

1. FEBRUARY 26th

Subject: I&R and COVID-19 (Coronavirus)

Dear AIRS members,

It seems that this may get worse before it gets better.

For questions from members of the public, Centers for Disease Control and Prevention (CDC) remains the best single source of up-to-date information that can be shared for people who may be calling about factual medical information relating to symptoms, how it spreads, testing, etc.

Keep this site bookmarked: <https://www.cdc.gov/coronavirus/2019-ncov/>

However, from previous outbreaks of disease, the situational response will be very much at the local level depending on decisions by public health officials at the local and state/provincial levels. Particularly regarding how circumstances will be managed in relation to the potential threat within their own communities and how the management of those issues might be best addressed.

Please keep yourselves updated with information from these sources.

This is also the time to take a close look at your own emergency/disaster plans, particularly in terms of continuity of operations (COOP). It certainly seems prudent to plan for the potential of having more staff working from home should the need arise.

Many I&Rs already use remote staff so it just becomes more a matter of scale. Other I&Rs should consider what is required from their own technology for this to happen. AIRS will share some details on this tomorrow.

It is quite likely that some of our 211s and other members may be asked to participate at an official level in being prepared to handle increased calls. This is a role that we have done well in the past and an area where we will continue to prove our capability.

In service,

2. FEBRUARY 27th

Subject: Follow-up on I&R and COVID-19 (Coronavirus)

Dear AIRS members,

This is a follow-up from yesterday's email concerning COVID-19.

The situation is a cause for vigilance, concern and (in the case of the I&R sector), information and preparation, while at the same time maintaining a sense of perspective both for ourselves and our communities. Once news channels start rolling 24/7 with a punchy graphic and tagline, it becomes both potentially terrifying, while also fitting into a familiar pattern of something being touted as a huge threat before disappearing into a vague memory.

But right now, people are worried and people are calling us.

As a reminder, for questions from members of the public, Centers for Disease Control and Prevention (CDC) remains the best single source of up-to-date information that can be shared with people who may be calling about factual medical information relating to symptoms, risks (it seems to have a 2% mortality rate), how it spreads, how to be tested, etc.

Keep this site bookmarked: <https://www.cdc.gov/coronavirus/2019-ncov/>

Or in Canada, the [Public Health Agency of Canada/ Agence de la santé publique du Canada](#)

It is also a good idea to have a prominent link to the CDC website and any appropriate local information on your opening webpage. Remember that folks who you have previously helped, will always see you as a trusted source, and will come back to you when they need help/information about other things – even if they seem obviously out of scope with your core work.

Here are two examples of AIRS members that have gone beyond that and are good models to follow:

<https://211sandiego.org/> and <https://uwc.211ct.org/coronavirus-novel-in-connecticut-general-information/>

It is also crucial to be plugged into your county/state situation to monitor the recommendations and directives of public health officials. For example, there are communities that are setting up or planning to set up large isolation units to be ready in case circumstances change.

You should explore the mechanics of being able to increase or prepare to introduce remote staffing. There may be employees who must self-isolate, or who may be looking after a family member who is ill, or concerned about someone at home living with a high-risk situation.

Here is what the AIRS Standards say about remote work (ideally):

“Technology is available to support the ability of staff to do all or part of their work off-site. For the most part, this innovation provides flexibility and responsiveness to the needs of individual staff. However, in the case of Community Resource Specialists who may be directly serving the public from an off-site location, procedures must be in place to ensure that regardless of where an I&R inquiry is handled, all service delivery standards still apply.

In order to ensure that the public experiences no discernible difference in the quality of service, special requirements for off-site I&R service delivery are in place including provisions for specialists to:

- o Make three-way calls to connect the inquirer to external services including language translation services.
- o Contact emergency services while maintaining a connection with the inquirer.
- o Work in a distraction-free environment.
- o Access supervisory assistance, when required, and for supervisors to exercise quality assurance measures.
- o Have personnel policies and training opportunities that reflect off-site circumstances.”

And also:

“The I&R service supports and encourages all staff to develop emergency plans for their own homes and families that allow them to better fulfill their agency roles in an emergency, secure in the knowledge that their families are properly prepared.”

And without being over-bearing on this, COVID-19 is a virus that seems to work much like an influenza virus. This is a good time for all I&R staff to conscientiously practice at home and at work, some of the basic common sense activities that reduce the likelihood of any virus spreading while also increasing your body's ability to respond to any infection. Wash your hands thoroughly and regularly. Eat healthy!

There are also a number of news reports about racist harassment and discrimination occurring to members of Chinese communities, and it seems, anyone appearing to be from a Southeast Asian background. These are caused by a lack of knowledge, and I&R has a part in providing factual information.

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

3. **MARCH 5th**

Subject: AIRS Conference and COVID-19

Dear AIRS members,

Towards the end of next week, AIRS will be opening up the registration process for [our June conference in Grand Rapids](#). Despite the 'known and unknown' issues relating to COVID-19, it remains our intention to still do so – and we hope everyone who is planning to attend will still register.

Just to provide you with the most basic reassurance, all registrations will be 100% reimbursed should anyone change their mind and/or government directives change.

We have been speaking with our conference hotel. They are making their own enhancements to introduce more health/food/housekeeping safety features including such common-sense

items as more kitchen controls, more hand-sanitizing stations, more tongs and no finger-food that involves people touching anyone else's food.

We are also monitoring airlines and noticing the introduction of 'no-fee cancellations' on new reservations – and we expect that trend to continue.

As this is being written, a state of emergency has been called in California, Florida and Washington. We expect more states to be added next week.

Our members serve the most vulnerable people. Older adults and persons with disabilities are especially at danger to this virus, and many of those are also the people who find it more challenging to obtain trusted information. Many of our 211s and other I&Rs are also being formally mobilized in preparation for their role in working with their public health and emergency management partners.

Our staff and volunteers are continuing to work on the conference program. Ironically, to reflect the quality of the incoming proposals, we had been considering a new program track relating to the Social Determinants of Health – and this now seems more prescient.

Part of me has been sharing that “if COVID-19 is a part of our lives in June, the AIRS Conference is going to be the least of our worries”, and that remains true.

However, **right now in deference to what we know right now**, it seems a matter of taking this virus very seriously in terms of common-sense controls to avoid infection and to behave responsibly as soon as you feel ill. But also, not panicking and following valid medical/public health advice.

I am attending a conference myself in California in two weeks time. I see no reason to cancel but I will (try to) be careful.

AIRS will be monitoring the situation regarding our conference, and if we need to make changes, we will let our members know immediately. Please let me know if you have any unanswered questions or concerns.

Meanwhile, let's all make sure that we are providing our clients, communities and staff with validated CDC information (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>), supplemented with state/local sources as appropriate.

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

4. MARCH 9th

Subject: I&R and COVID-19: Issues on staffing and community preparation

Dear AIRS members,

On Friday, we emailed AIRS members to share recent information. At the time, states of emergency had been declared in California, Florida and Washington. These have now been joined by Kentucky, New York, Maryland, Utah and Oregon.

The [CDC](#) has recently issued specific guidelines/recommendations for employers on staffing and related issues.

For employers:

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>

Summary:

- Promote the practice of everyday preventive actions
- Actively encourage sick employees to stay home – be flexible
- Emphasize respiratory etiquette and hand hygiene by all employees
- Perform routine environmental cleaning (Regularly clean all frequently touched surfaces such as workstations, countertops, and doorknobs. Provide disposable wipes (if available!) so commonly used surfaces (for example, phones, keyboards, desks, surfaces in communal space) can be wiped down by employees before each use)
- Staff may need to stay at home to look after sick family members

For community and faith-based organizations (especially those serving vulnerable populations):

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/guidance-community-faith-organizations.html>

Summary:

- Establish ongoing communication with your local public health department to facilitate access to relevant information
- Connect to community-wide planning
- Review your emergency plan
- **Consider the needs of older adults, persons with disabilities, and other vulnerable individuals**
- Identify services which might be limited or temporarily discontinued during an outbreak
- Plan ways to continue essential services if on-site operations are scaled back temporarily
- Stay informed about the **local** COVID-19 situation – (<https://www.naccho.org/membership/lhd-directory>)

Consider signing up for the CDC mobile App:

<https://www.cdc.gov/mobile/applications/cdcgeneral/promos/cdcmobileapp.html>

AIRS will be sending additional emails to members in a few hours time, related to more specific ways we can help our clients and communities.

In service,

Clive Jones
AIRS Executive Director

5. **MARCH 9th**

Subject: I&R and COVID-19: Reflecting and Planning

Dear AIRS members,

About 16 years ago, more than 40 people in Toronto died through SARS, and another 200+ were infected. In addition, more than 1,000 people were asked or volunteered to self-isolate themselves because of close contact with a potential source. There are some similarities between SARS and COVID-19 in terms of its nature and possible impacts.

The longer lasting impact of SARS – and at the time – unexpected one, was the economic impact on vulnerable workers in industries such as food services, hotels, tourism, etc. These sectors virtually collapsed in Toronto over the ensuing months.

Attached is a short article from Findhelp Information Services in Toronto on [the impact and lessons learned from the SARS crisis](#).

In the U.S., this potential impact from COVID-19 may be exasperated by a lack of paid sick leave, uncertainty about health care costs, etc., particularly with anyone involved in the gig economy.

Depending on the development of the public health situation, I&Rs need to be aware of the economic pressures this may eventually produce. The effective responses to this may vary between cities and states depending on their infrastructure/philosophies. But I&Rs should try to get involved with planning/public health authorities and help prepare/place this aspect into the public domain.

AIRS will be sharing another email message in a few hours time.

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

6. **MARCH 9th**

Subject: I&R and COVID-19: Helping Clients and Communities (particularly older adults and persons with vulnerable health conditions)

Dear AIRS members,

At the turn of the year, the World Health Organization received information regarding a pneumonia of unknown cause detected in Wuhan, China. About 70 days later, more than 110,000 individuals from more than 110 countries have contracted the COVID-19 virus, with deaths at just under 4,000 as this is written.

([Bookmark dashboard from Johns Hopkins University](#))

Here are the key information pages:

From the CDC in the US -- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

and from Public Health Agency of Canada/L'Agence de la santé publique du Canada --
<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

The CDC has also prepared this resource for **Public Health Communicators**:
<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-communicators-get-your-community-ready.html>

And there is also a new CDC section concerning **Persons at Risk for Serious Illness** from COVID-19 (
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>) .
This covers symptoms and emergency warning signs, what to do if you are sick, as well as advice for family and caregivers. The situation at a nursing home in Washington State shows the dangers of this virus.

If we go by the assumption that many of the folks who contact many of our members for many reasons other than health care, are potentially among the most vulnerable to COVID-19 – this is an opportunity to expand our outreach to individuals.

Consider adding a simple question towards the end of an ordinary call, along the lines of *“We are asking people if they feel properly informed about the COVID-19 virus. Are you aware of how best to reduce your risk?”*

Obviously, I&R staff are not health care professionals and this is not intended to blur those edges. Any information provided to clients in response to questions should be drawn directly from CDC sources and clients should be fully aware of who we are quoting.

Symptoms: <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

Prevention and treatment:

<https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>

What to do if you feel ill:

<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

Travel information: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

We realize that different organizations operate within different realities. Even if you are not comfortable introducing a ‘wellness check’ question, anything that passes on good information will be helpful (even a voice message on your phone queue reminding people of good hygiene practices).

Stay healthy and help keep your clients/communities healthy.

Clive Jones
AIRS Executive Director
clive@airs.org

7. MARCH 12th

Subject: I&R and COVID-19

Dear AIRS colleagues,

We hosted a webinar yesterday that included United Way Worldwide and Advancing States. More than 600 people attended.

Here is the complete recording via the AIRS YouTube channel:

<https://www.youtube.com/watch?v=U2VtmYjAqal>

The webinar references additional material. Here it all is on the AIRS Learn website:

<http://learn.airs.org/covid-19>

The webinar covers some basic information regarding the virus, some options for handling call surges (e.g. IVR, text, webinfo pages – basically, any and all methods of filtering out those pure information calls). The session also outlined how this is more clearly developing into a public health emergency that has greatly enhanced risks for older populations and people with existing health conditions.

As a personal message to our members, I am suggesting three mantras for the next several weeks:

1. Be flexible with each other as this is going to be disruptive and sometimes scary. Even in basic ways, you are not washing your hands for yourself - you are washing them for your family and clients.
2. Prepare for disruptions in service caused by either being overwhelmed or understaffed, or both. There may also be some organizations that will feel the need to close down – but there may be ways the I&R program can stay open
3. BE BRAVE – what follows are some practical suggestions. They may not be applicable to all organizations/programs – but **identify what you can do**. We have 211s being mobilized by public health authorities, and we have aging/disabilities programs that are already connected to tens of thousands of at-risk individuals and their caregivers.

Put COVID-19 information on the front-page of your website that contains links to the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>) and state/county health department sites which contain more specific local information

Train all staff on what COVID-19 is and where [the basic FAQ resources are found](#). If answering questions, summarize from the CDC FAQ and state that you are sharing CDC-provided information

If your program is starting to receive a large number of basic information calls, set up your IVR (the messages that people hear before being put through) with something like “Press 4 for COVID-19 information” and include some of the basics. And allow people to go back if they still want to talk with a specialist. Check those voice messages every day!

Particularly if you are a 211 with text availability, set up an automated SMS text messaging response with a designated keyword with the same basic information as suggested for the IVR above

Review your options to increase staffing, either by allowing remote call-taking, recruiting and training volunteers or, if you are in an area experiencing high impact, being able to forward calls to a sister agency

Track calls – you need to know who is calling about what and from where. It is possible you might notice a pattern before public health does

Create a mechanism for tracking call records related to COVID-19 so you can report back later to public health officials or others about how many calls you handled related to the outbreak. There are new Taxonomy codes if this is your normal system: COVID-19 (JP-1500.1700-150: COVID-19 Control and YF-3000.2193: COVID-19)

Create a resource database record for tracking COVID-19 information contacts. [See this example from 211 Connecticut](#)

For aging/disabilities (and other) agencies, consider asking a question at the end of your current calls, along the lines of “Do you need any basic information about the COVID-19 virus?” or “Would you like me to share some basic information about the COVID-19 virus?” (and then just cover how to reduce the chance of sickness and symptoms).

The virus now has more than 125,000 cases in 116 countries with nearly 5,000 deaths.

In service,

Clive Jones
Executive Director, AIRS
clive@airs.org

8. **MARCH 13th**

To all AIRS members,

We emailed you on March 5th – which now seems a long time ago – stating that “AIRS will be monitoring the situation regarding our conference, and if we need to make changes, we will let our members know immediately.”

The AIRS Executive Committee met this morning and **made the decision to cancel our face-to-face conference in Grand Rapids, Michigan, scheduled for June 8-10, 2020.** We will instead aim to develop an online e-conference with maybe 15-20 sessions held over a 2-3 days period at around the same time.

The conference dates are barely 10 weeks away, and we assessed the following factors:

- o Many of our members are moving into prominent roles in providing information relating to COVID-19
- o Many members are part of government or other organizations that have announced travel bans
- o Michigan has declared a state of emergency, and there is likely to be a federal declaration later today
- o More states are announcing limitations on the size of public gatherings
- o Individuals are worried about any travel that potentially puts their families at risk

Cancellation was the only responsible choice and we would like to thank everyone who had already made a tangible commitment such as presenters, exhibitors, and sponsors.

Our members serve the most vulnerable people. Older adults and persons with disabilities are especially at danger to this virus, and many of those are also the people who find it more challenging to obtain trusted information. Many of our 211s and I&Rs are also being formally mobilized in preparation for their role in working with their public health and emergency management partners.

The safety and well-being of our members is our top priority at this time. Please watch for upcoming information as we explore e-conference options.

We hope to see as many of you as possible in New Orleans, Louisiana, for #AIRS2021.

In service,

Catherine Rea
AIRS President
Heart of Florida United Way
catherine.rea@hfuw.org

David Jobe
AIRS Vice President and Conference Chair
United Way of Greater Houston
djobe@unitedwayhouston.org

9. **MARCH 16**

Dear AIRS members,

A quick check-in email as the public health situation and the institutional response intensifies.

The [CDC's website](#) is constantly changing. If you are summarizing some of the key questions for staff/clients, it is really important to keep checking back as protocols are updated.

It is also becoming more critical to have as firm a grasp as possible on the directives within your state. This webpage from the National Governors Association lists the COVID-19 links in every state: <https://www.nga.org/coronavirus/#actions>.

Our colleagues at United Way Worldwide have set-up and are maintaining a national resource page about COVID-19 and making it available for all 211s and all I&Rs:

<https://docs.google.com/spreadsheets/d/1ean9O47zEM7048FuAKVR5JidBU4Fg7kMe4yOyowN7-w/edit#gid=905301205>

AIRS has set up an open page on our Learn.AIRS site listing COVID-19 training resources (including a webinar tomorrow - Tuesday 17th - about handling “surge” volunteer training):
<https://learn.airs.org/covid-19>.

Please use the AIRS Networker Open Forum at <http://airsnetworking.airs.org> to keep updated on issues, contribute to discussions, and share anything that either responds to or sparks an online conversation that gets us to the next level to deal with this public health crisis. Threads over the past few days have covered the type of calls being received, support from vendors on price flexibility during the crisis, comments on social distancing in the I&R workplace.

211s should also connect with [UWWs 211 Network Workspace](#). There is also a related COVID-19 group for those 211s that are directly involved in an operational response.

As a reminder, AIRS has cancelled our 2020 conference in Grand Rapids but is working on an e-conference (perhaps 20 sessions over 2-3 days) – more to be announced later. We are scheduled to all meet in (one can only hope) more ‘normal’ circumstances in New Orleans in 2021.

In Service,

Clive Jones
Executive Director AIRS
clive@airs.org

10. **MARCH 19th UPDATE**

Dear AIRS members,

This is the 10th update we have sent since February 26th ... I collated them the other day and the first words of the first message were: “It seems that this may get worse before it gets better.”

Since then, the majority of the content has focused on the practical and supportive. But one aspect of yesterday’s news deserves some reflection. Italy has just recorded its largest number of COVID-19 deaths in a single day. But that is not the news. They also recorded their largest

single day increase in new confirmed cases. And this in a country that has been largely in lockdown for a couple of weeks.

Some salient points

- The federal Families First Coronavirus Response Act has been signed into law. There is a summary of its contents at the end of this message. Additional federal support for individuals and businesses will continue to be introduced.
- This has been highlighted before, but this webpage of the National Governors Association - <https://www.nga.org/coronavirus/#actions> - is the best at-a-glance resource I have come across – particularly if you need to access what is happening in every state. Click on it and scroll up and scroll down.
- The CDC COVID site is expanding and receiving regular updates - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. If you have internal summaries of CDC information – please verify that regularly against the current information. It is also the case that the recommendations/directives of some states are still diverse, in addition to details about how testing and treatment is accessed. Please follow the situations in your states! However, if providing *health information* to clients – use and reference the CDC.
- United Way Worldwide is maintaining and making available to all I&Rs, an extensive list of national resources and information. [Please bookmark this site.](#)
- Our agencies – particularly on the west coast, but increasingly across the country, are experiencing dramatic changes in call volume.
- Here is [a display from a Power BI that shows call data from 211 Ventura and also from 211211 texts](#) going out in multiple states. (Courtesy of Kelly Brown who has probably not slept more than 7 hours of the last 72.) Scroll down to the reasons for calling –

anticipate these types of calls coming into your agencies – do you have ways to provide straightforward information options without keeping folks in a phone queue for several minutes? Are your staff able to handle those questions?

- Finally, AIRS will be sending you a short survey tomorrow. We want to get some insight into how our collective programs/agencies are faring – how many of you are using remote staff? Training volunteers? Creating IVR or text options to respond to information requests? Are you formally supporting your city, county or state? How busy are you?, etc. ... And in what ways can AIRS provide practical help that would be useful for all ...

Families First Coronavirus Response Act

This bill responds to the coronavirus outbreak by providing paid sick leave and free coronavirus testing, expanding food assistance and unemployment benefits, and requiring employers to provide additional protections for health care workers.

Specifically, the bill provides FY2020 supplemental appropriations to the Department of Agriculture (USDA) for nutrition and food assistance programs, including

- the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);
- the Emergency Food Assistance Program (TEFAP); and
- nutrition assistance grants for U.S. territories.

The bill also provides FY2020 appropriations to the Department of Health and Human Services for nutrition programs that assist the elderly.

The supplemental appropriations provided by the bill are designated as emergency spending, which is exempt from discretionary spending limits.

The bill modifies USDA food assistance and nutrition programs to

- allow certain waivers to requirements for the school meal programs,
- suspend the work requirements for the Supplemental Nutrition Assistance Program (SNAP, formerly known as the food stamp program), and
- allow states to request waivers to provide certain emergency SNAP benefits.

In addition, the bill requires the Occupational Safety and Health Administration to issue an emergency temporary standard that requires certain employers to develop and implement a comprehensive infectious disease exposure control plan to protect health care workers.

The bill also includes provisions that

- establish a federal emergency paid leave benefits program to provide payments to employees taking unpaid leave due to the coronavirus outbreak,
- expand unemployment benefits and provide grants to states for processing and paying claims,
- require employers to provide paid sick leave to employees,
- establish requirements for providing coronavirus diagnostic testing at no cost to consumers,
- treat personal respiratory protective devices as covered countermeasures that are eligible for certain liability protections, and
- temporarily increase the Medicaid federal medical assistance percentage (FMAP).

11. MARCH 23rd

Subject: AIRS COVID-19 SURVEY RESULTS

Dear AIRS members,

This survey closed at 1pm eastern. The response was amazing and the work that is being done in such overwhelming circumstances is truly humbling.

This comes with no analysis but I don't think the key numbers will surprise anyone.

Two documents:

[1. Presentation style](#)

[2. Open-ended responses](#)

This helps us better understand how you are and how we can better help (without over-promising but we will work as hard as we can).

AIRS is in this until it is over.

Stay safe and healthy,

Clive Jones
AIRS Executive Director
clive@airs.org

12. **MARCH 25th**

Subject: AIRS, our members and COVID-19

Dear friends and colleagues,

AIRS knows its 'nonprofit business lane' – we are all about Standards, Certification, Accreditation, Training, Networking and Support.

We also know that this is not 'business as usual'.

The AIRS Board met yesterday. For the next three months, or however long it takes, AIRS will focus on the provision of training, networking and support to our members and whoever else reaches out for help. We will try our best to lessen your loads as your program and staff are directly engaged in critical work.

Specifically, AIRS will:

- Provide regular messaging to members about COVID-related news
- Find out what our members need and try to provide it
- Adopt the 'how can we help' mantra with our national and international partners
- Constantly scan for 'good ideas that are working well', and alert members to new options
- Set up immediate training programs to make sure our frontlines (including incoming volunteers) understand the basics of I&R and COVID-19 issues
- Provide free COVID-19 and I&R onboarding training materials on our <http://learn.airs.org> platform to all members and all non-members (allow 2-3 days for technical set-up)
- Organize the webinars you need and make them as interactive as possible
- Continue to provide but not push, AIRS Certification and Recertification. We are ready to rearrange any exam applications if desired, and remind anyone with booked 'physical' exams that there is a remote alternative (for more, email certification@airs.org)
- Introduce a three-month suspension of AIRS Accreditation, although we will support anyone who is able to move their process forward. For those due to apply for Reaccreditation within the next three months, we ask you to complete your scheduled application in the usual fashion (including payment – we need the cash-flow!) but your 'clock' will not start for at least three months (for more, email amy@airs.org)

AIRS is with you until it is over.

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

13. MARCH 26th

Subject: COVID-19: Summary of AIRS Member Pulse-Take and a Carefully Worded Suggestion

Dear AIRS Members,

This message contains two Things.

Thing One: Summary of AIRS Member Pulse-Take

We quickly pushed out the results of our member survey earlier this week. However, I have cleaned up the presentation a bit (rounding up the numbers rather than using two decimal places) and inserting three slides that offer a short summary of the findings.

As these are across the range of I&R, it is an average of averages, and gives an overall impression of life within the sector but is unlikely to accurately reflect any individual reality.

Click here for the survey:

www.airs.org/files/public/AIRS_COVID_MemberPulseTake_March2020.pptx

You are free to use/adapt this information in any way that might be helpful, with or without any attribution to AIRS.

Certainly, AIRS and our national partners are using this information to trigger the development of materials about challenges such as volunteer recruitment/training/retention, using the IVR to reduce incoming calls (Networker posting on this today!), using text, providing summaries on financial assistance packages, etc.).

Thing Two: A Carefully Worded Suggestion

All states, territories and DC have declared a state emergency/public health emergency for COVID-19.

As of today (March 26th), the following states have issued variations of “Stay at Home” orders:

California, Connecticut, Delaware, Georgia (only for the ‘medically fragile’), Hawaii, Idaho (only in Blaine County), Illinois, Indiana, Louisiana, Massachusetts, Michigan, New Jersey, New Mexico, New York, Ohio, Oklahoma (only for ‘vulnerable populations’), Oregon, Pennsylvania (only for 8 counties), Washington, West Virginia, Wisconsin

It follows that the other states have chosen not to do so – although possibly some may make this move later today.

I&Rs should always use the [CDC as the primary source of medical/scientific information](#) relating to COVID-19.

I&Rs should also provide factual information about state guidelines. For example, one state may have closed all non-essential businesses, another state may have closed (for example) gyms and tattoo parlors, while yet another state is allowing gyms and tattoo parlors to stay open.

This site shows the various actions taken by states: <https://www.nga.org/coronavirus/#states>

Without resorting to scare-mongering or disputing the decisions of individual states, it seems prudent to remember that the COVID-19 virus behaves in the same manner in every state ...

I do not see a downside to proactively remind everyone but **particularly** all clients/callers who are *older adults and/or people with vulnerable health conditions*, that many states are suggesting that you should stay inside as much as possible, be in contact with as few people as possible, maintain those universal recommendations relating to hand washing, and to see whether your family can drop off groceries and other essentials for the next couple of weeks.

In your service,

Clive Jones
AIRS Executive Director
clive@airs.org

14. **MARCH 27th**

Subject: Provisions of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act")

Dear AIRS colleagues,

The CARES Act was passed by Congress a few minutes ago.

Click here for a summary of its key provisions: [www.airs.org/files/public/COVID-19 CARES Act Summary.docx](http://www.airs.org/files/public/COVID-19%20CARES%20Act%20Summary.docx)

The summary covers three main areas that we know our clients want to understand:

- Direct payments to Americans
- Unemployment compensation
- Small Business Loans via the Small Business Administration (SBA)

The SBA Loans are basically grants and we believe that **many of our members will be eligible to receive this benefit to offset your payroll and other costs.** (I checked this provision with

three separate entities who all confirmed the above understanding).

Standard caveat: We have turned this around very quickly and it may be possible for us to have missed or misstated something important ...

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

15. MARCH 29th

Dear AIRS members,

COVID across the US

The AIRS Standards and Quality Indicators for Professional Information and Referral state under Standard 1: “The I&R service recognizes the inquirer’s right to accurate, comprehensive and unbiased information provided in a confidential and/or anonymous, nonjudgmental manner; and is a non-partisan, non-ideological and impartial information source for available non-profit, government and for-profit services that meet the I&R service’s inclusion/exclusion criteria.”

The above is typical of the type of grandiloquent language one finds in such documents, and generally one skips over such words. However, probably for the first time in such a flagrant manner, we are aware that there might be gaps between being “non-partisan, non-ideological and impartial”, and being “accurate”.

In which case, we are going with accurate.

The [attached CNN chart](#) (click and scroll down) shows the status of COVID-19 cases in the US. At the time of writing, there were more than 135,000. The extrapolation is that “In the United States, the number of known cases is doubling about every three days.” *It would be truly wonderful news if that is proven untrue by Thursday.*

The chart also shows per capita cases by state. [There are some states that do not have “Stay at Home” orders.](#) And although some of the case numbers seem low, the per capita numbers are comparable with some states that have had ‘stay at home’ orders for the past 2-3 weeks.

Obviously, if you are reading this in New York, Michigan, Louisiana, Washington and a host of other states – this all reads pretty hollow.

Keep your staff safe and do not take anything for granted ...

Recommend that *everyone* in your community who can stay-at-home does so ...

AIRS Training

At the beginning of the year, AIRS unveiled a new online training portal at <https://learn.airs.org/>.

We spent a fair amount of time and some money, to ensure that the new system integrated with the AIRS Networker so that folks did not have to register separately. However, in the current reality, we wanted to make [all of our COVID-19 and staff/volunteer onboarding materials free for everyone](#) who wanted to use them.

Our training software is either one thing or the other – so in order for it to be free for outsiders – our own members will have to create new passwords (your email should be your username).

Our [welcome page](#) says: “We just updated our login feature to accommodate all member types and non-members as well as temporary staff and volunteers! Simply click “Create Account” to begin. If you had previously registered your user with an AIRS login, just click on “Log In” and then on “Forgot Password” to receive a link to reset your user to the new system.”

If you have any problems/questions, please contact AIRS Director of Training and Education, Chiara Cameron-Wood at chiara@airs.org

Communication

You are reading this email because you are the 'primary' contact for your AIRS membership. In most cases, this means that you are the most appropriate person to be reading this email, and can pass on information as you feel fit for your I&R program. However, for some folks, the I&R portion is part of a far broader portfolio of responsibilities. If the last sentence describes your own situation – we can always add in one or more 'cc emails' to your AIRS record – just let us know.

We try to use these 'direct emails to primary contacts' for our most important 'higher' messages. We know that we are sending more of these of late. You also receive the [Daily Digests for our AIRS Networker](#). These are shared with about 6,000 I&R practitioners. These postings may also be helpful in an operational sense. The daily digest email contains a synopsis of the contents for that day. If you do not have time to read these – please suggest that someone in your I&R program does so – and can let you know if there is something relevant to your I&R.

Those of you who are 211s may receive a second dose of messages (or else, AIRS *is* the second dose). UWW and AIRS do work formally together in a very collegial manner. We are both aware that you may be receiving similar info from both of us. We are trying to reduce that ... while at the same time both being aware that we would rather accept an 80% overlap, rather than risk a gap of 20%. We ask for your patience.

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

16. APRIL 1st

Dear AIRS members,

AIRS Webinar: Resource Databases and COVID-19

Thursday April 2nd at 1pm eastern

SHARE THIS WITH YOUR DATABASE CURATORS: This webinar will discuss the immediate challenges of your work in a crisis mode. Panelists are Lindsay Paulsen of 211 Nebraska, Marioly Botero of 211 Atlanta, and Laura James of NC 211.

There are 2 easy steps to participate:

Step 1: Contribute to this survey that will inform the presentation:

<https://forms.gle/kDoB7HFc1Y997C7w7>

Step 2: Register for this AIRS webinar at:

<https://attendee.gotowebinar.com/register/485807524034190094>

AIRS is developing a webinar next week on providing service remotely. All of the presenters on that session will be non-211s (most 211s are now operating remotely).

Effective use of IVR systems

Last week we posted about '[coping with the queue](#)' during times of great demand.

Since then, UWW and AIRS have developed two documents containing sample messages that can be customized for your own IVR, or (if you are set up) text service. They can also be adapted as canned segments for Chat platforms:

- [Using Your IVR as a Diversion Tool](#)
- [Maximizing Texting as a Diversion and Outreach Tool](#)

If you go to: <https://learn.airs.org/covid-19>, you will find Spanish language versions of these documents – again, you are free to use these as a base and create something more applicable to your communities.

Remember that all volunteer and onboarding training/resources on <https://learn.airs.org/covid-19> are now free to all AIRS members and non-members alike.

SBA Loan/Grant Information

Some more information has been placed on the SBA website concerning the Paycheck Protection Program. It is not 100% clear whether the program is now open for applications – although a sample application is available on the website so you can get a handle of what will be required. It is also worth confirming that your bank/financial institution is participating in the program. Check out:

<https://www.sba.gov/funding-programs/loans/paycheck-protection-program-ppp>

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

Personal reflection

When being told that a restaurant will have a table available in about 30 minutes, there are two schools of thought as to what this means. Both schools agree that a table will not be available in 30 minutes. One side contends that a table should be available in about 20 minutes and that you are being told the longer time, (a) just in case and (b) because you will be happy discovering it only turned out to be a 20-minute wait. The other side counters that the table will be available in about 40 minutes, and that you are being told the earlier time because once 30 minutes rolls by, you are already invested in the outcome and what's another 10 minutes? It is within this lens that I am trying to unpack yesterday's federal government pronouncement of 100,000 deaths being a 'good result'.

(It is a number that I just cannot comprehend ...)

17. APRIL 1st

To all AIRS members,

AIRS sent an email this morning that included a document with some sample text messages. One of those messages referenced face masks. At the current time, the advice on the CDC website remains that a mask is NOT needed. However, over the course of the day, there have been a number of articles suggesting this may soon change.

Studies, including a recent report from Iceland, suggest that many people are unknowing non-symptomatic carriers, and wearing a simple, non-medical, face mask when outside may help slow the spread.

We have created a new version of the document -- [Maximizing Texting as a Diversion and Outreach Tool](#) -- and are currently reviewing/changing all AIRS training and information materials.

AIRS materials are not adding new information on masks until this becomes official but it seems prudent to remove any existing references now.

In service,

Clive Jones
AIRS Executive Director
clive@airs.org

18. APRIL 2nd

IMPORTANT INFORMATION: SBA loans/grants

Dear AIRS members,

If you are considering applying for the Paycheck Protection Program under the SBA, try to do so soon!!

The Program is a loan that covers 2.5 times your monthly payroll. If the loan is used to cover payroll, it will be 100% forgiven.

The program officially opens on April 3rd. For whatever reason, the form is not yet available on the SBA website (at time of writing) other than as a watermarked sample ... **but it IS available on the Treasury website** (see below):

<https://home.treasury.gov/policy-issues/top-priorities/cares-act/assistance-for-small-businesses>

Note that the form has a small box in the upper left-hand corner to identify that you are a non-profit. But that most of the questions relate to “Business Owners”. There is no special guidance regarding how to tackle this, but it is their set-form. Your local non-profit association may have some advice on this, as might your lender. Make sure you clearly state your 501c3 (or similar) status and possibly name your Executive Director or equivalent as the “authorized representative” and the Board President as the “owner” ... (if anyone has a better inside track on this, please email me!).

Damon Terzaghi from ADvancing States advises that “this is probably the only form that they can use since it has the OMB control number” and the process has probably been extremely expedited.

Josh Pedersen of United Way Worldwide provided the following link of the major SBA lenders: <https://www.sba.gov/article/2020/mar/02/100-most-active-sba-7a-lenders>. Josh also mentioned that there may be state governments with their own programs that also include non-profits.

I know everyone is both busy beyond belief and working within fragmented organizations. HOWEVER, there will almost certainly be an avalanche/tsunami of applications. And there will be bottlenecks within the chain. The amount of money available is huge but finite.

In service,

Clive Jones
AIRS Executive Director

19. APRIL 16th

Dear AIRS members,

We know that our front-time staff are collectively engaged in serving our communities at a time of intense crisis. And that this work is sustained and stressful.

As previously communicated, AIRS is now focused almost exclusively on the training and support of our members, and enhancing networking at all levels. We do not want to place any additional stress on our front-line staff.

For this reason, we are introducing **a two-month suspension on AIRS Recertification**. For example, if someone is due to submit their recertification materials in May 2020, they will have until July 2020 to do so. And obviously, this will be re-assessed if the situation approaching July has not improved.

Furthermore, this is also a time where conventional 'training/professional development' is hard to obtain. For this reason, **every week spent by an AIRS Certification holder in front-line**

COVID-19 related work (either on the direct service side or as a database curator), **will qualify as one 'hour' of professional development towards AIRS Certification up to a maximum of 5 weeks/5 hours** (AIRS Recertification requires 10 hours of professional development spread over 2 years). This is applicable for ALL holders, no matter when their recertification is due.

The validation for these hours is based on what someone feels in their heart to be true ... although we will ask Certification holders to provide a brief summary/some stories about the work they did – which might make for an interesting compilation.

Administratively, AIRS is assuming a two-month suspension for everyone due to recertify in April and May. *There is no need for anyone to email AIRS to confirm acceptance of this relief.* However, anyone with their paperwork prepared and in order, is more than welcome to submit their application at the required time. Regardless, the timing of their next recertification will remain two years from the time of its original date.

If you have any specific questions, please email certification@airs.org

We salute the work that you are all doing,

Clive Jones
AIRS Executive Director
Clive@airs.org

20. APRIL 9th

AIRS COVID-19 UPDATE: Just-in-Time Training and Resources

Dear AIRS members,

Our first COVID-19 update was sent on February 26th, and advised members to dust off those Continuity Of Operations (COOP) plans and prepare to set-up remote staff.

Our email of March 9th, reflected on the experience in Toronto during the SARS outbreak and advised that the majority of incoming COVID calls were going to be about economic hardship.

Another email on March 9th stated: “At the turn of the year, the World Health Organization received information regarding a pneumonia of unknown cause detected in Wuhan, China. About 70 days later, 110,000 individuals from more than 110 countries have contacted the COVID-19 virus, with [worldwide] deaths at just under 4,000.”

On April 9th, the numbers for the United States *alone*, are 432,000 cases (from 135,000 on March 29th) and just under 15,000 deaths.

This is the 21st such email since February 26th. *AIRS is now re-gearred to delivering just-in-time training and support based on the expressed needs of our members.* Following is a summary of recent events/resources ... please distribute this to your team as appropriate.

Online training/resources on COVID-19 and staff/volunteer onboarding

Everything at <https://learn.airs.org/covid-19> is now free and open for members and non-members alike.

Note that in order to ‘open that up’, the vendor had to dismantle the carefully arranged integration of passwords with the AIRS Networker. This means that everyone must create a new login just for this online training platform. The easiest way is to login, enter your email, then click ‘forgot password’ – see screenshots one and two.

Self-care

We have received many requests for self-care resources.

And we are very pleased to present a series of short videos created by [Lisa Dion](#) as a gift for AIRS members who are on the front line of the COVID-19 crisis - offering a listening ear and support to community members who are struggling with panic, fear, uncertainty and financial struggles in the midst of unprecedented times.

The available sessions are listed below and are geared to the rhythm of I&R work. They can all be found at https://learn.airs.org/stress_and_selfcare

- What You're Feeling is Normal - How to Minimize Stress by Connecting to Yourself Better
- Just a Moment
- Letting Go of Stress and Tension - A 5 Minute Exercise in Regulation
- Borrowed Breath - Helping Others Find a Calm in the Storm

Database Curators Forum (with bonus disaster resource 'software')

Last week, we held a Database Curators Forum on the challenges of handling COVID-19 resources. The session was attended by nearly 250 individuals (which is an amazingly high proportion of all curators). The presenters were Laura James of NC 211, Lindsay Paulsen of Nebraska 211/United Way of the Midlands, and Marioly Botero from the United Way of Greater Atlanta 211.

The recording of the session can be found here: <https://learn.airs.org/disasterdatabase>

As an additional outcome, we can share a 'quick-COVID-database' -- geared for rapid deployment, data curation during a disaster, and pragmatic resource retrieval by volunteers/new staff. This has been used by North Carolina 211, Nebraska 211 and a whole bunch of other 211s. Essentially, it fulfills and exceeds the functionality of those days when we used to drag whiteboards into the call center during a disaster.

The version below contains some NC data (e.g. county public health numbers) that should be replaced but has been kept as an entry guide. An I&R may choose to maintain some of the other, more generic, information but the idea is to add your own disaster resources.

It is a Google Sheet and once you click on it, it becomes 'your' online folder, and is accessible for all staff/volunteers with whom the link is shared:

https://docs.google.com/spreadsheets/d/1pUclfrJ5QGf6Yq0u_KF0N3Cw4FkKjKhlqK2ntmIYsUY/copy

Setting up for remote service

Our recent survey revealed that some segments of our membership were operating with 100%

remote staff, but that other areas, although yet to make this move, were interested in the possibility. We duly held a webinar (attended by about 200 members) last Tuesday.

We recruited a deliberately diverse group of presenters: Nanette Relave (ADvancing States, Arlington, Virginia), Renee Knight (ElderSource, Jacksonville, Florida), Tom Buckley (Epilepsy Foundation, Landover, Maryland), Edward Perry (211 Tampa Bay Cares, Clearwater, Florida), and Julie Grassi (The Information Center Inc., Taylor, Michigan)

Here is a recording of the session:

[Successful Transition to a Virtual Office](#)

Volunteer Recruitment, Training and Supervision

This webinar from March 17th, shared the direct experiences of Josh Pedersen (UWW and Commissioner for the Maryland Governor's Office on Service and Volunteerism), Sandra Carpio (United Way of Salt Lake, Utah, and Mary Cooksey I (United Way of Abilene, Texas). It showcased practical tips and advise on how to handle a surge of volunteers and/or new staff during a crisis/disaster.

The recording, along with other helpful information, can be found at:

<https://learn.airs.org/covid-19>

Upcoming AIRS webinar on public policy issues

Policy and practice is changing quickly. Opportunities are also emerging (albeit in a sometimes confusing way) for nonprofits to access funds to shore up their fiscal strength during a tumultuous time and amidst unprecedented situations

[Robert Blancato and Meredith Ponder Whitmire from Matz Blancato](#) (who are AIRS' public policy experts), along with AIRS President Catherine Rea from Heart of Florida United Way, will give an overview of changes and opportunities. This will include the aging and disability arena, funding and loans, as well as other tidbits about what the CARES Act, the Families First Act, and the next possible stream of financial support, means for you and the people you serve.

Friday, April 17th at 12noon eastern

Click here to register: <https://attendee.gotowebinar.com/register/6040088368459202571>

My special thanks to my colleague, Chiara Cameron-Wood, AIRS Director of Training and Education for developing, delivering, and archiving, all of the above sessions.

Loans/Grants to nonprofits through the Small Business Administration

The [Paycheck Protection Program \(click for more information\)](#) will cover 2.5 months of payroll and related expenses through a 100% forgivable loan. The application form must be completed and processed by your bank. (You can use other financial institutions if your bank is not being helpful). It seems likely that because of the demand, there will be a further increase in the amount nationally available. All 501c3s are eligible. Please persevere with your application!

Final words

We are trying to help you as best we can (within the eternal caveats of resources and ability). The easiest way to drive us in any particular direction, is to let us know what you need (and that we can reasonably deliver). Please contact me directly.

And it is also open-season on any questions you may have related to any aspect of I&R – relating or not relating to the current crisis. Again, please contact me directly.

In service and admiration of your work,

Clive Jones
AIRS Executive Director
clive@airs.org

