

Anecdotes of the Affected: Lessons Learned from Those Direct...

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SPEAKERS

Lorna Silva, Mackenzie Bath, Dr. Laveeza Bhatti, Chris Gephart, Lisa Kleinbub, Richard Dier, Judy Mark, Jacquie Dillard-Foss, Ed Hirtzel



Judy Mark 00:01

Welcome, everyone. Welcome to our seventh webinar. We are going to wait until more attendees join in. And we will get started in about one minute. Thank you for joining us. In the meantime, if you are looking for the Spanish translation, we are going to put in the chat, the phone number, we use a backline phone number to do the Spanish translation so that you can get access to it. It is already in the chat. But, Lorna, if you could take a moment and speak and let us know in Spanish how folks can get the translation.



Lorna Silva 00:55

[message from Lorna in Spanish] Thank you.



Judy Mark 01:23

Thank you. So once again, we're going to get started in a few minutes, or in about one minute. Just wanted to let folks know if they need Spanish translation, that they can get the phone number in the chat on how to get the backline. The webinar is being recorded so that those of you who may not be able to stay on for the full time can watch the recording on the DVU website and if you would like to be on our mailing list, you'll see that

in the chat as well. Okay, let's get started. Welcome everybody. My name is Judy Mark. I am the president of Disability Voices United, which is an organization directed by and for people with developmental disabilities and family members. I'm also the parent of a 23 year old young man with autism who is served by Regional Center. Today we are having a really meaningful discussion for our seventh webinar. We've been really engaged in this for many, many weeks now it seems like forever and we have covered many issues from special education to emergency preparedness as well as as other subjects that you can find all of them on our website. We have a Coronavirus Resources website that you can find at disabilityvoicesunited.org/cv for Coronavirus, and links to all of our previous webinars, as well as resources that were provided at the webinars. And we have many, many other resources. We are updating our website almost daily, if not multiple times per day. And we really encourage you to explore that. We also encourage you if you're not currently on our mailing list that you join our mailing list. And we hope that that you can join our mailing list by going to our regular website at disabilityvoicesunited.org. You can also even as simply as in the chat. And we will make sure our wonderful program assistant Ed Hirtzel will take it down and we'll get you on our mailing list... We are also involved in something called supported decision making, which allows people with disabilities (cut out)... It couldn't be a more important time for that. We are doing focus groups around health care, and we'd really like you to be on that in the chat as well. So we're going to get started right now. I want to thank really the panelists for joining us today. Our first panelist today, we're going to be talking about lessons learned from people directly affected by COVID-19. Our first panelist is a wonderful woman that is that (cut out)...Chris Gephart and she is the Director of the Office of statewide clinical services for the California Department of Developmental Services. And she's going to have based on the knowledge she's been through this crisis (cut out)... Thank you, Chris.



Chris Gephart 04:41

Thank you, Judy. Hi, you're breaking up a little bit there. Can you hear me okay?



Judy Mark 05:44

Yes, we can hear you and I apologize. We are having very significant problems with our Wi Fi here in our home.



Chris Gephart 05:53

I'll do the best I can. I'm going to share my screen real quick here. So let me get that up. There we go. Can you see that okay? So as Judy said, my name is Chris Gephart and I'm the Deputy Director for the Office of Statewide clinical services here at the Department of

Developmental Services. And thank you to DVU for the invitation to participate in your webinar. I'm happy to be here. Thank you also to DVU just for the continued amazing outreach information you guys provide, you have an impressive network and I just I love all the work that you're doing. I did put together and from another resource brought some slides here to share with you there's a lot more information on the slides and I'll be able to go over in the time permitted, but I want to make sure just that you have the resources. Embedded in some of these slides are great links to other websites and videos that are helpful for learning. So I'll make sure Judy has these to share after the fact just because there's a lot of great educational stuff kind of built within the slides. So I was asked to share kind of general guidelines about how to think about preparing your home and your family or your household if you or someone in your household becomes infected... I'm not sick, I promise, just clearing my throat... with COVID-19. So before we talk about that, this first slide, oops, sorry about that. This first slide has some links for you. There's so much information out there in the world right now, between the media and the TV. There's a lot of great information. And there's also a lot of misinformation. So it's really important that you find the right resources to go to to get your information so that you're not hearing the wrong things and getting concerned for no reason. So these are links that I recommend, of course, the first one is our DDS website, which has a lot of links and resources on it to other things. But the second one is the CDC, which is the Centers for Disease Control. And that's sort of my main go-to for everything that we want to know that's reliable. And then this bottom one is California Department for Public Health. So I'd encourage you to check these regularly. The more we learn about COVID-19, the more that the guidelines and recommendations change with time. So it's important to get familiar with reliable resources and then go back and visit them regularly. Because as the information changes and is updated, then you'll want to change maybe what you're doing to prepare. So when we think about preparing our household to possibly take care of someone it's really important to plan ahead. You cannot be too careful and you can't do enough planning in a situation like this. Every house and household is different, made up of different combinations of people. So it's important to look at who's in your home and maybe who's at high risk. And who are the people that you need to be extra careful with. So the first thing is really to think about your caretaker planning. Who's the primary caretaker in the household? Is there one person who's the primary caretaker? Is there two people who are primary caretakers and share that? You may have respite or home health coming in. What does that look like for your specific situation? And try to think of scenarios and plan. What if it's the caretaker who becomes sick with covid? What is your backup plan? Or what do you do if two people in the house become sick and two other people in the house are not sick? So kind of think about what are your resources if your primary caretaker becomes infected with COVID. And let's say one of the people who is the primary caretaker is in a high risk category, maybe they are elderly or they have underlying health conditions that put them more at risk. It shouldn't be being the primary caretaker of somebody who's

COVID positive. So you need to kind of think and plan ahead who are your trusted friends. who are family, who are people that could step in and assist if needed, kind of that circle of support that everybody should have. So plan accordingly for that. It's also really important to think about dedicated staff. If you have respite or home health aides or people like that coming in to assist in providing support. What we have found across the state to be most effective in helping reduce exposure is really pushing as much as possible having dedicated staff. And what that means is that that staff maybe if they're providing support in your home, they're not providing support in other homes. They're dedicated to one environment because the more you have someone going from home to home to home or environment to environment to environment they're increasing that risk exposure. So as you think about planning for caretaking, please think about that. It's also good to have important phone numbers posted and easily accessible for you and everyone else in the home. For sure your doctor or primary care physician, your local county department of public health. That's very important because as soon as you or anyone else begins to show symptoms, you would want to reach out to them and talk to them and get direction and find out what you should do have an emergency contact list. Again, this goes back to the circles of support and people you want to reach out to. And it's always good to plan for a trip to the hospital. No one wants to go to the hospital. Hopefully you never have to go to the hospital. But it's really important to plan just in case. It's always better to plan and be on the safe side. And that can include things like thinking about what you want to take, having a backpack, having a list for what to put in that bag. What medications Do you take every day, it's important for people who are taking care of you in a hospital setting to know what your normal medications are. The link at the bottom here is to a health passport that we have on the DDS website. I think I saw the same thing or something similar on your DVU website. On the DDS website, we also have this in other languages, and there's a few different samples of different kinds of tools. So I encourage you to check that out. It's really important that we think about when people have a harder time communicating. How are we going to make sure people in a hospital know what's important to that person on maybe how you communicate pain or discomfort or what your needs are. So check out those tools and plan accordingly for the people in your household to have that information ready to go as if just in case. You never can plan too much. Other things to think about is really your unique home and what is the layout like of your home. Let's say one person is positive and needs to be isolated or two people become positive and need to be isolated. Whatever the scenario is, plan ahead, identify a room that could be a space for isolation. Ideally, it's going to be a room that's not really cluttered so that it's easier to clean. If there's a scenario where you can have a dedicated bedroom and bathroom, that's great. If you cannot have a dedicated bathroom, for the person who's positive, that's okay. What you need to do is make sure that if a positive person is using the restroom that you give. Ideally, they can clean it themselves after they've been in there but maybe they don't feel well enough and the

caretaker will need to. You want to give it a little time for the air to settle and then go in and disinfect it before the next person goes in to use it. So if you are sharing some space, and you just have to make sure you have a really big schedule, kind of dialed in. Think about ventilation in your home. Having open windows, having fans, keeping the air circulating, really important. And think about kind of the shared space and you know, if, ideally, someone who's COVID-positive and have meals in the room, they're isolating in, that would be the priority. But sometimes maybe that's not what's gonna work or maybe half your house is COVID-positive, and the other half isn't. So what does that look like? If there's shared spaces in the home, you can kind of maybe have a schedule and cycle through and with really good cleaning in between. So kind of think about your environment and your setup and what those scenarios would look like. It's important to make sure that you have adequate equipment just in case you need it, have masks up here. In another area of the slide is some information on how to make masks. I think I saw a video on your website as well. Down here is a YouTube video on a really easy way to quickly make a mask if you need to, a cloth mask. It's important too to get surgical masks or N-95 masks, if available. If you have someone who's COVID-positive in your house, the N-95 mask is really good, the one that's specific for filtering out virus. We have obtained a supply of masks and distributed them to the regional centers and we're continuing to order and get what we can and redistribute to the different regional centers. So if someone in your home has been exposed, or has tested positive or you suspect they're positive, please reach out to your regional center to inquire about getting some supplies. And you also can reach out to DDS directly and we'll try to assist as well. We're keeping close tabs on who's testing positive across the state and very much want to try to assist and make sure you have supplies that you need. It's important also to have gloves on hand. Especially if you're providing support to someone who's positive for protection from any potential body fluids. And if you don't have disposable gloves, you can even wear like rubber kitcehn gloves. I mean, think about different options and what might work to protect you. Have thermometers, have ideally at least two, you don't want to use the same thermometer on someone who's positive as you do on others in your house. But if someone's positive, you want to screen them regularly to make sure they're not even worse and you want to screen yourself as the caretaker to make sure you're not getting sick. And then any visitors that have to come to the home you would want to screen them as well. And then have a really big stash of cleaning products. So over here is some information on different kinds of things to clean and the products and this link down here is really, it's a great link on the CDC website. And it goes through all the different things to clean in your home, different kinds of surfaces, it talks about the right way to do laundry for someone who's COVID positive. Cleaning the different kinds of surfaces, including soft surfaces and hard surfaces. So I would encourage you to check that out. It's a great resource. And remember, it's those frequently used touched things as well like light switches and the handle to the refrigerator. And you know, those are the things that make

sure that you're disinfecting, regularly. And getting the habit now of regularly disinfecting your home and the high use areas because you can't be too careful. And you don't want to wait until maybe someone has tested positive before you're trying to put these risk mitigation and practices in place. So this slide talks about who and when to isolate, and it's you know, a lot of people have questions about that, like, when do you know, if it's time to maybe isolate someone in our household. Because they have spent time with someone who turned out to be COVID-positive. So, you know, there's a lot of information on the CDC about this and this link up here will take you to that, but I want to really stress you can't be too careful, especially if you have people in your household who are high risk. So if you think someone's been exposed, or let's say someone had to go to the hospital and they came back home, they haven't been tested yet, but they were in an environment where there was probably a lot of people. Or you have someone in your household who was working with someone who was sick or someone who was supporting them turn out to be positive. Assume that someone has the virus if you don't know for sure. It's better to be careful until you can get a test to let some time go by to make sure that they're not. It's not worth taking that risk with people who are in high risk profiles. So you know, if someone's tested positive, of course, they need to be isolated. If someone's been exposed, think about isolating until you get confirmation one way or the other. If they've picked up the virus, it's always better to be safe in situation. And of course, you don't want isolate anyone at home and practice that if they're not medically stable. So always make your decisions based on direction from your physician and from your local county public health department. Also, when someone is in isolation, here's just some information on additional...PPE is personal protective equipment. What I was talking about, wearing gloves, wearing masks. This blue link right here optimizing your PPE supply strategy. If you don't have gloves, or surgical masks or gowns, this gives you great other things you can do. Like maybe you're going to wear a large shirt or an apron if you're providing personal care and supporting someone, helping someone take a shower or something who's COVID-positive. And then afterwards you take it off and put it in the laundry. You can wear glasses and a mask instead of a face shield if you don't have that. So it gives you all these different ways you can protect yourself based on what you have available to you in your environment. So I'd encourage you to check out these links. If you can get masks and we can help you get them, it's important to know how to wear them the right way. The mask is not beneficial if it's not worn the correct way. And so there's a couple videos down here at the bottom of this slide that show you the right way to wear an N-95 mask to really make sure you're protecting yourself and the other people in the household. Additionally, if someone has been isolated because they are COVID positive, you want to monitor them very closely for symptoms. This link will talk to you about the symptoms that it's getting worse and when to maybe dial 911, what to watch for and be aware of. It's important to ensure proper hydration. always talk to your doctor. There's some other things here. So this link at the bottom also what to do if you are sick or caring for

someone who is sick has great information. So I'd encourage you to read through that and a lot of the rest of this we've discussed. This last slide is really just for your information. When does it end? You know, people start isolation and it feels like when is this going to be done? I was exposed and I tested positive and how long? How long do you have to do this? It can be very hard on a person or the caretakers or the family have to do all this. So these are some general guidelines that are on the CDC for right now. You never want to end isolation until your doctor and your local county public health department has told you so. So that's your first thing. Make sure you're in touch with them and getting guidelines. Also remember the CDC guidelines are subject to change. So right now what they're saying is the norm timeline. That may change as we learn more about the virus. So please check that out. I do have a team of nurses at headquarters and we are happy to provide technical support and talk with any families or residential settings, about your individual scenario and situation and provide whatever technical support and advice that we can. At the end down here is an address for us where you can send any kind of questions or request for support, and we will certainly get back to you within a short period of time. And so that's kind of the gist. I think questions are going to be later I believe.



Judy Mark 22:30

That is correct. Thank you. That was really, really helpful, Chris. And I realize that I'm not doing all of those things. So I'm going to redouble my efforts. I wanted to just point out that there are some, there's two ways for you to communicate with the... (cut out)...as related to beyond...(cut out)...getting out of zoom or a question about this webinar. You can put that in the chat. I see we already have one. And so that's good. I'm going to hold off on until after Dr. Bhatti to ask both of you some of these questions. So our next presenter is Dr. Laveeza Bhatti, who is an infectious disease specialist at the achievable clinic, which is a clinic in Los Angeles for people with developmental disabilities and others, as well as a consultant to Westside regional center. So thank you so much for joining us, Laveeza. Oh you have to unmute yourself. There we go. Okay, you're good.



Dr. Laveeza Bhatti 23:55

All right, super. First of all, thank you so much for having me speak, it's a pleasure. And there's a lot of really good information that Chris presented. Some of the topics I'm going to talk about three things that Judy asked me to speak about. One is the importance of test, the importance of testing, and also the limitations of the current antibody tests that we have available. And this is actually a really relevant question because I have had so many questions at the achievable clinic, as well as from a lot of folks asking about the antibody test, which is a new test. I just want to point out a couple of things on the

antibody test, that this is a test that actually looks at past infection. So it tells you if you have had an infection. The PCR test is the test that we actually do for active replication of the virus, which actually shows us that the virus is replicating and present in the body. So these two tests are different. One test is for infection, a current ongoing infection. And the antibody test is for a past infection. Now with the COVID-19. It's actually interesting that we know that there are a lot of people that are asymptomatic that have had had the infection. They're not aware that they've had the infection. The question that is foremost on everybody's minds, and the questions that I have gotten also is whether they have immunity. So if you think of, supposing you had measles as a kid, you are actually immune to measles, so you will not get that infection again. And that's the concept that everybody seems to have. However, the COVID-19 is a new virus, it's a new infection. We don't really understand it very well, in terms of what is the importance or the significance of having a positive antibody test. And I do want to make it clear that having antibodies in this case, we are not sure whether it means that you have immunity. It is possible and there have been cases and these are anecdotal reports of patients who have had Corona virus infection and then they've gotten reinfected again. So, antibodies, they are the kind of antibodies that you want, are called protective antibodies. These are the antibodies that are generated when we do a measles vaccine, a mumps vaccine, hepatitis B vaccine. So, so when you give those vaccines your body generates antibodies that are called protective antibodies, which means that you are not going to be getting the infection again because your body is primed with the antibodies now to act against the organism if it enters your body. So at this time, we do not know, or we do not think that these are protective antibodies. The other thing that also has been shown in some, and these are again, anecdotal reports, because we're learning as we go along for this disease is that some people do get infected, and yet do not produce any antibodies at all. So there are lots of questions. The reason I wanted to make sure that is understood is because a lot of people seem to think that if they have antibodies, they are safe. For example, like I got a call from from a gentleman asking if - he's quite old - that if all his family could come and visit him once they've had the antibody test, and he has many comorbidities, and there's lots of concern. So the question really is that this is not at this time, a good enough test to to give you the information that you need, whether you are safe or not. So that's one thing that I wanted to make sure. The other thing that we get a lot of questions about the importance of this test is that generally we look at herd immunity, which means that if 60% of the people have had an infection, they are considered to have herd immunity, which means that the virus now will not have enough susceptible people to spread the disease. So the concept of antibody testing really tells you how many people have had this. And this is not for the coronavirus. This is for the general part that we have in medicine, that herd immunity is a good thing to have because we won't have susceptible people that will now get the infection. So that's the, that's the importance of the test, but we don't have an answer to that question for COVID-19. Then the second thing that Judy

had asked me to address was the future of COVID-19. And I really wish I knew the answer to that. That's a very difficult question to answer. We don't really know because there are a lot of thoughts that the virus will be basically wane and disappear. As for example, there's a lot of publicity in the news is that heat is not well tolerated by this virus, but we don't really see that. Because Ecuador which you couldn't be, look for a hotter environment anywhere, has had a very lethal pass through the population there. So I am not sure that the heat instability is a good enough answer because the virus is impacting populations in countries with very high temperatures, high humidity levels. So I don't really know what what will happen, but the thought is that the virus here is basically here to stay. It will wax and wane, and the thought, the projection is that it will become something like the flu virus. That concern that we have when viruses stay for a long time or if they mutate. For example, when they jump species. I am concerned about the reports of the virus infecting cats and infecting dogs because there is a tendency for those viruses to to mutate more easily. If they mutate, that means that they change their surfaces. So then we have to redesign vaccines, like we do for the flu. And that's the possibility that we have to consider that this virus will be something like the flu, so it will be changing itself. And it will wax and wane with whatever suits its part. We are not clear about that. The other question that I do get a lot is about the vaccine trials. So there are more than hundred vaccine trials right now, which is probably the most that we've ever had for, for any organism. So we are hoping that they'll be a vaccine. But a vaccine is not an answer for a period of time because they have to be adequate trials to address the fact that whether people that were vaccinated did not get the infection. So that then we look at clinical trials, which usually take around a period of more than 15 months to two years to actually get a good enough answer on the efficacy of a vaccine. So the future of this disease depends on the ability to generate a vaccine that is excellent. Remember that there are diseases that are easy to design vaccines for, for example, hepatitis B, but then HIV has been there for 34 years. There has been no lack of multiple, multiple efforts to make vaccines available, and we still don't have a vaccine. So that is just a consideration to keep in mind that it is not as simple as saying that we will have a vaccine and we will have control and there will be no COVID-19 in the future. So those are some of the considerations. The third question that Judy had asked me to talk about is what will happen when businesses and schools start opening for the future? For children, we don't really know why but this virus behaves very differently in children as you all are aware. They seem to have some level of resistance to or not being infected with this virus. The issue really would be whether they are asymptomatic carriers. We don't know that yet. So whether they can get infected at schools and settings and bring the disease back. Businesses as they open, I think that the social isolation and the practices that have been put in place are most likely here to stay. I don't think that anyone should shake hands. That is something that is probably not going to happen. We definitely know that if we go to a restaurant, six feet is the minimum distance that you should keep if you're crossing a

runner with all these basketball players that get infected, for example, it's the amount of breath that...when you're breathing hard, you're much more likely to disperse organisms than if you are walking on a solitary road. So that's a consideration that we must have, that there are certain changes in our lifestyles, with businesses, with going to shopping, with doing all of this, that are probably going to be here for a while to stay till we actually have something in hand that is certain, that nobody can get infected with this disease. This is a very terrible disease and the toll that it's taken is really humongous. So there is a long path ahead. It is not as simple as, as, as the flu, maybe the flu. I mean, maybe the good changes will be that everybody who refuses to get flu vaccines will get flu vaccines. We've had a very low rate even of vaccinating our most vulnerable folks with with the flu vaccine. So I'm hoping that there'll be a good thing in the in the future. We do seem to have some medicines that give us a path of how we will treat this virus. So that's I think, the best news so far. All right. I think that is all I wanted to say.

J

Judy Mark 35:14

Thank you so much, Laveeza, Dr. Bhatti. I have a couple of questions. We have several questions that have come in, one of which I'm going to hold off because executive regional says (cut out)...But I also understand because I've been getting notices that my internet is not working well. So there may be a possibility that our program... (cut out)...as the host so that you can actually have. So for now, I do want to ask one question of both you and Chris, on how if someone in the family gets to test positive for COVID, or person who did, who is served by our center tests positive and they need to go into isolation, how do ... (cut out)... Um, so and particularly housing that has wheelchair accessibility? I don't know if Chris, you know that. Or have heard about any of that.

D

Dr. Laveeza Bhatti 36:38

You're cutting off a bit, Judy. I actually didn't get the whole question. Could you repeat it?

J

Judy Mark 36:47

I'm so sorry. Ed, feel free to chime in. You may have better reception than I do right now. I apologize. We were having very serious issues with our Wifi.

E

Ed Hirtzel 37:04

Certainly. Dr. Bhatti, I believe the question was, let me scroll back up to the... Where can I find information about housing? Oh, sorry. Go ahead, Judy. Okay. I'm going to continue reading the question, Judy, if you could message me in chat if I'm doing something wrong,

so that I will correct course. The question is, where can I find information about housing for those who must be in quarantine and in isolation when in a group home and/or nursing homes, specifically those who need wheelchair accessible housing. And I believe that that question was at both Dr. Bhatti and Chris.

D

Dr. Laveeza Bhatti 37:57

I think I'm going to defer to Chris on the answer for that question because there is a lot of need for... the idea behind isolation really is to keep the person as separate from everybody that they possibly can be, ideally in a separate place. Even those people that have been in the same house there is a likelihood of spreading the infection in the house. I am not sure that I know of homes or places that have been used for isolation for folks with wheelchairs, that require a wheelchair.

E

Ed Hirtzel 38:45

Thank you, Dr. Bhatti. Chris, do you have any suggestions for Daniel who asked this question?

C

Chris Gephart 38:53

I do. So DDS has worked with all the regional centers across the state. And each regional center is developing what we call surge capacity. So we're identifying homes that may be were in the process of development, are continuing to be developed, or other day programs that can be used for different reasons. So we're trying to work with each regional center to help set up areas that can be used for either people who are positive and need to have somewhere safe to go to isolate for a little while until they're no longer contagious, or for people who even might be displaced for the short term because they've come out of a hospital. They're highly contagious, and they're going back into a residential setting where there's a bunch of other people who maybe are high risk. Every situation is different. As much as possible. The goal is to keep people where they are at home and figure out a way to safely isolate them there. But as Dr. Bhatti said, Sometimes that's not always the safest option. Sometimes there's too many people in the household, there's no way to safely do the isolation in the household. So please reach out to your regional center, I have an entire placement review team at headquarters, and we're helping triage and navigate this stuff. So if there's someone who really needs somewhere safe to go, the regional center will try to look at what they've got. And we have the statewide view as well. So we've had a lot of referrals and requests for assistance coming through our team so far, and so it's definitely a team effort to find the best situation for everybody.

E

Ed Hirtzel 40:37

Thank you very much, Chris. Um, I have another question that I'd like to answer really quickly, or, excuse me, to get an answer for really quickly. And I believe this would be best addressed to Dr. Bhatti. Miguel is asking, can a COVID-19 test include antibodies test?

D

Dr. Laveeza Bhatti 40:56

So the two tests are totally distinct. The one test that tests for an active infection is actually a what's called a PCR test. It tests for a living organism. So that actually looks for the genetic material of the virus that is present in the person's body. The ideal site to look for it is in the nasal pharyngeal area. So the nose, the back of the mouth, sometimes you can use the cheek swabs, but the back of the nose is the best. The other test is an antibody test. So for that you need blood. That is a test that you actually get from serum and it tells you if you have antibodies. So the two tests are totally distinct and separate.

E

Ed Hirtzel 41:46

Thank you very much, Dr. Bhatti. Judy, I don't know if you would like to attempt to move on to the next person or if I should try.

J

Judy Mark 41:54

Can you all hear me now? Yes, okay. We are getting a new internet provider next week. I would like to say how much I dislike spectrum. I will just promote that as I really despise them right now and we are changing service providers next week. Okay, we're going to move on to our next speaker. And that is Richard Dier. Richard is the parent of a son, who has had a whole bunch of his supportive living staff test positive and we assume that his son also got sick, who's going to talk to us about how he has had to deal with this, and some of the lessons he's learned. So thank you for joining us, Richard.

R

Richard Dier 42:36

Good afternoon. I'm sorry, I'm so dark. I'm facing the sun and the light inches from my head. Yes, as Judy said, My son is 29 years old. And his actual diagnosis is prenatal exposure, so fetal alcohol syndrome, but he meets qualifications for all five diagnoses for the regional center. And we have a very individual, my situation, in that he lives, essentially alone, supported by staff in a home that I own. I live very nearby, but I don't actually live in the home full time. And it's amazing that I'm not talking here, to talk to you about self determination. Anytime I'm in the room with Judy, it's usually about self

determination. But our program, for those of you who know about self determination, actually started the day people started to get sick in self determination. On April 3, we thought we were having our grand opening. And he requires two on one staff 24 seven. So we have a total of 11 staff that are involved in his care. I might have some of these dates wrong because it was so frantic, but I'm pretty sure it was the very first day just barely a month ago that we started in this new model. One staff left home before the end of the shift sick. That was on a Friday, by Saturday, it was quite clear that my son Paul, the only participant in the household, was ill. And other staff were getting ill. By Tuesday, just four days later, Paul had 103 point something fever, and every sign that he had COVID. By that time, we had four out of 11 staff saying they were too sick to come to work, and most of the other staff were afraid to come to work. So we started really brainstorming with my project director who is key in getting this all worked out. She's involved in the scheduling and hiring of staff. And I don't know if she's online, but if you are, if you're online, I want to say thank you to Jill. So by Tuesday, Paul was so obviously sick that no staff could responsibly work. And I'm 67 and I just had a stent put in my heart. So I wasn't really thinking that well, it's a great idea to come live with me. But that was our only option. So he came to live with us for two or three days. And we were really stumbling, like, what do we do? How do I both protect my staff and protect my son and give opportunities to staff who are now getting concerned about losing work? My focus was my son. And then I realized, wait a minute, I'm in self determination, which gives me a lot of freedom. And a quick overview of self determination. It's really operates under a budget rather than service hours. And a real hero stepped up just as we were about to go. I don't know what to do. I was calling my my doctors at Cedars Sinai, quizzing them about should Paul be hospitalized, and then one staff person left his family, packed the suitcase and things around here for the duration. I will be your dedicated staff and I mean dedicated. He didn't see his family. He learned how to use grub hub. And for 14 days, he alone, plus some visits from me. It kind of felt like we were at two parallel isolations that were, I could drive to my son's house and give him a break. But I didn't go anywhere else. But we really didn't know what to do. Because we were very disconnected. We don't have a vendor. It was extremely easy to make the service change from from having five people work shifts for the full day to have one person work 24 seven. Fortunately, our budget was sufficient to allow all the overtime involved in that to be paid. And we had this one staff person work with us. But I began to feel like I'm not connected to anything. I don't have a vendor to call there's no vendor rules. I reached out out to the regional center, we got permission to make this change, it was almost too easy. I almost said, well, that can't be that easy. I can just switch everything around like this. But that did happen. So I started looking for guidance, as we saw by about a week later that people were still getting sick that had been exposed. We had five people tested positive, one person had an inconclusive test, and one person that had symptoms never got tested. So we had a pretty good dose in our staff. But I don't know if we've ever reported anything to public health. I sent a special

incident report to the regional center. But when I took my son to get tested, he has such a strong gag reflex that he couldn't take the nasal test. So his test came back negative. And none of us are buying that that's true. So I'm going to, one of the things I'm going to be trying to figure out is how can we make sure that whatever information or guidance we can get from public health is achieved. Because we're not, I don't know that we're connected, since he was never never tested positive, so he may not be being followed. Our biggest amendments were when we started to feel like we were getting past this, was like, how do we protect staff to come back? What facilities are like us? And how can we get staff who still want to be tested, get them tested. And so we looked up and found out that our staff are classified as public health employees, but in the directions and how to get tested. It said, talk to your department head, and we don't have a department head. I don't even know what that would be. Maybe getting Chris's email will help us in terms of that. If we come back to this. And then we had questions about what kind of equipment do we need? Do we need to wear masks in the house? Once everyone has gone through their isolation. My son won't wear a mask. So we finally found some guidelines, important guidelines from Los Angeles County Health for congregate living facilities. And they talked a lot about the issues related to what to do about staff that are sick when they can come back. We don't really have congregate participants with we still have a congregate living facility because when we're working back like we are now we're almost full back to speed. There's at least 13 people coming in and out that are helping. So one of our concerns was how do we, what are our rules? So I don't know I can't show you my screen thing. I don't know if you can see this. We came up with this one sheet page where we read, very detailed, but not that difficult language but the language from the congregate living facilities, and broke it down for our house. So they were having a little bit of fun. My son loves trains. So we're calling our project, this big new self determination project with a pretty good budget and lots of good help. We're calling it base station Gledhill. Gledhill is the name of our street. And so our slogan is base station Gledhill. Paul can go anywhere from here and he loves trains. So our document here says, here's our, all of our crew guidelines. It's based on mutual benefit, shared safety, and public health. And we've broken it down into simple language that even my son could use. And now these are all over the house. I do hope that you can see this little logo that we have here in the notes, I don't know if you can see that or not, the drawing of the conductor station master saying we're open, but he's wearing a mask and yellow gloves.



Judy Mark 50:51

So Richard, maybe we um, I can have you email that to me, and then we can get it up on our website.

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Richard Dier 50:57

Of course. It's very specific to him. I think it may have some language as an example. Because we don't have a nurse. So for example, we were thinking should our all of our staff get tested before they come back and then we weren't eligible to be tested. And we understood that a test that was four or five days old didn't really mean you're healthy. So we focused on being sure that each of the staff person self certified that they had completed either isolation or quarantine that they were required to do before they came back. They also made a commitment to take their temperature 12 hours before every shift, and during the shift and to do the simple things of washing hands and cleaning surfaces and monitoring their own symptoms. We had for a while, we had some pretty strong feelings amongst the staff, that whoever came to work sick really caused all this. So I think it increased our awareness of not being a hero and coming to work when you're ill. But it turned out just as was mentioned before, that the staff that probably had the COVID and brought it to work and shared it, worked in nursing homes. And so they had a much greater exposure. All the rest of our staff are direct service providers, and maybe they work with one another person or just one or two. So I want to thank the regional center for the flexibility. But we have not been able to really figure out how to get personal protective equipment. We think we need more masks than we have, we're not sure what kinds of masks. We knew that if Paul had to be cared for when he was ill. We need different protective equipment than we do now. But we also know that just because we've gone through this one, doesn't mean we won't go through it again. And, you know, I've tested negative I actually think I had the virus when I went to Seattle in January, came back very sick, but no one was thinking about it yet. So I'm going to get that antibody test, they really don't know what significance that'll have, except maybe it's interesting to know if I had it or not. It doesn't really give me any, any extra protection. So that's our story is that, our most difficult things were how to come up with a care plan. When we had so many people, that again, they were half sick and half afraid to come back to work. And then we had this hero, who by the way, did not get sick. He worked 14 days with my son in a row, and packed a suitcase and went back home. And that's a hero story. I'm not sure he wants to be talked about. I've nominated him for COVID hero. I'm not sure his family appreciated it, but it worked out well for everybody. So I encourage you to look at the public health guidelines for common good facilities, it's probably most similar to the people that are in supported living. They're not in like, we're not in a licensed home. We're technically not supported living, but it's a very much, very much the same model. We don't have a nurse. So one of our things was people were saying, Well, what? What is the fever? What has my temperature gotta be before I stay home? And so we didn't know, we went on website and found that CDC says a temperature of 100.3 is a fever. So we're using that. If you're 100.3 or above, you don't come to work, if it's between 98.6 and that temperature, maybe you give us a call, we think about it together. But we don't really have a boss or an agency director. It's very informal, which was how we could do what we

wanted to do. But it also left us feeling not terribly connected to like, what are the rules for an agency or what's the, who's our department director that can arrange testing for us? But anyway, I think that I've taken up my time, but our lessons learned were to have a better plan on what to do, both to prevent the exposures, better agreements amongst our staff about their responsibilities both to themselves and to their consumer, and also to have the right equipment. We're waiting for a contactless thermometer because we just don't know how people will be willing to take their temperature with a shared one. They're hard to find, but I think it's coming tomorrow from wherever we found it. So we'll be doing that. Paul is well. We were afraid that one person probably couldn't contain him because he does take two on one because of his behaviors. But during the time that he was sick, he didn't really have this spirit back. Yesterday, he started to get mad and want to, he said, Take me to a hotel, and that's when I knew. Oh, Paul's back. He's over this at least this shot through it. So we'll have hope that won't happen again. Thank you, Judy, for arranging this. And I've taken a lot of notes from the first two speakers, and I'll probably have some questions.



Judy Mark 56:08

Thank you. That was really, we're so happy that everybody's okay. And I do believe that that staff member is a hero. And there are a lot of heroes out there and our next speaker Jacquie Dillard-Foss employs a lot of those heroes, works in a coalition of supported living agencies that employ a lot of those heroes, and she's a hero herself. So thank you for joining us. Jacquie Dillard-Foss who's the head of the California supported living network. Thank you, Jacquie.



Jacquie Dillard-Foss 56:38

I'm on the board. Mark Melanzane is the executive director, so I was listening to your story and I was thinking about all the lessons learned. And I'm going man, the list gets longer and longer. I think one of the first things you know I have, we work with a lot of folks that are very medically fragile, so they're already of concern. And so I'm fortunate in that we have Dr. Ruth Meyers, who works with us. So she started off and she shared a lot of her information. And we started off with knowing who are the folks that we know if they contracted the virus, it would be severe to deadly. So he wanted to know that critical list. And so right away, we figured out what those folks were. And we began taking temperatures twice a day, because we wanted to know, those are signs and symptoms. The other thing that I have, everybody has, for those critical houses is a pulse oximeter. Your pulse oximeter will tell you if your pulse falls below and I'm sure the doctor will tell you 94, those are when we're going to get, we're going to have emergency. So if you don't have a nice handy dandy pulse oximeter, those are critical to know because the one story I

wanted to share with you before I get into some of the other things is one of the ladies we support. Her name is Suzanne, she's 75 years old, she's deaf, she uses a C Pap, she has asthma, everything that would be in that critical category that was Suzanne. So the staff were really focused focused in on watching and tracking her, like they're doing a lot of our folks that have, that are pretty medically frail. They started to notice her temperature and her breathing was a little bit off. And we were always concerned. So we had told that each staff to have a go bag and the go bag would be all those things would be important for the person. Because if they got admitted, we don't know if we would be able to go with them. So Suzanne being deaf, she has limited sign language, how are we going to make sure she had the tools if she went into the hospital, so one was being able to have an iPad in case she had to FaceTime with her staff. So that to go back had all of our medical information. Plus, Lori Shepard had shared that guide about writing the things, what's really important to know about that person? What are the things that you need to know like Suzanne hates the word no, what would you do instead? So the staff started watching and seeing her temp go up. And we became very concerned with that temperature rising and we said look, let's get her to the doctor. The doctor went immediately he brought her in and did a COVID-19 test immediately, which was great, instead of us going through a lot of processes, but the next thing we did was working with Ruth, we did the exact same thing as what Ed was talking about. We had a staff who said, I'll stay until we get the test back, and I'll be the one that will stay in the house for the whole weekend. But there were three other staff members, we weren't going to have them work with anyone else. So those three staff members were reassigned to go home, their place to go to was home. So those staff went home and we made sure they got paid, because that's a big deal. You're losing those hours and if you're already have direct support professionals who are the heroes getting paid what they paid, they get paid now. So when they went home, she stayed with them. We already had staff, I'm fortunate Alta California Regional Center has been giving us the N 95 mask. So for those that were already very medically fragile, we knew that more than likely, the direct support professional would be the one that would bring the virus into the home. They would be the one because they're the ones going out and all over the place. And so those direct support professionals in that home were wearing those N-95 which are really difficult to where. We followed the CDC guidelines on reuse. Because there's a whole process you can only store it in a brown paper bag, to resanitize it, you bake it for four minutes at 140 degrees. So there's all these things you have to do with a mask to resanitize it and the staff were doing that and really being diligent. She got tested, we waited and waited and kept our fingers crossed and fortunately she tested negative. We had so that was the first case of what we were dealing with. We also had at the very get go here locally, Pride Madison before the closures happen, 140 people with developmental disabilities and one person tested positive. One of the people we had that were supported there became one of the exposed potentially. We had another staff that stepped up another hero that said, I'm just going to stay in the house, we're going to

close and that was before any testing. So they stayed locked in that house for 14 days together, food was delivered. All the supplies were given the protections were given. But I think what the what you see with the provider community, depending on the county, you're in, what you get, depending on the regional center, what supplies you'll get. So some regional centers are being really good with saying we need those N95 masks that became available. Some regional centers want to keep them only for the licensed group home so we didn't fit that category. So you, depending, providers will call the network and say we can't get those masks for those folks that we know are very medically fragile. Because what I've come to realize in all of this is I'm not sure if people understand the complexity of people with developmental disabilities being served by the regional center system in supported living. They don't know that we have people that are on ventilators, on G tubes, on J tubes. And they're just as they are just as significantly medically fragile as someone in a licensed care home. So I think that was an awareness the network made. I think the providers are going out there. I think I talked to a lot of CSLM providers, and most of them said they feel like they're in a non stop version of The Hunger Games, which is how when are we going to find the sanitizer? When can we find the mask? When can we find the gloves, so you're always out there scattered everywhere to get anything you can get My office is no longer an office. It's the Amazon fulfillment center. So I can make sure my staff get their needs met. So you would hear for a lot of providers, we send little texts back and forth about, you know, who's out there who's going to be the tribute today to go out and find the sources they can get. So although it's funny, but it's funny sad and going, you can't, you can't get what you need to protect the people you support. You can't get what you need to protect your employees. And you have to be the one to do it. And then you're going to hope, which we're all hoping for, will we get funded for spending all the money we need to do the right thing. So that's a whole nother conversation providers are dealing with it, going we're just taking care of the immediate problem. But on the back end, there's these layers of, of trying to deal with, what do you do with the three staff that I just put on the schedule that I'm paying for? Well, let's hope that I can get funded for it. Probably not. But I'm going to hope that I'm going to do the right thing. So I think we know to take your temperatures. We know that our direct support professionals, I will tell you, across my agency, I employ 600 people, my direct support professionals, they are not calling out, they are showing up. The thing that we do have is that if you have any signs of sickness, we don't care if you have a sniffle or cough or anything, stay home, just stay home. They call HR, and we just have them and that seems to be common across the board for all providers, because we know we cannot get these direct support professionals tested because they don't fit the category. Some counties have project baseline. Project baseline is allowed for those drive through testings. So for the counties who do check out project baseline. I know that a provider in San Diego had several staff test positive and when that happens, she sends the team home. And she's again paying for the staff to stay home to make sure they get to the period so the staff don't lose wages. And then we're

going to fight on our side to hope for funding. She's had people that she supports test positive. And the same thing happened. The staff said, I'll stay with them. I'll stay in the home. I'll surround them with support, and they do all the right thing. I just think that over this time of fortunately having a doctor to work with us, but finding those thermometers, you're right, they actually have, I was gonna tell Ed, they have what's called a smart thermometer, which means when you take the test, it'll download into your phone and you'll know the staff temperature. So if you ever want to be. We're slightly OCD. We're a little OCD group before this. Now, it's like you have a cough you have a snuffle. What's wrong? Is your nose red? What's happening? Because our whole world 24 seven is surrounded by the fear of COVID-19, of the unknown, reading the CDC site, they keep updating it. The antibody test is a good idea. It's not a good, you know, I heard the doctor talking I'm going yeah, that is doesn't tell you if had the virus, so what happens if a person who had the virus. Is the second go around going to be worse because you heard about the Italian doctors. So I've told people to stop watching the news, because the news will make us all crazy. And when does this end? I think the other part of this is figuring out how long are we in this for how long do we get to be afraid and worried and scared? How long do the direct support professionals live in this isolated world? For folks with complex behavioral needs, this is rough, it's rough across the state. They are having as it went, the first week was okay, the second week, it's now into May. We're going into may tomorrow, and the weather's nice, and we're telling them to socially isolate, which I think Mark Melanzane of the network said we need to start using the appropriate word for folks, and say physical distancing. Because I think social isolation feels like a heavy word. But if we talk about this physical distancing. And that's kind of the sign American Sign Language. We have had to do a lot of training, lots and lots of training, a lot of education, being there for your direct support professionals, being there for the people you support. And the other thing I was, I talked to a lot of the folks because they know their staff are worried how much are we letting those we support know what is this all about? What is what is COVID-19? Because they see it, they know we're talking about it. And some of the people are afraid. They are scared of whatever that is. So I don't know I haven't had had someone test positive. I had a lot of people exposed, a lot of people tested. I saw the data from DDS which said 13 people in supported living services statewide out of 9000 have tested positive, which I think is pretty extraordinary for what this system is doing. In our world. But I, I do wish at times that there was better coordination and clarity between the 21 regional centers, so that we could all figure out pieces of a puzzle. The bureaucracy is the least of my, is the last thing I want to deal with. But it's the thing I deal with every single day. So I think those are lessons of the direct support professionals if asked, step up, give them the protections, give them their gloves, give them their mask, do what you have to do to make them feel safer, the more you help them feel safe, and have them heard, the better they're going to do with what they're being confronted with. I just think as the network and as a provider, I wish that I knew what the rest of 2020 was gonna look like.

And I think we're all in that same game of going. The doctor who was talking going, we're not there. This isn't going to end soon. So we need to start having a talk with folks and the teams about how long are we in this? And what is this new normal look like? And what happens? What happens when, when it's June and July and August? How long are we going to be? And what happens when the governor lifts, lifts restrictions? And they say, the most vulnerable are the last to come out of this? But what does that look like? How do we start doing those things? But I think the same thing Ed said it's the same thing most providers are doing is you just lock in, tighten down, down, I would just say, take your temperature, get your pulse oximeters and have masks of whatever kind you can have, even if it's cloth mask. It helps people feel like you're listening and securing and helping them feel safe. And yeah. I want to have more answers, Judy, but I don't have a bunch of answers, but that's what I got.



Judy Mark 1:09:58

You were very helpfu Jacquie so appreciate it. We have a number of questions that have come in. I just want to get through the rest of the speakers and leave enough time for that. So stay tuned, everybody. So our next speaker is actually sitting right next to me. Here she is. I'm going to move, so because we had all these problems with the internet in my household and I really hope it is currently working. But we have taken her from a different room to share my computer so at this point only one device is actually on our internet right now. The reason why we have Mackenzie Bath speaking today is because she is my son's support staff. And about three and a half, three weeks ago today, three weeks ago today she woke up in the morning, feeling like she had a cold and she'll tell you more, but bottom line is she tested positive for COVID. And she has a lot of lessons learned. And we in our family have a lot of lessons learned from that. So I'm going to move the computer over so that you can hear but everybody's good is the bottom line. Okay, go ahead.



Mackenzie Bath 1:11:13

Hello. All right. So hi, my name is Mackenzie. She introduced me rather well. So yeah, on Thursday, April 2, so that was so long ago now, but that was when I started to feel sick. It was just a sore throat. And then I got a stuffy nose and it felt like any other cold I'd ever gotten, so I honestly didn't think much of it. Um, I got a few chills the next day and I was like, all right, it's gonna be fine. I didn't have a thermometer and at that point, you couldn't buy them. So I had no way to like find out if I had a fever. But then, by that Friday night. It was very painful. And you know, then I called my parents and they were like, what are you doing go to the hospital. So I drove myself to urgent care and in hindsight, I probably should have gone to get tested as soon as my symptoms started. But it honestly didn't seem possible that it would be Coronavirus. I hadn't had contact with that many

people, I hadn't gone out. My roommate had been sick the week before, but he had assured me it was a simple cold with a wet cough. Now we're pretty sure that that was Coronavirus, and it just didn't hit him very hard. Um, and so, yeah, then I went to the hospital, which was a ghost town, it was a super crazy place that. It was I mean, it was at night, and the whole like parking garage was empty, and you can't go into the building. They have a tent out front and you walk up and they're like, here's your mask here, your gloves. Here's your forms. Go sit over there. And a few minutes later, a nurse in like full hazmat gear led me around the building to a courtyard which had another tent and one more nurse. Um, they they sat me down, they did some tests, they asked me some questions and they eventually gave me the COVID test which is I'm sure you've heard by now is miserable. Yeah, they stuck something up both of my nostrils each one twice. So it was, it was horrible. Um, but at least I did it. And then while I was there, they were like, okay, you don't have the flu. And then they're like, but you do have tonsillitis. My tonsillitis they said could have been caused by COVID, which it was. And then when they were like, Alright, so we've tested you for COVID and you can go home. Here's a note that says don't go to work for the next three days and like pick up some antibiotics. The entire hospital experience was pretty scary and post-apocalyptic. I called my mom pretty much the whole time. So I could always be talking to somebody and the nurses were really cool about that. They were really like, yes, we understand you want to be talking to your parents and you want someone to be comforting you. So that was really nice. And it's a lot though, if you get sick, like if you don't need to be tested, I'm not sure you necessarily should. And you don't need to take that advice from me. But now, but if you do, you know if you are going to go get tested, make sure you do have support because it is kind of freaky, to be in anywhere near hospitals nowadays. The next few days after that were kind of just a haze. Because you know, I spent \$20 on a bottle of Tylenol at CVS, that was fun. So I'm rationing my Tylenol to try to get me through, my ears, my throat and my nose were constantly in pain and I could barely move. My body aches were so bad. I had already taken time off of work at that point, because Josh's sister, Judy's daughter, Emma, had been in Madrid and was in her self isolation, just as a precaution. I was like, I'm gonna not go in until she's done with that. And then I was in for two days and then got sick myself. So I felt horrible because of the sickness. But I also really felt horrible that Josh might not be able to fully understand why I wasn't there. And, like the unknown timeline of the virus, and the lockdown is already really stressful for everyone and especially for people with disabilities. And so that was tough that I felt like I was adding to his stress about this time. And so when I was sick after a few days of antibiotics, the tonsillitis pain went away. And like I finally was able to, like, have enough energy to take a shower. I was really lucky my parents drove. My dad drove all the way from San Diego up to LA to like drop something off at my front door. So they gave me some food and they gave me some more Tylenol. And that saved me. Cooking during that time would have been absolutely impossible. I had zero energy. So the first week was miserable. I was alone scared and

unable to do anything. I needed the food prepared for me by my family and easy access to entertainment. Phone calls even were difficult because my throat hurts so much. But messaging people that really brightened my spirits. I was really excited when the tonsillitis sore throat was subsiding. But then it didn't fully go away because then it was the COVID infamous dry cough. It's a very painful cough and it takes up like your whole throat. So I kind of wasn't sure what the difference was between a wet cough and a dry cough for a long time, like people were telling me Oh, it's a dry cough. And I'm like, What does that even mean? It's very obvious when it's happening to you. It's like it's your whole throat and it's really just painful. It hurts to be coughing when it's a dry cough. You pretty much like you cough and you're like, I need water now. Um, so it's. Yeah, you'll you will know if you're starting to get this dry cough like, okay, yeah, I get it. This is what this is. Fortunately, my cough was not that constant and slowly went away, along with the muscle aches and the headaches and the congestion. But as all these other symptoms faded, the fatigue remained. There were days when even watching a TV show was too much effort. It was a really hard time and I might have gone crazy without my support. Even with most of my symptoms gone, my doctors warned me to be on the lookout for shortness of breath. Unfortunately for me, I have an anxiety disorder, which often shows itself through shortness of breath. So you're like, Oh, I wonder if I have shortness of breath and then you're like hyperventilating because you're worried about it. So, it took a lot to keep calm and like really utilize all the calming techniques I've found throughout my life. To really make sure that if I ever did have shortness of breath, I would know ,Okay, this like, this is real, or this is the anxiety. And so yeah, I avoided false signs. I avoided getting shortness of breath, which was really nice. Throughout this whole time, my friends, my family kept checking in on me. At first it was tough when all anyone wanted to talk about was my sickness. I understood that they were just worried about me. And, but it was tough that that's all anyone wanted to speak to me about. So I started a blog about my symptoms and how I was feeling so I could update people all at once. I knew they just wanted to make sure I was okay as I could be, but I wanted my conversations to be about other things. It was easiest when they distracted me from my pain with something else as opposed to just speaking about my pain. Um, it was difficult for me to reach out to others due to the fatigue and sort of the depression, which came with just being alone and unable to do anything. But it helps so much to hear from other people, even if it was just what they'd seen recently or a story of their trip to the grocery store or a funny image they found on the internet. So from my experience, the best thing that you can do for someone who has Coronavirus, you know, besides like physically taking care of them, and all the official tips that you have been given so far, is to distract them with good stories and give them your love and support. And also to not blame them for what happened. There is currently like a stigma against people with the virus. But it's highly contagious. And despite our best efforts, some of us are still going to get it. You know, it doesn't mean that I messed up by getting it or that my friends or family like failed to protect me. Um, like,

you know, I probably got it from my roommate, I'm not sure where he got it. But you know, he wasn't going anywhere but the store either. So, like what you know, it doesn't matter where it came from only that I don't spread it to anyone else. We can't control all the factors that lead to contracting the virus but we can control where it spreads from us once we get it. Um So yeah, um but yeah people with Coronavirus don't need your, you know, your advice or anything. They just want, they just want your love and you know, maybe some food



Judy Mark 1:21:20

Thank you. We are so happy to have her back. And just to tell you kind of what happened on our end when we found out that Mackenzie had tested positive. You know, we kind of went into giant mode of, of self isolation ourselves, obviously isolation from the rest of the world, but isolation even from each other within our own household. Um, I have my own underlying health issues. So I am most likely to become. to have a more severe impact from COVID and so I moved in. Actually, Chris Gephart called me the next day and she's amazing, which is why she's my current hero, I have many. The first call I made when we found out about the diagnosis was to Dr. Laveeza Bhatti who helped us get tests. And you know, what I can say is that we did go get tested by the LA County free testing site, because we were eligible at that time. For now everybody's eligible just as of today, anybody in Los Angeles can get a test. Three weeks ago, you could only get a test if you had symptoms, which none of us did, or if you'd had a direct contact with a COVID positive person. And since we had seen Mackenzie 10 hours before symptoms came out, we had clearly direct contact. I can tell you that we took the public test, um, but they told us it would take 7 to 10 days to get the results which is obviously not satisfactory to us. So we were able to find a private doctor through Dr. Bhatti who was doing tests with 24 hour results. And we got this 24 hour results we were all negative. So lesson learned from our household: handwashing works. It really, really works, wiping down surfaces really works. All those things that Chris Gephart told us, all of that works because we had a person in our home who was asymptomatic at the time, but still she was washing her hands, she was wiping surfaces. And so it really can prevent it from spreading even within your own household. Don't roll your eyes when people are telling you, you have to keep washing your hands because it has to be done. I should tell you that we still haven't gotten, at least three of us still have not gotten a result from the public testing site. They lost our results in the LA County testing site. So that is not perfect. It also has a very high false negative 30%, high negative, false negative rate. So some of these public sites that are throat swabs are not very accurate. The note, the nasal swab as uncomfortable it is, I actually didn't find it to be that uncomfortable. But everybody else in my family hated it and Mackenzie did too. But I didn't find it to be that bad. But it's really uncomfortable for a minute, few minutes and, and that is much, much more accurate. Maybe less than 5%

false negatives. So, you know really, really encouraged everybody. I know people are bored with the handwashing stuff, I promise you. Okay, we're gonna move on to our final presenter and then answer a bunch of your questions. I really want to thank Lisa Kleinbub, who's the executive director of regional center of the east bay. I've asked her to talk about congregate settings and what regional centers are working on and I know you could only speak to your own specific regional center, Lisa, but I'm assuming that you're speaking to all the other executive directors and that there is some consistency with what's is happening. Thank you for being here.



Lisa Kleinbub 1:24:58

Thanks, Judy, for the opportunity to speak. I'm the executive director of regional center of the East Bay, but my background is as a registered nurse, so I have a lot of experience in healthcare issues. And for us COVID-19 in a congregate setting is probably one of the scariest things to occur because people in those settings are in contact with so many staff and so many people who could be asymptomatic for a number of days, and we wouldn't know it. In our counties, Alameda and Contra Costa County, we actually are lucky in that the health departments have developmental disability councils. And so there are actually people in our health departments who are able to advocate for our consumers and really get some focus on their needs. So prior to the escalation, we were already talking to our county counterparts about planning for this. We were on the radar of one county to get PPE for our consumers through the county, and we really did find out from the other county how to get access to additional PPE, which all the counties are getting from the state supply to distribute. But how you get it and how they prioritize that has changed a little bit. And we also got quite a few supplies from the state. And we were also before the shelter in places went down. And in our counties, they Bay Area counties actually implemented a full shelter in place on March 17. Fairly abruptly. We didn't completely anticipate that. And before that, most of our day services had already seen dramatic drops in people attending. But when before the shelter in place went into effect we were talking a lot about hand washing, talking about COVID, sharing that with service providers. But I think service providers were also really anticipating and planning ahead for what was going to happen. Um, we got PPE from the counties and we had a number of distributions of the PPE we got and we did prioritize populations that had the word medically fragile and that we worried about contracting the virus and really serious implications of that. So our (cut out), which have very medically fragile people living in them, our ICS were prioritized, as we're and I heard a comment about supported living services. We actually have many supported living providers who serve people who are very medically fragile who were part of the CSLA pilots and people really have been supported well in those programs for years. And we did prioritize getting PPE to those providers as well. Um, but I'll give you an example of what's happened in our area around

COVID-19 and positive cases and how we've addressed those. One, one home, which I'll call golden home, um, had a staff show up one morning and that staff was ill and feel not feeling well and the administrator wanted that staff not to work and also recommended that they go be tested. And we were lucky by that point that staff was able to go to one of the testing sites and met the requirements to be symptomatic. Since that time, we have many testing sites in both of our counties that will take health care workers as a priority and they have considered staff working with our population to be healthcare workers, so they will test them if they know they're working with vulnerable populations. That staff tested positive, and shared that information with the provider. And the provider immediately contacted Alameda County, which was the county they were in, and was able to advocate for the rest of the people living in the home to be tested as well as the other staff who were in the home. The staff who first tested positive who was the only person a staff who tested positive in the home, also worked in another facility. And so they were honest with that other facility, which I think is very important because, as I've heard on this call already, there's stigma attached to testing positive for COVID. And you have to be, you have to trust that people are going to share with all the environments they're in. That they were positive so that other people can isolate and know what the risks are and look out for symptoms. As a result of people in the home getting tested, two individuals who resided there were positive. They were, they isolated in their rooms, and we were lucky in that home that they were all single room so people were able to isolate. The county provided some PPE for the home. But we also brought out additional amounts of PPE, so they could protect both staff working with people and delivering food and to their rooms and working with them in their rooms, as well as other other staff on being protected in the home. The other home that this person worked in, was notified that they were positive for on COVID 19. And they were observing the clients who lived in that home for any symptoms and talking to other staff, some of the staff in the home did get tested, the individuals living at home didn't get tested. None of them showed symptoms. And at this point, everyone involved in that situation was cleared as having seven days since last contact with being symptomatic and so those homes are considered not to be at risk right now for COVID-19 additional outbreaks. We did provide to the second home that had the staff we did provide N-95 masks so that they could use those during that period of time to prevent any spread between people. It's hard for people to isolate in their rooms. And it's hard in some congregate settings to have the availability of single rooms for people. We have another home. We don't have that many homes where people have tested positive and where individuals served have tested positive, but in another home where a staff tested positive, who also worked in another setting. One consumer in that home tested positive, they do not have single rooms in that home. So they had to do a lot of looking, reorienting where people stay, so that that person who had tested positive and was actually had fairly dramatic symptoms. She could isolate there, while the other people in the home we're quarantined. Alameda and Contra Costa County have required

quarantines and isolation when you test positive for COVID or for the whole home when someone tests positive. Um, I will say that what is really important and we're seeing the importance of really connecting with County Public Health, Community Care Licensing and licensed facilities is playing a large role. Sometimes providers are getting different messages from Community Care Licensing versus the county health departments. The rules are different in different counties. So that is, while the local counties definitely have different approaches and different risk for COVID in these areas. It is a little confusing to providers when they hear different things. But going forward, I think we are seeing more testing and rapid testing. People are finding out their results within 24 hours in the last three or four weeks now that I'm seeing. And they are also having better tracing of contacts of people. So we are seeing more of public health really asking where these people work and who else they've been in contact with and I think going forward until we have a vaccine and adequate treatment for COVID. We're going to have to work on that and really prioritize that. We have talked to our counties about how critical it is for them to actually require everyone to share where else they work and where else they've been in contact with other people who may be vulnerable to Coronavirus. And I think that we may want to see for some period of time for those who work in larger facility settings that staff are able to get tested routinely. So we know that things aren't being spread across settings. And I guess in our counties, staff are required when they walk into a facility to have their temperature taken every day. And they're also recommended that people who live in any congregant settings have their temperatures taken on a daily basis as well. It is happening in most of our homes. One of the other things is we don't have very many large facilities in our area, but we have about nine or 10 that have more than 15 people living in the setting. And so with those settings, we have actually had more direct phone calls with them and zoom calls and done a lot more training so that people are aware of what they need to do. My observation was that almost all of the providers who run residential facilities are very concerned about their staff, and very concerned about seeing that their staff aren't bringing anything into the home. Some facilities have been providing limited staffing in each home and limiting the staff that go into each home, so that they know that people aren't bringing things from other facilities. We know in high cost areas, a lot of staff are working multiple jobs. And that puts everyone at risk. It's the reality of high cost areas right now. But I think that's one thing we also, as a system have to think about as we move forward about how we make sure that we are able to know how many people people have been in contact with. And that's all. I'll be open to questions if anybody has questions for me. And thank you. Thank you, Lisa. That was really, really, really helpful to all of you. All right. So we do have a number of questions. And I'm glad Lisa, you joined because some of them are really things that you can help answer. My Friend Carol Boyer has a whole bunch of questions for everybody. And I'm going to try to go up and find Connie Boyer. I see Carol, I don't know. Connie Boyer, Connie. Hi, Connie. Um, so you know, she's really worried about a person who receives SLS services supported living services.

What if they're exposed, the recipient of supported living services, is exposed to a caregiver who tests positive and got sick and the other caregivers also got tested, but were negative. Should the care recipient and all the other caregivers get a repeat test? And, you know, I guess, this may be actually for Chris and Dr. Bhatti, but and now that I know, you're an RN, you're also in this in the same group. But you know, is it too soon to let's say you're exposed to a person who tests positive, Should you be rushing out within 24 hours and getting the test? Is there a certain number of days you should be waiting until you get tested? Those uh, those are the basic. That's the basic question. So I don't know who wants to take that. You want to take that Laveeza or Chris? Oh, I'd let the doctor take that. Yeah.

J Judy Mark 1:38:18
Yeah. Oh, you're you're, you're muted Laveeza. Okay.

D Dr. Laveeza Bhatti 1:38:27
Okay, so so it does take a few days for the infection to appear, and usually it is within seven to 14 days. But if you are exposed, it is definitely a good idea to monitor for symptoms because this is a highly contagious disease. So you should be monitoring for development of any symptoms. I would recommend getting tested. I don't think that getting tested in 24 hours is really important that you should be tested at some point within the period of when you're expected to develop symptoms.

J Judy Mark 1:39:02
Okay, great. Anything you want to add Chris or is that good for you? Okay. Um, we have. This may be Chris, Jacquie, any of you who mentioned this, can you recommend a pulse oximeter that people can buy? I know that I just bought one on Amazon. They were really expensive. I don't know why they're so much money. They're actually still available. Shockingly. Is there a particular type, any features we should be looking for that are important?

J Jacquie Dillard-Foss 1:39:39
I just found what was available too. I think that's a lot of the problem is Amazon. Although I will tell people with the Amazon account if they figured out that we are frontline workers. So let residential providers know if you're ordering off of Amazon. Amazon is giving frontline workers COVID-19 access so you kind of get in front of the lines. And they're giving you priority over people buying from the general public. I think they must have

figured out going. They bought a lot of thermometers, they bought a lot of stuff. So they've actually they have a, and they're taking no profit off of those items. So if you have an Amazon Prime account and your business prime account, so hopefully people do so they just sent an email randomly, but you could probably ask amazon for that. So that's been one so we were able to get some more pulse oximeters because of access on that COVID-19 piece, but they're like, this was like \$59. Same as a thermometer is the smart thermometers. Ed was right those smart thermometers are very expensive. For the no touch because we have people that won't allow for their ears. But this one is this the Zack v rate. I think some of them you do watch with the star coding. I do watch it. If they have a one star. I'm not most prone to it. I think a lot of people just buying whatever the first thing they can find is unfortunately. So I do, I do have all my facilitators have these with them too, because if they go home, they're able to move around. And in the people that are more critical, but in their go bags, we just have them ready when they go to the staff house. If a staff goes there to check them, the manager, the facilitator has this to take that pulse ox if you don't have it. Because we don't have, everyone doesn't have them. It's just the folks that are more medically fragile, and then we have available ones for people that we think might be showing signs and symptoms.



Judy Mark 1:41:36

Chris, Laveeza, Do you have any specific pieces of it? I mean, are they all kind of similar?



Dr. Laveeza Bhatti 1:41:44

They're all very basic. They're very similar. I don't think I have a particular favorite one. So whatever you get that's inexpensive is good enough.



Chris Gephart 1:42:00

Yeah, I think I'll just add, it's so hard to find good products right now because there's so much extra stuff out there being pushed, as Jacquie said. But whatever you do, get, try to get one where it's not so challenging to change the battery and test it to make sure it works. Make sure that you're familiar with it. Make sure that you know when you're feeling well, see what it says and maybe try wearing it when you hold your breath to see if it stops reading. You know, if it changes. Test it out in different scenarios. So you should check it regularly. Don't buy it, test it once, put it in the drawer for several weeks and then not get it out again until you're feeling really sick. So make sure it's working.



Judy Mark 1:42:43

Thank you. Um, here's a question. Anybody can answer. I have brought my 35 year old son who has IDD to live with me. I feel he is high risk and I'm 65 years old but no pre existing conditions. There are just two of us living in my house. Groceries and supplies are being brought into us by SLS staff who are not working but getting paid. We have not been exposed to Coronavirus. We're just afraid and being careful. My son has a history of aspiration pneumonia, and he has a significant seizure disorder. Two questions, how do I weigh factors and determine when it's safe for him to return home? And is history of aspiration pneumonia considered to increase risk? So let's start with a second question. First, the history of aspiration pneumonia. Dr. Bhatti, does that, is that considering increased risk?

D

Dr. Laveeza Bhatti 1:43:34

You know, the history of aspiration pneumonia probably means that he has some damage in the lungs because he's had a history and he's most likely had multiple episodes. I wouldn't consider it a very major risk factor, but if he does get the infection, there is more risk of complication with that.

J

Judy Mark 1:43:59

So for the other question, how does this mother weigh the factors and determine when it's safe for him to return to his own place with supported living providers? The hard question I don't know.

J

Jacque Dillard-Foss 1:44:17

I think if you knew the team, because we've had families ask that question. What we did is we made sure that because I was listening to your talk around the exposure, and so in supported living, we just make sure that the team. Because a lot of times an SLS agency because of living in the shortstop world, people might work in multiple locations. We just went and made the statement very consolidated. So I tell i'd wonder, when is anyone on the team testing positive? Or how are they and does he have a really tight team and making sure the team that's with him that isn't working in a lot of multiple locations, because that's the biggest fear we have as well as knowing, Are you working at other places? And knowing that information and Where do you work? Because that is what we're telling the staff that you have a second job. What is that second job? Where are you working? And having and making the team really small. So if he did go home, can you have the team as small as possible to limit exposure? So we had the teams we made the teams much more smaller, it increased over time. But it limited exposure, which was the most important part, most important factor was limiting exposure. So those would be the

questions I would ask is how strong is a team and how small can you keep the team to limit exposure?

L Lisa Kleinbub 1:45:39
I would agree with that as well. That's really critical.

J Judy Mark 1:45:44
And I apologize because now my gardener is right outside my window mowing the lawn. So this is a question for you, Lisa. Specifically, what is your perspective on the best role of your board of directors? Oh, this is an interesting question, the best role of your board of directors who are primarily people with disabilities and family members, and how they can help you address the challenges that this crisis is presenting?

L Lisa Kleinbub 1:46:14
Well, that's an interesting question. Um, you know, our board of directors did agree to sign off on the State Council letter, which is going to recommend to the governor and the Health and Human Services Agency that people with developmental disabilities be prioritized for getting PPE in all settings. And so I think the role is to, to really be knowledgeable about our community and also to know where the important issues come up for our population. We actually, we have a number of people on our board of directors who participate in our Consumer Advisory Committee, and they've been very strong and getting the message out to other people about how important it was for hand washing, how important it was to really be aware of sheltering in place, and all of that. So I think those are the ways in which our board of directors will contribute as we move forward with this. But I think there will be decisions about reopening and that, and how we're going to look in the next year as we move forward with a lot of different services to be safe.

J Judy Mark 1:47:37
Great. Um, this is just a quick question, I guess for maybe I'll throw this to you, Chris. What does it look like to test every staff person's temperature. Should they be getting let's say, if it's a mouth thermometer, should they each have their own or is it best to try even though like it's impossible to get a thermometer right now? But is it best to get a thermometer that is non invasive that is just, doesn't touch the skin. What would you say about temperature?



Chris Gephart 1:48:07

Yeah, as we mentioned earlier, testing staff is screening when they show up to work. It's just a great way to make sure someone who maybe they're sick and they don't know they're sick, and then they're potentially exposing people. You don't want to be putting up a monitor in everybody's mouth like there's just so much potential for exposure through that. Even though they have a little sleeve you put on them you still don't throw those in the trash. And so the temperature thermometer is the best. It's kind of a scan and it doesn't actually touch the skin. They're a bit more pricey, but they're really good investment for the long haul. So there's also a kind of thermometer that does touch the forehead. And if that is all you have, you can clean it in between people, you know, like wipe the sensor down, but ideally you will have one and that's what I see in most workplaces. There's no contact at all. So the person who's taking the temperature would wear a mask, but the good kind of mask. The N-95 mask. Because you're getting obviously close enough to take someone's temperature right? So you protect yourself you take the temperature, and yeah every time someone shows up to work would be the ideal. Before they come into the communal space.



Jacquie Dillard-Foss 1:49:16

We had for some of the folks the smart thermometer too because the smart ones are...you want to make sure the staff have taken them. The smart thermometer will download and report back to you. So those are those a couple of providers have found the smart thermometers because you really want to know when some of the houses. Those are pricey as well, they're all pricey because you're, but I thought that was a really good recommendation was the smart thermometers.



Judy Mark 1:49:42

Um Okay. Another question is the governor of California has created a care corps of retired health care individuals to supplement the health care system when health care workers get sick and can't work for 14 days. Will this care core be a resource for replacement for supplemental staff in nursing homes and his personal care attendants. Any idea how this could happen to support replacing staff that go out with COVID-19? And I'm going to add on to that, because I was just talking about this yesterday with somebody who lost their job right now, is that, you know, for those...For many people we're afraid to have new people come into our home for many families, and I understand that. But if that person could show negative test, or two negative checks within 24 hours or something along those lines, you know, this is a way to employ more people and there's a lot of people out of work right now. You know, how do we tap into that and how do we as family members feel comfortable in accessing this kind of new staff? Maybe that's a

Jacquie question or Lisa question. I'm not sure.



Lisa Kleinbub 1:50:55

I haven't heard of anyone actually tapping into that workforce, yet. And so it's something I'm happy to take a look at. But I don't know, Jacquie, if you've heard of any.



Jacquie Dillard-Foss 1:51:06

I was wondering how much their their rate was actually. I got a smile going. How much would it cost? And if you're in the care core and you're retired, does that mean you're already in a group that we have working from home as it is? Those are other thoughts that I had. Because of what we do. I don't know how we would tap into the care core, or maybe the nurses or the doctors that can help us that'd be great.



Lisa Kleinbub 1:51:29

I think there's some thought of those people being able to be the contact tracers as we move forward, because they have some expertise in public health, that they would be the ones calling and following up when someone tested positive. I've heard that



Jacquie Dillard-Foss 1:51:44

That'd be good.



Judy Mark 1:51:46

Um, so this is a question that's been asked in several different ways by a number of people who have a whole bunch of staff who you know they have eight or 12 staff caring for an individual under normal circumstance, and maybe they haven't reduced that staff. Maybe Jacquie, you can take this and Lisa and Chris. I mean, obviously, the goal is to reduce the number of staff that are coming in and out of the house. How do you start, like, and so the question is not only how do you start, but what about those people who are not working? How do you continue to pay them so they're not out of funding? And then the third question is, have regional centers or DDS authorized overtime, so that you can pay overtime for a staff who's going to be you know, say narrowed from eight to two or three. So, you know, obviously, Richard had his story that he could do that because he's in self determination, which is why pay for self determination. But how do we do this in the traditional system, which is where almost everybody's at.



Jacquie Dillard-Foss 1:52:51

We've been talking to DDS and the supported living network on the overtime question. I don't know that it's been... it's complicated because you have the normal business practice of what overtime was prior to the pandemic, and then you have the COVID-19 specific overtime. So I think it's a complicated mathematical formula. I don't think the regional centers that I've been in North Bay and Alta, it's not that they don't want to answer the question. They're trying to figure out how to do it. So as a right now has the additional overtime been funded? No. I think that how I would start and what we started with when we reduce the teams down, is figuring out those staff because we know those staff who work best with the person, and they have the best relationship, because you already know you're going to be in a very stressful situation. And the person is now sheltering in place. And the rules have changed. So how do you, how do you find the team that's going to work best with the person and the probability...Everybody, everyday across America is stressed out, so the person with a disability is stressed out, so what is that team that really is going to support them the best? How do I handle. Well, I'm fortunate that any staff, most of my teams have never been eight to 12 people. So that's a giant team. So that's what I was actually thinking in my head going well, that's a big team. So I do, how do you pay the staff? That hasn't yet been answered. Because I don't even know what happens when I have to, when I actually have staff that quarantined at home. So I actually had, when I was having the one lady that was self quarantine, and I had the staff off the calendar. What how do we deal with that? I don't know that that's an answer. That has been answered yet as far as funding, because you're an hourly rate funder. And so how did we pay for that? It hasn't yet been answered. The overtime question has yet to be answered in a way that's not... That's the heavy bureaucratic piece of the puzzle we deal with. So the additional staff I think one is my first number one priority is limited exposure because if exposure happens for the person you support add eight staff people. That's a nightmare in and of itself. So I'd rather limit exposure first. And then I fight the other arguments after, after I limit the exposure. So everything that most providers I've talked to about to, has been about limit the exposure, and then let's figure out how to deal with these other pieces. Because exposure probably worries me the most. And we started that with the folks that we knew that were the most medically fragile. We started there to know we need to really limit here and then working from there, and then working on the team members that the person has preferences for, because they need to be able to communicate, and we know who those staff. Most of us know the people that work the best with those folks and talking to the person you support.



Judy Mark 1:55:53

So, this is a question for I guess, Laveeza, but it's an overall question I think you should answer. Somebody was asking about Pepsid or Famotidine, hearing that that might work.

And you may not have heard that there's a small clinical trial going on to see if it can be part of the solution. And I, I just I'm asking you Laveeza to, to just give kind of a general warning to people that they can't follow every...you know, starting to take, pour hydrochloride whatever you say hydrochloric, whatever it's called. Um, so just a general warning, please.

D

Dr. Laveeza Bhatti 1:56:40

So I think one needs to understand that all this information that is out there, in terms of medications and and and, you know, antifungals. We hear something new almost every day a day. We have to look at evidence based medicine. We have to look at the clinical trial that proves that something is of benefit. I cannot understand in any way. Rather, perhaps it would be like a game changer. I don't think that's going to be the case. And we've heard back and forth on multiple different medications, particularly for this disease. There's some people taking an antifungal call ivermectin, you saw the hydroxychloroquine. There is a concern with QT prolongation, hear toxicity with with the combinations. And then there's another one that some people are also taking called doxycycline which is an actually an antibacterial, so, there is too much stuff out there. I would just recommend listening to Anthony Fauci and what he says following that as a recommendation and not anything that you see on the web or on a YouTube video or any, from any political person also, just listen to the scientists here.

J

Judy Mark 1:58:11

Yes, listen to the scientists. If you can get any message from this, listen to our healthcare providers and our scientists. Um, so we have a couple of other small questions that somebody had talking about how he's in the Bay Area, there's a new health order allowing groups of children to gather as a household unit for recreational and educational purposes. We want to, she wants to make sure that children with IDD don't fall through the cracks on this. And that is a larger issue, Lisa, that we're going to have in two weeks another webinar on. Which is kind of looking towards the future as things start opening up, that people with disabilities may be the ones left behind. Because if especially if have other underlying health issues. Or if you're at a higher risk, you know, children may be gathering, but is it going to be our children who are gathering? And what does that mean for the long term future of our community and this country? So we're going to have a whole webinar on that. And I think there's, the future is perilous for our community because we may be the last to be rehired. We may be the last to, we're back in the community. And I, I know that I'm extraordinarily concerned. But it is three o'clock and I'm going to wrap up unless anybody, any one of our presenters have some information that they were not able to get out there. I want to give you that final chance. We're all good.

Okay, thank you so much. Once again, we will have the recording of this with all of my bad internet. Yes. Boo to spectrum. And next week I'm getting a new Wifi. So we're having next week probably on Thursday afternoon. We're doing our next webinar on the self determination program. We will get out the information to everyone on that and we have lined up more webinars over the next six weeks. And then it'll all be over. Right Laveeza, the whole thing will be done according to President Trump, so we'll all be good. And so, um, thank you all to our amazing panelists, and we'll have this recording up by tomorrow on our website as well as all of the, as well as Chris's great PowerPoint. So thanks, everybody, and stay safe. Have a good day.