaf and hard of hearing population. Don't ignore getting those face coverings that have the clear panel. They are essential for communication for individuals who are deaf and hard of hearing who lipread.

So... if you have ‑‑ those are really pricey. If you need to spend money... on... CARES Act money... get some of those. They are absolutely wonderful. We bought them for all of our consortium members and... they hadn't, hadn't found a resource to get them and... they couldn't afford them. With all the CARES Act money we have ‑‑ we were able to provide for our providers who serve the deaf and hard of hearing population.

>> Thanks, Kimberly. Great thought toned on today.

I can't believe it's noon already. Again... I really appreciate everybody's willingness to share everything. We are going to go ahead and save the chats and we'll send out all of this information. I'm hoping to get it pulled together in the next couple days and... I'll have that come out on the April Listserv as well as the ILRU Listserv again.

Thank you all... and... thanks for the amazing work you're doing. I also wanted to mention, Misty did send me e‑mails for nursing home location stuff. I'll add that in. Thanks, everybody.

[Call concluded at 2:01 p.m. ET].

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