

A Conversation on Mobile Response & Stabilization During COVID-19

April 16, 2020

The Institute for Innovation & Implementation Resources:

- [HIPAA-Compliant Technology During COVID-19](#)
- [Communicating with Your Audience During COVID-19: Five Essential Tips](#)
- [Managing & Responding to COVID-19: Special Guidance on Wraparound](#)
- [Managing & Responding to COVID-19: Special Guidance on FOCUS](#)
- [A State-by-State Guide to COVID-19 Telehealth Medicaid Expansions](#)
- [Telebehavioral Health: Tech to Connect with Youth & Families TA Network](#)
- [Register for the TA Telegram](#)

Presenter Resources:

- [Judge Baker Children's Center COVID-19 Family Resources](#)
- [Fredla Resources for Talking with Children & Youth about Coronavirus](#)
- [Connecticut Community Based Mental Health Services](#)
- [Oklahoma Department of Mental Health & Substance Use](#)
- [Nevada Children's Mental Health](#)

Community Resources Shared in Conversation Chat:

Federal Resources

- [SAMHSA COVID-19 Information for Discretionary Grant Recipients](#)
- [CDC Guide to Stress and Coping During COVID-19](#)
- In Spanish: [SAMHSA Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak](#)
- In Spanish: [SAMHSA Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks](#)
- [Latest HIPAA Guidance](#)
- [CDC Infographics on Caring for Yourself or Others Who Have Been Infected](#)

Structural Racism & Disproportionate Impact of COVID-19

- [It's about racism, not race, when coronavirus hits communities of color hard](#)
- [Community Catalyst Structural Racism & COVID-19](#)
- [Racism Impact of Health on Children and Teens](#)
- [For Black Men, Fear That Masks to Protect from COVID-19 Will Invite Racial Profiling](#)
- [Embrace Race Disproportionate Impacts of COVID-19](#)
- [National Minority Health Month Toolkit National Institute for Children's Health Quality](#)
- [Why African-Americans may be especially vulnerable to COVID-19](#)

- [It's a Racial Justice Issue: Black Americans are Dying in Greater Numbers from COVID-19](#)

Telehealth

- [MassHealth Provider Resource: Telephone and Internet Connectivity for Telehealth](#)
- [National Center for School Mental Health, UMB, Telehealth 101 Video](#)
- [Zero to Three Five Tips to Make the Most of Video Chats](#)
- [OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communication During the COVID-19 Nationwide Public Health Emergency](#)

Other Resources

- [Protecting Children During the COVID-19 Outbreak](#)
- [The Coronavirus Could Cause A Child Abuse Epidemic](#)
- [How to Beat Stress, Trauma and Adversity with Resilience](#)
- [Try Docusign](#)
- [Bob's Notes on COVID-19: Mental Health Data on the Pandemic](#)
- [GoGuardian Teacher: More Teaching, Less Managing](#)
- [A Parent & Caregiver Guide to Helping Your Family Before, During, and After a Crisis](#)
- [Crisis Intervention Teams for Youth](#)
- [Hospital Approved Face Masks Patterns & Video Instruction](#)

Comments from the Chat Box. Thank you for sharing!

Do you continue to send your workforce to do assessment? How do you keep them safe?

- We are sending our workforce out. We are asking CDC guideline questions and sending staff with appropriate PPE
- We have suspended face-to-face and doing telephonic assessments.
- Yes, with health screening and PPE, physical distancing
- We ask and prefer Telehealth
- Yes, we are sending staff into the field in person. We have been provided masks, gloves, shoe covers, and other PPE to be safe
- We are doing telehealth with families in the home as well as ERs. We do some on site after they have been screened by a nurse
- We are still going out, but we have limited PPE
- Grand Rapids, MI-Kent County Mental Health has not been deploying our Children's Crisis Responders to the community. We have been providing assessments via telehealth
- We are taking all crisis calls and stabilization sessions over the phone and video conference. We have found them effective and working well
- We've been using telehealth for ours, but our child/adolescent "mobile crisis intervention" services have slowed down considerably
- We are asking staff to call first to try to stabilize over the phone/video. If not, then they are to respond in the field with proper social distancing
- Primarily telehealth in Camden County NJ

- We are doing everything via video and phone, other departments like child protection minimally do home visits when necessary and are provided with PPE
- We are primarily doing telephonic or tele video, with the option of F2F with specific dx or situation for accurate assessment. Just receiving PPE. All face to face must be cleared by on shift supervisor. Very few done at this time, general positive response from clients. Watching data related to assessments for any significant changes
- I provide case management and we have transitioned entirely to telehealth. Many families have disengaged from services, which is really concerning
- We are not allowed in local EDs-that happened right away. Initially we were going face to face, but our staff did not feel comfortable and leadership changed their position on the matter.
- We are making contact via phone and face time
- We are only using telehealth and phone contact
- We are doing telehealth unless it's a situation where we would need to go out to prevent hospitalization. I have had to go out to one home. We met on the porch six feet away from each other. Our team has also gotten masks so that we can wear them if we have to go out to a home
- If we feel someone is a danger, we will make a CPS referral and ask law enforcement to do a wellness check on the family
- I have heard some instances where the police are not responding to homes due to COVID-19. What next steps have some programs implemented in this case?
- We have suspended the face to face and are using telephonic assessments
- In Saginaw County Michigan we are providing support via phone and facetime
- The only reason we are permitted to attend an out-of-office visit is to place intake forms in mailboxes so that necessary consent forms can be signed on the same day (required)
- We are also using Zoom and Facetime as well
- How do the providers ensure that video conferencing is HIPPA compliant? We only have one system that is HIPPA compliant, secure, and encrypted
- Juvenile court probation officers have been working remotely since March 19th. Mid-Michigan, small community. Zoom and Facetime. Just working on staying connected to families to assist with needs and retain some normalcy
- We are using zoom, phone calls in the public-school system, with consent, of course
- We have switched to Mend at my agency, it is also HIPAA-compliant
- Doxy.me is a platform that is compliant
- Our county has explored the HIPPA compliance and found that Doxy.me was compliant and user friendly. We are using Zoom, we have signed a BAA with them, and it is HIPAA compliant
- We have access to funding to obtain materials for families that will help make telehealth possible, but it is certainly limited
- Some agencies have reported using savings from cancelled events to support families with technology

- Some of our agencies are using a Zoom Platform or Doxy.me platform
- We were told if the client is showing suicidal ideations, etc or if we feel like there is physical and verbal abuse are going on in the home. In New York
- In Maine we have a well-established parent to parent support system
- Massachusetts is allowing verbal consent, noting in the record Covid-19
- We also use DocuSign and can send out paperwork via email and obtain required signatures. email
- In Ohio we have been able to get verbal agreements from families stating that it was due to COVID-19 and then mail them the forms to sign or we will have them sign again when things get back to normal
- Documenting in the medical note that parent is unavailable to sign but stated an understanding of documentation and gave clinician verbal approval
- Re: determine which people require face to face has been if symptom presentation wouldn't allow the client to use the technology i.e. psychosis, mania, ID or other complications. We are also using technology for walk in with a separate room with a computer
- We have a County Helpline that is 24hr that filters the Mobile Crisis intakes directly to the Team
- We have been allowing verbal consent but wanted to know what others are doing
- We are allowed verbal consent
- A lot of families during this time have access to e-mail and some form of video contact via phone. Which is great
- Yes, we also allow verbal but are following up now with DocuSign and will continue to follow up when offices open up again
- Our younger generation of youth and families are all about technology. Our field of work has to evolve with technology available
- Current concerns regarding crisis stabilization unit service maintaining effective distancing and containment of clients staying 3-5 days, concerns about programming, meals, and level of interaction during CSU stay minimizing risk of infection while preserving quality of service for what could be many months ahead
- In regard to PPE I would encourage you to contact your State Department of Health. They will help out
- We have had telehealth technology for over a year available to our crisis team, I believe now since we are required to use it will remain as part of our offered services even after this pandemic is over. It works well in our rural area
- You go where the families want or feel comfortable with. While we still respond for face-to-face with new precaution (health screening, PPE, and Physical distancing) most families are appreciative of the sensitivity to the issue and many honor the physical distance when on scene
- We just had 2 cases with the child having ASD and we used a triage of Mobile Crisis, Wraparound and Positive Behavior Support and this has seemed to work. We are able to utilize face to face activities with the child

Police

- Thanks, in talking about the relationship with police departments as our domestic violence has risen so high and without having that that relationship many of the families did not receive the help they needed
- In regard to police involvement, I have heard some instances where the police are not responding to homes due to covid-19. What next steps have some programs implemented in this case?
- We have a police co-responder who responds to behavioral health calls
- As a parent, More Training is needed for police officers and CIT officers when ASD clients are involved. Peer support is a great opportunity.
- Our Crisis Units in Polk Co Florida are seeing a decline in juvenile inpatient admissions
- In San Bernardino County our CIT program has provided all of our local law enforcement agencies and Fire departments a flyer to post on all their social media platforms the phone numbers/text numbers to our Mobile Crisis Response Team. Many of First Responder Agencies have done a great on share this information.

Reporting

- Our youth cases are down 35% which is incredibly concerning
- Youth crisis calls are down dramatically in Massachusetts we know families are afraid of EDs/hospitals, but we are concerned about how families are getting their needs met
- Our calls in WV seem to be down as well and I have worried too about what the families are doing to get their needs met
- How have you all advertised mobile response/ed Diversion
- 49-fold increase (that's not a t49 PERCENT increase, it is 49 times higher!) to crisis text line with some interesting data about some of the themes to the texts can be found here: [Bob's Notes on COVID-19: Mental Health Data on the Pandemic](#)
- 35% decline in youth cases for our team. We are very concerned about them, their wellness and mental wellbeing

Social Media & Text

- Social media has been a big way to let the community know that crisis is still open during this crisis
- This makes sense, social media usage is way up right now
- I think texts are up because youth are more likely to text someone instead of calling and having a conversation
- Text is also a way for young people to reach out for help without alerting their parents who might overhear a call
- We should also be aware as we discuss social media that COVID shows us the digital divide in this country for sure

Supporting Your Team

- That is something that has really helped our team has been daily meetings. I agree that just touching base. Having our little ones peek in the camera and say hi keeps everyone going
- We also do furry roll calls with pets before some meetings.

- We discuss maintaining structure and routine with the primary caregivers.
- We are rolling out a training program on engagement and clinical intervention for all of our mental health providers. we have found this to be an area that is not adequately taught in our universities and our workforce has a general challenge in this area.

Supporting Families

- We had a mom call in and she was struggling with her youth that had ASD but she was very focused on getting him hospitalized rather than working on keeping him out. We knew he was just struggling with change, but mom was unwilling to do anything other than hospitalization.
- Youth on ASD are visual learners. Prepare as much as possible of change. Get Consultative services for the youth family through an agency that deals with autism
- Our school has given computers to our students with Go Guardian on each device. This has helped alert us to our student's online activities. We have been able to identify a handful of students with high concerns of vulnerabilities. We have been able to catch some kiddos with suicidal thoughts/research, anxiety, etc
- Reaching out to your states and/or cities psychiatric hospitals, of course depending on the severity of the case, helps. I had a 13-year-old client that had continuous suicidal ideation and unfortunately didn't have the best experience during his 1st hospitalization. My supervisor received an email about bed availability at Four Winds, in Katonah New York
- We have the opportunity to help these families find some positives at home and build stronger relationships too. It gives us an opportunity to be creative with the families
- Our Parent Advocacy Connection program is working hard to keep in touch with families through phone, text, etc. and linking to services as possible. Lots of stress around school issues - especially using technology or lack of access to technology
- Kids tend to shy away from video chat. found they talk more openly on the telephone

Disproportionate Impact of COVID-19

- Our biggest struggle is with our black American families but also within our New American families, particularly our Deaf New Americans ...Does anyone have resources around reaching some of these populations?
- We do need to be more aware so that we can share information with African American families about why they are vulnerable, more vulnerable than other families
- One thing I have noticed in our urban areas is that families are tightly packed into small spaces, there is a limited of green spaces, parks are all closed, no wifi, etc. All of these and many other cultural aspects are impacting our neighborhoods. One thing because of socio-economic gaps, lower income families (often congruent to race) are more exposed because they are needing more contact to get resources. There is no way to bulk supplies etc. Need to go to food pantries etc.
- We have seen that ED admissions are only happening in extreme circumstances due to the overloaded hospitals. Our role has expanded to supporting the outpatient treatment teams when we receive referrals on their clients. We are trying to coordinate with them,

by remaining available to the family/ caregivers, clients and their treatment team. We are doing the best to fill in the gaps. Nassau Co NY

- The Navajo Nation also is very hard hit by this virus - In AZ the nation is home to 1.4 % of the AZ population yet has more than 13% of the state's Covid cases - In NM the rate of infection for the Nation is almost 8 times higher than the state - and the death rate 16 times higher for people on Tribal lands
- Broadband communication is sparse and socioeconomic issues are high. Plus, there is the issue of disparity within the African American community.

Other

- Some positive breaking news...A Chicago hospital treating severe Covid-19 patients with Gilead Sciences' antiviral medicine remdesivir in a closely watched clinical trial is seeing rapid recoveries in fever and respiratory symptoms, with nearly all patients discharged in less than a week, STAT has learned.