

# Managing Now for a **BETTER TOMORROW**

*Addressing Equity During COVID-19*

## **A Conversation on In-Home Behavioral Health: Supporting Children, Youth and Families during COVID-19**

**January 26, 2021**

### **Resources:**

- [Link to webinar recording](#)
- [COVID-19 Resources for Children's Services](#)
- [Kinnect Ohio](#)
- [Center for Innovative Practices](#)
- [Intensive Home-Based Treatment Ohio](#)
- [Three facts about the COVID-19 vaccine](#)
- [How vaccines work against COVID-19](#)
- [Agency for Persons with Disabilities response to issuing the vaccine](#)
- [UMB's response about the vaccine and COVID-19](#)
- [Ohio's Department of Developmental Disabilities resources about the vaccine](#)
- [Parent, Infant and Early Childhood blog series about COVID-19](#)
- [Dr. Fauci's position on masks](#)
- [Dr. Fauci's position on double masks](#)
- [Washington Post and N95 masks](#)
- [Vaccine update from UMB's infectious disease specialist Dr. Wilbur Chen](#)
- [NCTSN's skills for psychological recovery](#)
- [Nutured Heart Approach](#)
- [Online Jamboard/Online Writing Resource](#)

### **Chat organized by themes:**

#### **Are behavioral health care workers being prioritized for vaccines in your community?**

FL is still doing seniors and essential care workers

No, they have not in Northern California.

California has. I have received one and next dose tomorrow

our state has not clearly stated any vaccination priority for mental health providers. it is only clear if you are directly connected to a medical facility.

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1CT has prioritized in-home behavioral health workers. Many in my program have received the first dose

We are coming up soon in NJ

All BH providers in Mass including in home providers were given access last week

MD - first responders, healthcare and educators

Berks County CYS Caseworkers were able to the vaccine

NY as prioritized in-home behavioral health workers. Many in my program have received the first dose

Michigan is hit or miss for mental health care providers. Some of our staff have been given appointments when they call, some were told they didn't qualify.

Licensed social workers have been able to sign up in Maryland

Not sure about state push, but my agency secured vaccines for most staff that have requested thus far. Will get my second dose next week!

State of Florida is prioritizing front line medical / behavioral health professionals and elderly in ALF

Yes we have in Kansas City,MO. My staff have had the first and many the 2nd vaccine.

Yes, Los Angeles County in California has prioritized our frontline workers

As a therapist I received my vaccine in PA.

Richmond, VA - Currently, here it is not prioritized. Vaccination is highly recommended.

In Maryland, Outpatient mental health providers have been approved to get the vaccine.

Maine has

We have been told in CO that we are categorized in Phase 1B of the vaccines . . . but, finding a medical provider who has vaccines currently available has been difficult for our staff. So intent and action have been mismatched in Colorado

In SC, Department of Mental Health staff are eligible for the vaccine.

Oklahoma has prioritized front line staff

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There is sooo much variability across the country!

Detroit is targeting seniors, health care and childcare as well as teachers, but some behavioral health staff have gotten vaccines under health care.

In Goochland, VA our community service board has access to vaccines through the regional health district

not sure if this is across the board but my company just had a clinic over the weekend and all staff were able to sign up-this is in Massachusetts.

NY has I believe.

In MA we are part of phase I, however setting up an appointment has been difficult due to restrictions.

In Syracuse, NY we were prioritized.

Yes regarding Mental Health providers, however not prioritized are general RFA, foster care providers. California, Ventura County

SC, Phase 1a healthcare workers are currently scheduled to receive theirs

In TN the vaccination schedule is lagging way behind. Not enough vaccines are ordered for the highly populated metro cities.

The prioritization of licensed professionals who work directly with children is discriminatory since some who work with children are paraprofessionals.

And I say that a lic. professional.

Similarly, in NH. It depends on your organization and whether you have telehealth option. NH rules are very ambiguous.

Same here with us in Central Fla what Bobbi just said about the Vaccination I was offered it but I canceled my appointment due to having Strep Throat so now I have to wait

in my home state of LA they are doing a better job IMO of rolling out the vaccinations than here in TN as they have contracted out with retail pharmacies to assist with distribution.

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### **What are some vaccine-related concerns and challenges are you facing in your community?**

We had a discussion about this today during our staff meeting. There were multiple people concerned about the vaccine for multiple reasons, many were concerned about the effects on fertility and women in child bearing years.

Yes, we had a virtual town hall meeting, where some CWS SW were asking if they would be mandated to take vaccine, and if they would risk losing job. Ventura County California I believe most are anxious to receive vaccine.

Brining in Doctors of color to educate made a difference in getting folks to warm up to the idea of taking the vaccine. Also, leaders of color have helped.

mental health clinicians are eager to get the vaccine; some feel guilty since they are younger or not health compromised; however, we do want to resume home based work so it makes sense to take your turn when available

I have also heard a lot of concern regarding fertility

I agree that at this point the ones that are actually seeing clients face to face should go first

In my area, the community service boards and hospital workers have access to vaccine but not private providers

here a very real trust issues with the medical systems that are valid.

We hear that even with the vaccine you can still infect others. So going back to in-home services is difficult when you go from house to house...

Some of the families that I see in specific those who identify as people of color don't feel comfortable There is extreme resistance due to mistrust and past abuse. There will be a special on BET this coming Thursday evening with Tyler Perry who was not comfortable with the vaccine, however, did get the vaccine and was able to candidly ask questions to reduce the anxiety and mistrust that has spread throughout the AA community.

### **Have you seen gaps in delivering your work virtually?**

We do infant and early childhood in home mental health and it is very hard to do this highly dyadic work via telehealth. Also access issues, parents distracted by needs of school age children, etc.

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yes. many youth I'm serving are not comfortable being on screen. introduces the challenge of ensuring their safety and getting clear tone of what is going on in the room.

We have managed to do telehealth, but feel that face to face would improve outcomes. How do you manage the ethical dilemma of not being required by the employer to go into the home, but not being able to provide full services, address safety concerns, etc.

Yes agreed! Infant and early childhood very difficult virtually.

Sometimes parents give the phone/tablet to young children, who then wander off and leave the technology on the bed, in the toybox, etc

Telehealth with young clients is very challenging

Confidentiality and privacy are huge. We have been in conversation with child protection staff about how to assess safety virtually. Is it possible?

Parents sitting with a child during an evaluation limits the accuracy of the eval.

I work with children many are high needs who cannot sit still during telehealth

Parents are frequently driving, shopping, etc during scheduled sessions, making them not really appropriately available for therapeutic sessions

I have found some children & adolescents are harder to be engaged due to game systems or computer games.

Experienced Gaps: technology issues (access and comfortability), not being able to see the entire home environment (they show what they want on the little screen), other persons who might be present and listening in and/or influencing sessions, engagement and ability to connect and build rapport via tele-health, especially with young children, modeling is also difficult when you cannot be present in-person

The trouble that our teachers are running into are having the parents complete work for the child. There is no true measure due to the parent giving the child the answers.

Assessing safety for children virtually is a concern

I used to work for a home-based service for child protective services and I could not imagine trying to do that work virtually

I feel like the length of sessions has to be cut short and you can't engage families/client in the intensive level that they really need virtually.

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Agree about the inability to deliver services at the intensity needed through telehealth.

for sure, sessions are shot. this impacts revenue putting services in the future at risk

Our Mobile Crisis Team has helped to close the gap when there were dangerous situations in a home.

Thanks for naming equity as an influence on privacy

Our Mobile Crisis Team has helped to close the gap when there were dangerous situations in a home.

Wraparound really help to keep families moving.

on screen can non screen or on the phone can never capture body language and the things not said when having the chance to speak face to face.

Good point regarding the swift move to telehealth at the state level/agency level.

I feel a combination tele health and in home visits is the future of our field. Perhaps it will be able to be used as a way to ease into homes by gaining familiarity and trust with our families

Agreed, telehealth was approved quickly. Whereas in the past it was frowned upon

Early Childhood Mental Health on a virtual level is difficulty especially because it is hard to provide developmentally appropriate activities via Zoom.

Building rapport can be difficult through zoom

yessssssssssssssssssssssssssssss rapport building is huge

Yes, everyone is affected, clinicians and families. And it does have varying effects.

Hope you are all practicing self-care out there!!

Yes, thank you for sharing the feelings of exhaustion. Feeling scattered is another issue with suddenly found having to work from home.

yes, since working from home I have felt so much fatigue and tension in my head and neck

I agree, vaccine hesitancy is very prevalent in communities of color

We will ask for details that we can share in the follow up email Phyllis!

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Yes, staff morale has been a major concern. Also, keeping staff feeling connected to the agency and feeling appropriately supported. We have focused a lot on self-care, and the "why" of the work we do.

I host weekly Family Fun Nights on ZOOM for the youth I work with who are placed out of home.

On a positive note, we have been able to reach more families simply because virtual options are available.

Our Mobile Crisis Team put together a 3-ring binder with lots of leave behinds for families.

Transportation was once a barrier. Being virtual is now a benefit those families

On the topic of equity....so many of our families were/are struggling with essential needs, such as food insecurity. We have been assisting with getting basic needs met as well as mental health concerns.

I've heard just today about double masking but need to learn more!

Some issues that I've been seeing in my community its COVID burnout or Telehealth burnout. Clients spend most of their day on the computer engaging in virtual school that they do not want to take part in therapy session via telehealth.

Double mask? Is that happening?

We are seeing telehealth Burnout

Haven't heard about double masking

The program I run assists caregivers of children with mental health challenges. The caregivers were feeling extremely anxious about using technology for services. We started virtual self-care groups with different ideas each session and started a virtual coffee group for caregivers to drop in on. This helped them with their technology skills, using telehealth as an effective platform, remembering to practice self-care--but I think the thing that has impressed me the most is the natural supports and friendships that have blossomed between caregivers. They call each other and meet virtually to socialize.

Early childhood clients are really difficult to engage, especially if parent/guardians do not stay to support the young client.

I facilitate workshops ILP and Financial literacy to foster youth and I see more youth participating virtually than in person. I double mask

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Another issue is the distractions of another device and online games/youtube etc that is not part of our session activity.

We have to wear a N95 masks when we go in the home. After we have used it about 12 hours, we have to get a new one.

Some people has met families in parks with safe distancing, whatever the family is comfortable with.

We have had to stay aligned with our PH and CDS and change our protocols as our PH and CDC changes.

We have to wear a N95 masks when we go in the home. After we have used it about 12 hours, we have to get a new one.

We don't think we can require our team to do anything. We may lose referrals, but we have to respect individuals personal preference, including our team

CDC has said since that masking will provide protection both ways.

Have clear protocols for staff that are updated regularly, i.e. if family refused to wear mask, end visit and educate.

We don't think we can require our team to do anything. We may lose referrals, but we have to respect individual's personal preference, including our team

It's difficult in Middlesex county to find providers to go into homes

### **What strategies are you using to engage either your staff or the families you serve?**

During Family Fun Nights, trivia has been the most popular. Parents ZOOM from home and kids join from the community residence. We have played Scattergories, Picture Riddles, Movie trivia where I show a picture of a scene from a movie and participants need to guess the movie.

We have been encouraged to use any means available with any of our team members to stay connected and are encouraged to do so often. We have several Team members that offer competitive games done online, contests, raffles and other assorted activities.

Daily Huddles at all levels is key to keeping staff engaged and informed.

We stole an idea from another agency to do weekly Zoom Drop In Calls to JUST socialize and say hello like the water cooler.

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I forgot to mention we also connected with a virtual gaming agency that facilitated a gaming hour or two with all Kinnect staff. We were on team and it was a friendly competition. It was a lot of fun! Our job also occasionally will provide us all with Door dash gift cards.

For Black History Month our EDI committee came up with....virtual fun!

1. Soul Food Cook Tuesday Cook-off staff prepare, post pictures their dish and the recipe. (Yes I started with food first!) It could be any day, I just picked Tuesday.
2. We could have a virtual discussion with excerpts in the CAF (or HS other meetings) regarding:
  - A. President Obama's Speech The Audacity of Hope
  - B. The Movie/Book The Hate You Give (We could maybe have folks watch-read the weekend before the discussion.
  - C. Black Slang/Sayings/Cultural Beliefs from our African American Culture and the history behind why AA's say/do those things.
  - D. Invite a poet to come to one our CAFE' or individual staff meetings (inspired by the inauguration)

How do you balance support for staff with the need to meet direct service expectations and revenue goals?

We do a newsletter to introduce new staff to everyone (so strange to on-board virtually!) It also has had contests (name the baby picture), shout outs for going above and beyond, success stories, etc.

This is so interesting to hear the variance across states. Colorado Department of Human Services (our main referral source) has continued to push out notice that the provision of in-person services continued to be preferred and that providers should prioritize it. We too would experience tremendous revenue loss if we exclusively switched to virtual

The California Alliance for Youth and Families also provided it's members a FREE virtual paint night that was super fun!! We are hoping to do this for our employees soon.

Love paint night idea

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At MAAC we have Covid buddies to check in on, Trivia, Wheel of Fortune, Happy hour Karaoke,, 15 minute work out every other Wednesday. and all meetings start with Community meeting check in. Keeps us sane and connected.

NJ - has some great presentations on Pandemic Fatigue, etc.

share the care you so graciously give to those you serve with yourself.

Also you never know when to stop work and draw the line to say enough for the day!

my mental bandwidth has of late been markedly reduced...

Back in April we did a youth event and included a TIK TOK challenge that was very popular

understanding bandwidth helps me frame all of the stress and exhaustion, which doesn't solve it, but increased understanding is soothing

code word is great!!

that works great with my kids. adults just wink or give me the look and I talk about something else asap

Dropping off activities before sessions has worked well

I've had clients do gestures on Zooms if someone comes in and they don't want to say something

Code word development is a FANTASTIC idea. It's really an expansion of the safety plan. Thank you.

Understanding bandwidth helps me frame all of the stress and exhaustion, which doesn't solve it, but increased understanding is soothing to our overtaxed brains.

online whiteboards have been great

I find that reading stories about whatever they may be experiencing has been helpful to young children

Dropping off activities before sessions has worked well

Yes, we drop off or mail (snail and email).

the code word is a good thing to establish beforehand because they may not be able to maintain complete privacy during the entire session

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Google's Jamboards work really well

We use a program called Klara that has been great at opening communication and making it easier to see the families through virtual meetings. We can at least be able to see the kids and conditions of the home to a degree.

my colleagues and I participated in Bobbi's Virtual Adventure Therapy trainings- absolute life saver. Really helped to think outside the box and break through that feeling that telehealth is so very limited

That is a GREAT IDEA! Will definitely use that

With all of the events of this past summer, we felt one way to engage youth is to have them record some of their experiences with police, the courts, probation, etc. and we'll be using these as part of a community outreach event with police who are invested in community policing. I don't think we can forget that in the midst of this pandemic we were also dealing with a serious social justice crisis. I think when youth know we see them in a holistic way - and all the issues they are affected by - we engage much more effectively.

### **How many other states utilize Mobile Crisis Teams?**

Co and SC have mobile crisis teams.

NY has mobile crisis

FL has mobile crisis teams

OK has mobile crisis teams as well

SC Dept. of Mental Health has Mobile Crisis Teams throughout the State.

NC has mobile crisis teams

WV has mobile crisis

Oklahoma has a Mobile Crisis Unit

### **What other strategies are you using to meet families where they are?**

Maximize our telehealth options as it works for some.

Keep virtual for people with transportation and childcare issues.

I think there is something to be said for telehealth that is very helpful in some situations

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Use of technology to provide more timely services and access to providers! Remote areas, illness of family members but not the client/other family, reduce therapists burnout - all PROs in my opinion!

Allowing them to have a say helps them to buy-in more and accept the help being offered

Telehealth would allow me to continue to see clients if I feel sick, but still well enough to do sessions. It would not spread germs/viruses in this way.

Telehealth has been extremely helpful for keeping in contact more frequently with youth in out of home treatment far from home and with youth in detention. We have also been able to engage parents who live out of state who would not have engaged otherwise.

I agree. Transportation is a big issue for families and telehealth helps with that barrier.

I hope we are able to continue to do telehealth combined with face-to-face in order to overcome difficulties for families and clinicians.

Tele Health is also good for people that have no vehicles or that cannot drive.

some of the folks I work with, I have had more contact with them since COVID because they don't feel comfortable with people in their homes for a variety of reasons. Now I speak to them regularly which wasn't a reality before March

Virginia also provided relief on billing efforts. For example, intensive in-home services were billed by the hour before March. During pandemic- 15m increments!

We have a program called "DocuSign" to help with parents being able to sign documents (as long as they have an email). Our outpatient clinics have converted to using this platform. Our CBHI/In home teams have not yet

We use Docu Sign to have all documents signed and we notate the account in the sign panel signed VIA Docu Sign due to COVID-19

I think hybrid and at least one face to face per month.

telehealth with anyone under15 is much less affective

Agree that hybrid should be the model going forward. There will likely be different kinds of hybrid but we won't totally throw out the baby with the bathwater!!!)

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Telehealth has been a great help for me to continue care and my support groups for my clients. Still exploring different platforms. My clients love the fact that I am still present. As far as paperwork I do electronic signatures and at my agency I use teams

Telehealth under 15 less effective I agree. We should also consider that children have different learning styles.

As do adults.

absolutely must consider learning style

we have to involve children, youth, and caregivers. We were shocked about their technology needs, they were not.

The concern about becoming a superspreader is also a great one, not only concern about contracting or carrying to a family, but spreading. Very good thought. Betty Lee

Do you pandemic best

"pandemic best", I like and will use.

Flexibility is KEY

Establishing and EDI Committee to address impact internally, externally and system wide. Include staff, consumers and stakeholders.

as well as self-care

telehealth is the ultimate "meeting clients where they are"

We also committed to EDI and formed a committee as well as support groups for staff

Advocacy is much needed. Glad you are more motivated to involve yourself in that. Thank you.

Pennsylvania now has a Trauma Informed Pennsylvania out of the governor's office with 12-14 action teams in multiple areas. Very timely with all that is going on. Betty Lee Davis

As a MSW candidate, it's been amazing to witness ongoing conversations around racial and socioeconomic inequality from an anti-racist and de-colonialist perspective

However, people tend to believe that because they received a training they understand. Do you feel like a Black person can't teach a white person about their struggle? Why?

Yes you can, but it is not your responsibility to do so.

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Telehealth we want to keep using. Getting feedback on what is working. When you are not able to get to families, what are the challenges. Keep technology moving and the technology issues. Keep in touch with policy makers. We should help each other. That's my summary for you Ms. Elizabeth!