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8 SPEAKERS

Jonathan
Barbara
Shanna
Jeff
Mike
Ann
Carol
Jessica

START OF TRANSCRIPT**[00:00:03] Jonathan**

All right. Good afternoon. Thank you all for joining this special edition of the Putnam County Community Resilience Coalition quarterly meeting. This is normally an in-person meeting - under these circumstances we are obviously virtual, but we also have made what is normally a small group meeting into an open community webinar as an opportunity to disseminate information and share activities of the Putnam County Community Resilience Coalition and the activities that they have been engaged in in order to protect the children of Putnam County during the coronavirus pandemic or the COVID-19 pandemic. Compared to seasonal flu and other outbreaks such as swine flu, children who are typically at a higher risk category do not seem to be so based on the current data for coronavirus and COVID-19, though it is still unclear whether or not children may or may not be active carriers and may be contributing to the spread of the virus within and across families. However, as we can see, though children may not be directly affected they have been indirectly greatly affected because of the virus's impact upon the services that they receive through the adult population and ultimately each child serving institutions. Many agencies and organizations have been forced to enact community or continuity of operations plans that they may not have had and write them on the fly that have allowed them to continue delivering the services that are critical for children such as education and health services.

[00:01:43] Jonathan

The Resilient Children Resilient Communities Initiative is an initiative led by the National Center for Disaster Preparedness at Columbia University's Earth Institute. We are working in six communities across the U.S. and its territories. And in all locations we are hearing themes of high need emerge around domestic violence challenges, educational continuity, issues with distance learning and remote learning, and its impact on inter family dynamics, issues of food security, housing stability, access to federal support for the CARES Act and the Families First Act, and how this long term stress may ultimately affect the mental health of children and their parents and caregivers due to the economic stressors and exposure to traumatic loss of friends and family. In today's webinar, we hope to hear the challenges faced by and the actions of the Putnam County Community Resilience Coalition to ensure the needs of children in the community are met.

[00:02:45] Jonathan

Just a little bit of background about the National Center for Disaster Preparedness. We are based at the Earth Institute at Columbia University. Our primary focus areas are on systems readiness - how all of these complex systems of health care and education and child care are interrelated and how we can better prepare them to respond to any type of disaster, long term disaster recovery - where we evaluate how communities come together and identify the needs of what their communities need to be able to respond to and recover from disasters and be more resilient. Our work is also involved in citizen engagement - including individual and household preparedness activities, and understanding the needs of vulnerable or at risk communities populations within our communities. And in all of these interest areas, we have a focus on research policy and practice and provide education and training, research and technical support to a variety of stakeholders.

[00:03:46] Jonathan

For today, you will hear an introduction to the Putnam County Community Resilience Coalition and the RCRC

Initiative. Then we'll have an overview of children and pandemics as a general topic. And then we'll hear directly from members of the Community Resilience Coalition to hear about different aspects of what the community has been experiencing.

[00:04:08] Jonathan

And we'll wrap up today with a question and answer - some questions have already been posed during registration. There is a Q&A option at the bottom of your screen so feel free to pose your questions and we'll do our best to get to them. Anything that we cannot answer, we will try and get back to you through e-mail correspondence. This will be recorded. It is being recorded right now and we will make this recording available afterwards. Additionally, any resources shared will be compiled and sent to you in an automatic email if you registered.

[00:04:43] Jonathan

Just a quick number, there are almost 200 people registered for this webinar to give you an idea of who is actually participating and who's registered. Our highest number of registrants are coming directly from community based organizations that we have heard in the registration that a lot of people are also parents and also caregivers, as well as being community members or members of the private sector or community based organizations. We will hopefully hear information that is pertinent to all of these audience types.

[00:05:14] Jonathan

So I'm Jonathan Sury. I'm a project director, National Center for Disaster Preparedness. Jeff Schlegelmilch our deputy director and he'll be providing the overview of Children Pandemics. He's also the principal investigator for the Resilient Children Resilient Communities Initiative. And then we will be hearing from a number of community members. And at this time, I'm actually going to hand it over to Barbara Garbarino, who is our community champion in Putnam County for the RCRC Initiative. And I'll let her quickly introduce the rest of the speakers. Go ahead, Barbara.

[00:05:49] Barbara

Hi, good morning, everyone, and welcome to our first ever Virtual Community Resilience Coalition Zoom meeting. I'm extremely thankful for the participation of our amazing panelists today who I will introduce in short order. And as always, I'd like to say a special thank you to the people from the Putnam County Communications Community Resilience Coalition for their constant, continued support, particularly at this difficult time. I know everybody is strapped for time, and yet everyone was very willing to give up their time. So thank you for that. We're five years into our project now. And yet we still see the same faces at meetings. We make the same phone calls. We send the same emails and text messages to you. And we always are asking for something. And yet we always get positive and generous responses. So thank for. Thank you very much for that. Your value as colleagues and human beings is irreplaceable.

[00:06:57] Barbara

So for those of you who are not familiar with the history of the Community Resilience Coalition in Putnam County, I'm happy to give you a brief overview. In 2015, the National Center for Disaster Preparedness, that Jonathan just spoke of, in partnership with Save the Children and funded by a grant from three, a three year grant from GSK, developed a community based model of child focused disaster preparedness. The first phase, which was from 2015 to 2018, was focused on building long term resilience among two pilot communities through community resilience coalitions, one of which we are in Putnam County, New York. And there was another one in Washington County, Arkansas. There is another one in Washington County, Arkansas. The work also included national level policy, advocacy and dissemination of community based resilience models and resources. The culmination of which ended up in a high impact congressional briefing with bipartisan representation that we actually did in Washington, D.C. in 2018. We were all very excited when that happened and it was quite an accomplishment. In addition to that, some of our accomplishments you'll see on the screen and I'll just briefly mention a few of them. The Community Preparedness Index, which we call the CPI, was something that was done at the very beginning of the process for the coalition and what it does, it was a multiple surveys that were distributed throughout Putnam County to many child serving institutions. And now what that did was it systematically looked at the level of preparedness of children in the counties in the event of an emergency.

[00:08:59] Barbara

And once all of those areas were identified, it gave the coalition the basis, the fundamental sort of set the stage for the coalition work. At the at the end of the three year project, that CPI was distributed again to the same sectors of the community that did it the first time and the results were compared. And in almost every single area, we've we greatly exceeded our expectations for improvement. It was a remarkable percentage increase in all the areas. We also left in place a library of training resources that is currently located at Camp Herrlich, one of our partners. We have best practices, checklists created for many of the different sectors and schools and hospitals and foster care. We also have a special working group that will address mental health concerns of children in times of disaster. So that in itself is extremely important at this terrible time. We've we've networked on many occasions with emergency services and law enforcement and many other situations like community events such as Children's Expo Safety Day. We've been into many of the after school programs actually doing training, emergency preparedness training with children so that they could bring that home to their families. So there's been a multitude of ways that we've been able to to share are our goals and our expectations. And then again, in 2018

was our biggest, biggest sort of event. And that was the congressional briefing in Washington, D.C., where we went from Putnam County and Washington County, Arkansas, went and we had Sean Patrick Maloney, as well as Senator John Bozeman from Arkansas present with us.

[00:11:01] Barbara

It was an amazing opportunity to spread the word nationally about what Putnam County has done over the three years that we started. And then we are sort of fine tuning what we did in that first three years right at this moment, continuing with our meetings as such we are doing today. The second phase of the initiative is a little bit different. It's only involving the National Center. Save the Children is no longer involved, although they do still keep in touch. And that is basically working in the areas of Puerto Rico and North Carolina to expand their recovery efforts or to help with their recovery efforts. And also, we have a Peer Assistance Network in place so that the people in those different areas can network with Putnam County and we can we can co-share our resources and help one another out. So that's kind of in a nutshell what Putnam County Community Resilience Coalition is all about. One of the other things that we put into place, and it's an extreme resource now that anyone can tap into. It's the RCRC Toolbox, which you see on your screen. Anything that is in there is free to use by anyone who wants to use it. There are templates. There are just any resources. Please go to it because you'll be very pleased at what you're going to be able to use when you go there.

[00:12:34] Barbara

On a personal note, I'd like to send words of encouragement to everyone that's listening. We're living through a very difficult time, probably more difficult than any of us have imagined. You know who who would have thought the toilet paper and paper towels would be such an area of chaos and concern? And how many of you now have a greater respect for your children's teachers? Those of you who are now having to do that teaching. How many of you now have a greater respect for your U.P.S. driver and your letter carrier and your curbside grocery pick up, your food delivery your takeout if you can get it. But actually, are those the real issues that we're facing? Or is it the ones that are too difficult to think about or to deal with or to face every morning when you get up? Probably not. But this is what we're all living through right now. And we need to summon whatever inner strength we have and somehow get through it. If you're one of the lucky ones and you have a strong support system and county system and resources, together, we will get through it and we'll survive it. More importantly, though, we have to get our children through this. Our obligation to them is more important now than ever, and we have to use every tool and resource available to provide them with the physical and emotional support they need at this time.

[00:13:58] Barbara

On encouraging, on an encouraging level, let me forward or talk to you about an article I mentioned, an article that just came out yesterday. It's on CNN and it's entitled Why some Kids Are Happier Right Now and Other Unexpected Effects of Quarantine. It's kind of reassuring, reassuring to read that even if we don't believe everything in it is true. But I can tell you from judging in my own family of five grandchildren, I have heard that from a couple of my sons, that their relationships with their own kids have become remarkably improved. And one of them was a special needs child that as their their family is in awe how well that child is going home everyday now with his parents and his brother and sister. So that's encouraging news. This is not to say that all kids are living the dream and isolation. That's not true. We all know that. On the contrary, we have very severe and horrific impacts in many areas. We have to address those areas and we have to try to fix them and provide the resources available that we have. To the people that need them. We've been doing that, at least for the five years that I've seen been involved in the project and as a community sharing everything, we need to continue doing that. And we need to maximize the benefits in every possible way and keep the outcomes for our children as positive as possible. And all I can say to you all is good luck. Thank you for coming. Thank you for sharing. And stay well. And I'm going to pass this back to Jonathan now. Thank you all.

[00:15:39] Jonathan

Thank you, Barbara. Great, so you can see up on your screen. We have five speakers left, Shanna Siegel from the Putnam County Department of Health. We have Mike Piazza from Department of Social Services and Mental Health. We have Ann Ell sworth from the Putnam Northern Westchester Women's Resource Center. We have Carol Sneyd from the Putnam, Northern Westchester BOCES and Jess Vanacoro from Camp Herrlich. So we're going to go ahead and go in that order. So at this point, let's hand it over to Shanna.

[00:16:17] Shanna

Hi, Jonathan. And I'm happy to share my screen. I didn't know if Jeff was going to talk more about children's resilience during pandemics before I began.

[00:16:29] Jonathan

Sorry, I'm not handing it over to you. I am handing it over to Jeff. I jumped the gun. I'm a little excited. All right, Jeff. OK. Together you can wait. Go ahead, Jeff, though.

[00:16:42] Jeff

No worries at all. Thank you, everyone, for joining. And, you know, we try to balance the technical issues with the couple of human. Oh, thank you so much. Thank you for the introduction. And all good. All good. Really good to

have everyone on here. Really inspiring to see how many people were on there. And thank you, Barbara, really for your leadership over these years with the coalition and for those very, very important and inspiring words.

[00:17:08] Jeff

What I'm gonna do here is I'm going to go through just a few quick slides. I'm gonna share some info in terms of the pandemic. What I will really emphasize, though, is that a lot of these slides, so I'm pulling some images that are convenient and I think tell the story, but some of the data behind them is a little old, although the story hasn't changed dramatically. You should really be getting the latest and greatest information from the health department, whether it's Putnam County, New York State or the CDC. This is a rapidly changing environment. And I think it's important that we sort of recognize that. And I think the one theme of what I'm going to talk about is uncertainty and how we're trying to create pathways ahead and pathways to be agile and to work together in the face of this uncertainty. So first, in terms of what makes a pandemic worse than others, why are we doing all this stuff for COVID-19 that we didn't do for H1N1 and we didn't do for Ebola? And that really comes down to two basic things. How infectious is it and how deadly is it? So you'll see on the left a little thing you might have heard terms like R naught values and transmission values. That whole idea is that for every person who gets sick, how many more people are they infecting? We don't actually know exactly what it is for COVID-19. Most of the studies are sort of showing that in the two and a half, two point eight range, for every person who gets it, two point seven, two point eight people get it from them, which makes it significantly more contagious than the seasonal flu, as well as Ebola and other kind of genetic relatives; MERS, Middle East Respiratory Syndrome -it is not very infectious, although very, very deadly.

[00:18:46] Jeff

That being said, there are some studies that are looking at asymptomatic carriers, people who don't have symptoms, who could be spreading the disease. That infection rate could be as high as five or six. There's a lot of uncertainty around it. But for confirmed cases, it seems to be holding strong at roughly two and a half. And the other is how deadly it is, how deadly it is relative to the number of people who get it. We do have a rough idea of the number of people who have died, although if you read the news, you'll see that that's changing as definitions get changed. We've had limitations in testing, but by and large, those are the most visible cases. What we don't know is the bottom half of this pyramid. How many are asymptomatic? How many people may have been infected and not even known it or had otherwise mild symptoms. But we do know that it spreads very quickly and it's very deadly across a larger population. What that rate is depends on other risk factors, things like that.

[00:19:40] Jeff

So this is actually a graphic that came out before everyone was on lockdown. And so but I think it's really good to just sort of show this red rectangle here shows kind of the uncertainty that we've been dealing with, with coronavirus, with COVID-19. And when we take those two factors together, what is the possible ranges of infection and what is the possible ranges of the fatality rate? And you see going from a point one to a three percent fatality rate takes you from the seasonal flu all the way up to the worst pandemic in known history, the Spanish flu of 1918, which had nothing to do with Spain or Spanish other than they got sick just like anyone else. A whole 'nother history lesson on why it's called that. But anyway, in all likelihood, it's at the lower end of this from the data that we're getting, the data that we're seeing, you'll see published fatality rates that are really high. But once we factor in mild symptoms, things like that, it's probably at the lower end, but still very, very bad. And then, as you can see, the number of people infected. So it's important to note that for right now and for the foreseeable future. Rectangles going to maybe get smaller. But we're dealing with a lot of uncertainty. And this is a huge range of uncertainty, which is why why there are many more questions than there are answers right now.

[00:20:56] Jeff

So I mentioned. So this is some of the latest data from the CDC. Rates of hospitalization, as Jonathan mentioned, you know, we are now we do see that that children actually for these kinds of respiratory illnesses, we would actually expect to see a higher rate among younger kids. For some reason, this seems to be somewhat sparing younger kids. But then as you get older or if you have other chronic conditions, such as asthma, heart disease, things like that, you see this rate start to go up very dramatically. So even if across the population, the fatality rate is one or two percent it gets very, very high among these other populations, very, very serious. And anyone who has it is then spreading it.

[00:21:40] Jeff

And this is actually another one. So. So we say, you know, not to let young people off the hook here. As you know, you see a lot of these. They still go into the beach and things like, oh, well, I don't I'm not as high risk. Well, so, one, younger people can still spread it just like anyone else. And the other is we are seeing these interesting anomalies that the number of people hospitalized of those age groups is still pretty high. So while it might be a lower rate, the number, the expected percentage of the population that's hospitalized, it's not completely sparing them. And there are some some sort of strange clinical exceptions where reports of strokes and things like that from folks or otherwise healthy, not widespread enough to cause panic, but just enough to remind us that there's still a lot that we don't know about this disease.

[00:22:23] Jeff

And just because you you may or may not be in one of these risk groups doesn't mean that you should think you're

off the hook for any of this. We're all in this together as Barbara said, we're all partners in reducing the transmission. And if we don't know enough to say who it's serious for and who it's not. We just know in general terms when it's looking like. Just a quick note on transmission. I think folks have heard a lot of this already. This is from a study of SARS and a health care facility. SARS is a different disease, but it is genetically very similar to COVID-19. And in this case, I thought these graphics did a pretty good job of explaining it. So our two biggest concerns are respiratory droplets. Somebody sneezing, somebody coughing, or even just when you talk, normally you're spraying these droplets out in front of you. Right. Couple more graphics like this one. Social distancing permanently, right? Maybe. But that's what's going on. And then you're absorbing them through your mouth, through your nose, through your eyes. Any sort of opening's into your body. And the other is a public health term, fomites. That's really just surfaces. It's not clear exactly how long it survives on surfaces. We know it's at least a few hours. It could be a few days or more in certain conditions. Bottom line is you can touch a surface, touch something, and then you touch your eyes, your nose, your mouth, and then all of a sudden you've introduced it into your body.

[00:23:44] Jeff

So that's where these things are coming from, to stay more than six feet apart. That's when those droplets kind of drop to the ground. They can't travel that far. And to wash your hands and all of that airborne is something that comes up a lot. It's generally doesn't look like it travels that airborne route. Hospitals and health care facilities are sort of different. You have more people who are infected. You have certain procedures that aerosolize a lot of things. You may hear things about health care workers wearing N95 masks. Things meant for more airborne transmission. That tends to have more to do with a very unique high threat environment that they work within. But for now, we're really worried about close contact and surfaces. Of course, the obligatory backlit picture of the sneeze. Anyone who's been through a public health course has seen many of these. They're quite disgusting.

[00:24:36] Jeff

So so again, what does that leave us with? So in terms of treatment, there's no vaccine. Best case scenario is 12 to 18 months. Worst case scenario is never this 12 to 18 months is extraordinarily optimistic in terms of being able to get through testing, get through trials and then get it up to scale for mass production. There are some a couple that are in process that are in trials that look very promising. I think there's a reason for cautious optimism. But again, that's a long way from being approved and being demonstrated to be effective and safe in people and an even longer way from being available to put in your arm.

[00:25:14] Jeff

Treatments, similarly, there's a lot in development. There's a lot of trials out there. A lot of the scientific community, in order to communicate this stuff with each other very, very quickly, is releasing data before it goes through peer review. A lot of the journals now paywalls. What this means is you're probably hearing about every treatment under the sun that shows some kind of promise and some anecdotal situation. We've heard about chloroquine. We've heard a lot about some of these other ideas. This is all just to say you're going to hear a lot of stuff. But until, the health department, and until the CDC changes their guidance it's just a lot of very preliminary information for every every treatment that makes it to market there's hundreds and hundreds and hundreds that show promise and never make it through the trial period. So it's important to know there's a lot of work being done. Some of it allows us to be hopeful. But I would not try and keep up with all that information at this point because it's more visible than it's ever been. These things just take time. So that leaves us with two things. One is taking care of ourselves, washing our hands, covering coughs and sneezes, staying home when we're sick, disinfecting services.

[00:26:21] Jeff

And then masks are a new thing. Cloth masks. So the important thing is that what masks mostly do is keep your droplets inside you or close to you. So wearing a cloth mask doesn't do much. It does a little bit, but it doesn't do a whole lot to keep other people's droplets off of you. It keeps your droplets off of them. So if you're all wearing masks, you're keeping your droplets where they should be in you and not on other people. So that does go a long way to help reduce transmission if everyone is using it. It's not a cure all. It doesn't completely prevent it from occurring. But that's why that is the case. And then, of course, the other is social distancing, which is the environment we find ourselves in. I'm sure folks may have seen these in terms of flattening the curve, canceling events, canceling schools. The idea is to limit the ability of the virus to jump from person to person. And in fact, a lot of people at once and this does two things, it buys us time to develop vaccines and countermeasures. It also helps to keep the number of people sick at any given time below the capacity of the health care system. New York City came extraordinarily close to overtopping the capacity of their health care system. These are exponential curves. You can't wait until you're overrun to start putting in these measures. And I think that even though we don't know a lot about transmissibility and fatality rates, we can look to New York, we can look to these other hard hit areas to know, even without knowing the precision of the numbers, what the potential danger is with lifting these measures.

[00:27:56] Jeff

Here's some other data. This is from, I think, about two weeks ago and what it's showing is, the rate of increase. And so it's showing that with these social distancing measures put in place in different places throughout the world and throughout the country, that the curve is bending. So instead of continuing to go up on that trajectory it's

bending flat. And in New York, we're actually starting to see a decrease. Governor Cuomo was talking about a regional approach for reopening the state, some areas that are less affected versus more affected because the proximity of Putnam County to New York I would imagine, although I don't know for sure that we'd be on the later end of that reopening, it's a higher risk area, higher transmission there's just a lot of factors there. But this does show that social distancing works. Social distancing takes time to show up in the data. If you implement everything today and you stop everyone from moving, you still have everyone who's been exposed who's incubating for two weeks or so. This becomes especially important when you lift social distancing. If you lift social distancing, you're not going to see if there's an increase for about two more weeks. So, again, there's a lag in being able to identify these.

[00:29:00] Jeff

And here's two cautionary tales on the left. Denver's experience in 1918. So up at the top of the curve, you have the the first interventions put in place. The curve started to bend down and everybody said, great, let's remove them back to business. Boom! Jumped right back up again, this very distinct double humped curve. I worry a lot about the states that are opening up early that this is what they're going to see. The 1918 pandemic also had multiple waves now as an influenza virus. It's not clear yet if COVID-19 will have multiple waves but pandemics do typically have waves. So this is all to say that as there's a lot of uncertainty about the virus, there's also a lot of uncertainty on when it's going to peak and when it's going to recede. And just because it's receding doesn't mean that it won't peak again. So this puts us in a position where for a good 12 to 18 months or longer, we're looking at a very dynamic situation. We're looking at one where we have to be able to adapt. We're going to need to layer in certain kinds of social distancing and pull it back and put in and give it back. It's being informed by the best available science. But some of this is trial and error. The science doesn't have all the answers. Social distancing, of course, has disadvantages. And I know some of the other panelists are going to speak in more detail.

[00:30:19] Jeff

Almost half of Americans don't have enough savings to cover an unexpected expense of just four hundred dollars. Most small businesses can't survive being closed for more than five days. More than six million declared unemployment within just a few weeks after all of these shutdowns. And I think that number is up to around 11 million now. It's essentially wiped out all of the gains since the recovery from the 2008 financial crisis. Now, it's expected that that'll bounce back because this isn't a market correction or a bubble bursting. This is an intentional slowdown. So a little bit of a silver lining is it is hopeful that in reopening the economy, it'll bounce back because it's an intentional slowdown. But there's a very large and complex questions around when and how to do that safely and appropriately at the household level. So I know folks will talk more about Putnam County. Here's some data. So CUNY, the City University of New York is doing a weekly tracking survey week two the second week they did this, 80 percent of New York residents reported a reduction in their ability to access the food that they need. Thirty almost a third of households reported at least one person and their family lost their job. And of course, this is disproportionately affecting communities of color, those making less than fifty thousand a year, and those that don't have a college degree. On the right is week seven, the most recent data. So some of that stimulus money has come in and has helped as intended. But it was one time payments and it didn't reach everybody.

[00:31:47] Jeff

And so there's a lot of nuances to that that I could talk about. A lot of them are reliant on on deferring debt and other mortgages, on support from families. And again, it is disproportionately affecting communities of color across the city. And this is something we're seeing nationally as well. And so, of course, as Barbara mentioned, in the middle of this is children, you know, child serving organizations, schools may be the very last things to open back up because of the role that they play epidemiologically. So that has left a lot of parents, a lot of child serving institutions sort of in this role to still be there for kids but in a virtual way. You know, we call it social distancing, but it's really physical distancing. Right? We actually want those social bonds. We need those social bonds more than ever before. So child serving organizations in terms of helping parents, providing those guideposts, staying connected with kids and helping parents and families to establish those routines is more critical than ever. And these virtual connections in terms of enhancing and sustaining those social bonds. I know a lot of you are already doing this. And so consider this validation of the work that you're doing. It seems these seemingly small acts are really going to be the difference for the trajectory of children who are growing up in a time of COVID-19.

[00:33:05] Jeff

As Jonathan mentioned and Barbara, the RCRC Toolbox, we've actually begun adding a number of tools or enhancing tools specifically related to COVID-19. We have the continuity of operations planning was one of the first ones out of the gate. Children and coronavirus: A guide for families and providers. In the RCRC Toolbox now we have a menu on the front page that you can download that actually talks about all the tools that are already in there or newly added that are relevant during COVID-19. And as Barbara mentioned, these are all free. If they were developed under this initiative, they're editable. You can go in and copy and paste and steal and rework them however you want. If they're not ours, they're still free. We just you know, they're in whatever format they came from, from the folks who provided them.

[00:33:48] Jeff

So let me conclude with just a couple of things there. Uncertainty is the name of the game. I would not expect for any clear piece of information to come out over the next six to nine months and probably and we'll probably be

living in this situation to some extent for the next year and a half or so. I don't mean that to scare folks. I think we're it's just to say, you know, it's like when you go camping for the weekend, you might bring a pup tent, you go camping for two weeks, you might bring that cast iron stove and that. And that's the situation we're in right where we need to be adapting to a range of circumstances and just reset our heart rate, reset our pace and rework that we're in this for the long haul. We absolutely will get through this on the other side. But I think gearing ourselves up for a sprint when it's a marathon. It will only make it that much harder.

[00:34:37] Jeff

The most vulnerable among us are, unfortunately, very consistently and always at the greatest risk of the negative impacts, both from the virus itself- a lot of the underlying health conditions, social determinants of health. But people in poverty, communities of color at higher risk of the negative clinical outcomes and also the social outcomes and the economic outcomes from the slow down and the prevention efforts. And of course, maintaining these ties and these professional networks, because it's across these social ties, it's across these networks are net "works", as I wrote it here by mistake, that are that that is that is where being adaptive comes from. Right? And I'm constantly in on the work of Putnam County and Washington County and these various coalitions in terms of, you know, we may not be able to predict exactly what's going to happen, but, you know, who's going to be involved with it. And you know who you need to be in touch with. And it's really it's wonderful to see everyone here today. And I look forward to hearing from the rest of the panelists. So thank you. Thank you for the time. Happy to answer questions as they as they come up related to this.

[00:35:45] Jonathan

Thank you, Jeff. Just a quick question. You know, compared to the swine flu back in 2009, there was a lot of social media at the time. It feels like for this particular pandemic we have an exponential growth in access to information. We have social media. We have web sites. We have armchair epidemiologists popping up all over the place. What guidance can you give to everybody to one, make sense of this information as it's coming in from all angles and identify what is the best information, but also to ensure our kind of mental health by not being constantly bombarded by so much information that may end up feeling overwhelming and stressful and ultimately detrimental to our health, regardless of what's going on.

[00:36:45] Jeff

So I would sort of give a few answers. One is that official sources of information are where you should be going, unless it's my social media feeds, don't check social media. Just just like my folks you don't even have to read them. But the no, in all seriousness, like social media is unfiltered and unfettered. There are clear experts out there that are worth following. And there's a lot of B.S. out there of people, you know, taking studies out of context to help fit a world view that they're trying to promote. And a lot of people who maybe don't realize how damaging their twisting of information is. So so I would not be looking to social media for answers unless it's through trusted, verified sources. I would really be looking through official sources. But more broadly, and I sort of gave a public service announcement to family and friends on Facebook, and it ended up kind of going somewhat viral and picked up through a couple of different groups. Is that I'll paraphrase here is that, you know, if you're struggling to try and keep up with all of the information that's coming out. My advice is don't try and keep up with all the information that's coming out. There is a fire hose of unfiltered information coming out. As I mentioned, the studies, the paywalls are down on the journals. A lot of this stuff is being published pre peer peer pre peer review. The journalists are all focused on this full time. This information is coming a mile a minute and most of it is not actionable.

[00:38:11] Jeff

I give the example. So, you know, there was a study - they detected COVID-19, on the surfaces inside one of these cruise ships, like two or three weeks after the fact. So my point there is that were you not going to wash your hands until you heard that, right? Of course not. Like, your action isn't changing now, if you're running cruise ships and looking at downtime, that may have an impact. So while the information is coming out fast and furious, actionable information is not coming out that quickly. The CDC, local health departments, state health department, they're your best sources of information. And I would say try to check it once a day, every other day. Look for the latest updates. Look for what's changing. But frankly, nothing is going to come out in between that timeframe that's going to change the way you are living your life. So I almost miss the day of the the physical paper that came in the morning. And you'd read the paper, maybe listen to the radio at night. I don't know. That's how I saw it on TV. But anyway, the but I think that it's true. You can end up spending a lot of time that could be spent with your kids in your garden doing a lot of the other things that would help you feel better just by trying to keep up with a lot of little bits of information that probably aren't going to change the way you do anything in the near term.

[00:39:27] Jonathan

Great. Thank you. All right, thanks, Jeff. OK. Now I'm going to hand it over to Shanna from the Putnam County Department of Health, and she's going to give an overview of what the health department has been up to and their collaboration with the Department of Social Services and Mental Health. Obviously, this is a public health crisis as a public health emergency. And so the health department sits right at the center of all this. So. All right, Shanna, whenever you are ready.

[00:39:59] Shanna

Thank you. So as Jonathan said, I am going to touch on the work that the Putnam County Department of Health has been doing, both in its current response to this public health crisis, but also just touch on the planning that went into this response that really began in January. So the Putnam County Department of Health right now, actually in this moment, is probably wrapping up, cleaning up, finishing up from a drive-thru testing event. So our responsibilities remain the same when public health emergencies arise we turn to our community partners and our collaboration, our existing collaborative work, in order to respond appropriately. And of course, that's the case right now more than ever. So when I anytime I mentioned PCDOH responsibilities I could be talking about the local health department, but there are always community partners involved in the work that we're doing. So again, in January we began with prevention, preparation, our initial response. We were on calls and webinars and learning about everything that was unfolding in China before there were any restrictions that were placed here at home. We quickly turned to an impact reduction and mitigation model. And while we're still involved deeply in mitigation, we're planning as everybody is around the country and particularly in New York now for this recovery planning and implementation period. And that started in January before we had our first confirmed case in New York State, this recovery planning.

[00:41:47] Shanna

Right now, that phase really is going to be focusing on the socioeconomic challenges that arise as a result of this disease. And then also the socioeconomic challenges that arise as a result of the mitigation efforts that have been put in place. And you'll hear more about that from other speakers as well. So, you know, Jeff and Jonathan had already talked about how we receive information and how there's so much information that is out there for us. But it is constantly changing. And whenever I share data, that's my little disclaimer as well, is that this is a number and I'm sharing it because we have this number - lab confirmed positive cases as of today, this morning in Putnam County was one thousand and thirty eight. But that's just a number. We know that there are more people that are positive in our county, as is the case all throughout our country, than have been tested. So without with a lack of a New York State Department of Health testing site in Putnam County, we know that there are ones in adjacent counties our health department has stepped up and run several drive through testing sites. Again, as I said, one took place today. That's not our primary responsibility. We are we are testing and it is it is vital to get our testing numbers up so that we can identify more positive cases in our county and isolate appropriately. However, local health departments have really been tasked with contact tracing.

[00:43:18] Shanna

So our key mitigation activity is contact tracing. And this task really does require an enormous amount of time and outreach. So our public health nurses have been working to continue with contact tracing. And you'll hear the governor, he speaks of contact tracing a lot now, as key as we look toward reopening.

[00:43:44] Shanna

So a lot of people have had questions about antibody testing, we're not conducting antibody testing at the local health department right now. But, you know, I just really urge people to when they start to hear more information about the availability of antibody testing, which now I know is taking place in lots of there's urgent cares, there's doctors' offices that are conducting some antibody testing. You know, the science just is not the science is there for antibodies testing we can identify the antibody test, but the science is not there yet to confirm - what does that mean? So, you know. Jeff was saying, if you get new information, is it going to change what you do? And I feel the same way about diagnostics and testing and specifically if it was the antibody test. That antibody testing, if you take this test today and you find out results that you do or don't have the antibodies for COVID-19, what will you do with that information? Because we don't know how long or how many days, weeks or months that you may or may not be immune to COVID-19 based on those antibody results.

[00:44:52] Shanna

So you can see here that Governor Cuomo shared I think this was yesterday that Putnam County, part of this Hudson Valley, as he calls it, Westchester Rockland region, so when the New York State did their preliminary antibody study, this is the second round, so some seven thousand five hundred people, I think, were tested statewide that this is a positive percent, ten point four. We don't know the breakdown for Putnam County. We don't have enough antibody testing done yet to say how many what percentage of our population may have the antibodies for this. But this information is important and it will be used. We're just not entirely sure yet how we'll use that information when it comes to the next phase.

[00:45:42] Shanna

So Putnam County Department of Health, I mentioned our community partners. It has been a very important focus of ours to stay in open communication and consistent communication in collaboration with the hospital center, Putnam county, different agencies in government, our town supervisors, local representatives, schools, including the superintendents and nurses, and all our other partner agencies and our residents. So you may see us. We try to be active on social media. We tried to be that trusted resource, a source of information on social media. We have COVID-19 e-mail address that we've been fielding questions from the community on here. And I see that there are some questions coming in. So I'll just try to address those as I go.

[00:46:36] Shanna

So regarding testing, I'll come back to that. So I did mention that antibody testing, the difference between antibody

testing and diagnostic testing, there is more and more diagnostic testing available. And that's what we were doing at our drive-thru today, was diagnostic testing to find out if somebody is positive, if they're currently infected with COVID-19. And diagnostic testing has become more widely available. They're urgent cares all over the area. We have some information at the health department. I can share the COVID-19 email address if somebody is looking specifically for a place. I myself live on the western side of the county and I know often that it feels like we're kind of left out of some of the information because we may not go to Putnam Hospital, we may go to Hudson Valley or another hospital in Westchester. And so there are testing sites and locations and information for county residents, no matter which part of the county that you live in. And again, lots of people are finding places to get tested that are outside of our county that may be state run sites in Westchester or, you know, there's one in Bear Mountain. And and I can I'll hopefully share that information after the webinar as well.

[00:47:51] Shanna

So. I think I've answered those so far. Ok. So just moving on from here, we have. We have discussed already that children may be at lesser risk for the medical or the physical complications from this virus. But, of course, they're vulnerable to the emotional impacts, not just of the pandemic itself, not of the virus itself, but of the mitigation efforts that we've put in place to ensure safety. So, you know, resources and and challenges will often determine what our responses and when we talk about stress.

[00:48:34] Shanna

You know, I catch myself saying it all the time. Of course, we are experiencing stress during this time. But when we're talking about stress in terms of resilience and action, forward a way forward. We have to really think about demands and our resources. So if the demands that we're facing are greater than the resources, there's going to be stress if the demands that we're facing are equal to our resources, there's going to be challenge. And that's where disparity comes in. And you'll hear me talk talk more about disparity, particularly in a health care setting.

[00:49:06] Shanna

So, you know, I I love this opportunity right now to just highlight that we're here to support and help the young people in our lives, just as Barbara mentioned, it's our obligation to them. It's more important now than ever, both physical and emotional support. But school age children in particular, they are just in such a great position to help adults in their lives discover and accept digital ways of connecting or new ways of connecting. Because I think it was Jeff that said, you know, it's social distancing is what we call it, but it's really physical distancing. Social connection is key. And I'm watching my oldest daughter connect with her friends, her classmates, her teachers through technology, web-based contents and really understanding and feeling those connections is very real.

[00:50:03] Shanna

So just back to talking about the risk for for young people. They often get overlooked in the data because there's not enough information out there. We don't have enough cases to draw any substantial conclusions from the from the data. So you can see here, according to New York State Department of Health, this is two days ago. Ages zero to nine. The fatality count with this to 10 to 19 seven. I am hearing from friends of mine that are working in hospital settings that they are seeing young people coming into the hospital, of course. And so those hospitalization rates do matter. But I don't think we're going to get the full picture until we're long past this period.

[00:50:51] Shanna

I see here there's a comment about why doesn't the governor ever include Putnam County, it's always Dutchess, Orange, Rockland and Putnam is not that bad. We're a very small county and I think that we're a very special place, but we are less than one hundred thousand people in our county. So our population is small, comparatively to the counties that surround us. We don't have a city like the counties that surround us. And so I just I think we do get overlooked in some ways. But as Jeff said, you know, our proximity to New York City, to Westchester, to Rockland, I think that looking forward, we are just going to be considered part of that area and have to think about things as the lower Hudson Valley.

[00:51:34]

Cloth face coverings. You know, this this has come up. I really love the explanation that my cloth face covering of "my mask protects you and your mask protects me". And we just have to remember that we may feel the need to go out in public with our children who may have to go out in public with our children. And the guidance is that no child under two should be wearing a face mask or a face covering with some other of course, of you know anyone having trouble breathing or is incapacitated, they should be as well. But this is the key here. They have to be able to remove the cloth face covering without assistance. If somebody is having difficulty breathing, they need to be able to remove that without assistance. So that's really important information to follow.

[00:52:20] Shanna

This is from from my child's pediatrician. But they shared far and wide on social media what it looks like when you come to visit them now. And I think it's our responsibility as parents, as adults to have difficult conversations with our children, to meet them where they're at, of course, intellectually and emotionally, but they have set up sick and well visit areas, but they're going to be wearing different protective gear than we're used to seeing them. So health care is still happening and it's very important to continue to remember that immunizations are vital for our

young people, particularly under 24 months of age. So those are those are not something that you put on hold during a pandemic. In fact, that's even more important that we continue to immunize so that we can prevent vaccine preventable diseases on top of COVID-19.

[00:53:14] Shanna

So what can parents do, I share a little kind of play on dialogue in a moment with you, but it's honest, age appropriate information. You know, prepare your children, whether they're going to a doctor's office or not. Prepare them and meet them where they're at. You can invite them to dress a doll or a stuffed animal with a homemade face covering and talk to them about what they remember last time they went to the doctor's office. Prepare them if they'll be in the car and it's OK. They're very busy. But if you call ahead to find out what their protocol is, that you'll know if you're gonna be in the car or not. That might be helpful information to share with your children too.

[00:53:53] Shanna

So I love using this in real life. Before I was a parent I was taught this and it was regarding sex education and drug education. But I think it's really relevant for any difficult conversation that you might be having with a child at this time or ever. But now's a great time to practice. So if a child has a difficult question for you, you want to create the time and the space to answer the question with age appropriate information. So I'll just skip ahead to a scenario here. You can see on the side I have a child asking, will they die? You know, if they find out somebody has COVID-19. This is an opportunity to discuss your values and to turn to science and trusted information and to address emotions. So here, you know, if a kid asks you a question that you find difficult. Take a deep breath. You know, maybe your back is turned. You're like OK thank goodness my back is turned right now. I don't have to look at them while I say like but always show support for their curiosity and ask for context.

[00:54:53] Shanna

So it could be about COVID-19. It could be about something else. What a great question. What made you think of that? And then continue on giving them the space so that you can assess their level of understanding, throw right back at them. What do you think the answer is? And then use their answer to determine and inform your response? Because if they come up with something that's imaginative, imaginative, they may not be ready for your level of understanding. You have to meet them where they're at with still keeping keeping your values and the truth as part of your answer here. So you take a learning path together and you can look for trusted resources. If you don't know the answer yourself and it's OK to say, I don't know. We've all said it and you'll hear everyone continue to say it. There are going to be unknowns. And it's OK for your answer to be. I don't know. But if you do know and you know how you feel about it in particular, make sure that you include that. Something really important that I wanted to touch on today and I'll wrap up here in a moment, is that we have partnered with United Way for two one one so people can dial 2-1-1. Putnam County residents in the past month have called 2-1-1, and there's been over 1000 calls, about COVID-19 in the past month.

[00:56:13] Shanna

You know, the majority of calls in the beginning, you know, people want to know information about COVID-19. But now the majority of the calls are about people who are food insecure. And in Putnam, there have always been families that were a challenge with food insecurity. Those families are going to continue to need access to food. But we have many families that have never before faced this. And they're facing these challenges. So not only do they not know where to turn. They're coping with the stigma associated with food insecurity. And this is something that's going to be around for months. We're planning for the long term here. So every Thursday, there will be food distribution that's happening that feeds six hundred families. But there are more families in need than are being reached by those step Thursday distribution. So you'll see soon in the days and weeks to come that there's gonna be a countywide food drive in the middle of May and there will be food pickup and delivery available throughout the entire county. Every town, east to west. So for more information, you can always contact the United Way or call to anyone and you'll start to see that both in the papers, the print and social media as well.

[00:57:22] Shanna

I see something here about the the Business Council I'll read into that in a moment. Lastly, there's ones that touch on health disparities. You know, we did address this a little bit. I'm going to move something for myself. Sorry.

[00:57:42] Shanna

So this pandemic could bring a shift in thinking toward valuing all people, regardless of background economics or what's on the surface. We know more now, more than ever that every member of our society is important. So when we think about this is a story in a story in a PhD at Bloomberg School of Public Health, who who had the statement and I think that we're really being called upon to address on a more widespread level the health disparities that have always existed. And this is no different in Putnam County. The persistent health disparities are existing. Health disparities are becoming even more apparent with COVID-19. So now they're becoming persistent health disparities even within this pandemic. So you can see here that New York state wide that there are people of Hispanic and Black backgrounds that are being disproportionately affected by COVID-19. And, you know, this is preliminary data. But we we know that this virus is mirroring the existing health disparities.

[00:58:51] Shanna

There are communities that are more affected by hypertension, by diabetes, by asthma. And these are the same

underlying health conditions that we're seeing are a concern for people who are exposed to or are diagnosed with COVID-19. New York is doing, I think they're, you know, really trying to get the word out about health insurance and having health coverage. COVID-19 related medical expenses should be covered by health insurance so people can apply through May 15th through the New York State of Health. And as we see more and more people getting laid off facing job loss just to know that they can apply within 60 days of losing their coverage. So sometimes they don't lose coverage the day that they lose their job. And for us, the next steps here are really focusing on the social equity so we can help to support our community better. We must focus these improvement efforts on social equity.

[00:59:53] Shanna

So that's. Thank you. I think there were questions that came up. I might have missed some.

[01:00:01] Jonathan

Thank you, Shanna. Yeah, well, we'll get to some more questions and a little bit here in the Q&A session. And I think some of the resources that will be provided to everybody after this event will address some of those questions, such as what time are the food distributions?

[01:00:17] Jonathan

Shanna. One more quick question. You know, this information that there is a disparate impact on communities of color and lower or lower income communities. This is nothing new for those of us that work in public health. These social determinants of health that are our societal. And, you know, they're they're calling it the COVID divide or the climate divide, that there is this disproportionate impact. What key piece of advice could you give to the community based organizations and the agencies that are listening today to help close that gap with these communities? And I know some of the demographics of Putnam County in particular are not very diverse, but the surrounding communities are, I'm sure and I know that there is shifting trends within the community as well. But what key advice would you give to people?

[01:01:17] Shanna

You know, Jonathan, that's a great question. And one of our main focuses right now, our current focus at the health department. And we're beginning to talk to our community partners about is when we're planning our events or when you're starting to determine how to serve the communities that you do serve - to have their input. Don't plan an event and then hope that it achieves what you want it to achieve, really involve, even if we're talking about a small percentage of our population. You have to involve them from the beginning in order for that to be successful. So the social determinants of health are the guideline for us to now use that information to say, OK, well, what do I know about, about a community that I'm not a part of? And so whether that's, you know, young people, if that's the aging, if that's people who English is their second language, please be sure to involve them through like social interaction, through surveys, get their input in the planning of the work that you do.

[01:02:25] Jonathan

Great. Thank you. Thanks, Shanna. Now we're going to pivot over to Mike Piazza, the commissioner of the Department of Social Services and Mental Health in Putnam County. Mike, if you could just move up to your camera a little bit so we can see a little better. Mike, you know, you're at the nexus of so many different needs in the community, be it direct service or otherwise. So thank you for taking the time to share with us what you've been working on within the department. So whenever you're ready.

[01:02:59] Mike

Thank you, Jonathan. Thanks for having me. And thank you to all the panelists and everyone who's watching. And I also want to thank Shanna for helping me out and putting this outline together and making it look reasonably good. First of all, I know that half my face is a shadow. I want to apologize for that. We haven't been able to figure out this camera. I feel like Jerry's girlfriend in the Seinfeld episode where she look great in the daylight in the shadow she looked really bad, except for I don't look so hot in the daylight either. So hopefully you can see me well enough.

[01:03:37] Mike

So in the departments of Mental Health, Social Services and the Youth Bureau, you know, we do a lot of planning and training for both disaster, mental health, mental health response and disasters, as well as DSS response to the disaster. And of course, this is a very different disaster than anything that we've ever trained for. Naturally, of course, whenever we plan for that's not what comes down the pike. We planned for earthquakes or tornadoes. If the Department of Social Services got flooded out and there was nobody, you couldn't provide services there. We trained to have tents set up with laptops and we were able to serve the population that would come in and give us a face to face interview.

[01:04:17]

If there was an event at a school where create where it created great distress for children we were prepared to set up Family Resource Center to provide counselling to the children. But this is not an event such as when the tornado hit Coldenham School in Orange County. But this is not an event to which there's a reaction to. This is such a slowly evolving event that it changes a little bit of how of how people react. And in terms of our response to how children are going to react and how we're going to respond to that.

[01:04:59] Mike

Let me start with that as an overview. Let me start with social services. You know, we're our first our first mission was how do we deliver essential services in a pandemic? And our requirements are face to face interviews. Are people bringing in documents. And this was particular in in making in making sure that we were able to get food stamps out or SNAP whether HEAP applications, other temporary assistance services or Medicaid. And you know what? What was discovered early on know what really occurred is that the state granted waivers in state really is the agency that is the entity that determines what the regulations are as far as providing services the state provided waiver so that you did not have to do a face to face that you could do with telephonic interview, that you could take that information.

[01:05:54] Mike

People could upload documents and send them to us in an email. People could drop off a document in a box in our front, in our front door, and we could then go through them, you know, where so that they didn't have to be a face to face meeting and that it could reduce the contacts and reduce the concern for transmission of the virus. Additionally, I just lost my, actually, there was another thought I had there. But so SNAP applications, which are really food stamps, were able to continue and housing housing applications for emergency housing was was actually a different issue.

[01:06:42] Mike

We had a shelter that was operating in the county in March. It was going to continue until after Easter. The shelter shut down early because of the concerns among the volunteers that they would they might get the virus. So we were faced with having to house people who we would not normally have had the house until it got to later in the season. Another issue in terms of temporary assistance was and Shanna mentioned the food insufficiency and the concerns is that we create we have a food pantry network and we call them together to start talking about certain issues that they were facing. Food pantry utilization has gone up by about 20 percent. At the same time, one of the food pantries had to close for two weeks due to illness. Another food pantry is closed for good until the pandemic is lifted because their volunteers were people who were who were elderly and were at high risk for the disease. So at the same time that we had a reduction of food pantry and food pantries open, we had an increase in people needing food. And, you know, within this and I'm jumping around now but within this pandemic where people are out of work, they don't have a paycheck, they're hopefully, perhaps getting unemployment. Maybe they're hopefully getting a stimulus check, which barely will pay anything towards their mortgage or to their rent. The question of how they're going to successfully feed their families is really a very important part that Shanna spoke about that and a continuation of trying to get food out to people who need it is going to be a major focus of what we do here in social services.

[01:08:52] Mike

Going back to homeless housing, there were a couple of issues that were created special issues. One is that people are being released from jail and there is no effort being made as far as have a discharge plan to say, OK, then you can go back to your family or you can go back to where you lived before. So people are being discharged from jail so that the risk of transmission of the virus in the state prisons will be reduced, but they're coming out without a place to stay. So that puts an onus on the department to find housing for this population. At the same time, we are also responsible for for people who need to be quarantined and people who can't for because they are it's been exposed to them because they have been exposed to the virus, then unable to stay in their house because the house is too small or micro studio apartment. That would be something that we would be required to make sure that we have a housing situation for them. In fact, what we would do, the plan we have is that we would put people to motels. And of course, if people were quarantined, then we'd also have to take it a step further. We anticipate our partners in the health department would be going out to check on them. We would be making sure that there would be food deliveries being made as well. So that was sort of the logistics issues of what we faced in the beginning and what we continue to face, although frankly, you know, we are we have some homeless families. We have some homeless individuals. It's not overwhelming at this particular time. So that's the temporary assistance side of Department of Social Services.

[01:10:33] Mike

On the services side, the Child Protective Services we were really we were faced with the dilemma of how do you how do you maintain protective services, which really means that you're seeing a person face to face or a child or a family if a report has been made. How do you do that in the face of the epidemic? Well, the state made several waivers in this area as well, so that a telephonic or a tele... telemetry telemetry, what am I talking about? You know, like a Skype or a Facetime we have we could see the child who was in foster care through Facetime and check in that way. Then we would not we we could forego the face to face with the Child Protective Services report, though that's different because as a Child Protective Services report, you have to see the child. And that meant that you had to have the the proper PPE, the proper protective equipment to be able to go into a house and to perhaps go into a house where there is/was COVID present and and be and be able to see the child, visualize a child and also make sure there were no bruises or whatever else you had to do. The state guidance on that is that if you would go into a house where COVID was present based upon or the potential was based upon asking the questions, saying, does anyone have a fever? Has anyone been to China, Italy or around lately? Has anyone been in contact with someone who's been then we would have to go in with emergency management, meaning EMTs as well as the health department. That doesn't really resolve what you would do with the child when you got them. But

that was for, you know, a next step. So these were the issues that we faced at the onset of of the pandemic and how we were going to handle that.

[01:12:38] Mike

In addition to the thoughts that I have that I wanted to mention is that we did this with the governor saying we had to reduce staff by 50 percent. And frankly, what we found is that we could reduce staff by more than 50 percent in services, a child protective service and child welfare services, because they could access their computer systems from home through the connection system. But if we were going to take applications for home energy assistance, emergency assistance for SNAP, we had to be in the office. So, yeah, I just see that there's a question from the audience about SNAP. SNAP is being issued. They people just need to call and make the application by phone or they can apply online. But we are getting out the SNAP applications. And in fact, we were not in SNAP itself we would we tried to cut back to 50 percent staffing. But we were losing ground the more applications were coming in. So we felt like we had to bulk up our staff in that area. So we had more staff coming in for SNAP so that we could keep up with the not have a backlog and keep up with the applications and have less staff in the building from services. In total, we have about 30 to 35 percent of the staff that would normally be here. 30 percent of the staff are coming in on a daily basis and rotating through.

[01:14:17] Mike

So I want want to leave social services now and go to the next slide, which would be mental health. So the other part of our house is they know how we would handle mental health in a disaster situation. And this became rapidly a disaster situation. So the first, the first logistical issue was how to maintain continuity of operations when no one is supposed to be seeing people face to face. So in our outpatient programs, over time, not instantaneously, they were able to go to telephone counseling sessions or again Skype counseling sessions or FaceTime or Zoom counseling sessions. And in the mental health clinics, it turns out that the units of service are about the same now as they were when they were face to face appointments before the before the virus hit, which is a great sign and somewhat unexpected by me. On the substance abuse treatment programs in the outpatient programs there was it was a little bit slower to move to telephonic counselling. And as one of the counselors said the other day, there are people who sometimes not don't keep their appointments on the substance abuse side of the house. And and they were amazed and those people often don't answer the phone when their telephone appointment is scheduled. But that's always been an issue with substance abuse treatment in terms of keeping people engaged and keeping people there.

[01:16:10] Mike

On the residential programs the problem was more serious and really more existential. And that is, is that as staff in a residential treatment program began to get ill and and the virus spread among the staff, even though the virus was very low in the patient population, the concern was, how are you going to have enough staff that would be able to provide services and provide care in a residential setting? The census The census had to be reduced in in our residential program agencies so that the staff who were ill could stay home and recover. And then after 14 days, they could come back. In some of the group homes, which would have smaller staff and we're and we're very concerned about the ability of staff to have enough staff be able to maintain 24 hour supervision. One of the proposals in the plans offered by the state was to have two teams, one Team A would spend 14 days on site while Team B was home and you could be sure that they were not ill then Team B would come home. That created a lot of stress on the team that was doing 14 days in a row, as you can imagine. But the bottom line is, is that services were delivered, programs did not close. And, you know, and to a pleasant surprise, there were some in the outpatient and mental health programs we were finding that the units, the service people are seemed to be enjoying not having to get dressed up, to go into their, to go into their appointments. Today, I'm on camera. I haven't worn a tie in weeks. So, you know, today you seeing me in a tie.

[01:18:10] Mike

We also understand that in the adolescent support programs, there have been some support groups that have been running that seem to be well attended by the by the adolescents. They seem to be embracing the technology, technological issue of being of having support groups, of having support groups and being involved with it. So some special considerations are crisis hotline calls. We have a crisis hotline. And I think, Jonathan, you'll show the phone number is two two five one two two two later. We have a crisis hotline is 24 hours, seven days a week that it's answered. We do the number of the number of cases has increased. We had 34 calls in the month of March. We had forty nine calls in the month of April. So far, April's got a couple of days left. Our crisis walk-in services at the hospital have the numbers have gone down so people are not coming in for crisis. The psychiatric admissions at the hospital have been reduced.

[01:19:27] Mike

And, you know, in some cases, what we've learned when it was an event like 9/11 is that people were so responsive to to attending to their immediate needs, emotionally and physical, that they did not come for counseling, they did not feel the need for counseling, that anxiety or the depression didn't hit until later. So while what one of the special considerations that are up there are that are we are concerned about what people are going to feel like when things start going back to what would be normal now for some people. Will there be a normal. Do they have a job to go back to? What will be their financial situation as a result? What will be their sense of self in terms of working or not working? You know, and and what will that mean to what they need from us in the mental health

field as far as providing support? For the children and school districts, the entire issue of when kids go back to school and what they're going to need when they go back to school, you know. Are there going to be - well, we already have had reports of people not doing the children, not doing their school work because they're they you know, they get involved in playing video games or they're isolating themselves or they're staying by themselves there's not that opportunity to be with other people. And one thing we know about social distancing is it also causes social isolation. What we know about isolation is that increases depression because you're not in a community and you're not connected to people. That connection is the most important thing in terms of someone's mental health. And it's the most important thing when you feel depressed that you can connect with someone and that you can begin to feel away and search for a way out of it. Someone who can listen to you and not necessarily give you advice, but simply to listen to the way you're feeling. And so we're not really sure, both in the adult population, and the school age population, how that's going to roll out and what we will need to do to intervene in that situation. But one of the things that our provider network, our network of behavioral health providers, is going to start planning and talking about is ways we can be prepared for what we don't know about in the future.

[01:22:13] Mike

And just in terms of returning to life. I'm just I've been struck by, you know, a lot of the connections that have been made through people's zooming for cocktail hours or getting together. Liquor stores are an essential business therefore, they didn't close. And a lot of people made some comments about that. Will people when they've been home, have they've been using alcohol to cope. Have they been using drugs to cope? What would that mean when, you know, when the time comes to come back, to come back to work, to come back to school.

[01:22:54] Mike

So and and the other thing that that we really need to be attentive to is grief and bereavement during a pandemic. Because we know just by talking to people, not even doctors and nurses who've lost patients, but friends who've lost friends or family members, is that you're not able to grieve. You're not able to mourn the way we normally would. You can't have a wake. You don't have a funeral. The rituals that all of us have in our different religions are not available to us. And people haven't had the chance to be with someone when they've been in the hospital because the hospitals can't let visitors in. They can't say goodbye. They can't be with their family member or the person that they're close to. And it's causing a lot of feelings that don't have an opportunity to be exposed to the air, so to speak. So those are of concern. Those are the concerns that that we have and and that we're going to be hopefully planning for and hopefully we'll be prepared for when the time comes. So I'm happy to take any questions when you get to that. But that's my presentation.

[01:24:24] Jonathan

Great. Thank you, Mike. So many issues I think you hit on the head. I was about to ask you, you know what, what are you planning for? Because this is this is a long term disaster. There is no clear start and end point from what we're usually used to seeing in disaster planning. So I think for the interest of time and because you hit so many of the questions that we had, I'm going to move over to Ann now. So thank you, Mike.

[01:24:53] Jonathan

Ann, we've in all of the communities that we work with and after almost every disaster, we know that, and we hear about increases in domestic violence and intimate partner violence in the household after disaster. There are increased stressors, financial or otherwise, that that bubble up to the surface. What's different about about this disaster is that now many families are together with their abuser or with the perpetrator 24 hours a day behind closed doors. We see this playing out in seeing a decrease in the number of calls to call centers that take in reports of domestic violence or child abuse, often because those mandatory reporters, such as teachers, are no longer in contact with those children. So this is a new kind of crisis or epidemic that may ongoing, may be going on behind closed doors. And the data are often hard to find as an aggregate. So I'm curious to hear what has been going on at the Women's Resource Center in Putnam County and what your perspective on all of this is.

[01:26:09] Ann

Thank you so much, Jonathan, and thank you for letting me come in and add my two cents, as usual. So for those of us for those of you who don't know the Women's Resource Center, I'll be quick. I scrolled through so I know so many of my colleagues and my compatriots and my providers are out there and we're all doing the same work. And so I'll be speaking hopefully and for all of us that are in Putnam working together to keep families safe.

[01:26:42] Ann

The Women's Resource Center has been around for 40 years, serving all victims of violence. Domestic violence, sexual violence, child abuse, child sexual abuse, not the stuff that people want to talk about, but the things that are happening every day. And in our community, in Putnam County, we have this amazing quality that I haven't found in other places, which is the way we all work together, especially when there's a crisis. but even in the day to day. So I'm grateful for that.

[01:27:18] Ann

So domestic violence in the time of COVID, sexual violence in the time of COVID, changes everything. People in the media have spoken even today about the increase, the horrific increase in violence in the homes. I would like us to

think about those families that are now in that situation where they can't leave. Imagine being in your own home and something happening that you needed to speak to someone about finding a place to make a private phone call that was safe. How possible is that?

[01:27:59] Ann

So what we've found is that is that our numbers have dropped on our hotline. A little bit. Last year at this time, we did ninety nine hotline calls in March and ninety nine, believe it or not, in April. And this year we had in March ninety and so far in April, we've had less than half of that. People are in the same house with their their offender and their abuser and I look at it I like to draw well for water every day, which is what victims of domestic violence are doing. You know, we think of domestic violence, some of us anyway, as an incident or actions, and then the outcome being leaving. The outcome isn't always leaving. And many, many of those that come into the Women's Resource Center are many victims. They are in it now. They're in it now, before we closed on March 17, 13, it now on April 28.

[01:29:08] Ann

I use the term victim regularly in my conversation, and I want to just talk about that a little, because there's a lot of schools of thought on how to refer to a victim of violence, adult victims, children victim to use in to use the word survivor. And for me personally and for what I myself and my staff discuss is that it's not up to me to determine when someone's a survivor of violence. It's pretty opinionated I mean to, determine for another person when they're are survivor.

[01:29:45] Ann

And the analogy I would give is, what if you had a friend that recently tested positive for the COVID-19 virus. You would not say to them, Oh my God, I'm so glad you're recovered from this. I'm so glad you survived because you don't know that. They're not there yet. They're still in it. And so until someone tells me they're a survivor, I will not devalue their victimization because right now they're in it. And if I don't see them, if I don't give them voice to their victimization, to what they're going through, then I'm just another person not seeing them. And so I'm going to use the word victim in this conversation because I feel like it is the most respectful thing to do for those that are right now behind closed doors with their offenders, with their abusers. And I don't use the term male or female because violence is a choice. Violence, domestic violence is a pattern of coercive behavior that stems from power and control. Are 90 percent of those that we serve women and female? Yes. We serve One hundred and seventy men and boys last year. Our children and adolescent program is booming, sadly. But we're grateful that they come to us so that we can help them through the victimization.

[01:31:11]

So when children are experiencing the COVID-19 virus, as well as domestic and/or child abuse in their homes it's like being in the Easter egg, you carrying the egg on a spoon and racing with it and not dropping it. And your life is that egg on the spoon. And if you could go as slow as you want in your own way and you keep it steady, you're going to be OK. But in the midst of this, having the person who is hurting you and hurting your family in the same home all the time, it's like having that egg on the spoon and having to run as fast as you can and expecting yourself to keep that egg on the spoon and not have a crash. And these children are dealing with that on a daily basis. And so our job at the Women's Resource Center is to provide advocacy, to provide counseling, to provide therapy, provide emergency shelter.

[01:32:11] Ann

When we decided to close the doors for face to face interviews March 17, we did it with a lot of discussion and a lot [inaudible] but to preserve and to ensure our staff for future needs and to ensure our community stays safe. So we went almost immediately to full remote. I kept all my staff at home in our walk-in center. Our walk-in center, has about 17, 18 people in it. My staff were counting. They're probably not counting on me. I think it's `17. And in our shelter, I have 10 to 12 staff. I have a shelter that houses fifteen domestic violence victims and their children. And that has not stopped since COVID started. We didn't close our doors. We incorporated all levels of safety and sanitary and cleanliness and disinfecting. We currently have 10 victims. Three moms and seven kids in our shelter. And my staff hasn't stopped once. And I'm not even allowed in. I'm allowed to drop off things at the door and supplies. But my staff has done heroic work. [inaudible] face to face in the same building with the victims and their children.

[01:33:39] Ann

We've set up quarantine rooms in cases of new clients come in during this epidemic or pandemic. Epidemic is the domestic violence and the pandemic you know. And so they're dealing with two now. And our job is to keep them all as safe as possible through this. But what we're worried about is how they're doing and how they're faring in these situations. Some of our [inaudible] have not reached out since we had to close our doors for face to face because the offender's there, the offenders there. Whether it's man or woman the offender's there. There is no safety. Folks come to us on the down low as I say, when they can. Talking about analogy of a water bucket earlier. And when you carry water in a bucket and you've done it a million times and you know the rhythm to do it. So you don't drop any because everything in that bucket is is precious. Every bit of it. And right now, domestic violence victims are being chased by a bear while they carry their water bucket back to their children. And that's what

they're living with but we don't know that. And those of us that think that there's going to be a really big outpouring during this time were not. They're hunkered down. We know they're out there. We tell them all the time. We know you're there. We're here when you can get here. And we're here when you can call.

[01:35:06] Ann

Our hotline is all open and working 24/7 and is being answered by staff. They connect with the victims - counselors immediately if they're there and they can read messages and our hotline will connect them with their provider. We'll also refer all of our community partners. So our hotline is a great way for victims to get the help they need through us. We can send folks to Cove Care or MHA because we've been connected with our provider meeting with Mike. Thank God. Zooming and ensuring that we're all staying connected. So that's a really big.

[01:35:53]

And so kids that come to our agency. Last year we served [inaudible] Putnam and northern Westchester. Eight hundred ninety two were from Putnam. Three hundred and sixty six were from Westchester and then others were from other counties, New York City, Rockland Dutchess. We had one hundred and seventy five children and adolescents that have been experiencing trauma and violence in their homes. We work very closely in our part of the multidisciplinary team with the Child Advocacy Center and CPS, and it's through the work with this team that we're able to reach out and provide trauma informed and trauma focused therapy to these kids.

[01:36:47] Ann

My therapists are amazing individuals and they. Dedicate almost every board unless I tell them to stop, because it's very hard for them to stop, but they have to take care of themselves. But our therapists have set up Facetime and phone sessions. Zooming [inaudible] The kids are trying on their favorite doll and they're connecting with their therapist so that they're not alone. We're doing it with adults as well. And so what we found was the connection that's most important to keeping everyone safe and keeping everyone connected is the most important for right now. Until we can get back into being in the same room with each other, which we hope we can figure out a way to do that in our new normal.

[01:37:34] Ann

I go on and on. So, Jonathan, you're going to give me. My staff are laughing because I do that a lot.

[01:37:40] Jonathan

No, this is this is really great. Thank you, Ann. You know what I think the challenge is you know, we know that this is going on. Right. What can the community at large do to raise awareness about this issue? One and two, are there any novel ways of communicating to the resource center or or other outlets for help that may not be a phone call that are available out there?

[01:38:09] Ann

Great question. Thank you. You know, the providers and the community at large are always been very supportive. I think. I think the best thing we can do is to be open to anyone reaching out to us because they are going to do it when they're safe and being able to get them to our hotline so they can talk to someone. You know, they may only have 10 minutes while somebody walk to the store to get milk or something. Or got out for a smoke. And so we may have to do some quick, quick thinking around that, but letting people know that they're doing the best they can. They're staying safe. A victim knows the best way to stay safe because they've been doing it longer than we know. And when they feel like they are in an unsafe place or unable to maintain it with their current coping skills, they'll reach out. And so we just have to be ready to give them our hotline, give them a hotline, give them any contact that they can make. The eight four five six two eight two one six six is our hotline 24 hours a day. Mike had a bunch of other ones which are wonderful. The crisis lines, two one one is great. They can connect you.

[01:39:24] Ann

And novel ways. I am so grateful that the governor just started the texting. I believe it's texting connections for victims of domestic violence. Some of my colleagues in other counties have started that and our advocates, all of my staff have cell phones. Any current clients can text back and forth with their advocate, with their counselor, with their therapist, and maybe doing that already for regular check ins. But we will we'll be as creative as we need to be either to get someone at the shelter or to connect with them outside in a way that makes them know that we're here for them.

[01:40:11] Jonathan

Great. Thank you, Ann. I mean, just really important work that you all do through the Center. Thank you.

[01:40:17] Ann

I hope I gave enough of a scope for ya'll.

[01:40:21] Jonathan

Definitely. Thank you. All right. And again, the resources that we discussed in these hotlines, we'll be sharing it with everybody after this. So let's pivot a little bit over to schools and education. We know that this has been a huge, huge issue for for many people in this transition and moving to remote learning. And so let's transition over

to Carol who is a regional safety technician at the Putnam Northern Westchester County BOCES. So, Carol, please let us know kind of what what BOCES has been up to and supporting the twenty one with its twenty one school districts in 18 ok eighteen 18, I got my numbers wrong. Oh, yeah. Thank you.

[01:41:24] Carol

So first, let me tell you, for those of you who don't know what Putnam Northern Westchester BOCES is, there's actually some people who wonder what it is we do or they have a very narrow definition of what they think we do. So Putnam, North Northern Westchester BOCES is a large regional agency and we support 18 school districts, six of them in Putnam County and twelve in northern Westchester. But we also have district, we also students and program people who come from other just counties as well. We provide education and support to three major groups of students. And this is where most people get - don't know what we're doing.

[01:42:03] Carol

The first group is our special education students, which is about 500. We also have career and technical education, which covers about thirteen hundred students. And then we have adult and continuing education, which is around 3000 students, including ELL or English Language Learners, literacy and vocational programs. Currently, we're providing education to our students, virtually, as are our districts. And additionally, we're providing educational professional learning opportunities include through our professional learning on the go program. And if you want to know more about it, you can go to our web site. We have online resources for families, including weekly five family friendly activities newsletters which provide fun and educational activities, as well as videos designed for parents on our PNW BOCES YouTube channel. Our professional learning team and our administration meets regularly with regional forums such as our regional crisis team and our curriculum specific collegial circles to share and connect, as well as discuss challenges and solutions. So these are places where professionals can go to discuss the issues that are at hand.

[01:43:15] Carol

Our regional safety services, of which I'm part of, has been providing professional learning to regional custodial and maintenance staff, which with the frequency that would not be possible during their normal work schedules. I'm up to 900 contacts so far since April the twenty third. The pandemic had impacts that were frankly, frankly, unexpected, especially the amount of time that was needed to plan for it. And when we were first told we needed to be out of school for two weeks. The educational community had four to five days to be prepared. And after that initial response, we had to modify our support to students and teachers to fit the no more extended timelines. And as you know, it's every two weeks they give us another two weeks. So we haven't been allowed to plan beyond beyond that concretely.

[01:44:14] Carol

Some of our challenges that have faced with this are student supplies and support at home. There's an inequity across the districts. Some districts so what districts had to do is identify those students who didn't have computers or Wi-Fi access and other assistance and step up the support to those students and families. Each district responded in ways that were appropriate to their specific community. Food insecurity has been mentioned several times and it is a problem. Districts with large numbers of students on free or reduced lunches and breakfast programs needed to identify means to support those families. And we do have districts that are still providing those lunches.

[01:44:55] Carol

Social and emotional needs and mental health needs have been a challenge in this pandemic. Kids who got counseling at school, their counselors had to make plans and figure out how to do that. Moving forward, we're looking at we're working toward providing resources to district staff and teachers on trauma informed response, as well as strategies to support social and more emotional wellness and self care. Are BOCES is developing resources to provide to districts now and for when schools reopen.

[01:45:28] Carol

We do not fully know what will happen upon reopening or when we will be reopening, but are currently discussing with districts recovery plans and non pharmaceutical interventions, or NPIs and plans for responding to this and future illness. Frank Guglieri, the area regional coordinator has been meeting with districts virtually to discuss their recovery planning and their NPIs. As we get more information from our governor, the state Education Department and the Departments of Health we will be able to develop these plans more fully.

[01:46:02] Carol

And that's basically what I wanted to tell people today. We're we're working actively with the school districts who are working actively with your students, and everybody is doing their best to try to get the kids education and the services that they need. I've seen a lot of comments on the various social media to realize that your teachers are doing the best they can with what they've got. And so are your kids. And I think we have to be kind to each other right now as we try to get through this situation together. Thank you for the opportunity. Jonathan.

[01:46:44] Jonathan

So there you go. On mute. Thank you, Carol. This is really great information and to know what what BOCES is doing to support all the districts and teachers and I know you you yourself as a preparedness expert, have been taking

this opportunity to build some capacity throughout the districts. Can you tell us a little bit more about some of the other activities? Because we all know that the preparedness and planning cycle, the emergency management cycle is continuous and we always need to be planning ahead for the next event that that may happen. And as many people may realize, you know, that we are not fully susceptible to or have a high risk for hurricanes, that we know that there are lots of other events to plan for. So can you tell us a little bit more about what you've been up to to help build the preparedness and bolster the preparedness of the county?

[01:47:40] Carol

So as as many of you may or may not know, New York state does require your school districts to have emergency response plans, which have to be updated annually and have to be reviewed by your school district teams. So what Frank has been doing actively is he's been meeting with those teams and with the districts to discuss their recovery planning and to discuss where we've been taking the pandemic, this particular pandemic, and building on the planning we've had for illness before. After the avian flu, I think it was, the state really pushed us to have the pandemic flu plans. And most people wrote pandemic flu plans. And with H1N1, we looked at them and we went, oh, yeah, H1N1, we have this pandemic flu plan. But then when we got this COVID it it kind of threw people a little bit because with the flu, you always had a vaccine within, you know, a few months and it was something that the body had seen before. So if schools were, schools were never closed for more than a week or two. So that's what we've been working on, really taking this as a lesson on, OK. And we now know we can do distance learning. Before that, it was kind of theoretical. We now know how many Chrome books we actually have and how many we had to share and drive-thru protocols and procedures for getting those to people.

[01:49:12] Carol

Moving forward we're going to look at that more detail, but we're also not going to lose sight of the snow storms and the floods and the the various and sundry other things that can happen. And one of the things that we all talk about is an all-hazards approach to emergency planning. So if you focus too much on on a detail of one thing, you're not going to be ready for the next thing. And it's never I think it was I think Mike mentioned that it's never a thing you plan for that actually happens. So you have to be plan for broad, broad brush information. So that's what we're doing. We're using this as a learning opportunity and getting our continuity operations plans a little bit tighter and our recovery plans a little bit tighter. And our distance learning plans are really, really coming together a lot better than they were. And I think that, again, it's all thanks to the teachers and the I.T. people and all the people who've really worked very hard to have this happen.

[01:50:17] Jonathan

Great. Thank you. Yeah. And, you know, to that point, you know, you can exercise as you and you can drill as much as you want, but there's always going to be something you can't plan for. But this is an opportunity to take your learnings and and document them and create those continuity of operations plans if you don't have one or add to one if you already do. Again, we'll provide some resources for a training that we have and resources that are available for any kind of child-serving or community based organization. So thank you. Thank you, Carol.

[01:50:49] Shanna

I just wanted to add in, you know, Carol and Putnam Northern Westchester BOCES and Frank, they have done such an amazing job. And I think it's so important for our community to know this, that that weekly superintendents throughout Putnam County, all the school districts get together on this call. And so while each town and each community is getting their own personalized plan and approach, there is really this broad regional effort. And that's fueled by Putnam Northern Westchester BOCES. So questions that are being asked about, you know, everybody wants to know what will schools reopen? But regardless of the when the how will schools reopen is getting addressed and everybody is really participating in the planning of that. So from what sorts of water fountains people have or need, to what their schools are prepared for in terms of other outbreaks or illnesses, what sort of thermometers they have. So these disparities that don't need to exist won't exist from district to district. And I just want to thank Carol, and I think it's important our community know that.

[01:51:55] Jonathan

Thanks, Shanna. All right, so let's I know where we thought we were going to be done at three thirty, but I think there is just such incredibly valuable information that we should continue on and take a little extra time to hear from everybody and have some questions at the end. So the other side of the house of of where children are during the day is often at child care and family child care homes and summertime in camps. So Jess can you give us I guess a quick overview of what your experience has been at Camp Herrlich and the valuable services that you've been providing to the community, and I imagine you may also touch upon what may be happening for the summer for a lot of summer camps, which are really right around the corner. So I'll turn it over to you. Thank you.

[01:52:46] Jessica

I can try. For sure. I can give you a quick overview quick of what we have been doing currently. In addition to being a summer camp, Camp Herrlich also runs licensed before and after school programs through the Office of Children and Family Services. We had five sites through Pauling and Carmel Central School District and then New York went ON PAUSE and everything stopped. All of our before and after school programs, all of our theater programs and all of our school programs that were booked for the spring. So as a nonprofit in this, in this or in this county, it was a

real jolt for us. And we are still working through and dealing with all of the possibilities of are we able to still stay alive and still continue to serve this this county? And what do we need to do financially to keep our employees employed and to keep the kids safe and served? And so far, we're doing OK.

[01:53:44] Jessica

When New York on pause began on March 13th, we immediately kind of snapped into action on what we needed to do to stay alive and continue to serve our county and our and our campers, our families, because that is our mission. Our mission is to make sure that we are taking good care of the kids in this county and their families as well. So the governor at one point mandated that all school districts needed to provide or refer to child care for essential workers. And I immediately got on the phone. I was on the phone with Andy Irvin from Carmel School District because we again have this licensed facility right here at Camp Herrlich that was providing after school care for the George Fisher Middle School students. This this program has a capacity of 90 campers at a time. We were not comfortable with that number right this second, because the social distancing measures are in place. Groups of 10 or less, six feet apart, if possible, et cetera, et cetera, et cetera.

[01:54:44] Jessica

So we began to put into place a series of safety protocols and plans that really haven't changed very much since the very beginning. I think we've got a really comprehensive kind of health and safety plan right in place, which included guidance from OCFS, from the Office of Office of Children and Family Services. I hate when people talking acronyms so I'm not going to be that person. So Office of Children and Family Services has been getting information from everywhere, from the governor's office, from the State Health Department, even I think some state ed stuff has come down through OCFS and we are lucky, I feel, to have gotten that information right from them pretty much continually. So we have best practice guidelines. They do change almost every week, but we have them and we are getting that information that we need.

[01:55:35] Jessica

So we decide that, yes, as an organization, we want to provide full day child care for the children of essential workers. We just said that was the number one thing that we had to figure out was yes, do we do we want to do this? And the answer was yes for us. And then the state began to help prepare us to do that, including waivers for getting emergency staff and waivers for using buildings that we might not have had licensed but that, of course, are up to our our town code safety standards. But they were they've been really accommodating our licenser through the Child Care Council of Dutchess and Putnam has been amazing. Our liaison over at OCFS has been amazing to be really flexible, to get us to the place where we can serve kids and serve kids safely. So we're doing a seven a.m. to six p.m. full day child care program here at camp.

[01:56:31] Jessica

And here's what we're doing. We're doing wellness checks every single morning for campers. Before you get out of the car, you're asked, how are you feeling any. Have you had a fever within 48 hours? Have you had a sore throat cough? Anyone in your family been exposed to COVID-19. And truly, our our families are on the front lines. They're the doctors they're, the nurses. They're the social workers in the hospitals. They are the we have a family that runs Putnam Diner. We have a family that with two families that are social workers in nursing homes. So they are on the front lines with with this. So we have to be very careful about making sure that actually only the kids get out of the cars, the parents drive up. We let them out or let the kids out after our health check and the parents drive away. Same thing in the afternoon. Call us ahead of time. Stay in the car. We'll put the kids in the car.

[01:57:19] Jessica

We are we've greatly increased our cleaning protocols. Every counselor has a go bag with a bottle of bleach solution. Paper towels, hand sanitizer, wipes, everything is bleached down before, during and after activities. Campers are washing hands before, during and after activities. We have invested in some hand lotion because we all have lizard hands now. Right? We are doing groups of 10 campers or less. We are spreading them out around the property. Cheryl, I have a daily about 30 campers a day right now. I can accommodate up to 90. I don't want to, I have space for, I would say up to 50 safely right this second with where we're at with social distancing. So lunches and snacks are being served in individual containers. We're not doing family style. The kids are separate. We used to sit eight to table now it's four to a table and the tables are also at least six feet apart in our dining hall. So we have. And then on top of that, we're doing distance learning with these kids. So we are doing the distance learning with them. Our staff we have three staff in the homework room every single day. We're rotating six kids in and out at a time. Thank God for Carmel. They gave us 10 laptops so these kids can do their Zoom's they can do their distance learning. I am so grateful for them. I am also, by the way, so grateful for Shanna. And you, Mike. And you. And you, Carol. And you, Jonathan and Jeff and Barbara. Because this community has really come together to be there for our kids and each other. And I think that's important. So my gratitude to all of you.

[01:58:55] Jessica

So, yes, we're doing distance learning with the campers again, sitting them far apart in the homework room. If possible. More mandates come down. All staff has to wear masks. OK. Let's go. Putnam Mask Makers Guild sends us masks. My mother in law makes us masks. So we're going. This is my mask of the day. The New York Rangers, go Rangers. We also have gotten masks for the kids. So we are not required they're not required to wear them. But they saw us with ours. And they have like like they're very cool because my mother in law very cool. So they're like,

we want them. And of course, so now we have a buddy board hanging up with kids masks hanging on it. They can choose to wear them during the day if it makes them feel more comfortable. If they're not comfortable wearing them, they don't have to because this is actually not considered a public space. So we are not required to have the kids wear masks when they're with us. If we are, we're ready. We are ready. Hi, Kristen. So, yes, we are continuing to communicate with parents as we go. We're updating them on distance learning, updating them on the new recommendations and the new guidelines.

[02:00:04] Jessica

So another part of this really quickly, is that in child care, the six foot rule doesn't apply. It can't because you cannot provide quality, competent and direct supervision from six feet away from a kid. We'd just be shouting all day and we don't want to shout at them all day. So we are doing our very best. We're honestly, I feel like we're operating in a bubble. We have new kids trickling in here and there. But in general, the kids that we have and their families are here and home and that's it. And our staff are here and home. And that's that's kind of what we're doing right now. I am I'm very happy with the procedures that we've put into place. And someone mentioned like social distancing moving forward to the summer. I have a feeling that your fellow camp person, Cheryl, and what we are saying to our families right now about summer camp is that we are cautiously optimistic that we will be running a day camp program. We will not be running a sleep away camp program this summer. We are ninety nine percent sure. And that is solely due to a loss of funding. We have lost ninety five percent of our spring funding and for our sleep away camp, about 90 percent of our funding. So and that's because our agencies that we partner with couldn't do they can't do their fundraisers and they can't get their donors right this second.

[02:01:19] Jessica

So as far as day camp goes, we are planning to, if again, in conjunction with our agencies and state to make sure that we are following best practices. We're hopeful that we'll be able to do some kind of summer day camp, if only to continue providing child care for our first or essential workers as that expands. So I can't talk too much about it because that's all the information I have at this point. I don't know that anyone else has any more than what I have, but I do know the Economic Development Corporation is working really hard at reopening. I know the Putnam business counselors are working really hard at figuring out safe ways to reopen.

[02:02:00] Jessica

So just some challenges that we have faced. We have really struggled with staffing. I have a lot of after school staff, all fingerprinted and comprehensive background checked and 80, 80 percent of them don't want to work, 80 percent of them don't want to expose themselves to the campers on a daily basis. So I thanks again to the Office of Children and Family Services for the waivers. We've been able to grab some of our college kids that were home from college that had worked for us at summer camp before we were able to grab like those kind of people to come in and fill in the gaps where we were really struggling with staffing. We are also struggling with cleaning products. It's hard to get bleach right out, but we are working with the OCFS and the Child Care Council. Child Care Council's working hard to get they got us already a lot of hand sanitizer. Our registrar is again, amazing her name is Kathleen Murphy. She deserves a shout out. She got us five hundred dollars worth of arts and crafts supplies. The community has really rallied together. The Carmel schools and our camp community. We have an Amazon wishlist. So we're because we're struggling with supplies. We didn't anticipate having six full weeks so far of between 15 and 30 kids a day, all of whom need arts and crafts supplies, all of whom need we need more printer paper so I can print out their packets. We need more ink so we can print out their packets. We need glue sticks and scissors and folders and binders because I can't in good conscience put more of a stress on their families to make them do their distance learning at home. I need everybody need everything in a binder like color coded. And I need you to send me all this construction. No. You're a nurse. Go to work. I'll take care of it. We'll take care of it, please. No more stress. Those social workers from the hospital. They come back and pick up their kids and they look like ghosts because it is such a stressful environment for them right now.

[02:03:53] Jessica

So anything we can do to alleviate the stress on the parents is is what we're trying to do here. And also, because of that stress, as we all know, stress from parents transfers right. To stress on kids. So if we can provide not just a structured, supportive, engaging, connecting educational day for them, if we can also help their parents be less stressed. And let's do it. Let's go. So we are ready. And again, we've been getting Amazon packages every day from my Amazon wish list. It's been amazing. And again, like we said, we are struggling with organizational stress about, you know, the stress of are we going to be around next year? Are we going to be able to like what's going to happen? Because I truly as as Jeff said earlier, we're going to have to be living a new normal for a while until we get a vaccine and some treatment.

[02:04:46] Jessica

We aren't we cannot expect to go back to ah we're just going to run day camps, it's going to be fine. No, what we are going to have to take the temperature of every child that gets out of the car. We're going to have to make sure and staff we're going to have to get if we get international staff in. Fingers crossed so we can actually run program. We're going to have to quarantine them for 14 days to make sure they're healthy. We're gonna have to do all of these things. We're going to have to have each of those counselors have that go bag with that bleach solution and

those gloves and the masks to make sure they are keeping those kids safe. I'm bleaching four times a day. Every high touch surface, every bathroom. My new scent. My kids tell me I smell like a pool. Mommy you smell like a pool. Like it's just bleach and sanitizer, you guys. It's fine. My new cologne and we are having successes.

[02:05:35] Jessica

I'm very proud. I'm extremely emotional. I'm extremely proud of our staff. They are creative and they are fun. And they are how they have a happy heart with the structure and the new stress of having to really work so that the kids can play. That's kind of how I have framed it to them. You have to work so they can play so you can't be sitting back. You have to be spraying that gaga ball down with bleach. You have to be going around the edges of gaga pit. You're going to have to like, spray down those tables. We're going to have to clean the Legos every half an hour. You know, whatever we have to do. We have to do so that these kids can be safe and their parents can not worry about what's happening to them during the day, who they're with in what they're doing. And so that we can provide them with that structure. So they'll be able to transition back to maybe a school structure with not quite so much interruption as those, my own kids even, who are at home with their parents and trying to make distance learning work.

[02:06:35] Jessica

So, yeah, we are also we I'm very happy with our programming. I'm very happy with our our staff that we did end up getting. Thank God. I'm very I'm very happy with our increased relationship with Carmel School District. They have been extremely supportive. And I've been so thrilled with the Child Care Council and the Office of Children and Family Services. They have really bent over backwards to make sure that people can provide child care at this time. Childcare is only in Putnam County they were required to close for a week. And then the governor was like, you have to reopen up because you have to be able to have a safe place for kids to go when their parents have to go to the hospital and work or have to go to the nursing home and work. So big shout out to all the child care personnel out there who are essential workers themselves. I keep trying to remind people that child care workers are essential workers. We are on the you know, we're not on the front lines with COVID-19 patients, but we are making sure that those parents can be on the front lines. So quick side note, I'm on the board of Cove Care and Eric Toth I was presenting today and he asked me to just let everybody know that they are able to process intakes pretty quickly right now. So if anyone is in need of is anyone if anyone is at a level of need requiring involvement with a clinic, please contact CoveCare because they are able to do telehealth right now and they're taking a lot of intakes. So, again, I'm so grateful for everything that everyone is doing. And I again, am truly, cautiously optimistic about summer if if only we continue to do what we're doing.

[02:08:12] Jonathan

Thank you, Jess. Yeah, I mean, just you guys are fulfilling such an essential service for the community so thank you for that.

[02:08:21] Jessica

Another quick side note, too. I was on that I. I'm trying to advocate for us as well. I'm trying to advocate for the child care industry because and I kind of I typed it out that I saw that the way I did the webinar for a business council yesterday and we're talking about reopening New York and what is the next level of services that are opening. And it's really important to understand that people are going back to work there has to be a place for their kids to go. If we're opening stores for opening whatever the next level is that they decide there have to be child care options available for them. And we're coming on summer. So some of those child care options are going to be camps. So, again, we all have to change our thinking for at least the next 12 to 18 months about how we are going to keep these kids safe because it's not going back to normal. But we do have to make sure that we are available for those kids and for those parents who are going to be called back to work.

[02:09:21] Jonathan

Absolutely. Wow. So let's let's I know we're we're we're over time, and I think it would be nice to just take a quick opportunity to answer a couple questions from the audience and some that were posed early on. And I'm just going to open this up for for anybody in in the panel. One of the questions that came through from one of the registrants was, what is the long term impact on children who are now isolated from friends and classroom instruction since they are learning that contact with others is potentially lethal or dangerous? How can we guide them in the recovery phase to know that social distancing may be necessary, but so is affection.

[02:10:14] Shanna

I can jump in here, Jonathan. You know, I have a two year old and a nine year old and the nine year old and her friends have come up with really innovative ways to connect with one another. But when they're faced with a situation where they actually see each other. If somebody is dropping off a drawing that they made or a book that they're going to borrow and they're even 10 feet away from each other or someone's in a car hanging out of the car saying hello, they they don't speak. They're essentially nonverbal in that moment. There's some sort of shock that they're experiencing where when they get on, they send resume, they can interact and they think of one another and they want to share this experience with one another enough to drop something off at their house. But I see this social challenge arise with kids that never had it before. So I do I do think that there's going to be an

evolution that we're going to see. And just to kind of welcome that time and space with them afterwards to say, hey, I noticed, you know, you didn't ask your friend how they were doing or just kind of putting observations out there for conversation and let them choose when and how they respond. Give them time to reflect on it.

[02:11:28] Carol

Yeah. I just wanted to say that I think that I'm not exactly in these words, but this is also something that schools, school districts are discussing and thinking about is how how school is going to be different once it starts. And so the conversations are being had. I don't know that necessarily all of the answers have been arrived at, but I think people should be assured that the school districts will be doing their their best. And they will be. They'll they'll be planning for this.

[02:12:10] Jessica

Jonathan, to just I'm going to put my social worker hat on for a second, because that's that is that is who I am. We have to all react with empathy with these kids. So if they're expressing feelings about how about being anxious about being scared about just like this sucks in general, we have to be empathetic with them and not be like, oh, it's gonna be fine. Oh, you're so lucky we're not sick. Oh, no, thank God we are lucky enough to have technology. Yeah. Dude, you're right. It totally sucks to be separated from your friends and to not be at school. It's really hard. It's really hard. Thank you for telling me. Thanks for thanks for telling me your feelings. Anytime you're feeling let 'em out, you feel better when you talk about them. So just we got to help them and be empathetic and not try to like, wish their feelings away or or fix their feelings at any given time. We don't need to fix their feelings. We just need to hold them in a safe place where they can express them. And that's we all will bring it up here, too. Like with these kids, we'll just bring it up and be like, oh, by the way, we know everybody is a little stressed out about stuff. Anytime you want to talk, just come and talk to us.

[02:13:17] Jonathan

There was another question from the audience that I think is is really important and something that I have been witnessing myself and that is the question is what is the responsibility of retail and grocery stores to enforce social distancing? So that's one. And maybe that's probably appropriate for Shanna to respond to. And then secondly, how do you impress upon someone standing too close to you to move back and that some of us may be more self aware than others? How do you communicate that in a way that is not offensive, but that is supportive? And Jeff, you may have some thoughts from your acting career on how to help communicate that, but. So, first of all, who is who's in charge of enforcing the social distancing within grocery stores?

[02:14:09] Shanna

That's a good question. We at the health department locally, we don't enforce anything like that at the grocery stores. So I'm not exactly sure I know from the state level they have guidance that they have to follow as a business that's open right now. So any business that's open has guidance that they have to follow. The time we're in touch with a business that's currently operating like a supermarket or something would be if there was an exposure that happened on site.

[02:14:41] Jonathan

Got it.

[02:14:44] Jeff

And if someone's standing too close to you. I think it's, you know, don't be a jerk, but tell them to move back is really kind of the simplest way to put it is that, you know, look, we're all I've done it to where I've spaced out and end up creeping up on someone because I'm thinking about something. And then if I'm in a bad mood and then someone comes at me and it sort of snowballs like we can't. And this came up in another webinar I did where they said, what do you do with people who seem afraid when there are other people around, like, look, we can't control everything, but we can't control our own behavior and our own reactions. And that can be a huge influence to those around us, much, much greater than we realize it is. So I think I think it's important, too. Like I said, that to ask someone to to work with someone, but also recognizing that everyone is probably carrying some extra emotional baggage these days. And you don't if you go into a situation hot, you're going to be met with hostility. If you go into it taking the high ground, then at least, you know, 50 percent of the people are taking the high ground in that and hopefully bringing them to your level. So I think that you shouldn't be afraid. I shouldn't shouldn't word it that way. You can absolutely be concerned or afraid or have anxiety and things like that. But but while at the same time advocating for yourself and for your own protection and for your health and for your family's health in a way that's polite and empathetic, but also ultimately achieves that goal.

[02:16:12] Jonathan

Thanks, Jeff. There's more questions, but I think we're going to try and wrap it up here and again send you guys resources at the end of the day. I'm going to hand it over to Barbara very quickly to just say a few closing words and then I'll show one more slide that has a link to some more resources and I'll share those with you. And then we'll close out for the day. So, Barbara, the floor is yours.

[02:16:38] Barbara

Well, I guess I'd like to reiterate what I said before, and that is to everyone who has taken part in a discussion and to everyone who has listened in. I want to wish you the best of luck, and I want to ask you to call up as much inner

strength as you have because you're probably going to need it. But the other thing that I'd also like to say is that we have to also give our kids sometimes., I'm speaking my grandchildren, you all have younger children. They're much stronger than we give them credit for. And so we don't know what is coming down the pike. We don't know what is going to happen in anybody's family or or situation. Kids have these innate ability sometimes to surprise us with how strong they are. So when they do go back to school, yes, they're going to face challenges. The teacher is going to face challenges. But the kids, in terms of social interactions and everything, they're going to come to the understandings more on their own than from us. And I think that that's an OK thing. We have to understand that we've all been through this. We we you know, we would have a fight or something like that with the best friend. And as much as your parent told you, you needed to go and say you're sorry, you and you need to do this, they eventually are the ones to work it out on their own terms. And it does happen. So we need to trust them and we need to trust the help that we're all going to give them. But in the meantime, I think we all have to realize that we're in a situation now that we don't know every morning that we get up what that day is going to hold for us, for our kids or for our families. And we need to just keep strong and just hope for the best and do our best. So thank you again for being here and supporting all of us and supporting the people that are out there. Everything that everyone has said in their in their presentations has been emotional for me and valuable for me. And I'm sure it's been that way for everybody who listened. And I think it's been a great presentation. So thank you all.

[02:19:08] Jonathan

Thanks, Barbara. Now, there is some solace in knowing that we are all in this together across the nation and beyond, and that we're all striving to to keep our children safe.

[02:19:23] Jonathan

Just final final slide here. These are some resources if you want to learn more about the Resilient Children/Resilient Communities Initiative. That's the link up at the top. The RCRC Toolbox that has all the tools and resources that we mentioned is available at rcrctoolbox.org. Our center at NCDP has put together a COVID-19 resource page where we have a list of external resources that we are constantly updating. We're going to be releasing some economic recovery resources shortly as well. We have a lot of child focused resources in addition to that. And we've also kind of curated a list of items in our Toolbox that is available for download and also created a guidance document for caregivers and families and parents in working with with children. That is a resource that is there as well. We also have a another webinar series that's focused on the impact of children in Puerto Rico. That webinar series is a total of seven webinars. Those are going to be available. There's another one tomorrow. We have simultaneous translation that is going to be available if it works this time. And that might be another opportunity for you to learn a little bit more about what's going on in other communities. And then finally, there is the Putnam County Community Resilience Coalition website that is hosted and part of the health department and the Bioterrorism and Preparedness Task Force. If you are not part of that coalition, you want to become part of that contact information and contact information is in there to get in touch with Barbara Garbarino, the community champion. So with that, we'll close out for the day. Thank you, everyone, for attending today. There are still quite a few people, there eighty one people still listening in. And so thank you all for for taking the time. We will make this recording available and accessible to everybody who was not able to join today. So thank you.

[02:21:30]

Thank you. Thank you.

END OF TRANSCRIPT



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