

# Behavioral Health Home (BHH) services Newsletter Addendum

## BHH services provider updates

July 2020

### Aquí Para Ti

Written by: Ursula Reynoso

#### COVID-19 Preparedness

Aquí Para Ti (APT) transitioned to “work from home” status in mid-March due to the COVID-19 pandemic. This new and sudden model of care forced us to redesign APT’s patient care model with the following changes:

- Transforming all APT patient visits to telemedicine/video appointments
- Adopting a new way to conduct assessments
- Reducing the number of questionnaires
- Requesting verbal consent for BHH services recipients

With the new virtual model, the APT team faced several challenges:

- Technology: Most of the patients’ parents were not familiar with the applications needed to conduct video visits. APT did an incredible job guiding the families in the creation of an email account, MyChart enrollment, Zoom application download, and explaining the virtual model.
- Confidentiality: With the new model of care, the APT team had to address several concerns about youth privacy and confidentiality.
- Coordinating mental health crises, like suicidal ideation situation, was somehow more challenging for the team. The fear of getting sick with COVID prevented patients from going to the emergency department.
- Medication compliance due to COVID restrictions.

Some of the positive outcomes of the new model:

- Several conversations about accessible technology tools for minority patients within the Hennepin Healthcare System Leadership Team.
- Fewer “no shows.”
- The connection with the families is stronger than ever as the APT team helped them navigate the health system and connected them with all the resources in the community.
- The APT team helped families overcome the fear and anxiety of the uncertainty by educating them with the most recent health and government recommendations.
- APT’s social media presence increased.
- Collaboration with pharmacy to deliver medications to APT patients.

APT leaders participated in several meeting about COVID-19:

- Hennepin Healthcare System- Covid19 Impact and Basic Needs Survey Team Meetings, ongoing
- Equity Telemedicine Data Meetings, ongoing
- MN COVID-19 Ethics Collaborative

## **Hennepin Healthcare and Aquí Para Ti response to George Floyd murder**

APT has always been involved in efforts to eliminate disparities due to racism and discrimination within our community. The latest events pushed APT team to react in a more active way. APT staff is involved in several initiatives and important meetings, detailed in the following.

### **Staff development**

- **Building Systems for Culturally Responsive Integrated Care Series**
  - Session #1 — Starting the Journey to ‘Build Systems of Culturally Responsive Integrated Care
  - Session #2 — The Impacts of Implicit and Institutional Bias on Integrated Care
  - Session #3 — Racism, Trauma and the Social Determinants of Health
  - Session #4 — Partnering to Integrate Care & Develop Inclusive Programming
  - Session #5 — Using Data to Reduce Disparities and Improve Quality
  - Session #6 — Strategies for Inclusive Leadership, Policies and Practices
- **Minnesota Association for Children’s Mental Health webinar series**
  - Worry Gone Viral: Supporting Youth with Anxiety and OCD During Uncertain Times Training
  - Compassionate Support for Immigrant Families Series

### **Committees and panels**

- 05/04 Anti-racism piece/SAHM Diversity committee
- 05/30 Unidos MN — En Comunidad (How can the Latinx community help and support the movement 2.6k views)
- 06/03 ECHO — Adolescents and race
- 06/15 Listening Session hosted Lt. Gov. Peggy Flanagan with youth leaders
- 06/18 Unidos MN — The DACA decision, hosted both in Spanish & English (4.9k viewers)
- 06/19 Lead MN — Mental Health Webinar (342 views)
- 06/12 — Stand for DACA
- 06/21 — APT youth peer educator participated as guest speaker on ICE & Police: Stop Separating Families Rally
- 06/23 Rally for District 279 Anti- Racism Action

### **Community gatherings**

- 05/30, 05/31, 06/03, 06/06 APT leaders, among other Latinx leaders, met to organize how to make resources more accessible to Latinx families in South Minneapolis and to identify needs.

### **Patient direct support**

- Food and basic needs items were delivered to patients by APT staff and through Amazon
- Food and essentials donation sites
  - East Lake Clinic food donation events
  - El Mercadito on Lake Street 06/03 – 06/05
  - Church in Bloomington 06/13
  - Mujeres Latinas EXPO committee donation events June 1 and June 5

### **Staff direct support**

- Around the organization, conversations and mental health services were offered to the staff.
- Hennepin Healthcare Spiritual services held several healing sessions.
- Critical Incident Support Team at Whittier: Two sessions to provide emotional support for staff.
- APT team daily meetings helped to keep the team informed and function as debriefing sessions.

- APT Mental health providers support the team during stressful situations and to navigate these difficult times.

### **Efforts to address Systemic Racism at Hennepin Healthcare System (HHS):**

The new Hennepin Healthcare CEO, Jennifer DeCubellis, and HHS leaders pronounced their total support to the community and moved forward with several internal initiatives.

Hennepin Healthcare and the APT team organized the George Floyd Vigil at Whittier Clinic, initiating a series of vigils within the organization. The vigil included remarks from Jennifer DeCubellis, Chaplain Nicole Smith, Aquí Para Ti and Between Us Medical Director Veronica Svetaz, MD, Family Medicine Resident Simone Childs-Walker, MD and local gospel singer Tonia Hughes. Dr. Svetaz has been involved in several system change committees and meetings regarding structural racism and historical trauma even before the murder of George Floyd. All guests observed 8 minutes and 46 seconds of silence — the length of time George Floyd was pinned down.



### **Information about any unique referral/care coordination relationships**

The COVID-19 and social justice movement helped APT to strengthen its relationship with other organizations and schools. The health and resources coordination more intense than ever. APT is one of the few departments in HHS that never stops services and continue providing services during these difficult times because we understood the difficulties that all these bring to the Latinx community.

### **HealthStar Home Health**

Written by: Megan Olson

We really appreciate how supportive and encouraging you all have been to agencies during this time. Here at HealthStar we have spent a great deal of time in our weekly Friday Team meetings talking about George Floyd’s murder, having open and honest discussions about systemic racism and how this comes up both personally and within the communities we serve. We’ve been using this time to come up with strategies of how to best support our

clients and have really open conversations about white privilege. Each systems navigator has been mindful of checking in with clients as to how they are doing with regards to current events and allow space for their clients to share their feelings around it. As an agency we also did a community service activity together that aligned with our cultural values, and our office was able to put together donate over \$500 in supplies to some local organizations in need of things like hygiene kits, diapers, and more. We are planning to do another activity in July that will allow us to give back to our community — whether that is volunteering, donating to an organization that aligns with our values, or something similar.

In terms of the pandemic we continue to provide services via phone, which clients have felt most comfortable with. We are able to continue helping clients with their HAP Goals and also ensure they are practicing safety measures in the community to protect themselves from COVID during this time. Our BHH services team specifically meets once a week for a more structured team meeting to share resources and review cases. We've added a second weekly team meeting in light of these events, to offer our team more time to connect and support each other since we are all so isolated during this time, recognizing how essential their wellbeing is to continue to best serve our clients.

We recognize we always have things to learn in this work to best support our staff and our clients, so we are eager to learn from other agencies as well. Appreciate you and the team for all you do!

## **House of Opportunity**

Written by: Feisal Elmi

During this pandemic the last couple of months, we have done our best to meet the needs of our staff as well as our clients as best as we can. We have used alternative methods to the in-person meetings where we were able to meet and communicate with the client virtually online or have the conversation over the phone where the client felt most comfortable. This has helped our staff continuously meet with our clients during the stay-at-home order in the earlier months and has been working smoothly.

As part of the Behavioral Health Home Program, we always do our best to ensure our clients, as well as our staff, are treated justly and fairly in all cases. As a team, we have supported the Black Lives Matter movement by attending several peaceful demonstrations to show our solidarity with people of color and our support for racial and systematic justice. We have done our best to ensure our clients are not treated unjustly in any way by anyone from our organization and that our staff are also not treated unjustly. We've supported our staff and our clients by letting them know we do not agree with the injustice in the system and we stand with them. As an organization, we have had meetings and discussions about how everyone feels about the situation and how to better educate those that are willing to learn more. We plan to continue these meetings and discussions to continue to ensure that our organization is a safe and peaceful space for all our staff and clients.

Ninety percent of our clients live in south Minneapolis and were diagnosed with PTSD and Anxiety during the Covid-19 and George Floyd protests. They report experiencing flashbacks and trigger of civil war and fear of being a refugee.

## **Lakewood Health System (LHS) clinic**

Written by: Amanda Mithun

In March, the Lakewood Health System (LHS) clinic identified the need to create a space designated to serve those with COVID-19 symptoms. Unfortunately, this area was located in the same area as the BHH services office. What occurred was a re-location of the BHH services team. While this was in many ways a challenge, it also turned out to be an opportunity for growth. The BHH services team relocated to the area of the building that housed the behavioral health team. LHS is a primary care clinic that is integrated and offers both medical and behavior health

care. By relocating the BHH services team, we have seen an increase in referrals from the BH team, seamless hand-offs between provider and BHH services team, and an increase in communication and coordination of care. Although dealing with a pandemic has caused many challenges, this “challenge” proved to be a positive opportunity for growth that has increased the ability to coordinate care with our behavioral health team at LHS.

## Northland Counseling Center

Written by: Amy Glass

We are a BHH services program within Northland Counseling Center in Grand Rapids that currently has a roster of 66 clients. We are currently working towards offering our services to the under-18 population. This is an exciting addition for us and we look forward to being able to work with youth that are in need of services in our community. One way that we have been able to alleviate some anxiety for our clients affected by the COVID-19 crisis is by picking up commodities at the food shelf and delivering it to doorsteps of our clients for contactless service.

## South Central Human Relations Center

Written by: Scott Westbrook

One of our recent successes is a client that has been in treatment/IRTS for a few months and we had a difficult time prior to this with stable housing. We enlisted the help of supportive housing and had many video and phone meetings including the client, supportive housing, and the IRTS. This client has now secured an apartment, obtained furniture, and has a move in date for the day he discharges from the IRTS. We were also able to secure a referral for in-home skilled nursing services, so that his further needs can be met on an outpatient basis. Normally, meetings would be scheduled in person, but we were able to coordinate on this case very quickly and easily. All of this was made possible by not only hard work from the entire team, but the use of technology in the time of COVID.

Additionally, since March, we have not only continued to process intakes, but we have increased the number of intakes each month. We do this by getting creative on meeting safely outdoors (with appropriate masks and distancing) for brief sessions to complete paperwork, and by utilizing video sessions with intakes and their family members. While it is not ideal, we have been able to continue to serve our community through this difficult time.

Being creative with scheduling and using technology has helped us maintain contact with local providers as well. If the situation warrants, we virtually attend primary care and mental health appointments as our schedule allows as well.

## Vail Place, Inc

Written by: Shelly Zuzek

### Meeting the needs of people during the COVID-19 pandemic

- Despite the challenges of a quick transition to remote service work, Vail Place continues to see dramatic increases in referral to our services and a higher frequency of contact in comparison to pre-COVID data. **Across our core program areas, total served is up by 15%; average number of contacts per month is up by over 60% as compared to 2019 averages.**
- Throughout the pandemic, Vail Place has made a concentrated effort to maintain our staffing levels during this time of economic uncertainty to ensure a continued high quality of service to individuals and maintain our commitment to our mission. **We have not only maintained, but actually added 5 new positions during Q2, in response to demand for services.**
- The Vail Care team experienced an **80% increase in referrals during April and May**, resulting in 25 new clients opened during Q2, with an additional 12 clients still completing the onboarding process. **Total served for May 2020 is up 44% from January.** In response to the increased demand, **Vail Care hired a Community Health Worker in May**, and are currently interviewing candidates for an **additional System Navigator and**

**another CHW** position. These additions will bring our count to 8 BHH services Team members (including the Integration Specialist) and close to 150 active clients.

- The Vail Care team has been reaching out to clients on a weekly or every other week basis for additional support, averaging **five contacts per individual per month in April and May**. The Shelter in Place order created new challenges for the Vail Care population, resulting in a number of adaptations to services in order to creatively meet individuals' needs. Examples include:
  - Pickup and non-contact delivery of food shelf items to people who are compromised and unable to do so themselves.
  - Triaging agency nurses out to conduct face to face visits with clients when needed. **Nursing staff contacts for Vail Care clients doubled during April and May.**
- Our Nursing staff's expertise with infection control protocols has been critical to informing our approach to in-person services.
  - In May, Vail Place packaged staff-client safety kits for all of our employees. The kits included N95 masks for staff, three-ply surgical masks and pens for clients, bottles of hand sanitizer and Clorox wipes, and detailed safety and mask care instructions to extend the use of these valuable resources.
  - We have received a number of handmade face masks from various donors and volunteers, which have been distributed to individuals without access to a mask. Over 200 masks were mailed to all of the clients of our Uptown Clubhouse in April.
- Vail Care has also offered video conference calls for individuals who are willing and able to engage in these services. While some individuals have been willing to try it, we are still observing some barriers to virtual service engagement. Clients report discomfort with technology, as well as video call fatigue, which leads to a preference for phone calls.
- A commonly reported barrier to virtual engagement has been lack of technology to participate in video conferencing, work with service providers and connect with peers to help manage isolation. In response to this challenge, Vail Place launched a fundraising campaign which raised almost \$80,000 to help support a cell phone program to allow individuals to participate in video conferencing and virtual activities. This program will offer a smartphone and up to 12 months of service for individuals engaged in services who could benefit from access to technology. This program will be available to clients in a variety of Vail Place programs, and will be phased in over the next four to six weeks.
- One of the foundational tenets of Vail Place's programs is our Clubhouse community support programs located in Hopkins and Uptown. Prior to the pandemic, these recovery-oriented services have been provided primarily onsite at our office locations. While the stay at home order may have closed our doors, it did not close our Clubhouses! Staff and members rapidly shifted to "virtual" programming. They worked creatively and collaboratively to ensure that the Clubhouse community could connect, support each other, and carry on with our work as much as possible via Zoom, conference calls and Facebook. Daily programming includes newsletter production (20-page newsletter mailed to all members), MICD groups, FreshAir Zoom walking group, Weekly Radio Hour produced by the Hopkins Clubhouse, and more.

### **Response to the murder of George Floyd**

- **Supporting the people we serve**
  - Due to closed pharmacies — Vail Care team members have picked up medications from alternative pharmacies and dropped them off for clients (no contact drop off)
  - General support
    - Calling people to see if they need help accessing basic items
    - Transportation problem solving
    - General problem solving
    - Increased emotional support
    - Assisting with access to basic needs/supplies
    - Encouraging individuals who are members of Vail Place to participate in our Virtual Clubhouse activities

- **Supporting our staff**
  - Providing time for staff to process during individual supervision and taking time during team meetings to touch base and share.
  - Enabling staff to take time off to engage in protests, volunteer work, or other actions to support local efforts; this message has been paired with recommendations to promote safe social distancing and protection practices to minimize risk of COVID-19 infection.
  - Vail Place Diversity Council hosted a meeting to discuss the impact of George Floyd’s murder the week it occurred, and has continued to share information to promote learning in the following weeks.
  - Senior Leadership team meeting weekly to focus on the topic of race equity — what we are doing individually and as a team to educate and incorporate DEI into our work.
  - Enhanced agency communication and response to George Floyd’s murder — internal messaging to employees reinforcing the need for self-care, and encouraging employees to reach out to supervisors, co-workers or agency leadership for support.
- **Addressing systemic racism at our organization**
  - Recognition of Juneteenth as an agency holiday — offering a paid personal day for 2020, adding it as an annual planned holiday starting in 2021.
  - Resulting from recent events, Vail Place has recognized the need to create a clearer structure for our existing Diversity Council. The intent of these changes is to formalize this group as an agency-wide Diversity Committee. This Committee will bring Board-level volunteers to the committee, and will work in alignment with Senior Leadership to ensure DEI efforts across the organization are intentional, fully supported and sustainable, and directly incorporated into upcoming strategic planning efforts.
  - The weekly Senior Leadership DEI meeting is also a place for the team to discuss how we are intentional in aligning and supporting the work of the Diversity Council — critical to ensuring we have the infrastructure in place and buy-in across the agency to support and sustain the work.
  - Senior Leadership has been involved with CADRE, a group of local non-profit leaders who meet regularly to discuss issues of Racial Equity within their organizations. One of our directors has been involved for several years, with others joining the effort in recent months.
- **Referral and care coordination relationships**
  - Navigator has been making referrals to Nystrom and Associates for therapists.
  - Navigator has been making referrals for PCP to HCHC (at the request of client).
  - Vail Care is primarily receiving referrals from Hennepin County and NMH.

## Woodland Centers

Written by: Karen Oswood

In March, as we were finding out that service delivery was going to be changing radically and instantly across our organization, BHH services staff worked diligently to be in contact with our clients to teach them how to use telehealth platforms on their devices so they could continue to receive the services they rely on (such as ARMHS, 1:1 therapy, psychiatry, diabetes clinic, PCP appointments, and more). We also provided support for families as they were troubleshooting their children's barriers to accessing online school. Once the weather got nicer this spring, we purchased a few lawn chairs to throw in the back of the BHH-mobile, and we have been trying to meet face-to-face with clients while maintaining social distancing and taking appropriate safety precautions. We have masks, gloves, hand sanitizer, and disinfecting spray for all staff, and we have extra masks to provide to our clients if necessary. Additionally, prior to any face-to-face contact, we screen clients for COVID symptoms. Also, in a lucky accident, our organization had been in the process of replacing staff cell phones over the previous several months, and we happened to have a stockpile of several phones that we have been able to provide to those clients in need of devices in order to connect to services. These phones do not have data plans, but if the client has access to Wi-Fi, they can

connect to that. Additionally, as an organization (not just for BHH services), we have been able to procure community grants in order to purchase mi-fi devices, which are mobile hot-spots, to provide for clients who do not have Wi-Fi. This last one sounds better than it sometimes turns out to be because we are finding that the Mi-Fis, though connected to a Verizon data plan, are not super reliable. But they are better than nothing. Locally, we have several resources to ensure that our clients have enough food, and we've been able to bring boxes of food to our clients who might have transportation barriers or be working when the food drop-offs are happening.