

## CHCF C19 CHIP Summary

**Name, Degree:** April Torres, LCSW

**Professional Title, Organization:** Healthright 360

**CHIP Title:** Meeting Clients Behavioral Needs During a Global Pandemic

**Topic:** Behavioral Health

**Project Description (include objectives, results, solutions):** How do we continue to provide high quality behavioral health services to clients during a global pandemic? Research suggests that the interventions most essential for pandemics necessarily disrupt the very social processes that facilitate mental health, including social support availability, day-to-day interaction, and social influences on coping ([Marroquín et al., 2017](#)). Research on true quarantine (i.e., complete isolation to contain an illness) shows substantial effects on emotional distress and mental health including depression, generalized anxiety, insomnia, and post-traumatic stress ([Brooks et al., 2020](#)). Knowing this how we continue to provide this much needed care, while keeping our staff and community safe. Our objective was to ensure we were able to provide this essential care to our clients while keeping the clients and our staff safe. We developed systems to distribute PPE to all locations, developed safety protocols, quarantine protocols, and set aside isolation rooms in our residential programs to continue to serve COVID positive clients. We pivoted many of our in-person services to a telehealth model, which had not been previously used by our behavioral health staff. As a result, in our Southern California programs we were able to serve 2141 clients with mental health care, 2671 with outpatient substance use disorder services, 394 clients received recovery bridge housing, and we were able to serve 3513 clients in residential substance use disorder treatment services.

### Key Findings and Lessons Learned:

- Communication between our departments in our organization was critical
  - We formed daily huddles with executive leadership to ensure consistent dissemination of information to key program staff
  - Our CHO conducted frequent townhalls to address staff concerns/fears
    - This resulted in greater cohesion within the team as they felt supported by executive leadership
- We faced staffing shortages like never before, so we had to look at workloads and adjusted census management accordingly
- We had to be thoughtful about staff burnout including the new phenomenon of Zoom fatigue, and how do we continue to take care of ourselves while taking care of others.
- The racial injustice that continues to impact those we serve must be addressed in real and meaningful ways

### Next Steps:

The next steps for us will be to gather data from our sites and determine what endemic care will look like. We know that there were some good things that happened because of the pandemic that we will want to keep. Our telehealth services are now operational however, we will look to make these services even more robust based on our clients needs. We are working on plans to re-engage clients who did not do well with telehealth for various reasons. We want to get them safely back in for face-to-face services. We are deeply committed to ensuring that diversity, equity, and inclusion is imbedded into all our agency practices and our client care.