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| **Time allotted** | **Topic** | **Who / speaker (s)** | **Key Discussion / Actions / Tasks/ owner** |
|  | What are some services that you are offering and have cut down? What are some things you are doing in the centre as of right now? | Centre Leads | FVG * limiting direct contact to only when necessary
* scaling back primary care services to medical needs of clients that are already attached (no more intakes unless community partnerships).
* encouraging as much follow up as possible via phone, skype etc.
* peer support workers limiting anything more than one-on-one to or virtual support
* longer prescriptions to make them last as long as possible
* trying not to go into Renfrew house unmasked
* shifting from walk in counseling sessions to call in counselling where possible

FNS * no change in drop-in support or counseling, OAT,
* all groups cancelled until further notice
* walk in counseling still all face to face
* no peer support, social services or YAC right now
* psychiatry – phone, off site
* mainly only primary care, but most people are staying away

CR * global pandemic precautions updated daily (daily wipe downs etc.)
* no groups, limiting peer support, screening questionnaire when people enter the building (to alert if sick or traveling)
* no change to walk in -> In the works phone counseling
* currently no primary care is nurse practitioner is self-isolating after returning from trip

VIC * limiting access to the clinic, people have to buzz in
* dealing with constant demand for access to clinic
* limiting all groups
* walk in counseling still offered, down a number of counselors to isolation
* focus on phone calls and telehealth as much as possible
* 4 staff isolating at home, looking at virtual health options, phone calls for primary care, youth feedback – still feeling supported

ABBY* screener at front door w/ gown and mask, screening every person that comes in for fever, cough and difficulty breathing
* number of people in waiting rooms, directives for people to read through with covid-19 instructive
* if anyone answers positive to the questions, they are given a mask, sanitizer, directed to back room for swabbing and testing
* expecting clinic numbers to drop, busy right now
* telemedicine training session happening today
* groups/1-1 moving towards creative approaches, ex. texting but continuing to do them

RM * increased cleaning and wipe downs
* postponed groups
* primary care on hold until telehealth up and running
* psychiatry continuing using skype/phone
* walk-ins are now call-ins to reduce face-to-face interaction
* face-to-face when necessary after prescreening
* limiting rooms being used – wash hands as soon as people come in
* doors are locked, call reception to access
* numbers a bit down, a lot of call ins with info about what it’s going to look like
* online consent form for online counseling

PENTICTON * still offering walk in services on Tues/Thurs
* primary care, youth peer support, counseling, family support on phone
* screening everyone that comes in at the front desk
* all groups cancelled, looking at online options
* one on ones exploring phone and online

KELOWNA* continued primary care by appt only
* not designated for testing, redirecting to primary care clinic
* youth navigation suspended
* peer support suspended
* IPM, MHSU as usual
* walk in counseling – limited capacity, phone in or face to face
* questionnaire provided by interior health
* groups suspended
* staggering appts, to keep waiting room as clear as possible

PG * postponed groups, outreach on hold, primary care through telehealth
* walk in counseling same, prescreening questions
* limiting face to face contact with peer support

RICHMOND* putting in phased approach, getting close to doing all work from home
* phone screening to protect outreach staff, symptoms
* upped cleaning standards
* still seeing clients that are asymptomatic
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|  | The Ask: look at how we could free up ideally 1 staff from each centre to do it as part of a provincial network; (on a daily basis, for FTE M-F shifts, afternoon or early evening coverage )  | Steve | * The ministry is concerned to closure of resources to young people in terms of counseling and SU
* flatting of the curve is likely to last into mid-June if not later
* workforce could be an issue as there are limiting options for staffing
* we have an opportunity to pool walk in counseling to provide Foundry network and provincial wide support service who would need it
* we are in the process of moving forward with trying to hire up for virtual care
* we provide 800-1000hrs/month across the network, young people might want to stay away but still need help
* we would have to move off the current model and into a provincial virtual care model to continue to ensure service for all the young people that would come

Wendy – if we reach the point that we were instructed to have ppl not to come into the building, someone receiving calls and connecting All our centres would have the same number posted Central  |
|  | Response from centres | Centre Leads | Wendy – can support with one or more Julie – have staff that are no longer doing work in the school system, so have at least oneRod – yes this fits Malcolm – able to provide some support, potentially extend hours Vicki – relatively short staffed, but yesToni – yes Ben – 1 staff member already on self-isolation that could provide some support Kim – on yes; good opportunity for folks that are in the area but not close enough to come inVictoria – on board; FTE both counselors are on self isolation, the evening hours may be a concernWhich centres currently have Microsoft 365 – everyone has Microsoft not sure about teams, FVG – windows 7  |
|  | What are some challenges? |  | Toni – some young people that don’t have phones or a way to connect via telehealth Wendy – currently open til 6pm, re-staffing to 10pm may be a challenge Julie – large shift may take some time, some staff may be open to working evenings over hurdles Concern: divesting walk in counselors to this and then lose walk in counselors to this moving forward? - really a move to solidify our places in a provincial leadership role the replace folks from virtual care or do time limited Challenge: young people’s availability has also substantially changed, understanding that weeks of telehealth might suffice, but in looking ahead how are we going to providing face to face care and creatively care for youth in the months to come? Weekly online space/webinar where people are meeting or doing something?Challenge: how to provide support to clients in distress that you have never met. We have reached out to KHP to potentially have a group of counselors expand with their team etc.  |