



a program of the



COVID-19 LIVOAD RESPONSE

Behavioral Health Subcommittee Call

Monday, March 23, 2020

11:30AM

Call Notes

LIVOAD STANDING CALLS	
Tuesdays & Fridays 11:00AM	To join from your computer, tablet or smartphone: https://www.gotomeet.me/HWCLI/covid-19 You can also dial in using your phone. +1 (408) 650-3123 Access Code: 929-959-189
BEHAVIORIAL HEALTH SUBCOMMITTEE CALLS	
Mondays 11:30AM	To join from your computer, tablet or smartphone: https://www.gotomeet.me/HWCLI You can also dial in using your phone. +1 (646) 749-3122 Access Code: 973-021-205

LIVOAD Overview

- The Long Island Voluntary Organizations Active in Disaster (LIVOAD) is designed to respond during the ongoing crisis and form a subsequent Long Term Recovery Group (LTRG) to address continuing need in the aftermath of regional disasters.
- The LIVOAD has responded to 4 large scale disasters since its inception: September 11th, the economic recession of 2007-2008, Hurricane Irene, and Hurricane Sandy.
- "If you've seen one disaster, you've seen one disaster." Each disaster is unique and needs its own system of response.
- HWCLI convenes the LIVOAD and will tap on all participating entities to lead and contribute to the response.
- Also important that participants stay in their own lane to avoid duplication of efforts.
- Four C's: Communication; Coordination; Collaboration; Cooperation

- The LIVOAD is currently activated to respond to the public health crisis and ensuing economic recession.
- Subcommittees are being stood up based on regional need:
 - o Emergency Food
 - o Philanthropic
 - o Family Violence
 - o Legal Concerns
 - o Behavioral Health

Subcommittee Goals

- Streamline resources for providers and clients.
- Communicate guidance and available resources to our network effectively.
- Identify the role that this subcommittee plays with the state mental health hotline.
- Create consistent messaging across a region that will be in crisis for a prolonged period with information about how to support the residents who are affected and the organizations that working to alleviate the crisis.

Identifying Concerns

- The ongoing public health crisis and economic crisis will both amplify existing mental health concerns and create new concerns.
- When checking in with clients, providers are hearing prevalent concerns regarding food security and continuity of care.
- Most providers have now been able to transfer to telehealth care provisions.
- Providers also seeing a client base that is more anxious, isolated, under-occupied, and at risk of relapsing and using again.
- When possible, patients should seek alternatives to going to the ER, and the HHS sector needs to provide viable alternatives.
 - o There are certain emergencies (like alcohol and benzo detox) that will necessitate the ER.
 - o Withdrawals are likely to spike given financial constraints and heightened family surveillance.
 - o Withdrawal symptoms are also similar to COVID-19 symptoms.
- When recovery facility and care facility staff is infected, there will be a need for a contingency plan.
- When residents of group facilities test positive for COVID-19 and need quarantine or isolation, there will be a need for isolation quarters and guidelines.
 - o National Council will be releasing guidelines over the next few days, will distribute.
- Many food pantries have shifted to a grab-n-go model, which has the effect of reducing contact and connection with clients. Less opportunity to monitor well-being.
- Disruption of billing will affect nonprofits – Mike Stoltz to share resources with HWCLI to distribute.

Focus Areas

1. Crisis and acute care
2. Housing
3. Preventing relapse

Ongoing Questions

- As hospitals transition beds previously designated for behavioral health and psychiatry to ER beds for COVID-19 capacity, what are the resources available for patients who are in need of behavioral health care?
- How can this subcommittee meet the need for a localized hotline or supplement the state hotline?

Next Steps

- Identify key partners who should be on this call.
- Identify messages and information to communicate regarding the focal issues identified.
- Support hospitals by connecting patients to organizations and resources that are available outside of the ER.
- Create an FAQ.
- On next call, assign members of the subcommittee to each action point.