

BOARD OF DIRECTORS MEETING MINUTES

September 1, 2020

This meeting of the Richmond Behavioral Health Authority (RBHA) Board was held through electronic communication means due to the current State of Emergency and due to safety concerns stemming from the coronavirus pandemic. Board members, staff, and the general public were able to participate by teleconference/videoconference via Zoom.

RBHA Board members present were: Dr. Joy Bressler; Scott Cannady; Irvin Dallas, **Vice Chair**; Denise Dickerson, **Secretary/Treasurer**; Dr. Cheryl Ivey Green, **Chair**; Sabrina Gross; Karah Gunther; Colleen Howarth; Dr. Cynthia Newbille; Melodie Patterson; Malesia “Nikki” Taylor; Eduardo Vidal and Dr. Michelle Whitehurst-Cook.

RBHA Board members absent: Chelsea Higgs Wise.

Staff present: Dr. John Lindstrom, **CEO**; Amy Erb; Bill Fellows; Dr. Jim May; Shenée McCray; Carolyn Seaman; Michael Tutt; Cristi Zedd and Meleese Evans.

RBHA’s Legal Counsel: Jon Joseph of Christian & Barton, LLP.

Guests: Jen Kostyniuk with the RBH Foundation Board of Trustees.

Proceedings:

- The meeting was called to order at 3:02 p.m. by Dr. Cheryl Ivey Green.
- The Board minutes for August 11, 2020 were approved with a motion by Irvin Dallas and seconded by Eduardo Vidal. The minutes were unanimously approved, with the abstention of Joy Bressler, Scott Cannady and Karah Gunther who were not present at that meeting.
- **Public Comment:** None.

Employee Recognitions

- Michael Branch, Behavioral Health Tech Aide with the Substance Use Disorders Services/Men’s Residential Treatment Center was recognized as employee of the month.

Presentation and Vote to Adopt New Logos

- Kim Baker with Brand Federation presented and discussed the new Richmond Behavioral Health logos previously vetted by the Executive Leadership Team and recommended for approval by the RBHA Board of Directors.

Motion: Irvin Dallas motioned to approve the new logo for Richmond Behavioral Health, Richmond Behavioral Health Authority and Richmond Behavioral Health Foundation, seconded by Dr. Joy Bressler and unanimously approved.

Board Chair Report- Dr. Cheryl Ivey Green

- Dr. Cheryl Ivey Green continued to applaud RBHA staff for all the great work they are doing during the pandemic.

Chief Executive Officer’s Report- Dr. John Lindstrom

- The CEO report was discussed and is included in today’s board meeting packet and with today’s meeting minutes.

RBH Foundation Report – Ms. Carolyn Seaman

- The Foundation Development Report is included in today's board meeting packet and with today's meeting minutes. Will discuss highlights from last fiscal year at next board meeting.
- Partnering with Hands On Greater Richmond to offer 4 different DIY volunteer project opportunities over the next 4 months. Trying to expand and grow on volunteer opportunities to engage more people in the work of RBHA and make connections personally.

Committee Reports:**Access & Service Delivery Committee - Dr. Michelle Whitehurst-Cook**

- The Access & Service Delivery Committee has not met since the last board meeting.

Advocacy & Community Education Committee – Mr. Scott Cannady

- The Advocacy & Community Education Committee has not met since the last board meeting.

Executive Committee – Dr. Cheryl Ivey Green

- The Executive Committee discussed and agreed to proceed with the Settlement Agreements with Haley Builders for the Women's Treatment Center and the Gym at the North Campus.
- The Executive Leadership Team recommended adding two paid holidays to the RBHA calendar, Juneteenth and Election Day. The Commonwealth, along with many other states and localities have moved toward recognizing them as paid holidays. Reviewing and making adjustments to our inclement weather closing policy. Telework, rather than agency closing, during inclement weather to fund the two additional holidays.

Motion: Dr. Cynthia Newbille motioned to add Juneteenth and Election Day to RBHA holidays, seconded by Karah Gunther and unanimously approved.

Finance Committee –Ms. Denise Dickerson

- Draft financial statements and the executive summary for June are included in today's board meeting packet. These are draft statements as the audit is still in progress and certain year end adjustments are still being made.
- Total cash in the bank at June 30th was \$22.6 million, and RBHA's share of that cash is just over \$5.4 million.
- RBHA's current operating reserve ratio is at 0.83 or just under 2 months of expenses. RBHA is reporting weekly to DBHDS on COVID-19 issues including cash flows.
- As part of the audit process, Finance is currently performing an annual lookback and write-off of items deemed uncollectible for timely filing.
- The note payable balance at June 30 is \$3.1 million and has been recorded in the liabilities section of the Balance Sheet.
- Resolution for consideration by the RBHA Board of Directors for the forgiveness and renewal of the \$120,000 line of credit to Richmond Behavioral Health Foundation.
- The Finance Committee of Richmond Behavioral Health Authority recommends the forgiveness of \$106,539.00 drawn down by Richmond Behavioral Health Foundation

from the FY20 \$120,000.00 Line of Credit. In addition, the Committee recommends the extension of the Line of Credit for the same \$120,000.00 for FY21.

Motion: Dr. Michelle Whitehurst-Cook made a motion that the RBHA Board of Directors forgive the \$106,539.00 drawn down by the Richmond Behavioral Health Foundation from the FY20 \$120,000.00 Line of Credit and extend the Line of Credit at the same \$120,000.00 value for FY21; seconded by Nikki Taylor and unanimously approved.

Human Resources Committee – Mr. Irvin Dallas

- The HR Committee has not met since the last board meeting.

Nominating & By-Laws Committee – Dr. Joy Bressler

- The Nominating and By-Laws Committee has not met since the last board meeting.

Presentation: Dr. Jim May presented and discussed the COVID-19 RBHA Staff Survey Results. The presentation is included with today's meeting minutes.

The meeting adjourned at 5:11 p.m. with a motion by Dr. Michelle Whitehurst-Cook and seconded by Denise Dickerson.

The next Board of Director's meeting will take place on **Tuesday, October 6, 2020 at 3:00 p.m. by teleconference/videoconference via Zoom.**

Respectfully Submitted:



Dr. Cheryl Ivey Green
RBHA Board Chair



Dr. John P. Lindstrom
Chief Executive Officer

Richmond Behavioral Health Authority
Board of Directors
Chief Executive Officer's Report
September 1, 2020

We will soon enter the sixth month of operations under COVID 19 related service and business modifications. RBHA continues to meet the extraordinary challenges. During today's board meeting, we will report progress on a number of fronts including the Children's Services Center, the 420 building, reopening of our Psychosocial Rehabilitation Center (Marshall Center), and plans for relaunching live Therapeutic Day Treatment services. We are also pleased to report that after a 2 week closing of the REACH Adult and Children's Crisis Therapeutic Homes, we are in the process of reopening both facilities.

Finance is working feverishly wrapping up end-of-year financials and DBHDS reporting, all amidst the launch of our FY 20 external audit.

RBHA was not able to provide any cost of living pay adjustments in our FY 21 budget. In lieu of salary adjustments, you will receive a recommendation from the Executive Leadership Team to add two paid holidays to the RBHA calendar. The Commonwealth, along with many other states and localities have moved toward recognizing Juneteenth and Election Day as paid holidays.

Current Operating Status

RBHA continues to employ service modifications undertaken early during the COVID 19 pandemic. Our offices are operating by appointment, all individuals entering RBHA facilities are screened for temperature, and other symptoms associated with COVID 19. Face-to-face service delivery is limited to crisis, homeless/housing, PACT, residential, and medical services.

Most case management and outpatient activities are being conducted through telephone or telehealth platforms. Most staff not directly involved in face-to-face contact are engaged in telework for the majority of time. We are exploring additional technology that might be helpful in further streamlining administrative processes and document management.

Positivity rate in the metro area is being monitored closely, along with testing capacity, as both will be key in making any decisions about reopening greater capacity in our residential treatment programs. The Virginia positivity rate this past week stood at 7.4 percent, still above the threshold for further relaxation of group meeting sizes, office population density, and face-to-face services when alternatives are available.

Last week we reopened the **Marshall Center**, our hub for providing psychosocial rehabilitation services. Under "normal conditions", the Marshall Center would serve approximately 100

CEO Report
September 1, 2020

individuals each day. During initial reopening, the census is limited to 40. Six staff have been recalled from furlough status.

Very soon, we will reopen a scaled down version of **Therapeutic Day Treatment**, which either will operate in selected Richmond Public School sites or leased space. This too will involve recalling a number of staff who were laid off in April.

VACSB Virtual Public Policy Conference – October 7 & 8

Registration is now open. Conference dates are October 7 and 8. All presentations will remain open for two weeks post conference for flexible viewing. See Meleese for registration information.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "John P. Lindstrom", with a long horizontal flourish extending to the right.

John P. Lindstrom, Ph.D., LCP
Chief Executive Officer

**RBHA Board Meeting
 Development Report – September 1, 2020**

Richmond Behavioral Health Foundation

YTD Cash received: \$904.32 (as of July 31, 2020)

YTD grants awarded: \$25,000 (as of August 31, 2020)

YTD gifts-in-kind: \$0

	Current Year (FY20)	Previous Year (FY19)	Two Years Ago (FY-18)
	Total Grants/Requests Submitted in FY21 (July 1, 2020 – June 30, 2021)	Total Grants/Requests Submitted in FY20 (July 1, 2019 – June 30, 2020)	Total Grants/Requests Submitted in FY19 (July 1, 2018 – June 30, 2019)
Number of Submitted Grants/Requests	3 Total: \$51,320	2 carryover from FY19 (\$40,000) 10 (TOTAL: \$151,000)	9 \$418,500 and up to \$500,000 (TOTAL: \$918,500)
Number of Funded Grants/Requests	1	7	5
Dollar Value of Awarded Grants/Requests	\$25,000	\$142,000	\$59,795
Number of Pending Grants/Requests	2	0	2
Dollar Value of Pending Grants/Requests	\$26,320	0	\$40,000
Number of Denied Grants/Requests/Postponed	0	2 - denied 3 - cancelled	3
Dollar Value of Denied or Partially Funded Grants/Requests	0	\$59,000	\$821,500.00
Gifts in Kind Monetary Value	0	\$57,671.25	\$9,342.00
Volunteer Hours	0	275	200

Update on Grants and Gifts: See attached chart

RBHA Board Meeting Development Report – September 1, 2020

Communications:

- Logo Presentation today to RBHA Board for vote to adopt
- Next Steps:
 - Complete development of RBH Brochure

Volunteer Appeals/Events:

- Planning several Volunteer Appeals in partnership with Hands On Greater Richmond - primary goal is to connect with individuals in the community and establish new relationships
 - Painted Rocks – North Campus Walking Trail
 - Hygiene Kits – Marshall Center, MRTC, PACT, Homeless Services
 - Nourishment Kits – Homeless Services
 - Cold Weather Kits – to grow our Giving Tuesday Cold Weather Item Collection

Appeals:

- Annual Appeal to begin in mid-October – first wide distribution of the new RBH brochure
- Planning a campaign for the Children’s Services Center at North Campus – Outdoor Needs – primary goal is to involve/reach community members and increase community awareness of RBHA
- GIVING TUESDAY – December 1, 2020 – plans underway for securing cold weather clothing items



Fiscal Year 20 Overview

Total Cash and Cash Value Benefit to RBHA:

Grant Funding:	\$142,000
Restricted Donations:	\$2,825.00
Gifts-In-Kind:	<u>\$57,671.25</u>
	\$202,496.25

Other Benefit to RBHA through the Foundation:

- New website was developed and is maintained by the Development Director (DD) – funding and staff resources
- Organizational Branding & Messaging Strategic Plan is being lead, created and executed by the DD – funding and staff resources
- Communications to the broader community
 - Newsletters
 - Social media
 - Other media – newspaper, radio
- Community Awareness Initiatives about the work of RBHA
 - Art of Recovery event
 - On-going outreach with local partners – individuals, other non-profits, corporate/organizational entities in our community
 - Volunteer Projects
 - Altria event at North Campus Greenspace
 - Walking Trail to be rehabilitated this fall
 - COVID Relief Project with Hands On Greater Richmond – Masks, Nourishment Kits
 - Community Donors – face masks

Line of Credit:

\$120,000 available

RBHF utilized the line of credit from RBHA for staff salary and benefits and operational costs including monthly fees for database and credit processing services, office supplies, professional development, monthly subscriptions (i.e., RTD, design software), RBHF Board expenses

FY20 – we utilized less than \$100,000

**RBHF will remain dependent on the line of credit until we are able to significantly increase our unrestricted donations from the community. This is not a one-person job. Making connections in the community is the task of all – staff, ELT, Board Members – serving as ambassadors and advocates for the organization – RBH.*

Gifts-In-Kind/Volunteer Impact...Examples from FY20:

*****Important not only to secure resources for RBHA, but important and necessary to grow the Foundation through increasing our connections in the community.***

- Altria ELVE Project at North Campus
 - Outcome: \$14,000 in materials and supplies to enhance the greenspace and Kitchen Garden and 275 Volunteer Hours
 - ❖ **IMPACT:**
 - Improved the therapeutic outdoor space at North Campus which allows residents to learn new skills and engage in treatment in alternative ways
 - Provided a meaning full volunteer experience for approximately 60 community members to learn more about RBHA and create a connection to our mission
- Giving Tuesday – Cold Weather Clothing Item Donations
 - Outcome: RBHA received over \$900 value in new clothing (hats, gloves, scarves, coats) and blankets – for children and adults in need at RBHA
 - ❖ **IMPACT:**
 - Individuals experiencing homelessness received the bulk of the donations
 - Children whose families could not afford new items received donations of clothing
 - Several RBHA staff were engaged with the project and donated clothing
 - We received a few first-time donations from community members, creating a connection to RBH and our mission
 - Organizational partner – Charles Ryan Associates – did an agency-wide drive to purchase and donate items

- Donated Raffle Prizes for Art of Recovery
 - Outcome: Received \$719 worth of raffle prize donations (including 2 tickets to Hamilton)
 - ❖ **IMPACT:**
 - Through raffle ticket sales, we were able to turn that in to several thousand dollars to pay for the event rather than rely on the Line of Credit
 - Our ticket sales extended to the greater community, allowing us to connect with people unfamiliar with RBH

- Handmade Cloth Facemasks – Studio Two Three and community and staff donors
 - Outcome: Received over 900 handmade cloth face masks from community donors (500 received from Studio Two Three)
 - ❖ **IMPACT:**
 - We were able to provide all staff who were providing direct service and all residents at our residential facilities with masks when none were available to purchase in the marketplace
 - RBHA Staff Engagement – Several staff who were able to telework made and donated masks to their co-workers providing direct services
 - Another opportunity to connect with community members unfamiliar with RBH, provide information about the work we do, and create a personal connection for the donor

- Hands On Greater Richmond Volunteer Project
 - Outcome: DIY Volunteer Project – Received 232 Nourishment Kits for RBHA Homeless Services
 - ❖ **IMPACT:**
 - RBHA Homeless Services Outreach Staff were able to provide food and water to individuals experiencing homelessness and to those individuals for whom we were/are providing emergency housing during the COVID-19 Public Health Crisis
 - Another opportunity to connect with community members unfamiliar with RBH, provide information about the work we do, and create a personal connection for the donor

RBHA Staff COVID Survey: Considerations for Re-imagining Operations

Re-imagining with COVID

- ▶ Mid-August 2020: RBHA staff asked to complete confidential survey to help us better understand their concerns and the key issues impacting our staff, such as health concerns and the manner in which schools will be conducted in the Fall.
- ▶ As we begin to “re-imagine” future operations, we seek to determine when and how we might return to more on-site services.
- ▶ Important to know the factors that presently or will affect staff as we consider more on-site operations, and gather feedback on what lessons we have already learned from this unprecedented situation.
- ▶ This survey gathered feedback from those who continue to work on-site and those who are presently teleworking.

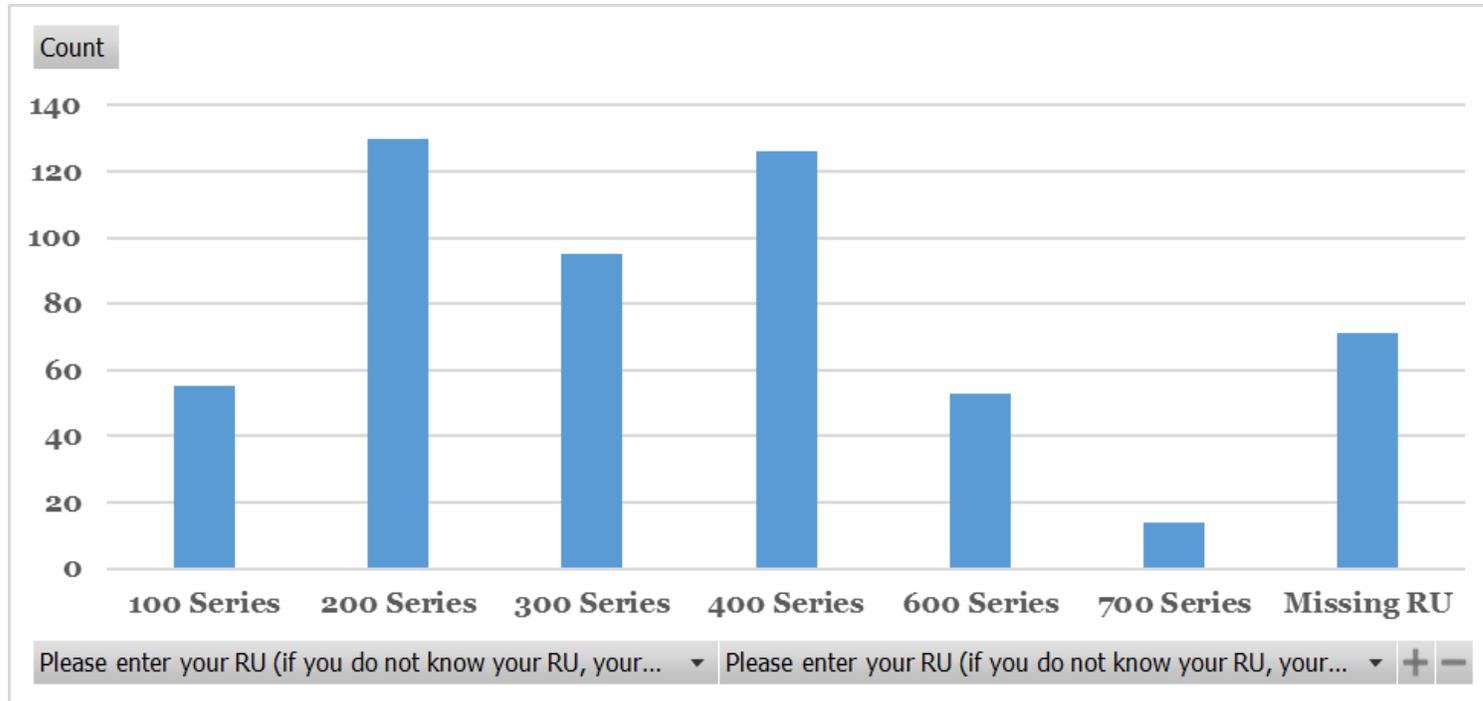
Overall Survey Results

- ▶ 464 RBHA staff members completed the entire survey; an additional 70+ partially completed the survey, providing a good range of responses across all divisions;
- ▶ 56.9% of staff are currently teleworking; 43.1% of staff are in positions that require on-site, face-to-face service delivery;
- ▶ 205 staff members have high-risk factors for potentially severe outcomes from COVID-19;
- ▶ 41.4% of staff members *currently* working in a position that requires on-site services are extremely concerned with contracting COVID;
- ▶ 55.4% of staff members teleworking are extremely concerned with contracting COVID;

Overall Survey Results

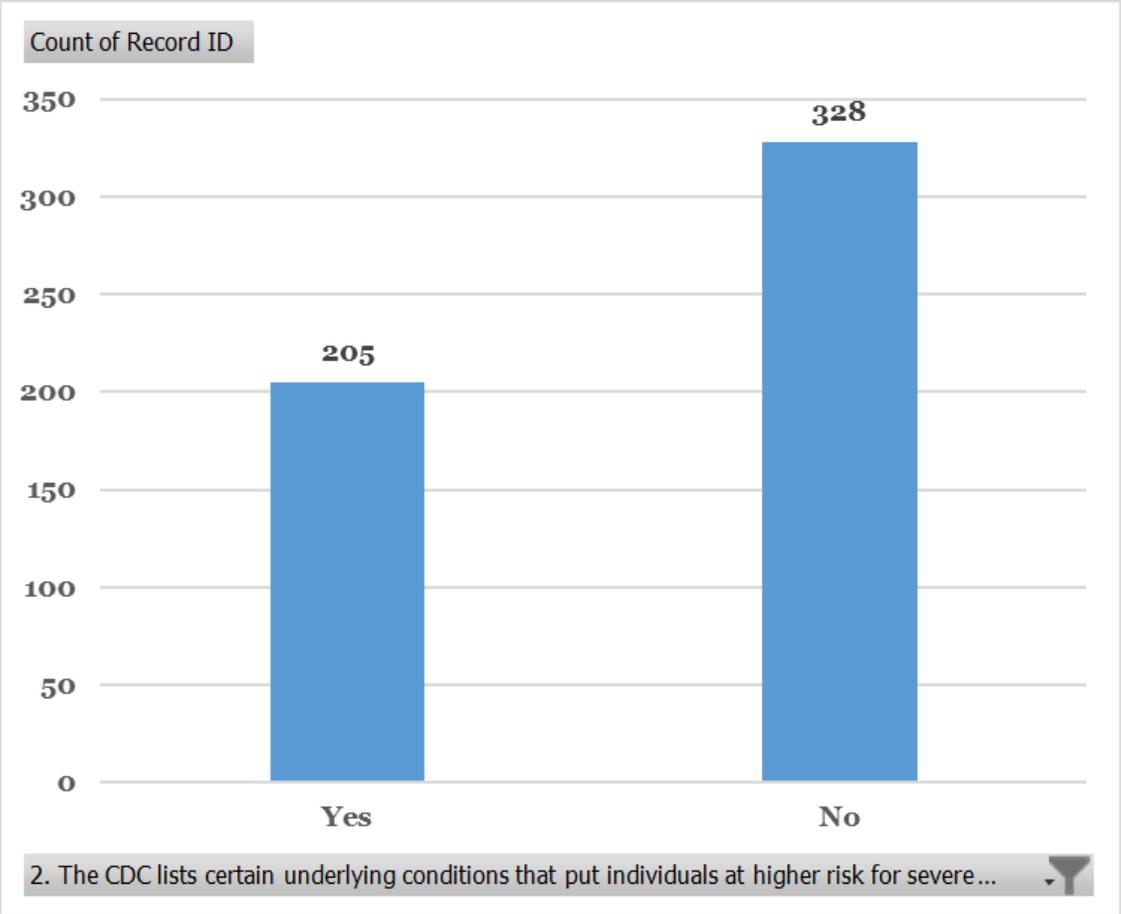
- ▶ 60.8% of staff members teleworking are extremely concerned about the possibility of bringing COVID home if brought back to work on-site;
- ▶ 45.5% of staff members working in a position that requires on-site services are extremely concerned about the possibility of bringing COVID home if brought back to work on-site;
- ▶ **38.3% of all staff** reported that over the past 5 months they are frequently aware of how COVID has affected them and may feel anxious or depressed.
- ▶ 139 staff members have children or elders they need to care for at home.

Survey Completion by RU (Division or Dept.)



100s	55	10%
200s	130	24%
300s	95	17%
400s	126	23%
600s	53	10%
700s	14	3%
Missing RU	71	13%

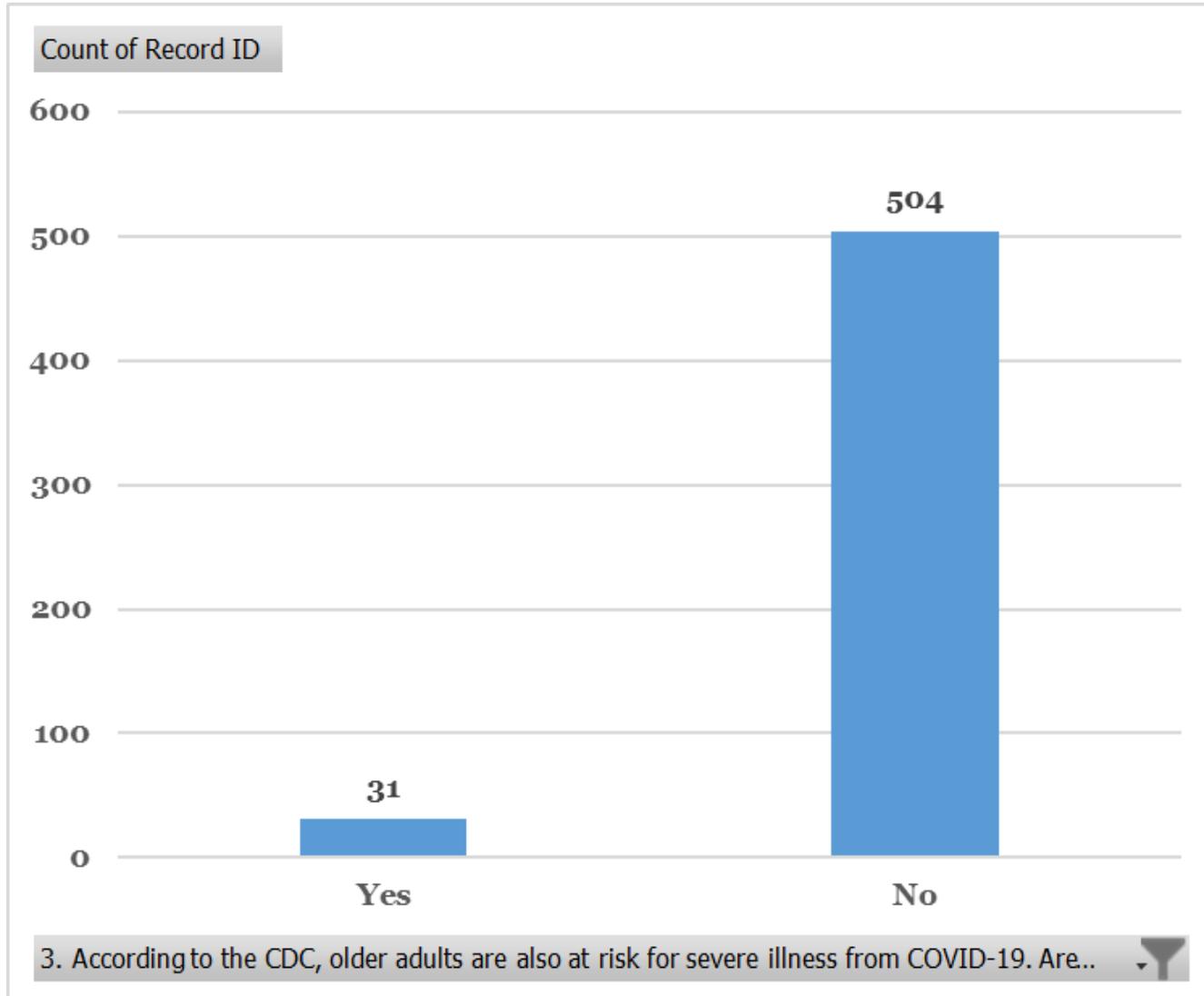
Staff Reported Health Conditions



Yes	38.5%
No	61.5%

Underlying conditions that put individuals at higher risk for severe illness from COVID: Chronic kidney disease; COPD; immunocompromised state; obesity; serious heart conditions; sickle cell disease and Type 2 diabetes. (CDC, 2020)

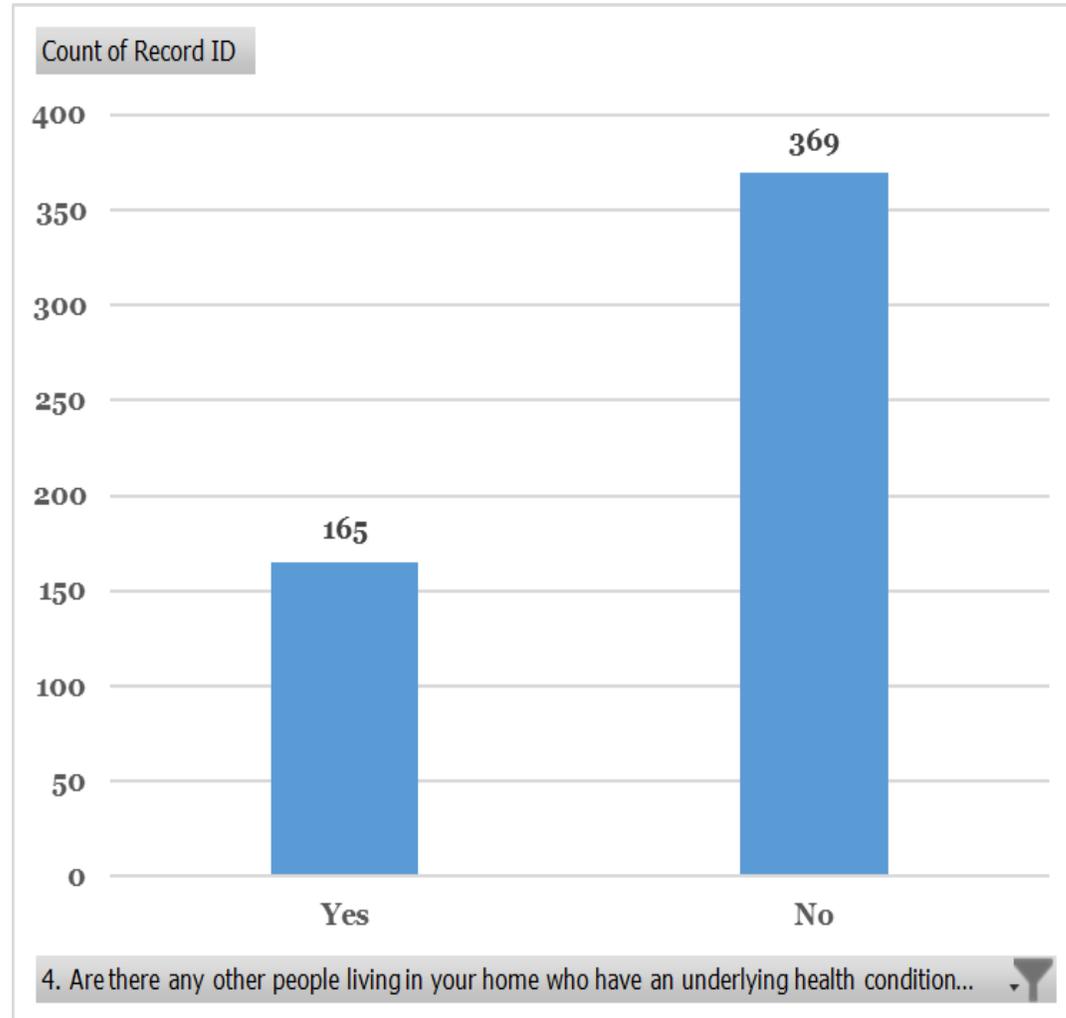
Staff 65 years of age or older



Yes	5.8%
No	94.2%

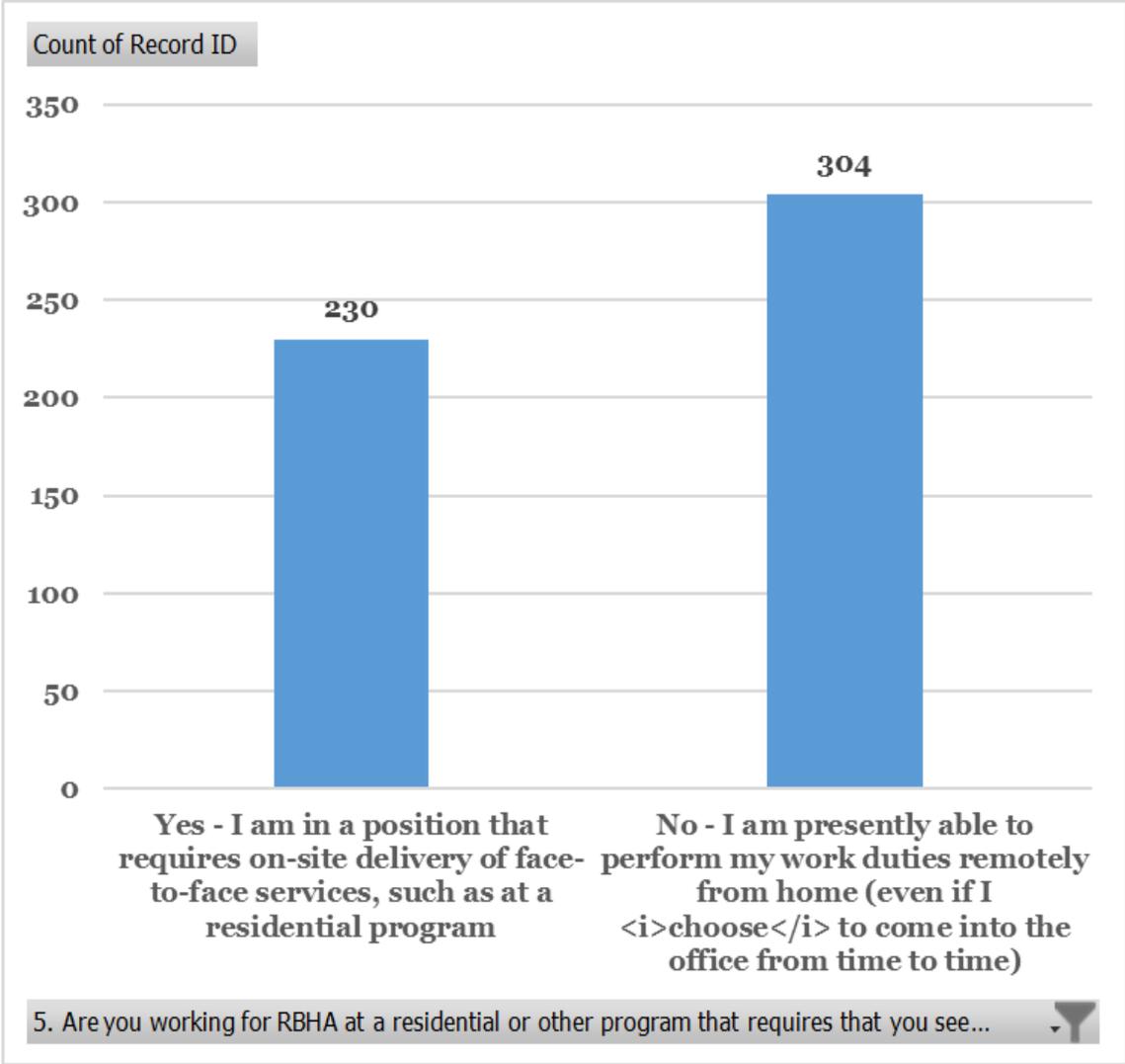
3. According to the CDC, older adults are also at risk for severe illness from COVID-19. Are..

Staff with people living in their home who are 65 years of age, OR have an underlying health condition



Yes	30.9%
No	69.1%

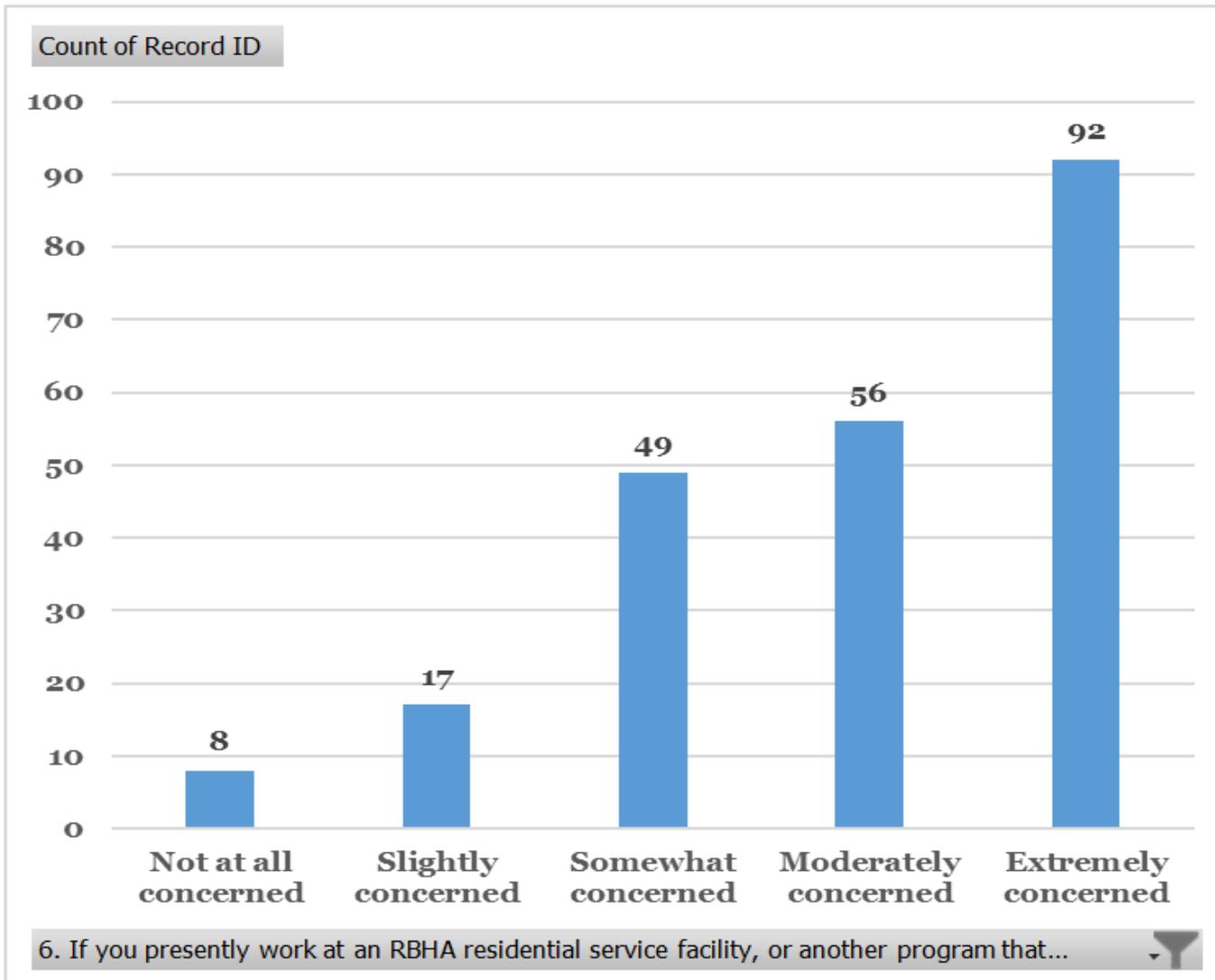
Staff who work at a residential/other program that see consumers face-to-face on daily basis



Yes	43.1%
No	56.9%

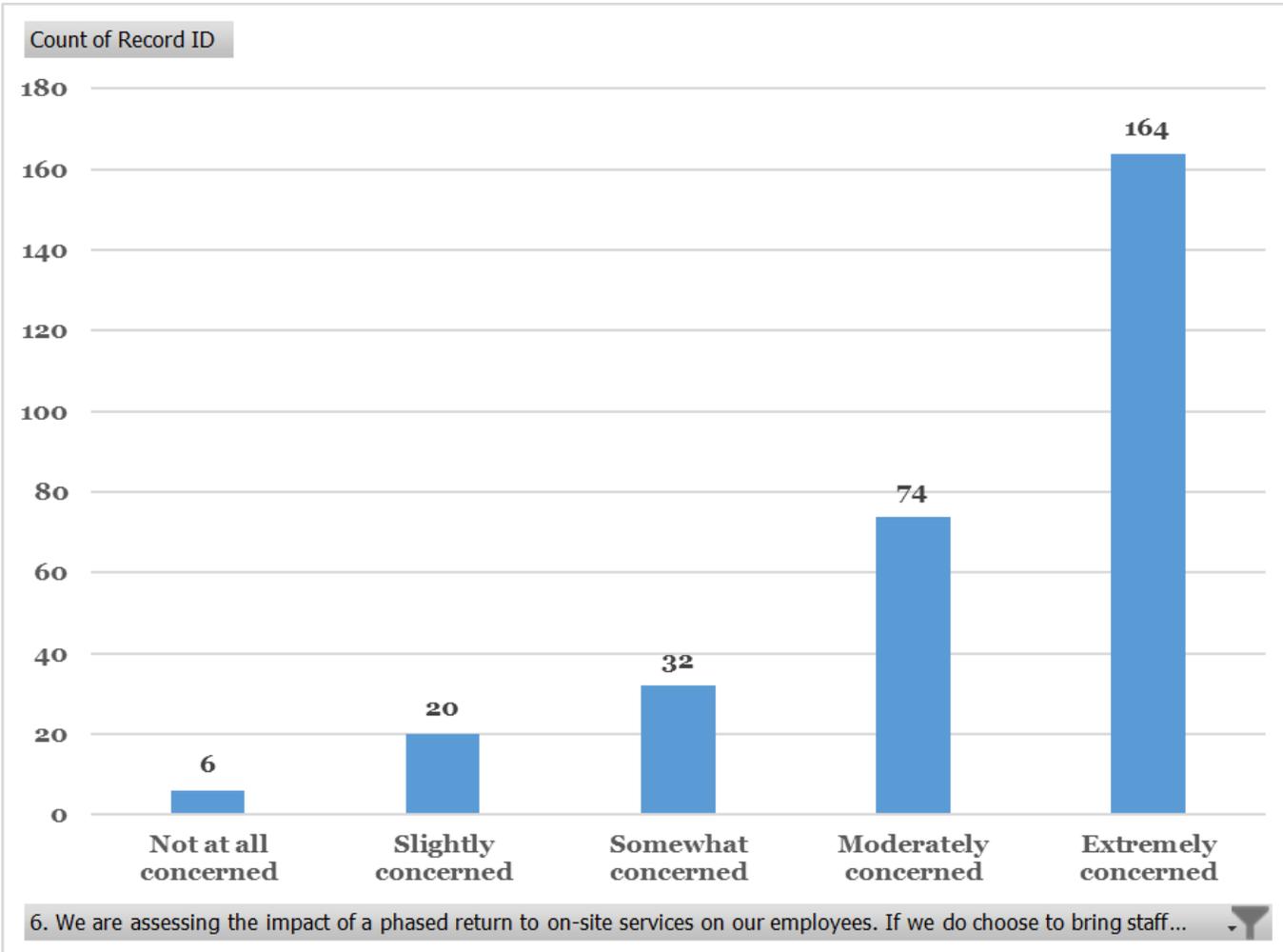
The following slides compare the responses from “*On-site Staff*” versus “*Telework Staff*”

On-site staff only: To what extent are you concerned about contracting COVID?



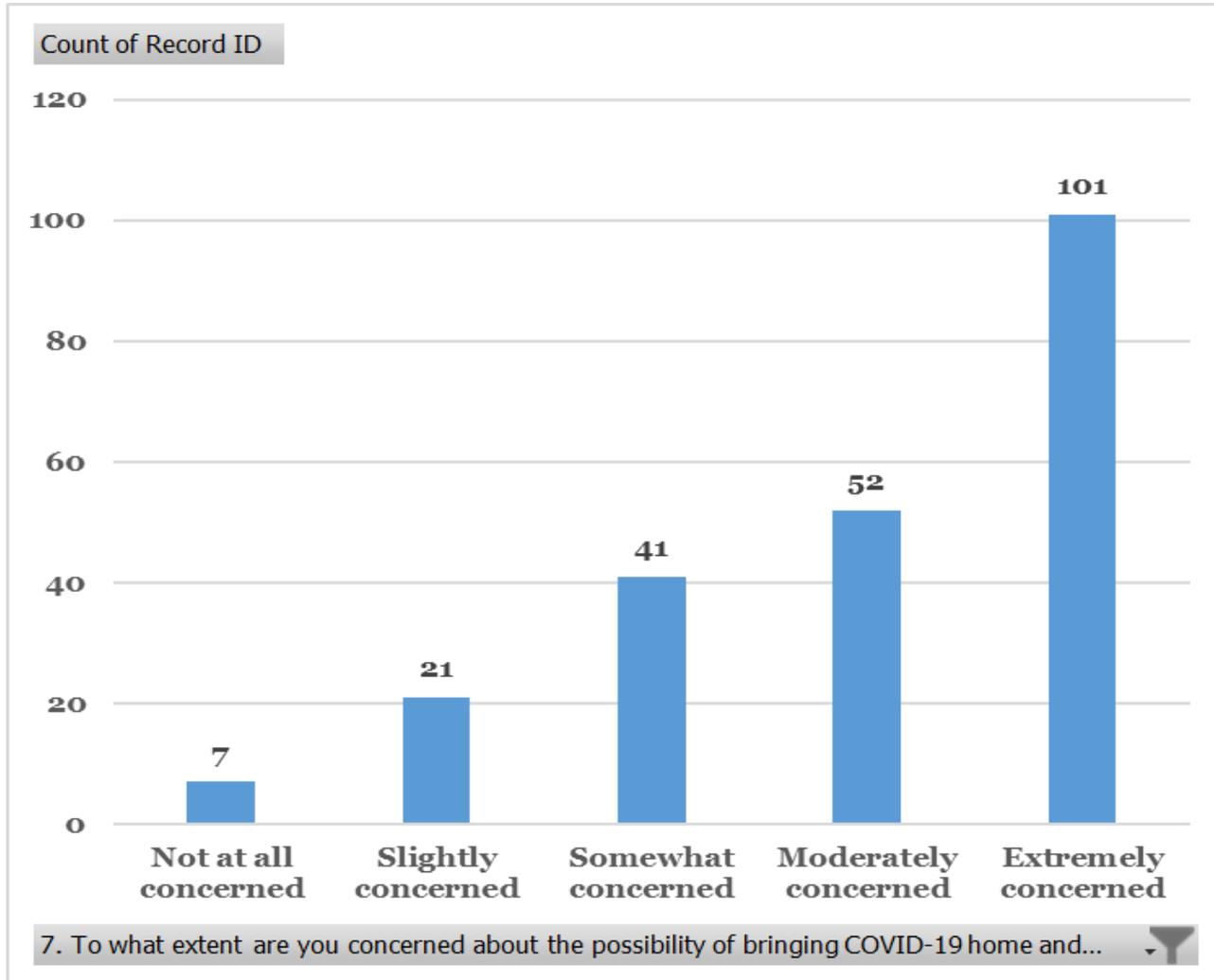
Not at all	3.6%
Slightly	7.7%
Somewhat	22.1%
Moderately	25.2%
Extremely	41.4%

Telework staff only: To what extent are you concerned about contracting COVID if we choose to bring staff back to the office?



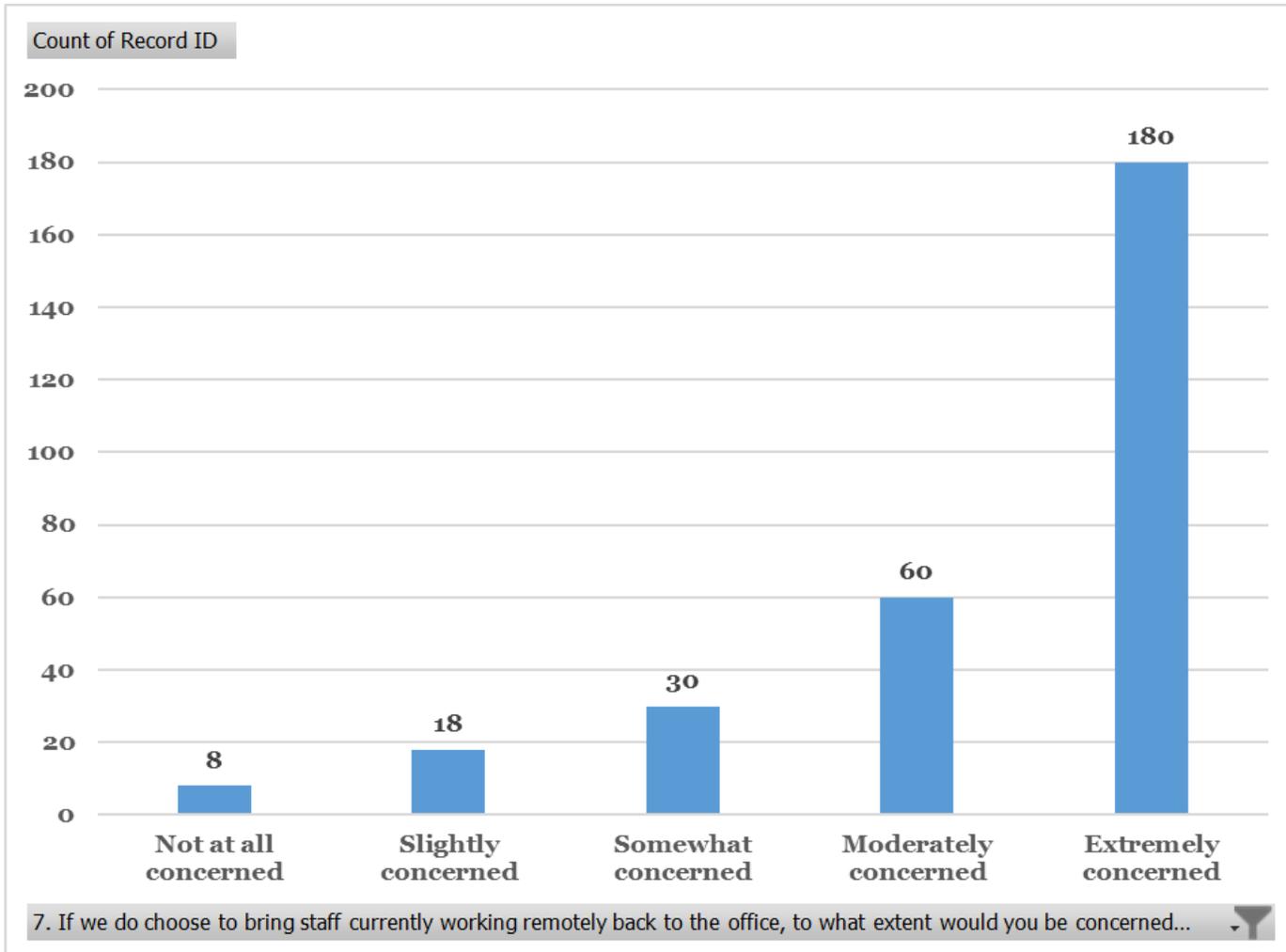
Not at all	2.0%
Slightly	6.8%
Somewhat	10.8%
Moderately	25.0%
Extremely	55.4%

On-site staff only: To what extent are you concerned about bringing COVID home and infecting family members?



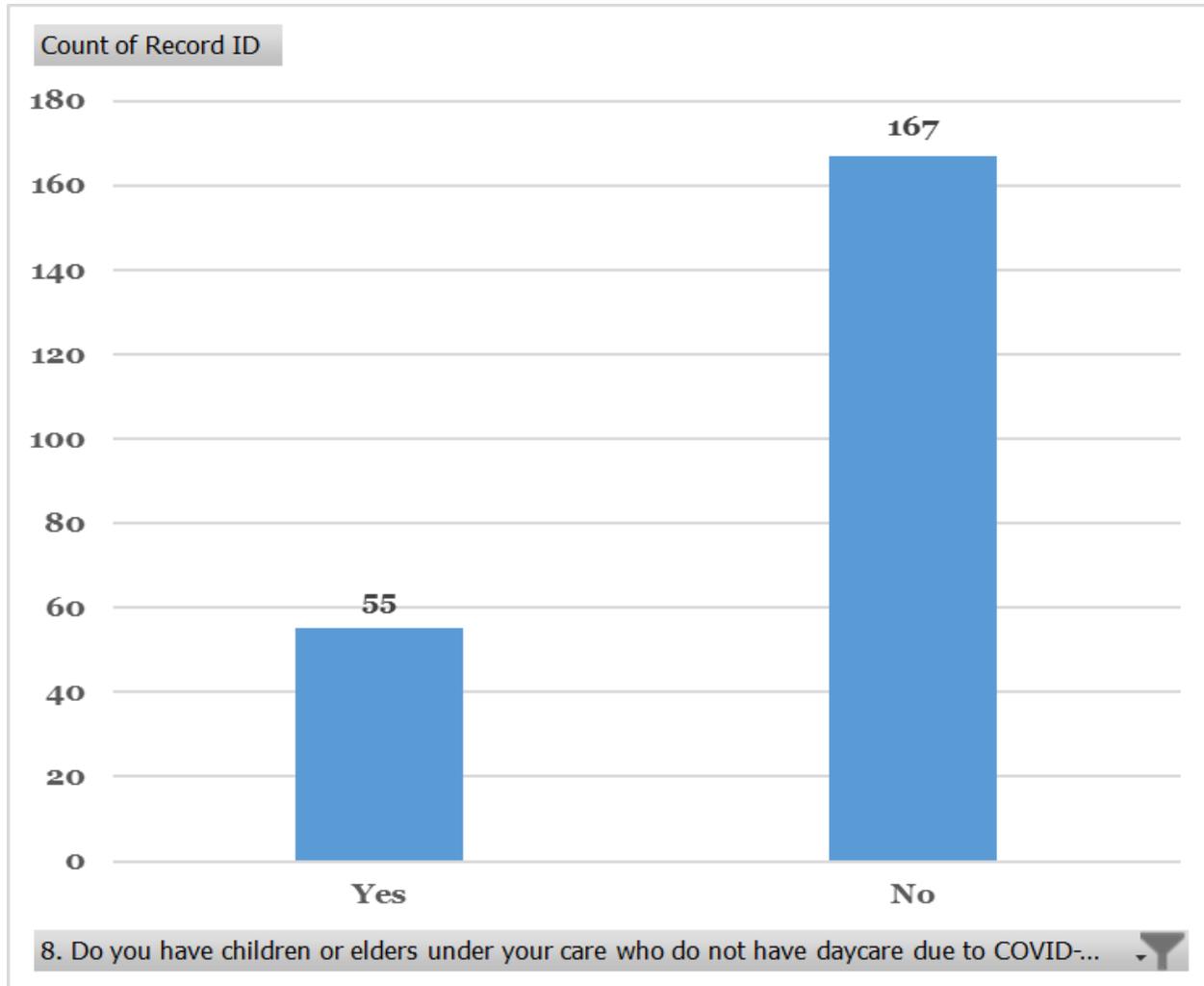
Not at all	3.2%
Slightly	9.5%
Somewhat	18.5%
Moderately	23.4%
Extremely	45.5%

Telework staff only: To what extent are you concerned about bringing COVID home and infecting family members?



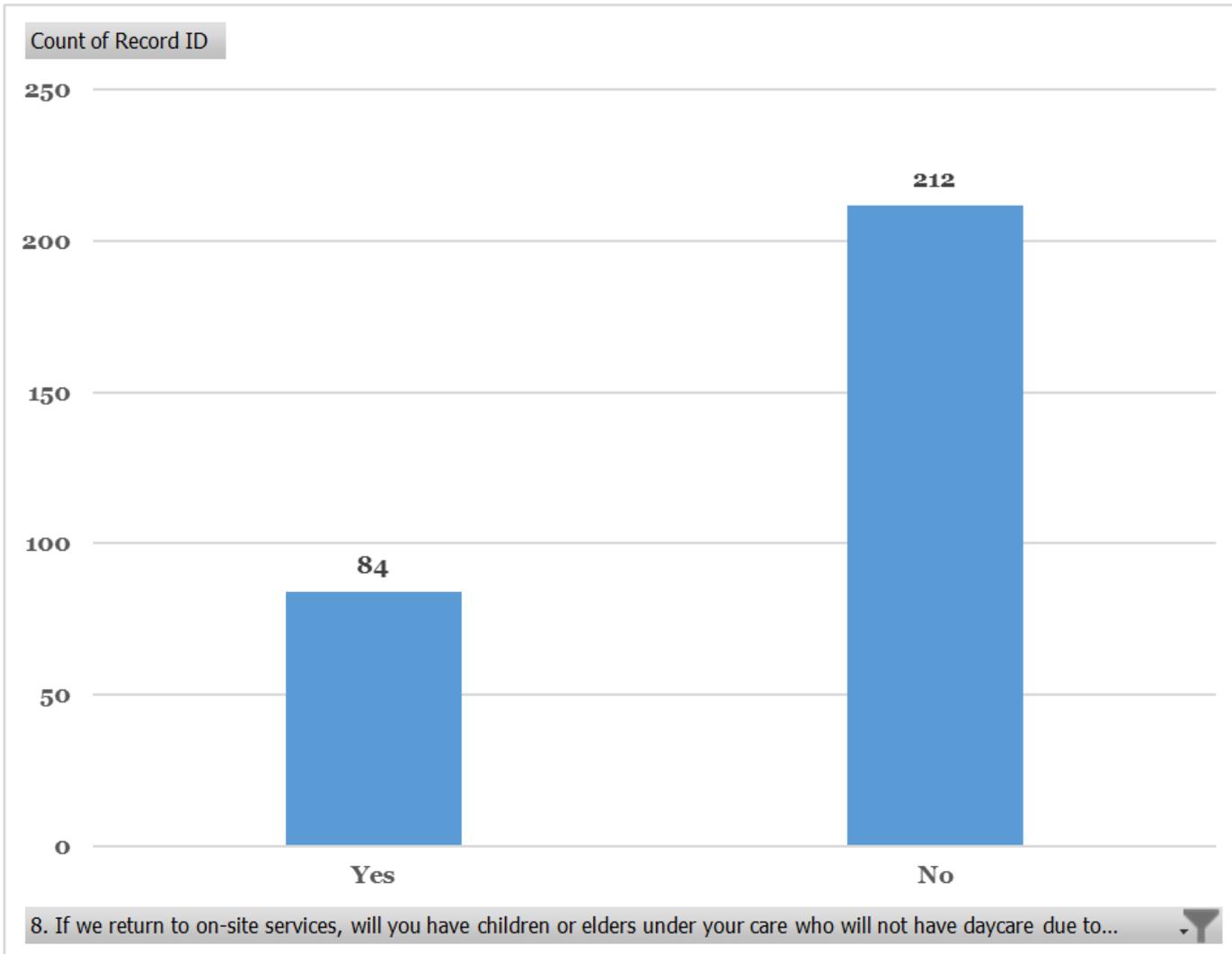
Not at all	2.7%
Slightly	6.1%
Somewhat	10.1%
Moderately	20.3%
Extremely	60.8%

On-site staff only: Do you have children/elders under your care *who do not have daycare due to COVID-19 closure of child care/other care facilities?*



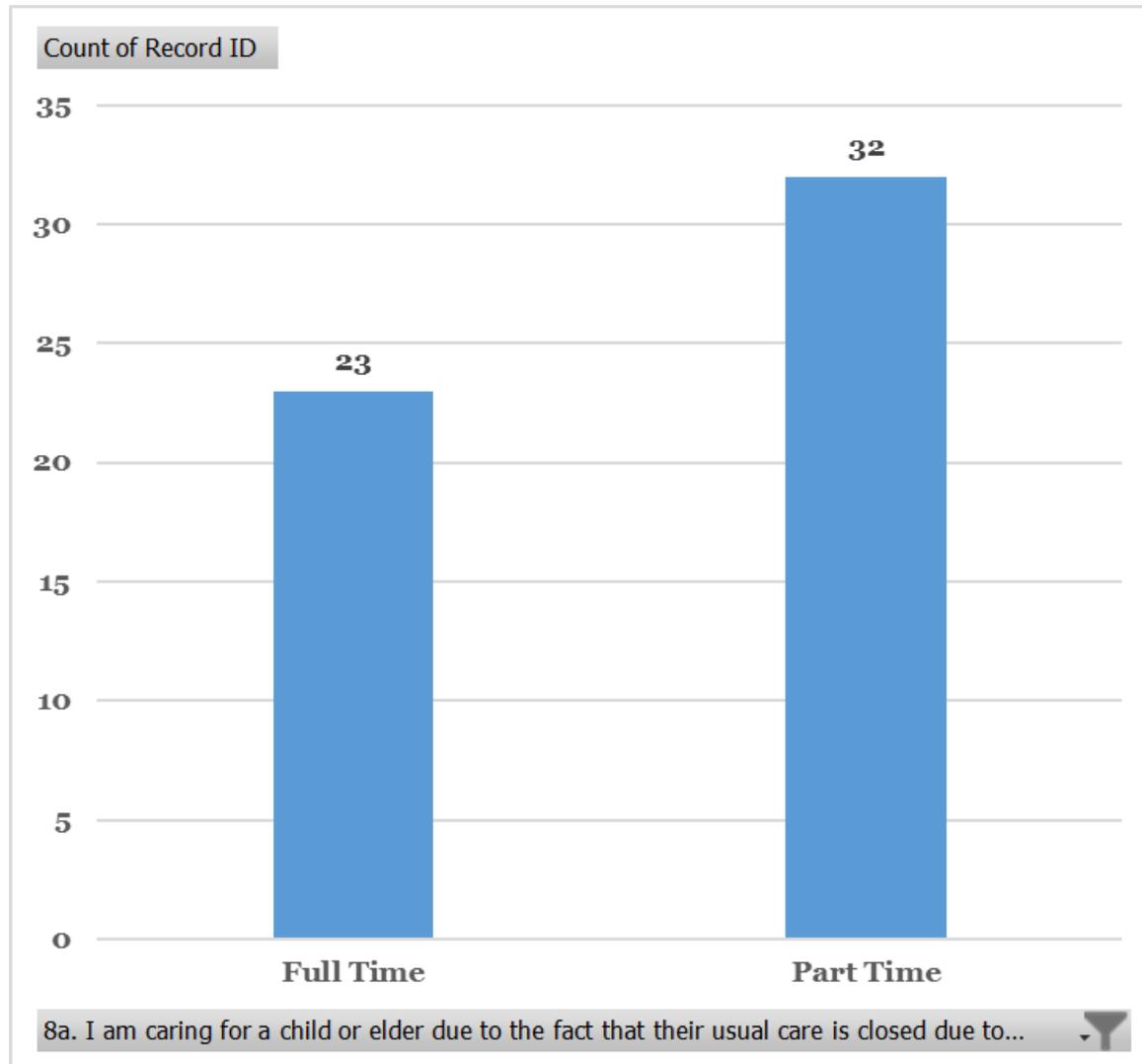
Yes	24.8%
No	75.2%

Telework staff only: If we return to on-site services, will you have children/elders under your care *who will not have daycare due to COVID closure* of child care/other care facilities?



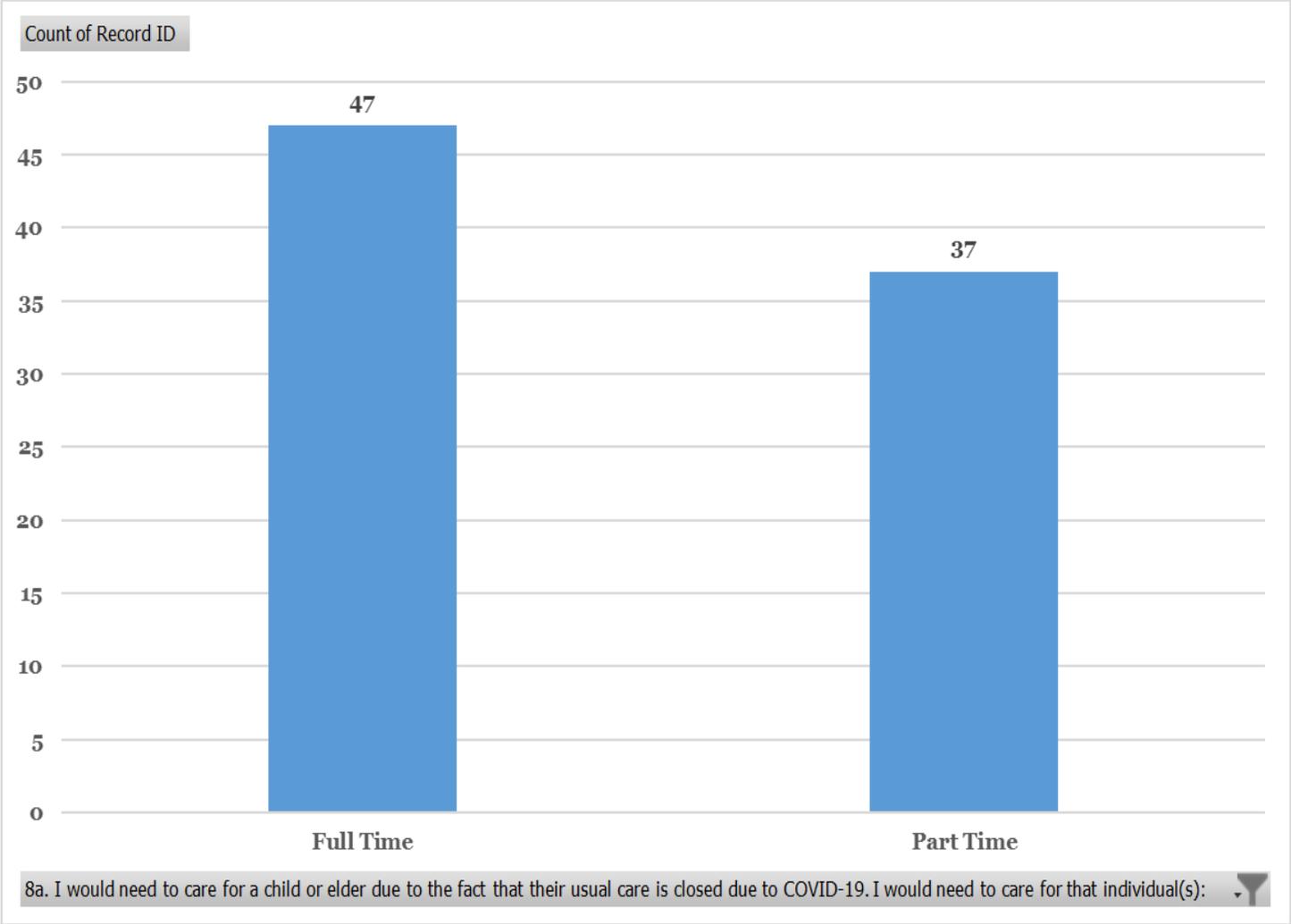
Yes	28.4%
No	71.6%

On-site staff only: I am caring for a child/elder due to the fact that their usual care is closed due to COVID. I need to care for that individual:



Full Time	41.8%
Part Time	58.2%

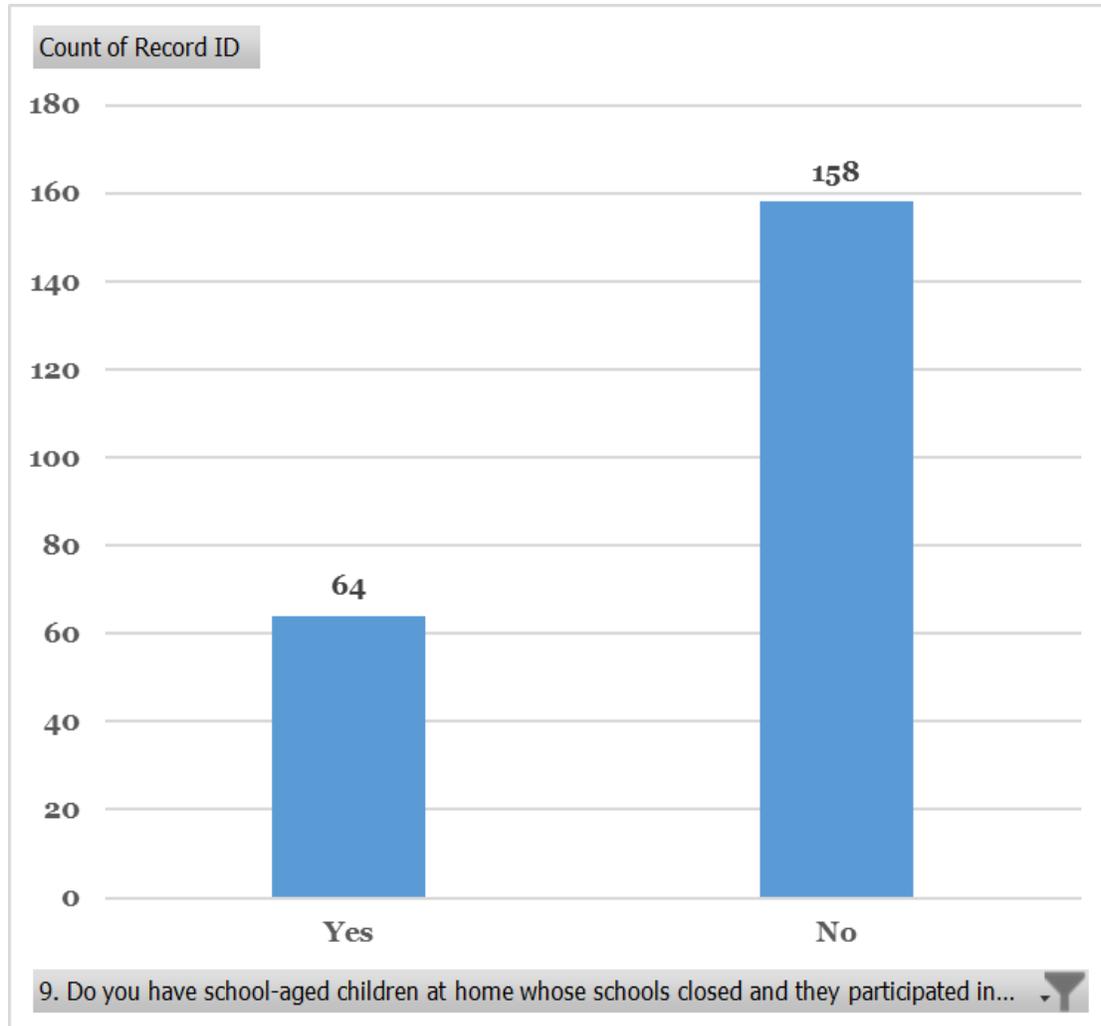
Telework staff only: I would need to care for a child/elder due to the fact that their usual care is closed due to COVID. I would need to care for that individual full/part time:



Full Time	56.0%
Part Time	44.0%

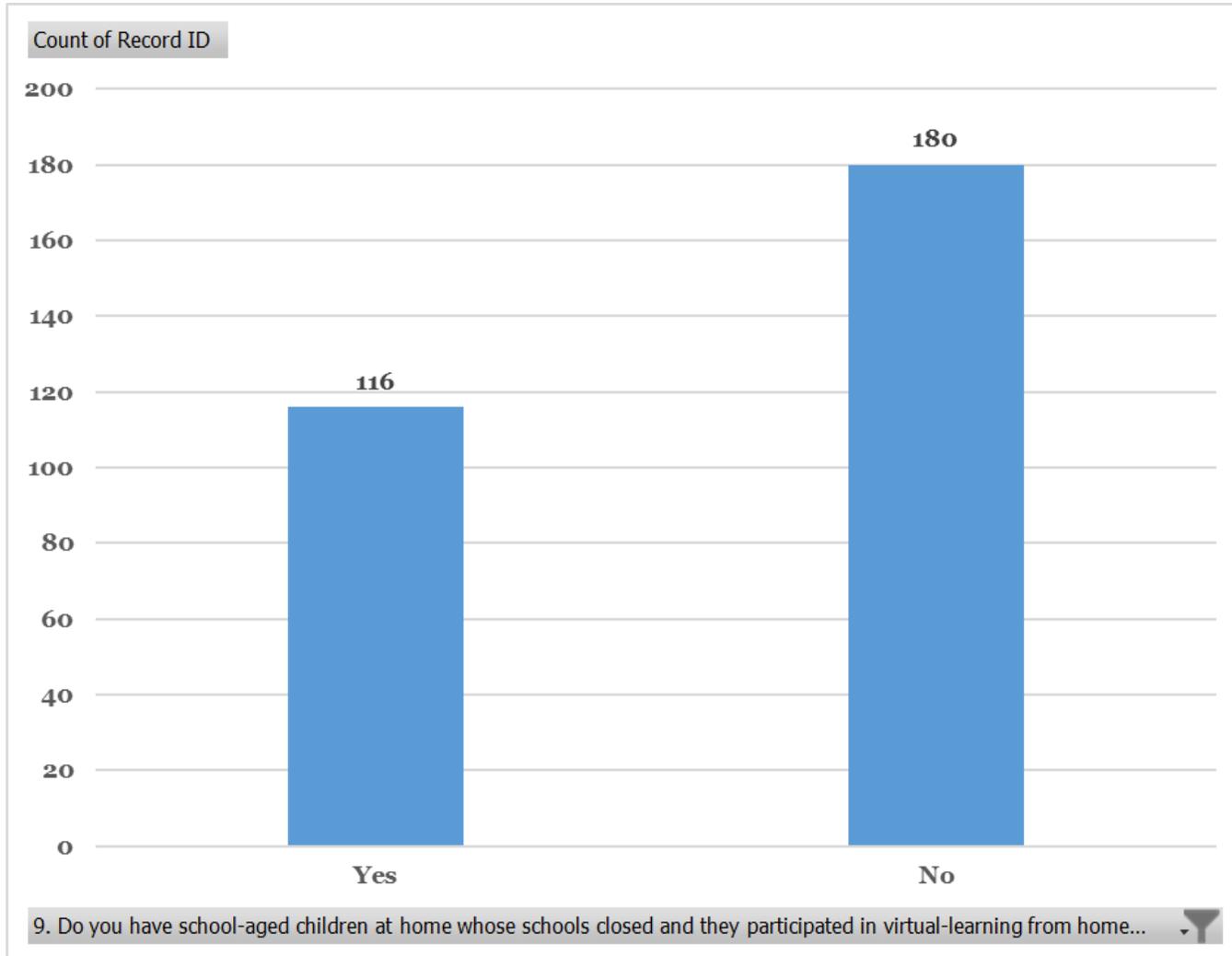
8a. I would need to care for a child or elder due to the fact that their usual care is closed due to COVID-19. I would need to care for that individual(s):

On-site staff only: Do you have children at home whose schools closed and they participated in virtual-learning from home after March this past Spring?



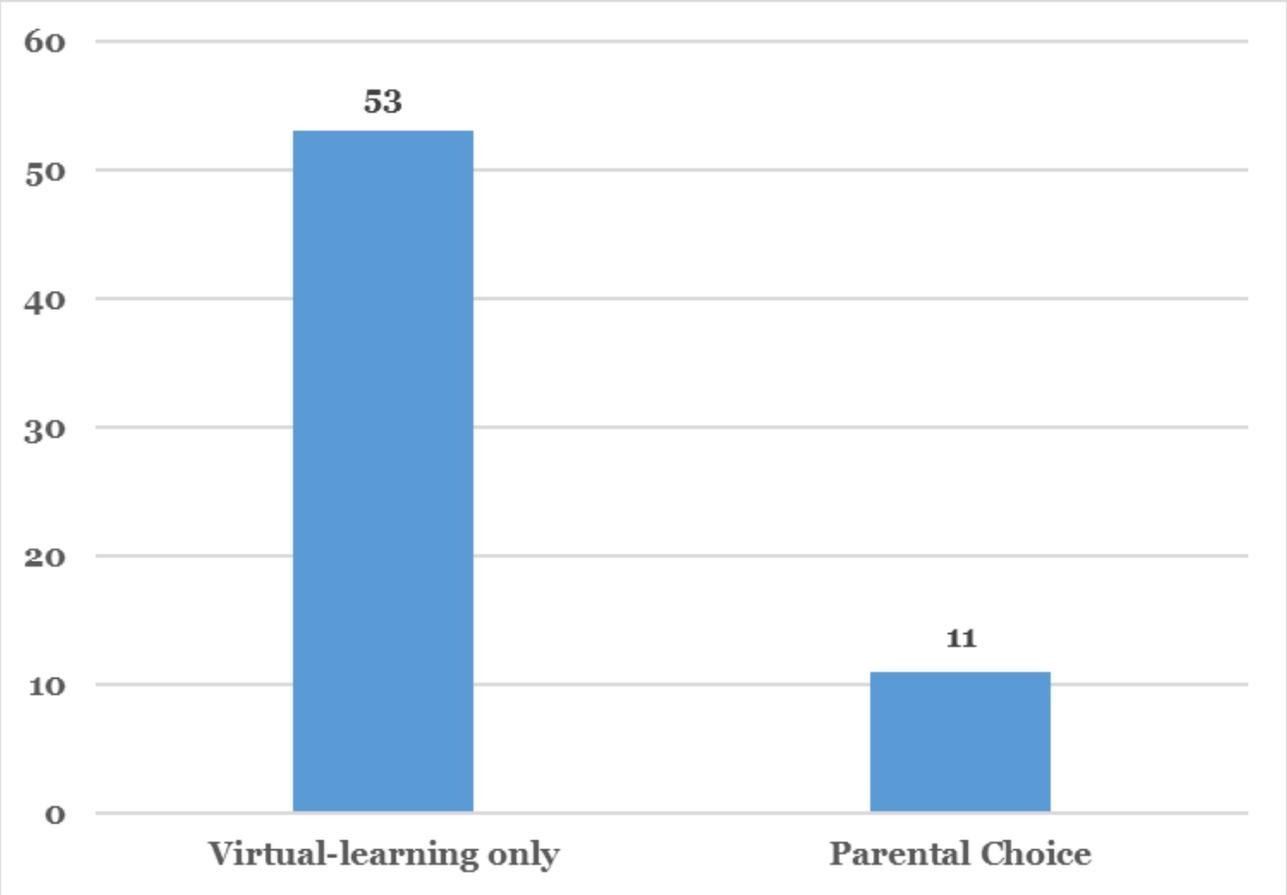
Yes	28.8%
No	71.2%

Telework staff only: Do you have children at home whose schools closed and they participated in virtual-learning from home after March this past Spring?



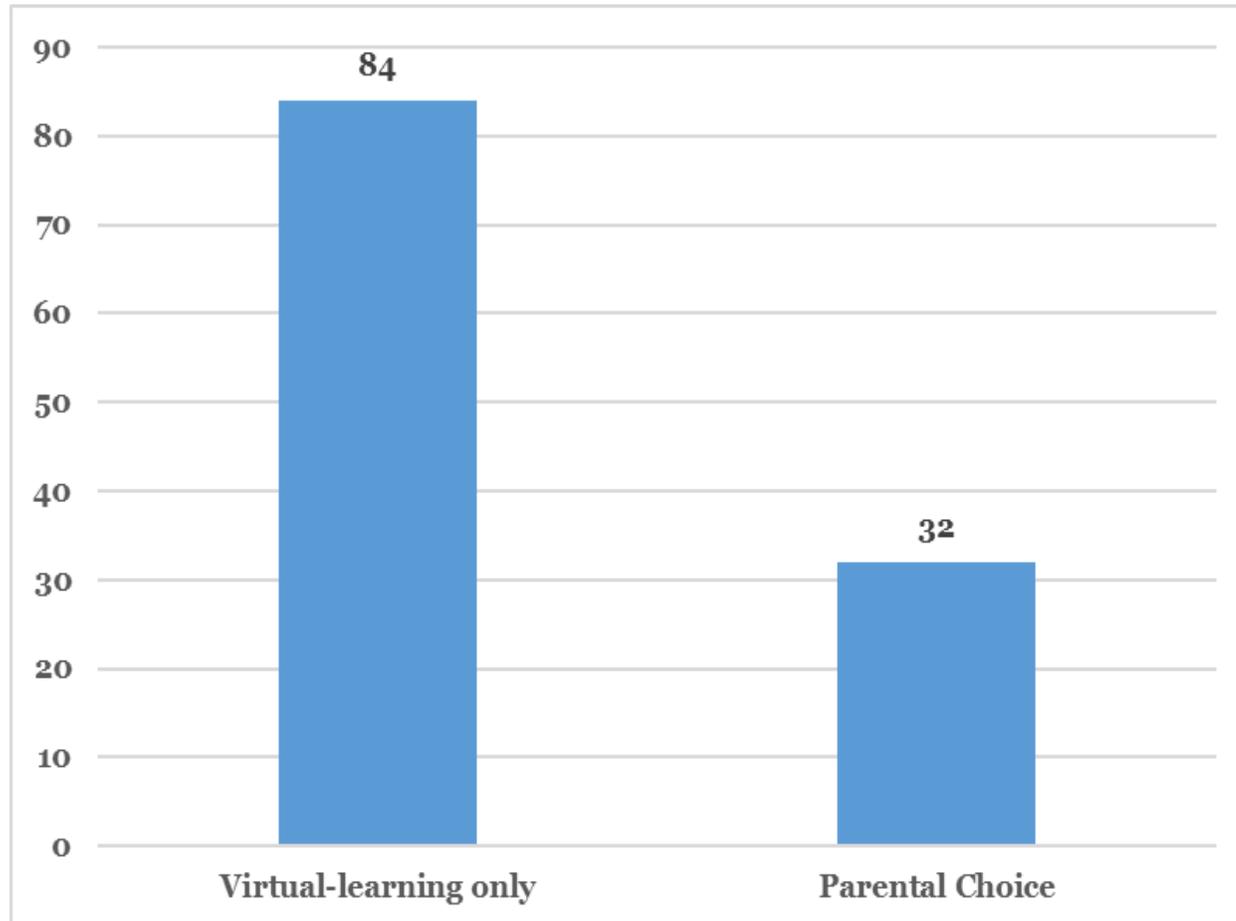
Yes	39.2%
No	60.8%

On-site staff only: Will your children attend virtual-learning only this coming Fall semester, OR is your school district planning on making in-school versus virtual learning a parental choice/option?



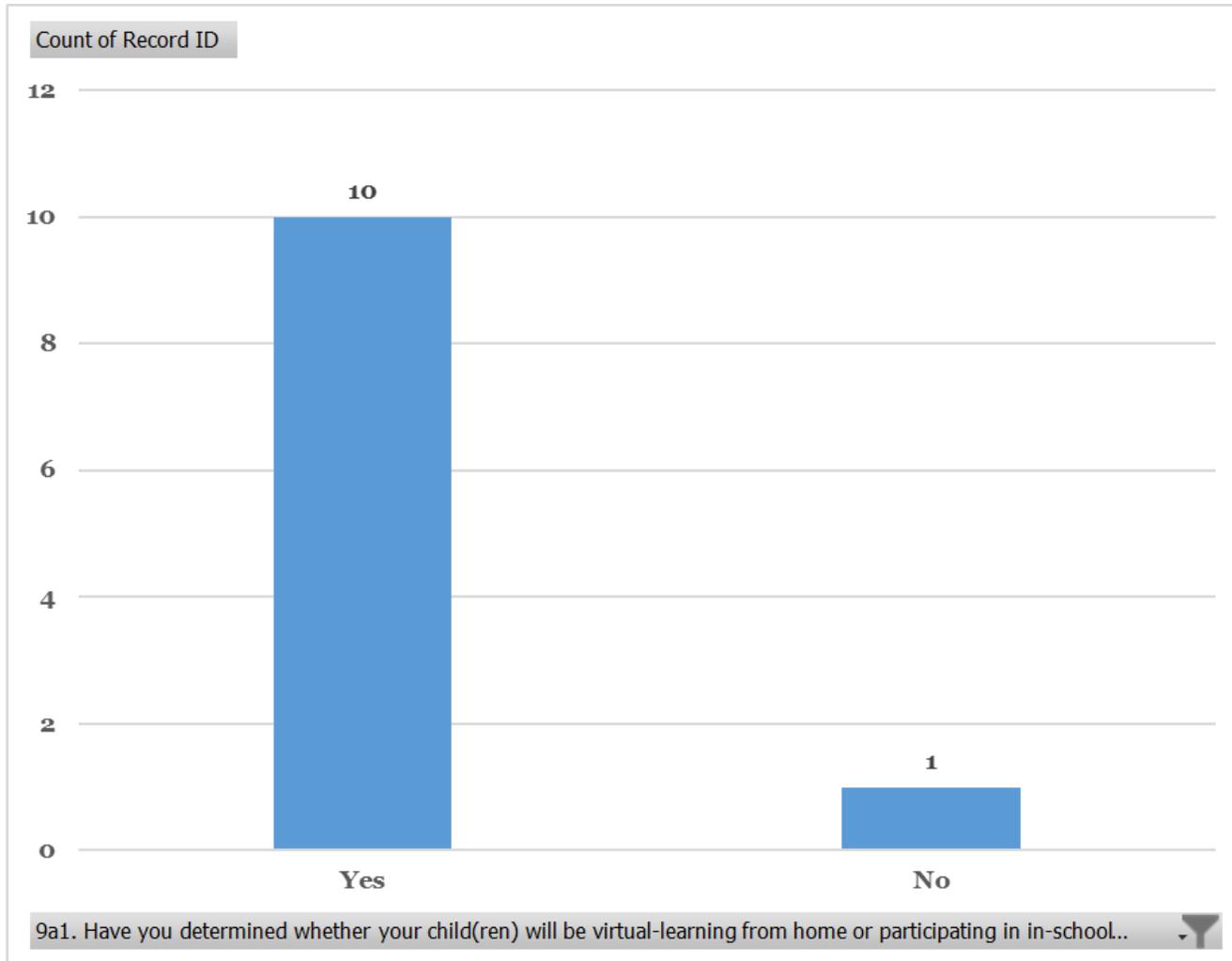
Our school district will be virtual-learning only	82.8%
Our school district will offer parental choice regarding virtual or in-school learning	17.2%

Telework staff only: Will your children attend virtual-learning only this coming Fall semester, OR is your school district planning on making in-school versus virtual-learning a parental choice/option?



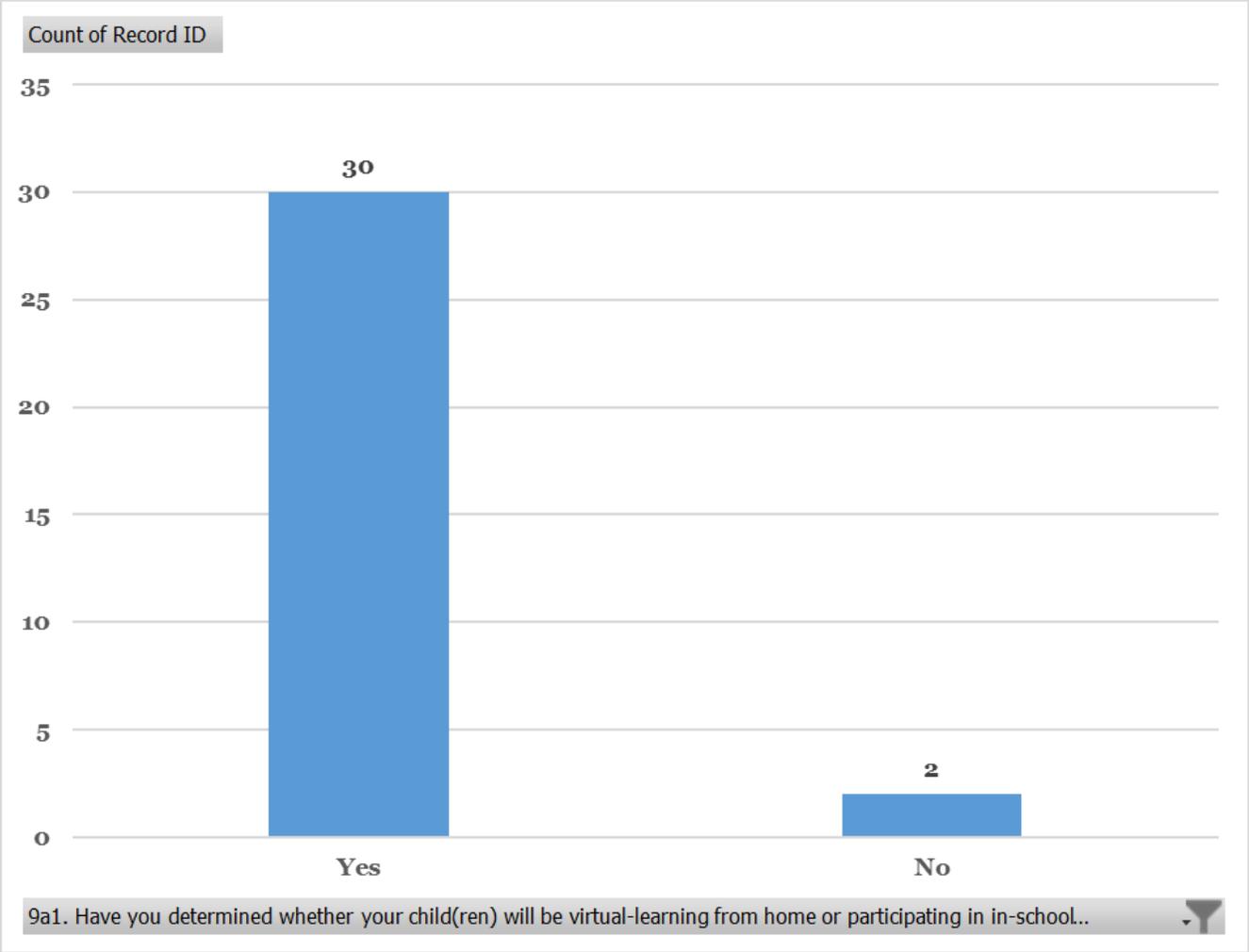
Our school district will be virtual-learning only	72.4%
Our school district will offer parental choice regarding virtual or in-school learning	27.6%

On-site staff only: Have you determined whether your child will be virtual-learning from home or participating in in-school learning?



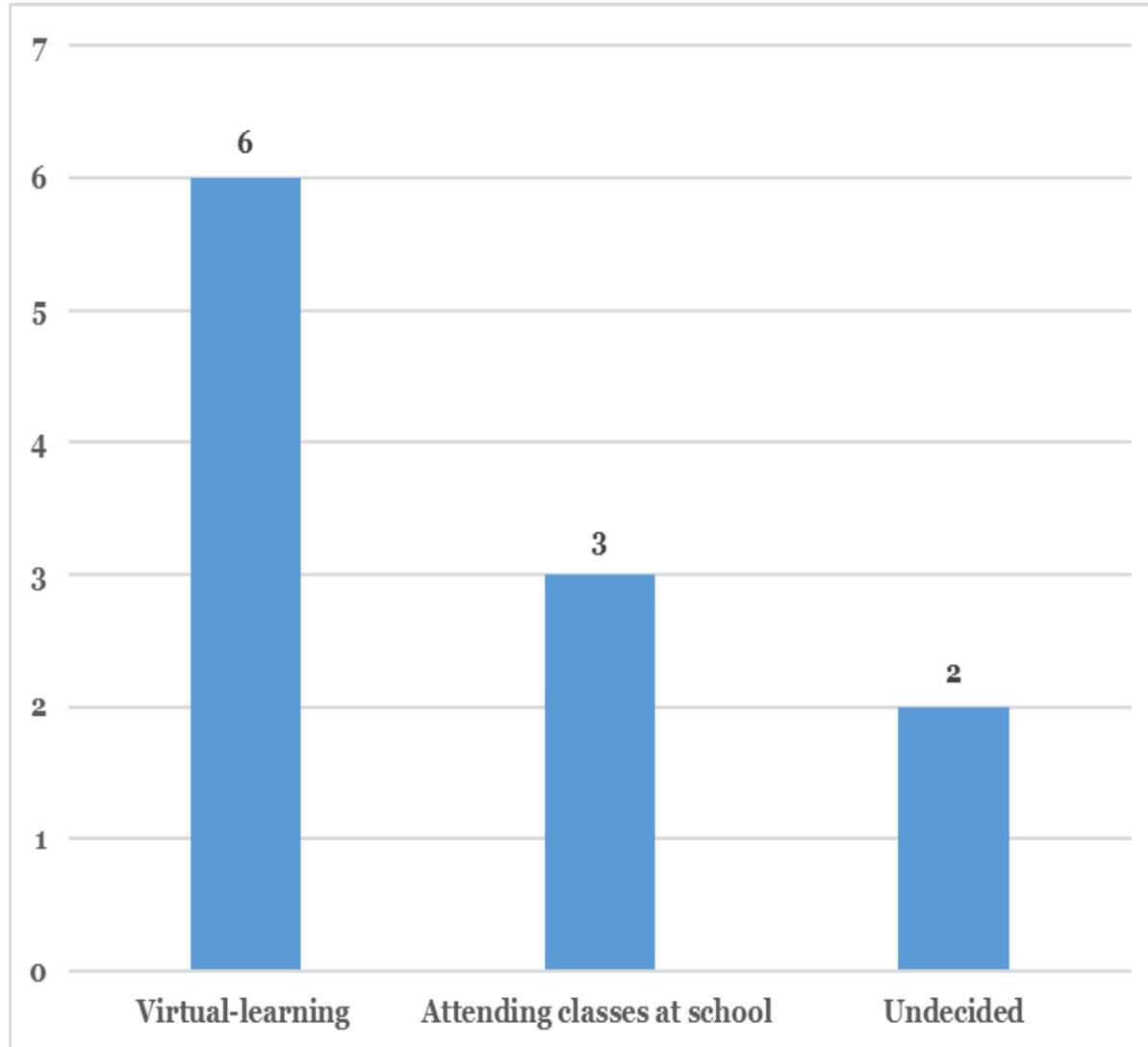
Yes	90.9%
No	9.1%

Telework staff only: Have you determined whether your child will be virtual-learning from home or participating in in-school learning?



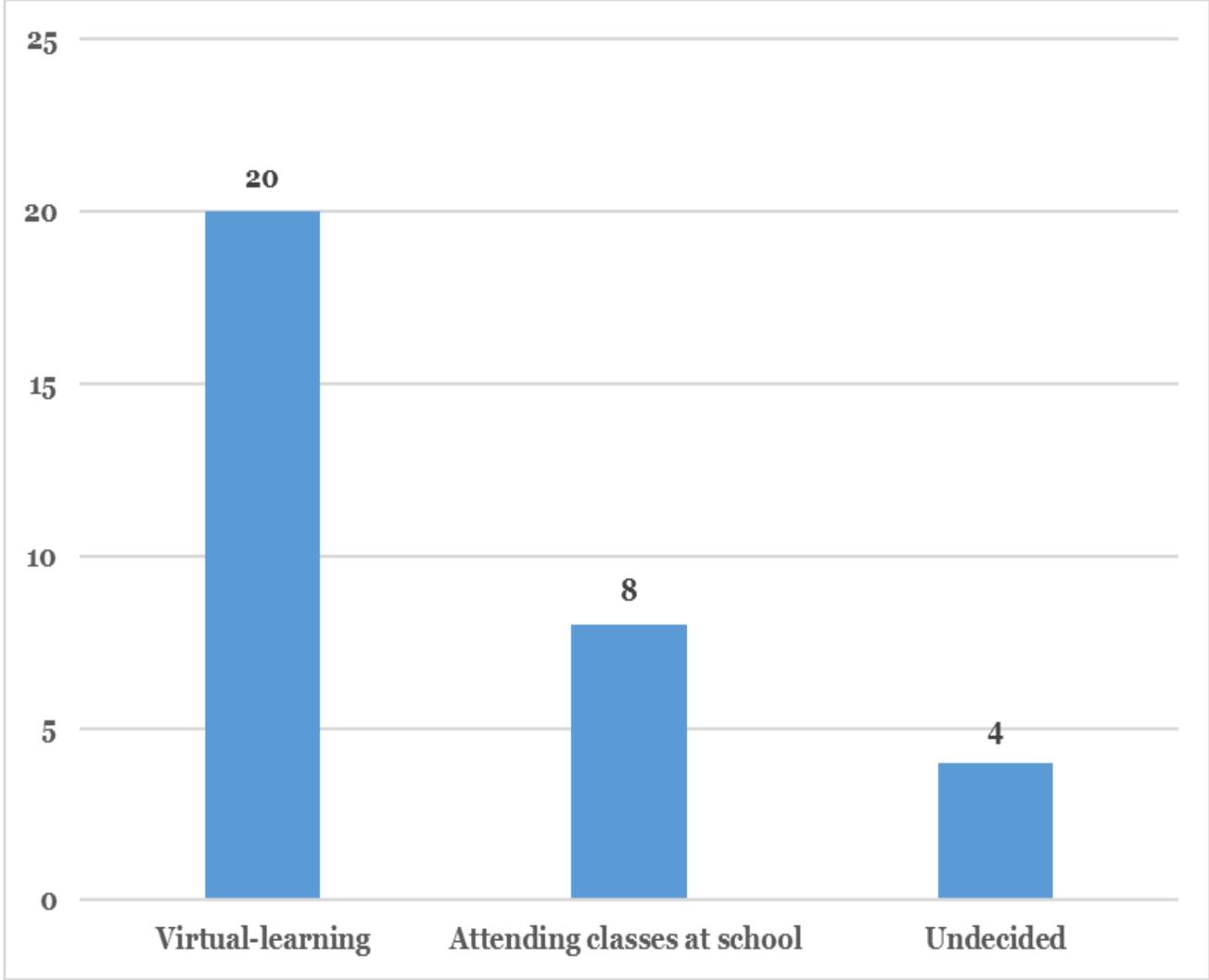
Yes	93.8%
No	6.3%

On-site staff only: Based on your choice, your child will be:



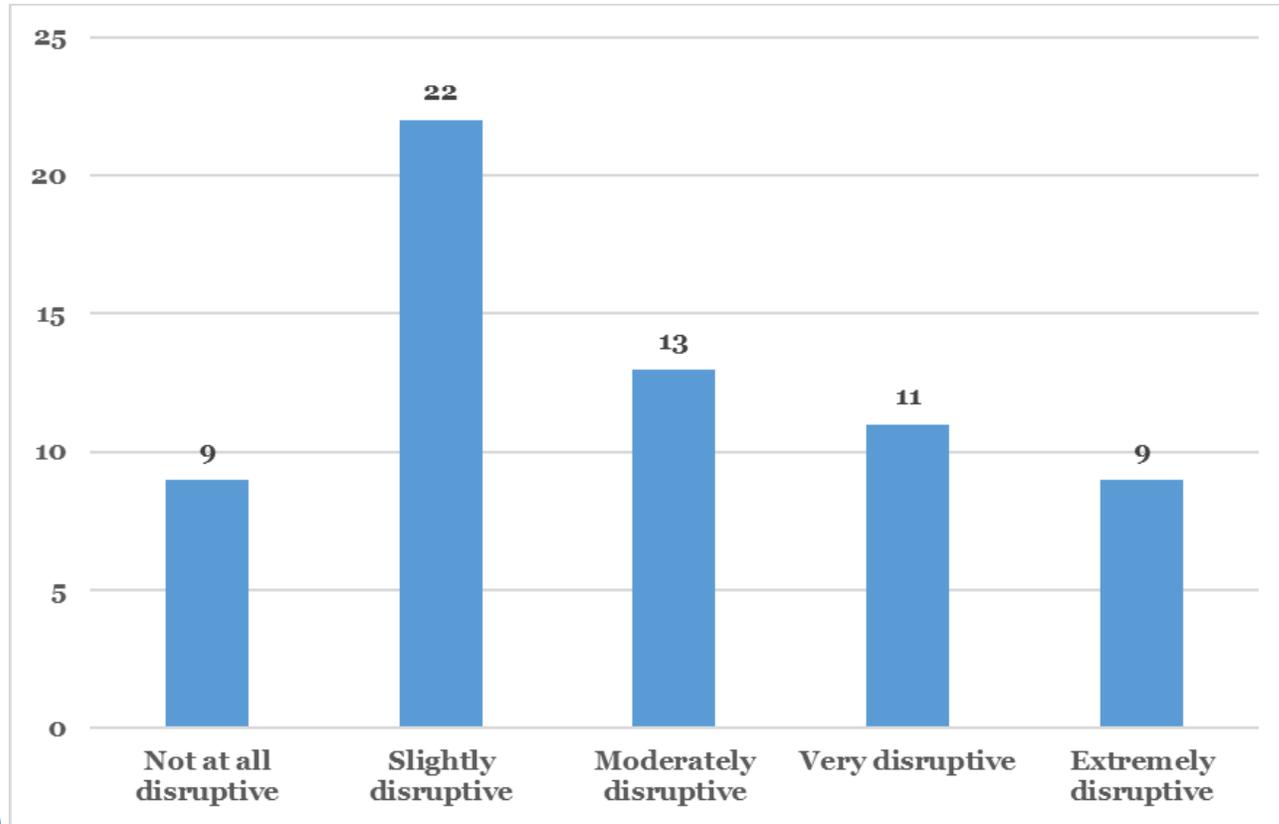
Virtual-learning from home, OR home-schooled	54.5%
Attending classes at school (i.e., in-school learning)	27.3%
Undecided	18.2%

Telework staff only: Based on your choice, your child will be:



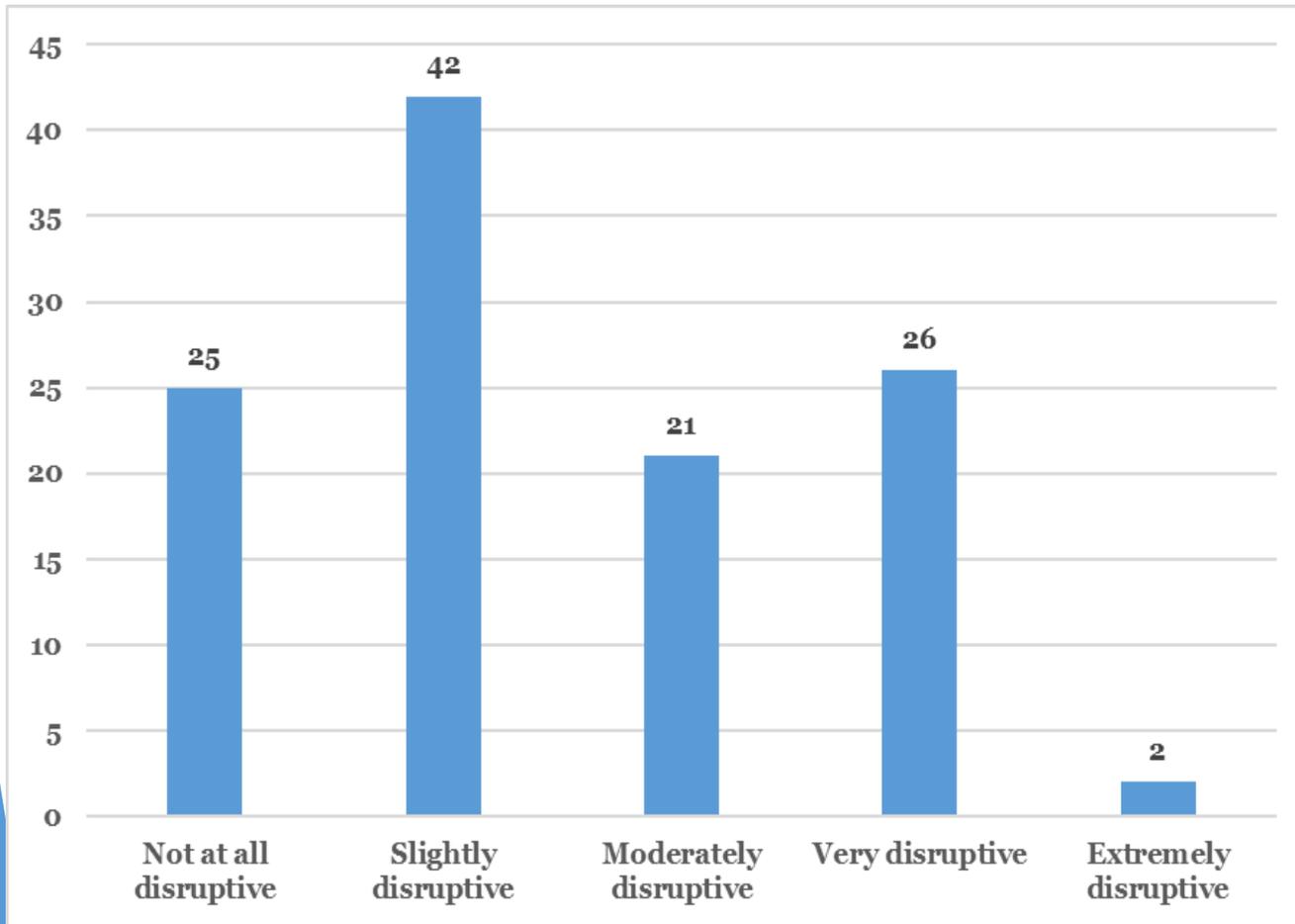
Virtual-learning from home, OR home-schooled	62.5%
Attending classes at school (i.e., in-school learning)	25.0%
Undecided	12.5%

On-site staff only: To what extent will your child's educational arrangements be disruptive, creating barriers performing your duties/working your shift (i.e., working every day, getting to work at the usual time, or having to leave early)?



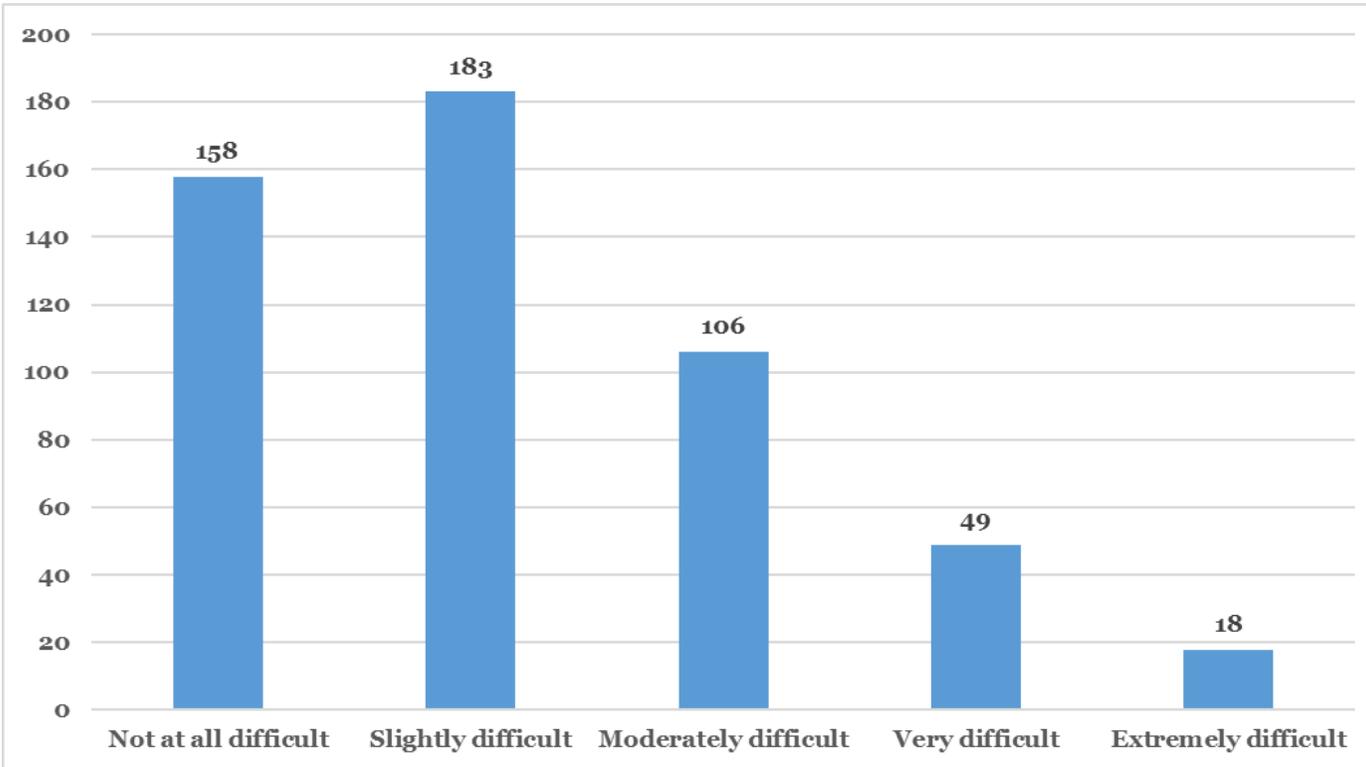
Not at all; not a problem	14.1%
Slightly; problematic some of the time	34.4%
Moderately; will frequently be problematic	20.3%
Very; family scheduling will always be difficult and very problematic	17.2%
Extremely; I am not sure that I will be able to maintain my current position once school starts	14.1%

Telework staff only: To what extent will your child's arrangements be disruptive, creating barriers performing your duties/working your shift (i.e., working every day, getting to work at the usual time, or having to leave early)?



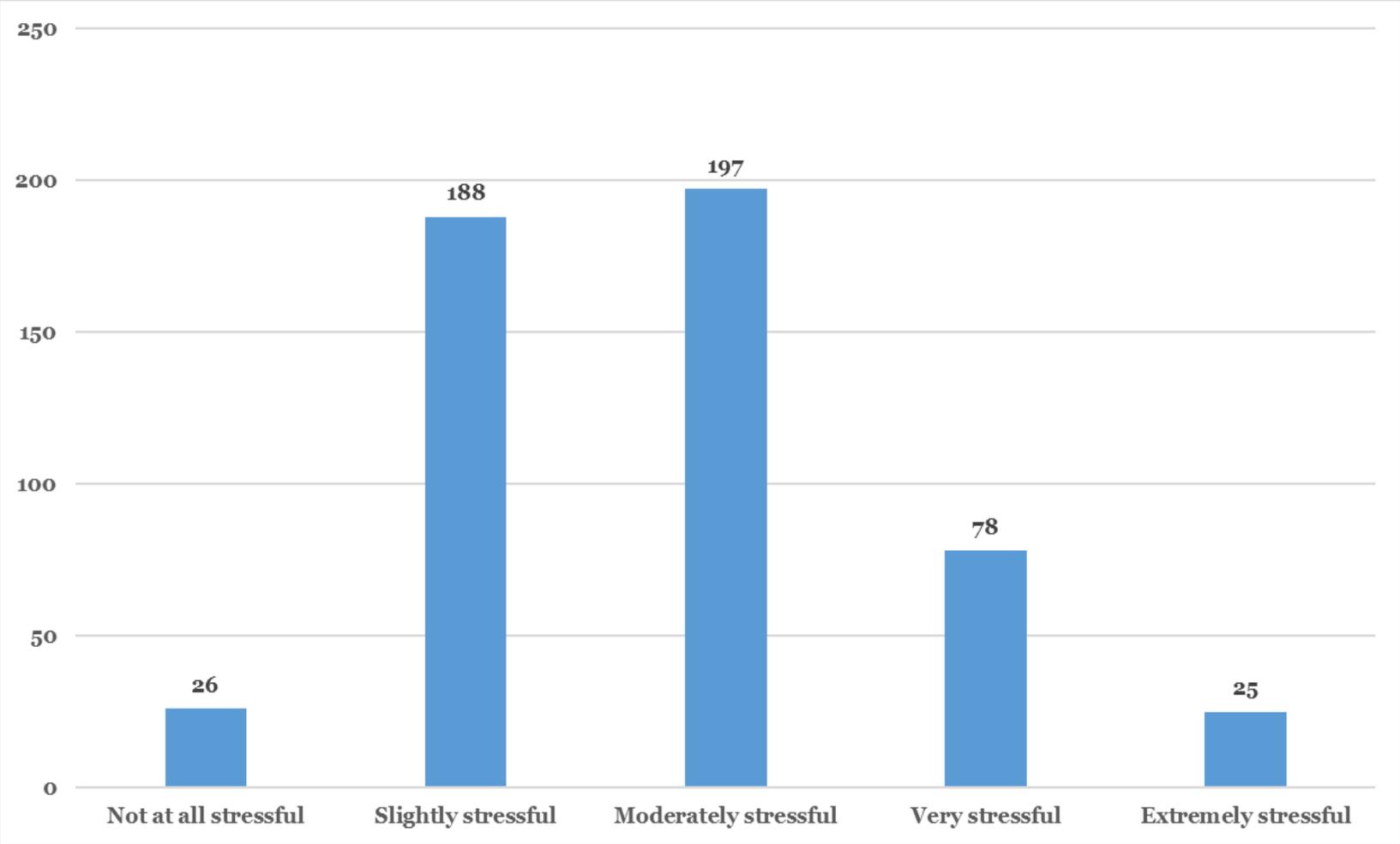
Not at all; not a problem	21.6%
Slightly; problematic some of the time	36.2%
Moderately; will frequently be problematic	18.1%
Very; family scheduling will always be difficult and very problematic	22.4%
Extremely; I am not sure that I will be able to maintain my current position once school starts	1.7%

All staff: Over the past 5 months, how difficult has it been for you to balance your home and/or parental responsibilities with your work responsibilities?



Not at all; not a problem	30.7%
Slightly; problematic some of the time	35.6%
Moderately; has frequently been problematic	20.6%
Very; family scheduling and balancing responsibilities is almost always problematic	9.5%
Extremely; I am not sure that I will be able to maintain my current position if we return to normal operations	3.5%

All staff: Over the past 5 months, to what extent has COVID affected your own mental health and sense of well-being?



All staff: Over the past 5 months, to what extent has COVID affected your own mental health and sense of well-being?

Percentage breakdown

Not at all; I don't feel like it has affected me	5.1%
Slightly; I have moments when I am aware that it has affected me	36.6%
Moderately; I am frequently aware of how it has affected me and I may feel anxious or depressed	38.3%
Very; I feel like it has affected me in negative ways almost every day, and I feel anxious or depressed, or am experiencing more physical symptoms than usual, almost every week	15.2%
Extremely; I feel like it has affected me in negative ways almost every day, I feel anxious or depressed, or am experiencing more physical symptoms than usual, most days of the week, and I am not sure I have the support system I need in my life	4.9%

Qualitative Response Analysis: Initial findings

- ▶ We asked our staff several *open-ended questions* on this survey (with differing questions based on whether staff has been working remotely or on-site. The crux of the questions were:
 - ▶ What has RBHA done right during the COVID closure?
 - ▶ What does RBHA need to change about its COVID response?
 - ▶ What should RBHA change as we return to on site work?
 - ▶ Additional concerns and considerations

What have we done right?

(Major Themes of Staff Responses)

- ▶ Following CDC guidelines (front door check-in, taking temperatures, wearing masks);
- ▶ Telework/flexible scheduling;
- ▶ Telehealth (for safety reasons and improved appointment opportunities for clients);
- ▶ Limiting face-face contact by decreasing the number of people in facilities (both staff and consumers) and limiting the census.

Where Can We Improve?

(Major Themes of Responses)

- ▶ Address policies and procedures, particularly within residential programs (improve sanitation, isolation, testing immediately prior to admission);
- ▶ Improve building cleaning procedures;
- ▶ Provide stronger PPE; enhance highlight of CDC guidelines and ensure that they are followed; if possible, provide opportunity for rapid COVID testing for staff and consumers who may have been exposed or who are entering programs;
- ▶ Improve limits on face-face encounters by limiting the number of people walking through the main building (including staff, consumers, and visitors) and residential facilities (especially visitors). Requiring appointments only for consumers, with no walk-in services allowed.

What should RBHA change as we return to on-site work? (Major Themes)

- ▶ Decrease possible exposure by improved cleaning of the facilities; provision of any PPE; and consistent enforcement of CDC guidelines;
- ▶ Increased opportunities for telework, in order to limit the number of people in the building and to provide improved work efficiency;
- ▶ Building enhancements (i.e., Plexiglas dividers, designated areas to meet with clients, improved air filtration).
- ▶ Many staff are concerned about sharing office space;
- ▶ Improve policies and procedures within individual programs.

Additional concerns and considerations (Major Themes)

- ▶ Many staff indicated they had no concerns or recommendations for improvement. They felt that *Telework* and *Telehealth* had been successful and *contributed to their feeling safe*;
- ▶ Continued focus on providing adequate PPE, assuring consistent and ongoing cleaning of the facilities, and *enforcing* CDC guidelines;
- ▶ Limiting face-face contact by limiting the number of people entering the facilities (no walk-ins or visitors, limited foot traffic through the main building); flexible staff scheduling, allowing for telework when possible; and building enhancements (individual office space, Plexiglas barriers);
- ▶ Policies and practices within programs, especially Residential and HR, should be re-visited, including hazard pay for those employed in work areas with an increased risk of exposure.

The END.
Any Questions?