

August 2020

CODAC CONNECTS

Monthly Newsletter

08/12/2020



BRIGHTEN UP YOUR DAY!

Fun, memorable and great moments that makes life a little more joyous. More info on p. 13



ADP PAY CODES

Please make sure to reach out to Lisa Nichols from our HR department if you have any questions about payroll codes. You can reach her at lnichols@codacinc.org or call 401-461-5056



THE LATEST ON COVID-19

Covid-19 is constantly changing. Please refer Gina Raimondos briefings and the WHO and CDC website for the most up to date info. p. 17

KEEPING UP WITH CODAC

With all our different schedules it is sometimes tough to keep track of the craziness. Here are some important dates you should be aware of!

- August 4th: National Chocolate Chip Cookie Day
- August 10th: Victory Day
- August 7th: Purple Heart Day
- August 15th: National Relaxation Day
- August 19th: World Humanitarian Day
- August 24th: Kobe Bryant Remembrance Day
- August 26th: Women's Equality Day
- August 30th: National Beach Day

AUGUST 2020

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Sandra Puerini Del Sesto



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"I have witnessed first-hand the phenomenal growth of CODAC from a small local storefront program to the nationally acclaimed organization it is today. It has been an honor to witness this evolution and consider the thousands of individuals and families it has helped in its nearly 50 year history."

"I am honored to introduce CODAC staff to Sandra Puerini Del Sesto. She has literally been with CODAC from the very beginning. Sandra has generously, generously donated her time, her insight, her experience, her remarkable competence and passion to us for almost 50 years. Words aren't sufficient to express our gratitude. With that I am introducing you to Sandra, the Chairman of our Board of Directors."

~ Linda Hurley

Sandra Puerini Del Sesto, M.Ed, ACPS, was a consultant and master trainer in prevention theory and practice. She was the founder and for 30 years the executive director of Initiatives for Human Development, a statewide, multi-service prevention program, and a founder of CODAC, RI's largest non-profit treatment program. She was also the founding director of the Institute for Addiction Recovery at Rhode Island College. For over 35 years, Ms. Del Sesto has provided community and strategic planning, program development, and capacity building in all areas of prevention practice throughout the United States. She has worked extensively at the national, state and community levels developing strategic behavioral health care plans and has also developed curriculum and programs for high-risk youth and families.. She is a member of the advisory boards of the New England Prevention Technology Transfer Center (PTTC), the National Latino PTTC, the US PTTC, and the New England School of Addiction Studies. She is a member of the Governor's Council on Behavioral healthcare and chair of its prevention committee. Sandra is also a member of the Board of Directors and the Prevention Committee Co-Chair of the International Certification and Reciprocity Consortium (IC&RC), the international organization that certifies professionals working in behavioral health. She is an author/co-author of many nationally recognized face-to-face and online courses in prevention. Sandra received her Bachelor's degree in psychology from Boston College (Newton), and her Master's degree in counselor education from Rhode Island College. She also completed a certificate program in non-profit management through Brown University. Ms. Del Sesto is an advanced certified prevention specialist.

WELCOME

Jacqueline Gerchman



I am pleased to announce that Jacqueline Gerchman has joined us as the new Director of Administration as of July 13, 2020. Jacki will be supervising our IT and Facilities staff, Maria Furtado, Ed Rondeau and Robert Babat.

Jacki is responsible for the daily operations of facilities and administration. She is guiding operating methods, improving information systems, overseeing staffing requirements and managing purchasing and vendor management.

Jacki graduated from the State University of New York at Cortland with a degree in Business Economics and has a Masters' Degree in Business Administration from Grand Canyon University. Prior to joining CODAC, Jacki served as the Executive Director of the United Way in Broome County, New York and as a Substitute Teacher in Woonsocket, RI. Jacki brings experience and a proven track record of success in both for profit and nonprofit organizations, which will be invaluable in meeting CODAC's goals and objectives.

This new position is designed to support our staff and our work in meeting our mission.

I am confident that Jacki is an excellent match for this position and a strong asset to CODAC.

Please join me in welcoming Jacki to CODAC

WELCOME

Jason Alexandre



I am pleased to announce that Jason Alexandre will be joining CODAC on July 27, 2020 as the Director of Quality Improvement and Performance

Jason will be responsible for CODAC's quality assurance. He will lead quality improvement teams and implement policies and procedures as needed. I am excited to have Jason on board. He will educate, guide and support us in remaining compliant and competent in CARF, State and Federal regulations.

Jason graduated from the University of Massachusetts with a degree in Psychology and also has a Masters' Degree in Psychology from Connecticut College, and a Master's Degree in Criminal Justice from Northeastern University. Jason has worked as the Director of Quality Assessment at Meeting Street School, and Vice President of Organizational Quality and Performance at Child and Family. Jason has also worked with Family Service of Rhode Island and the RI Department of Corrections. Jason joins CODAC with an abundance of quality improvement experience. His knowledge and experience make him a great addition to CODAC.

Please join me in welcoming Jason to CODAC

UNIQUE PELLETIER AWARDED \$15,000 COUNSELING FELLOWSHIP FROM THE NBCC FOUNDATION

By: NBCC Foundation

Providence, RI—The NBCC Foundation, an affiliate of the National Board for Certified Counselors (NBCC), recently selected Unique Pelletier, of Providence, Rhode Island, for the NBCC Minority Fellowship Program for Addictions Counselors (MFP-AC). As an NBCC MFP-AC Fellow, Pelletier will receive funding and training to support her education and facilitate her addictions counseling service to underserved populations.



Johnson and Wales student Unique Pelletier

The NBCC MFP-AC is made possible by a grant awarded to the NBCC Foundation in collaboration with the Association for Addiction Professionals (NAADAC) by the Substance Abuse and Mental Health Services Administration (SAMHSA). The NBCC Foundation administers the MFP-AC, including training and collaboration activities, such as webinars, that are open to all board certified counselors. The goal of the program is to reduce health disparities and improve behavioral health care outcomes for racially and ethnically diverse populations by increasing the available number of culturally competent behavioral health professionals.

The NBCC Foundation will distribute \$15,000 to Pelletier and the other 39 master's-level addictions counseling students selected to receive the fellowship award. Pelletier is a graduate of Rhode Island College and is currently a master's student in the clinical mental health counseling program at Johnson and Wales University. Pelletier's area of research includes opioid use disorder and comorbidities that coincide with this disorder. She currently works with adults suffering from opioid use disorders at CODAC Behavioral Healthcare. Pelletier's goals during this fellowship are to become more aware of treatment approaches in working with adults suffering from substance use disorders and histories of trauma, increase knowledge of resources available to these individuals, and work on involvement with adolescents and substance use disorders.

The NBCC Foundation has also awarded 20 \$20,000 doctoral fellowships through the MFP and 30 \$10,000 master's-level fellowships through the MFP-Mental Health Counseling-Master's (MFP-MHC-M). The NBCC Foundation plans to open the next NBCC MFP-AC application period in fall 2020. To learn more about the NBCC MFP and its fellows, please visit nbccf.org/Programs/Fellows.

*Biographical information provided by the awardee.

ABOUT THE NBCC FOUNDATION The NBCC Foundation is the nonprofit affiliate of the National Board for Certified Counselors (NBCC), based in Greensboro, North Carolina. NBCC is the nation's premier professional certification board devoted to credentialing counselors who meet standards for the general and specialty practices of professional counseling. Currently, there are more than 66,000 board certified counselors in the United States and more than 50 countries. The NBCC Foundation's mission is to leverage the power of counseling by strategically focusing resources for positive change

CODAC BEHAVIORAL HEALTHCARE

MI Office Hour Conversations

August's Topic:

Black Lives Matter: Social Movements and
Creating Therapeutic Common Ground

Special Guest: Ernest McNair, CODAC
Providence Program Director

In an effort to expand this
conversation and include all
CODAC staff, we would like to
encourage you to join us
every Wednesday at 1:30 PM!

ZOOM Meeting ID: 993 3860 9740

Passcode: 961113

Dial in numbers:

+1 929 205 6099

+1 301 715 8592

+1 312 626 6799

Thank you to Ray, Amelia, Daryl and Ernest for
initiating this conversation.

Project SOS Survey



Dear Codac Staff,

My name is Mary Musial from Codac Newport/Wakefield and I am excited to share with you information about an innovative program we are implementing in partnership with Family Service of Rhode Island and funded by The Office of Victims of Crime and Bureau of Justice. This program, Project Support Ocean State (Project SOS), provides clinical support and services for children and families impacted by parental Substance Use Disorder (SUD).

In order to best provide services, Project SOS is also collecting data from participants and providers throughout Rhode Island through focus groups and survey distribution. Our goal is to better understand the context in which families and children impacted by SUD are served and to develop informed outreach material, training(s) and support for providers and for families impacted by the opioid crisis and SUD.

With this, we ask for your support while we outreach providers in Rhode Island by taking a few minutes to complete and forward the survey below to your agency, listserv and any constituents you feel could contribute to this project.

I am happy to provide additional details and or resources about our program and this initiative in a phone call or online meeting if you have any questions.

<https://www.surveymonkey.com/r/FSRIsosproviders>

Thank you so much for your time.

Sincerely,

Mary



NEW PARTNERSHIP

We are excited to announce that we have partnered with The Rhode Island Public Health Association (RIPHA) as an organizational member.

The Rhode Island Public Health Association (RIPHA) is the RI affiliate of the American Public Health Association (APHA). Like APHA, RIPHA champions the health of all people and all communities, and supports the public health profession. Through their state-wide and national level advocacy, they speak out for public health issues and policies backed by science. **As a way of introducing this partnership, here is the introductory message from RIPHA's President, Chris Gadbois:**

Dear Linda

I would like to personally welcome you and your team to the Rhode Island Public Health Association. Thank you for your support of RIPHA. By becoming an Organizational Member, CODAC has secured free RIPHA membership for your employees and volunteers through December 31, 2020

In order to assure that interested staff are registered as members, we request that you send the email below with instructions on how to join RIPHA and the benefits that come with joining.

Thank you again for your support and collaboration with us in outreach to health professionals in Rhode Island.

Chris Gadbois, DNP, RN-BC, PHNA-BC

RIPHA President

Because CODAC is an organizational member, all staff have free individual memberships.

Benefits of this free membership provide:

Opportunity to collaborate with other RI public/community health organizations and meet other professionals with similar interests

Participate in free educational events and activities – including CME and CEU opportunities

Engage in state-wide and national advocacy for public health issues

Free annual membership in RIPHA for your employees and volunteers

Invitations to attend continuing education, advocacy training and networking events presented by RIPHA

As members of RIPHA CODAC employees can:

Influence public health policy and promote public health practice

Network and collaborate with other public health professionals and leaders

Develop a deeper understanding of current and emerging public health issues

To activate your free membership please follow these steps:

- Click on the following hyperlink:
<https://ripha.org/Become-a-Member>
- Click on the membership level "Employee or Volunteer of Member Community Health Organization-Free", then click "next"
- Enter your email and click "next"
- Enter your personal and contact information to complete the membership form and process.
- When your membership application is approved, you will receive login information and a temporary password.

I am inviting all staff to join, pick and choose whatever is offered to support your interests and professional growth.

Stay safe, stay well and thank you.

Linda

Thanks so much to Joselin for her generosity and courage. Our patients are amazing in their commitment to their own recovery and to the recovery community at large. Please see the below article.

Thanks!!

CODAC client and CEO discuss the surprising triumphs of remote mental health care in the pandemic

By G. Wayne Miller

Journal Staff Writer

July 31, 2020 Posted at 3:36 PM

Link:

<https://www.providencejournal.com/news/20200731/codac-client-and-ceo-discuss-surprising-triumphs-of-remote-mental-health-care-in-pandemic>

PROVIDENCE — For years, Joselin Tavaréz resisted seeking help for the anxiety and depression that was causing her to suffer so severely. A mother and former owner of small businesses, she sought relief in opiates.

“Most of us that have an addiction or mental-health issue are not willing to accept the help,” Tavaréz said. “I was very prideful.”

And then she discovered CODAC Behavioral Healthcare, the nonprofit organization that provides substance use treatment, mental and medical health services, health and wellness programs and other assistance to some 5,000 Rhode Islanders at locations around the state.

“The people that work at CODAC got me to open up and to actually learn to accept help,” Tavaréz said.

Enrolled in therapy, she began to manage her depression and anxiety without opiates, “little by little, step by step, because it’s always baby steps when you start off,” she said. “It’s like a child: you start crawling, and then you start walking, and then you want to run.”

Then came the coronavirus pandemic, which upended everything. For people living with anxiety, depression and other mental health challenges, the isolation and distancing since March have made life particularly difficult. Tavaréz knows that well.

“It took me back to the crawling part,” she said.

But not for long.

With in-person counseling paused, CODAC provided Tavaréz with a reliable cellphone, and she continued therapy with it.

“I can actually communicate with them,” she said. “There are hotlines, but when you feel comfortable speaking to a person, it’s different. Instead of calling a hotline and saying ‘I’m scared, I’m thinking I’m getting suicidal,’ you’re talking to the person that you know, you feel comfortable with. It calms you down because anxiety can go from zero to ten real quick.”

Linda Hurley, CODAC president and CEO, oversaw the transition from traditionally rendered services to services now largely — though not entirely — provided remotely.

“The primary challenge was mitigating exposure for families, our staff and the communities — at the same time that we had to enhance behavioral health-care services because of the stressors that are caused by the pandemic,” Hurley told The Journal. Those stresses have affected people throughout the state, exacerbating underlying conditions and prompting new instances of mental-health and substance-use disorders. The risk of suicide has risen.

“Among the practices that we adopted immediately was whenever anybody came to the door, much like other health-care and other businesses, we did a screening,” which included a temperature check and questions about exposure to COVID-19 and other warning signs as advised by the Centers for Disease Control and Prevention.

“If someone says ‘yes’ or exhibits [high] temperature, we ask them to wait in their vehicles and we bring their medicine out to them,” Hurley said.

“And then we also give them 13 days’ worth of medicine so they can go home and self-quarantine. At the same time, we get current telephone numbers and we have nursing staff, our case managers, follow up with telephone calls to make sure that those individuals are being connected to their primary-care doctors, who can guide them throughout those next 13 days.”

Enter the importance of telehealth, in both telephone and video format, which Hurley said “continues to work beautifully and has been received remarkably well — so remarkably well that we entered into a relationship to measure its success as well as patient satisfaction and staff satisfaction with the Brown School of Public Health.

“Associate professor Dr. Rosemarie Martin told The Journal that “the majority of patients, 86%, were very satisfied with telehealth counseling and 78% found it more convenient than traditional face-to-face counseling. Most patients, 99%, reported no negative impact on their relationship with their counselors.

“The most common barriers to using telehealth included a lack of accessible/reliable technology and limited privacy during counseling sessions. If given the choice, most patients, 70%, would prefer to continue counseling via telehealth, with 22% preferring in combination with face-to-face counseling.”

According to Hurley, some 2,000 of CODAC’s clients — almost half —regularly receive telehealth services. Whether they will be able to do so on a long-term basis depends on legislation now before the General Assembly that would make permanent the governor’s executive order, which expires this weekend, requiring insurers to payproviders such as CODAC.

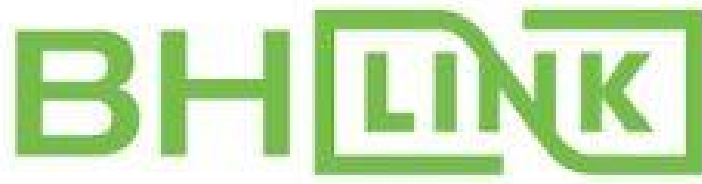
“If you’re going to believe the science, we are going to see a surge” in coronavirus cases, Hurley said. Leading medical experts and epidemiologists predict it could come in early fall, when school has resumed and cooler weather moves more people indoors.

“We’re going to continue to need teletherapy until there’s a vaccination that’s been proven,” Hurley said. “We’re going to need to continue to be safe, to mitigate exposure. How do we do that? We’ve been doing it and we’re proving it now through different kinds of telemedicine services.”

Hurley said telemedicine should not be the only type of treatment, “because there are times we need to have face-to-face. But what we have learned is our patients and our staff are telling us this is effective. And the access issues go away. [Clients report] ‘I don’t have to take two buses. I don’t have to drive and find a parking place. I don’t have to worry about my sister in the car with my three kids.’”

Joselin Tavaréz has advice for those who might be where she was before connecting with CODAC: greatly needing help, but unwilling to seek it.

“One of the things that they have made me understand is we’re not alone,” she said. “We are worthy. We are only human. We make mistakes. As long as we can get up from that darkness — get up again and try — that’s what matters. We have people to help us.”



CODAC is now at BHLINK. This partnership was created to help people get an immediate induction on-site. The patient then will followup with their preferred provider.

To date, we have one patient that presented in a lot of withdrawal and wanted methadone. They were admitted the next morning in Providence.

We also had a patient that was given suboxone on site and then followed up the next morning at Providence.

Please inform your patients that we are available 24/7 now.

Engage in online meetings: www.aainri.com

401-414-LINK (5465)

Click: www.bhlink.org

Visit: 975 Waterman Ave, East Providence, RI 02914



Linda Hurley, right, president and CEO of CODAC, with Sen. Sheldon Whitehouse

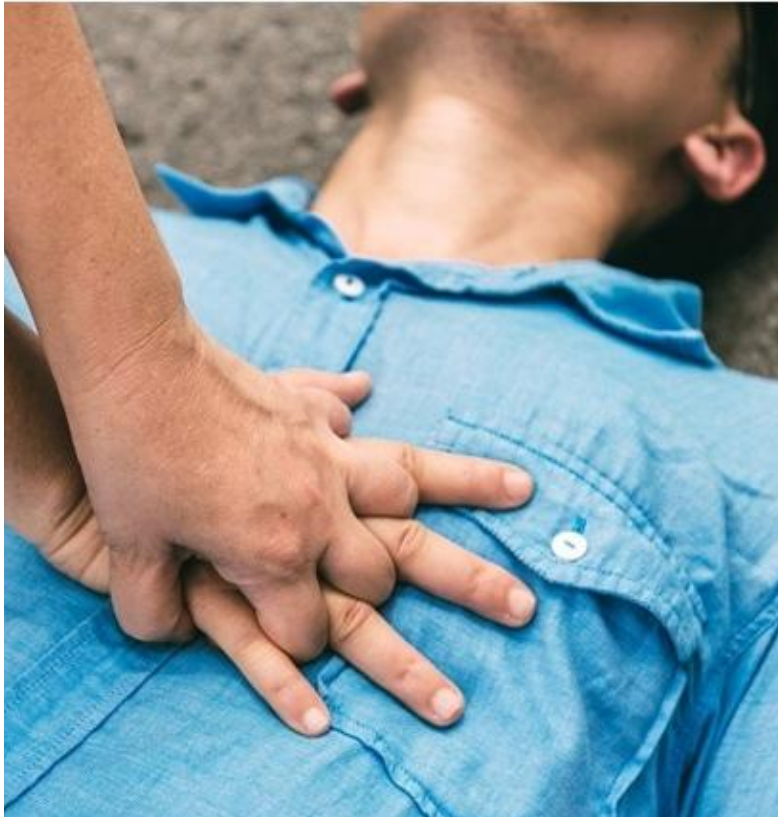
CONVERGENCERI NEWSLETTER: A REPORT FROM THE FRONT LINES OF TELEHEALTH

*By Richard Asinof
Posted 7/20/20*

An in-depth interview with Linda Hurley, the president and CEO of CODAC, talking about how the paradigm has shifted to telehealth amidst the coronavirus pandemic.

Click the link below to be taken to the full article:

[A REPORT FROM THE FRONT LINES OF
TELEHEALTH](#)



Quick Thinking Saves Lives

THANK YOU JOSE

Thank you to Diane Plante for sharing this!

Providence nurse Jose Monteiro was called by security for nurse assistance outside the front of the CODAC clinic. Jose arrived on scene to find a pedestrian unresponsive with blue lips. One of CODAC's patients was administering the 2nd dose of narcan IM when Jose arrived. The CODAC patient then began CPR with the guidance and support from Jose. Patient responded to the narcan, EMS arrived on scene and the patient was brought to the hospital.

Exceptional Performance Recognition for Maria Furtado

08/06/2020 From: Jacqueline Gerchman, Director of Administration

As Hurricane Isaias hit RI, it not only came with high winds and rain, it left well over 100,000 people without power. With our mission to provide the highest standard of behavioral health services in a recovery-oriented system of care; having access to systems/information provides for accuracy in patient care and aids in seamless interactions. Our systems allow our staff to enter information timely and reduce the errors that inevitably come with handwriting information that needs to be entered at a later time.

CODAC lost power at many sites and experienced delayed internet access Wednesday morning and in some cases through Thursday afternoon.

Maria Furtado was instrumental in assessing our situation and responding to the needs of each site. While she was without power at her home; she started responding to CODAC outages at 5am. Maria acted quickly to contact our internet providers to assess outages and determine estimated time frames for restoration of service. Maria was diligent in keeping the sites and leadership team updated on what sites were without internet, estimated time frames, providing continuous updates throughout the day.

Thank you Maria!



Babies!

WE WELCOME THE NEW LITTLE BUNDLES OF JOY!

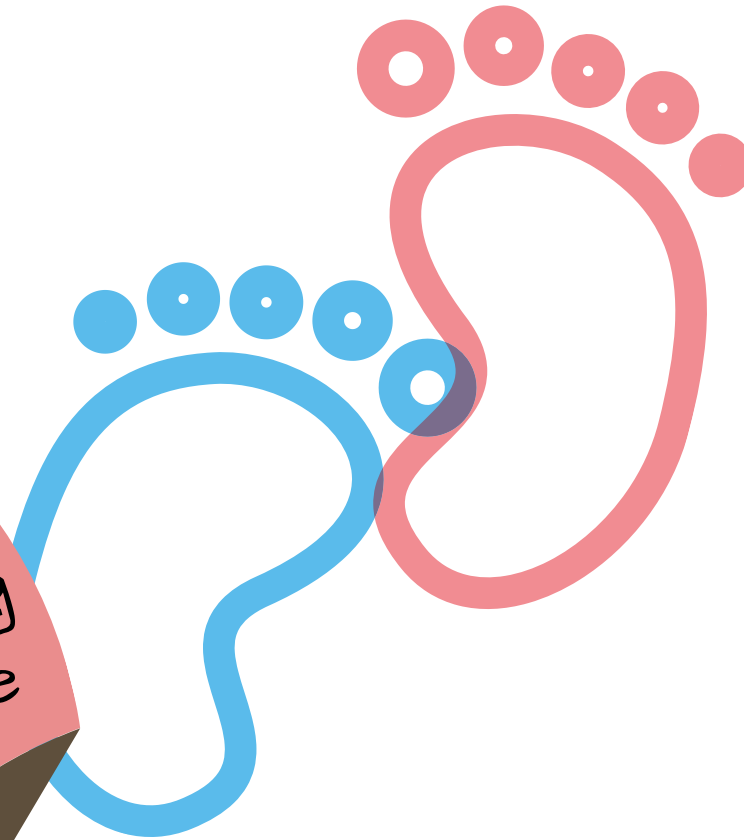
Brian Chaca, welcomed a son this past July!

Danielle Mimitz, welcomed a baby girl, Nora Lee Mimitz on 7/6/20!!!

Also welcome back from maternity leave, Courtney Wood & Jenn Adams! We have missed you greatly.



Newborn Tips!
Visit WomanandInfants.org
for some newborn care
tips



CODAC COMMITTEES

As part of our ongoing effort to address the needs of our patients and create a positive workplace for our staff, CODAC is in the process of creating new committees. These committees will include a broad spectrum of participants from across the organization and **we are looking for interested individuals to volunteer!** Involvement would include attendance at regularly scheduled meetings (anticipated frequency no more than monthly and likely moving to quarterly) with possible home assignments in between meetings. **For more info please email Rboss@codacinc.org!**

Performance Improvement Committee (PIC)

The charge of the PIC is to create a culture of performance through a commitment to proactive and ongoing review, analysis, reflection on results in both service delivery and business functions, and transparency.

The committee would use this analysis to identify and implement data-driven actions to improve the quality of programs and services and to inform decision-making. Specifically, the PIC would be responsible for identifying areas needing performance improvement, developing an action plan(s) to address the improvements needed, implement the action plan(s), and determine whether the actions taken accomplished the intended results.

Policies and Procedures Committee (PPC)

The committee is responsible for ensuring policies and their outcomes support the mission, and strategic goals of the organization. The committee is responsible for assisting the leadership in: (1) translating governmental mandates and legislation into meaningful policy to affect program and services. (2) making strategic decisions that support the mission and ensure the mission is reflected in how policy is drafted, implemented, or supported (3) soliciting stakeholder comment and input into plans and policies, (4) identifying, evaluating and reviewing social, political and environmental trends that affect business activities and performance, and (5) reviewing proposed management policies and related action to adjust to trends and impacts to more effectively achieve the organization's long term goals.

Mortality and Morbidity Review Committee (MMRC)

A mortality and morbidity review committee supports a systematic approach to the review of patient deaths or care complications to improve patient care and provide professional learning. The reviews are intended to give ownership to clinical teams and offer a direct opportunity to improve care delivery in a timely manner. Effectively run audit and peer review processes, incorporating analysis of mortality and morbidity cases, contribute to improved patient safety and professional development. This committee provides a unique opportunity for caregivers to improve the quality of care offered through case studies. They provide clinicians and members of the healthcare team with a routine forum for the open examination of adverse events, complications, and errors that may have led to illness or death in patients.

Training and Professional Development Committee (TPDC)

The TPDC is focused on ensuring that CODAC employees are trained with the necessary skills and competencies to deliver the most appropriate services to our patients. This committee is responsible for coordinating training across all services and workforce domains, including on-boarding all new hires, with a focus on building core competencies in implementing Evidence-Based Practices in all our clinical programs. The TPDC is committed to the professional development of our workforce. The committee would solicit and incorporate feedback from all employees as to their training and professional development needs and develop programming that is responsive to those needs. The committee would incorporate feedback on training relevance and satisfaction in all planning efforts.

WE ARE HIRING!

ACI

- F/T Program Director
- F/T Clinician

East Providence

- F/T GOP

Newport

- F/T GOP Counselor
- F/T HH Liaison/medical assistant

Wakefield

- OTP Counselors (resumes with Program Director)
- F/T HH Liaison/medical assistant
- 20 hour week Office Assistant

HCSD

- F/T Nurse Care Manager

Other

- BH Link Clinician M-W 8am-4pm
- BH Link Clinicians Sat-Sun 5pm-11pm

APPLY NOW!

mtorres@codacinc.org
401-461-5056



REOPENING

Rhode Islands Economy

Reopening Rhode Island's economy: On July 29, Gov. Gina Raimondo announced that Rhode Island would remain in Phase 3 for another 30 days until Aug. 28, with one change: the social gathering limit is now lowered to 15 people as social gatherings have been the source of many positive cases. All other Phase 3 guidance remains unchanged.

Travel: If you are coming to Rhode Island from one of the states listed here with a positivity rate of COVID-19 greater than 5%, you are required to self-quarantine for 14 days after arrival while in Rhode Island. As an exception, you may provide proof of a negative test for COVID-19 that was taken within 72 hours before arriving in Rhode Island. If you receive a test during your quarantine in Rhode Island and get a negative test result, you can stop quarantining. However, you still need to self-monitor for symptoms of COVID-19 for 14 days after arrival, wear a mask in public, and follow physical distancing guidelines. You also must quarantine while waiting for a negative test result. **Quarantining for 14 days is always preferred** over relying on a negative test result as quarantining is the best way to limit the possibility of spreading COVID-19.

Social Gatherings: On July 29, Gov. Gina Raimondo announced that Rhode Island would remain in Phase 3 for another 30 days until Aug. 28, with one change: the indoor and outdoor social gathering limit is now lowered to 15 people as social gatherings have been the source of many positive cases. All other Phase 3 guidance remains unchanged.

Stay At Home Advisory: All vulnerable populations identified by the Centers for Disease Control and Prevention (CDC), which include those who are 65 years of age and older, are still strongly advised to stay at home unless they must go to work, travel for medical treatment or obtain other necessities such as groceries, gas or medication. The CDC identifies conditions that make people at higher risk for severe illness from COVID-19 at <https://www.cdc.gov/coronavirus/2019-ncov/need-extraprecautions/people-at-higher-risk.html> This Executive Order has been extended to August 28, 2020.

Face Coverings/Physical Distancing: Any person who is in a place open to the public, whether indoors or outdoors, shall continue to cover their mouth and nose with a mask or cloth face covering unless doing so would damage the person's health. No person under two years of age or any person whose health would be damaged thereby shall be required to wear a face covering. Face coverings are not required for people who can easily, continuously, and measurably maintain at least six (6) feet of distance from other people. Face coverings shall also not be required of those who are developmentally unable to comply, including young children who may not be able to effectively wear a mask. This Executive Order has been extended to September 2, 2020.

Telemedicine: Health insurers must cover telemedicine for primary care, specialty care, and mental and behavioral health care conducted over the phone or by videoconference. Reimbursement rates for providers must be the same as reimbursement rates for in-office visits. This Executive Order has been extended to September 2, 2020.

Reopening plan for the State of RI can be found on <https://www.reopeningri.com/>

FAQ's Section

Responses to FAQs from the offices of the CEO and CFO

As the State of Rhode Island has been moving through phases of reopening, Alisha and I have heard these questions asked many times. Although much remains in transition, we believe that we can clarify CODAC's positions to date. We want to thank you for your thoughtful inquiries. Please continue to submit your questions to your program director and/or Mary Torres and we will continue to provide responses.

Thank you.

Questions from Staff

Q: "I have canceled my vacations this year, and have not used any vacation or sick time. Will I be able to roll over the extra hours?"

A: We encourage all staff to take advantage of vacation, personal, and wellness days. We cannot express adequately our gratitude for everyone's commitment to caring for our patients during this difficult time. At the same time, it is critical to maintaining your own health - please talk to your supervisor about scheduling time off. Having said that, we will make a policy exception allowing all unused 2020 vacation hours to be carried over for use in 2021. At the end of 2021, vacation carryover will revert to standard policy.

Q: "Can I cash out (buyback) my extra vacation hours?"

A: No. While we would love to be able to offer this option to employees, it is neither fiscally feasible nor responsible at this time.

Q: "If there is another surge, will I get environmental pay (environmental differential) again?"

A: We do not know. We can assure you that we will make every effort to secure funds to support an environmental differential should circumstances require it and funding streams become available again.

Q: "Will I be able to work from home 5 days a week, if my children cannot return to school?"

A: Each situation will be evaluated on a case-by-case basis. Decisions will be made based on the following criteria:

- Clinic needs: Does the staff person's physical absence negatively impact the operations of the clinic?
- Job description of the individual staff person: Are the function of the job description able to be effectively completed remotely?
- Ability to perform their job remotely: Is the staff person able to meet established quality and productivity measures from home?

Q: "If I have to work from home, will I get a company laptop and phone?"

A: We do not know – we are charting brand new territory. We are exploring equipment and networking capabilities that will ensure patient and staff privacy and safety. We are continuously seeking funding to update and improve IT capabilities across the organization. We will make every effort to provide all the tools necessary for you to perform your job remotely.

Q: "Nursing, unlike counselors, cannot work from home; shouldn't there be some type of reward?"

A: Telework approval is based on clinic needs, job description, and the ability to perform the job remotely. That being said, we believe that all departments have some degree of flexibility in terms of telework options. For example, nurses working from home could perform medication check-ins, overdose prevention education, wellness check-ins, etc. Please contact your supervisor if you would like to be considered for telework options.

Questions from Program Directors

Q: “Is there a better way to track employee productivity when staff works from home?”

A: Telework is a rapidly developing field – one in which CODAC has just entered. Risk management and guardrails are being developed, and some are currently being implemented. We will be adopting these practices as they are proven effective and become available to us.

Q: “Can I start a PIP, if I think an employee is not working when at home or there is an issue with productivity?”

A: Yes. Performance expectations are based on the job description - not a place of work. All human resource policy applies to telework. As we make the decision to adopt changes made due to COVID-19, supporting policy and procedure will be made available.

Q: “Can I refuse to allow an employee to work from home?”

A: Yes. Telework approval is based on clinic needs, job descriptions, and the ability to perform the job remotely.

Q: “Is staff still being required to enter documentation within 48 hours?”

A: Per policy and procedure, all documentation of services rendered is to be entered by the end of the business day on which said service was rendered. Employees without VPN access are to use their assigned scribe to assure timely documentation that satisfies policy and procedure requirements.

Questions from HR

Q: We have a handful of staff, which have not or will not return to work due to health concerns of either themselves or a family member or they are over 60. Will we now start to require medical documentation?

A: Please refer to the guidelines below:

- Persons over 60 are encouraged to consult with their medical provider and follow current CDC recommendations.
- Person with underlying health conditions: Yes, we will require medical documentation
- Person living with high risk individuals: Yes, we will require medical documentation

Q: “Due to COVID-19, Employees have been allowed to use sick and vacation time without completing the orientation/waiting period. We are also allowing people to “borrow” a week of sick time if they did not have enough to cover their absence. Will this continue?”

A: We will continue this policy exception through December 31, 2020.

Q: Will we suggest that pregnant employees work from home, as we did at the beginning of the pandemic?

A: This decision will be left to be made by the staff person and their medical provider.

Q: At this point, an all-staff Holiday party is not looking hopeful - should we be considering alternative options?

A: It is important to recognize and honor the dedication and commitment of staff over the course of the year. Leadership will plan for alternative recognition should an all-staff event not be possible.

Q: When a vaccine is available, will CODAC be providing COVID shots, like the flu? Will it be mandatory?

A: CODAC will not provide a vaccine that is not approved by the FDA. Having said that, our ability to provide an approved vaccine will depend on supply as well as federal and state dissemination and administration guidelines. At this point, CODAC cannot mandate vaccination practices. However, should a vaccine become available and an employee declines vaccination, they may be required to adopt additional precautionary practices to prevent transmission.

IMPORTANT NOTIFICATION

INSTANCES OF FRAUDULENT UNEMPLOYMENT CLAIMS ARE RISING.

The Human Resources Department will report fraudulent claims to the RI Department of Labor and Training, as well as notify the affected employee.

If you receive notification that a fraudulent unemployment claim has been filed under your name:

- Alert The Human Resources department
- Contact RI Department of Labor and the RI State Police. The contact information is listed below.
 - **Unemployment Fraud Hotline:** (401)462-1522
 - **Email address:** DLT.uitdifraud@dlt.ri.gov
 - **RI State Police Link:** <https://risp.ri.gov/fcu/FUICI.php>
- Visit <https://identitytheft.gov/> to report the fraud to the FTC and get help with the next important recovery steps.
- Review your credit reports frequently

If you have any questions or require assistance, please contact Mary Torres in Human Resources.





CONNECT WITH YOUR SITE

Communication is key. Stay in touch with your site.

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CODAC Cranston

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CODAC Eleanor Slater

Phone: 401-462-3530 **Fax:** 401-462-3529

Address: 3 Regan Court, Cranston, RI 02920

CODAC at RI Adult Correctional

Phone: 401-462-3374

Address: 40 Howard Ave, Cranston, RI 02920

Hampden County Correctional Center (Main Institution)

Phone Number: 413-547-8000

Address: 736 Randall Road Ludlow, Ma. 01056

CODAC Newport

Phone: 401-846-4150 **Fax:** 401-846-9340

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GIVE US YOUR
FEEDBACK!

WE WANT TO
HEAR WHAT
YOU THINK!

FOLLOW THE LINK
BELOW

LET'S HEAR IT!

ALL IDEAS ARE WELCOMED