Crisis Covid Counseling Support

Permanent Supportive Housing

Wil Spinner, MS, LSW
Teresa Lauderdale, MA, LCDC II
Immediate Services Program (ISP)

- **ISP** was a 60-day Crisis Counseling Program (CCP) program that ran from early August through late September as part of FEMA’s disaster relief effort.
- Funds were appropriated at the federal level and funneled through local ADAMH Boards to provide immediate support to the community for up to 60 days following a major disaster.
- This program focused on high intensity, low volume, individual support services to persons and special populations directly impacted by COVID-19, including individual counseling, outreach, referral and education.
- Initially implemented only in our PSH communities
- N^'^s PSH was the only organization invited to operationalize this important effort.
Regular Services Program (RSP)

- **RSP** is the second phase of the FEMA-funded Crisis Counseling Program (CCP) to support people impacted by the pandemic.
- This program is intended to provide additional community support for up to nine additional months to individuals impacted by Covid.
- Unlike the ISP program, RSP focuses on low intensity, high volume services and is intended to reach a larger segment of the community.
- This model includes group counseling (in a safe, socially distant manner) and includes a broader educational and awareness campaign.
- Three organizations were invited to participate with N^^ named as the lead organization.
Population Targets and Staffing

**National Church Residences (Lead organization)**
- Targets PSH consumers and seniors
- 1 Program Supervisor
- 8 Community Counselors

**Community for New Direction**
- Targets Youth and Adolescents
- 1 Supervisor
- 4 Community Counselors

**Ethiopian Tewahedo Social Services**
- Targets new immigrants and refugees
- 1 Supervisor
- 4 Community Counselors
Type of Services

- Non-clinical assessment
- Referral, and resource linkage
- Group counseling
- Brief educational and supportive contact
- Community networking and support
- Isolation relief/support
Outreach to N^N Seniors

- Opportunity to reach out to our seniors
- Franklin County, OH, only
- Covid support, resources and education
- Non-Clinical Assessment
- Light touch support, as often as needed
- Testing information
- Isolation support – “someone to talk to”
- Help learning technology to stay connected (Zoom, FaceTime, etc.)
- Cooperation with PM’s, SC’s, and PSH BH team
- Referral/Linkage to community supports
Data Reporting

Service Encounter Log-completion that includes

• County of Service
• Visit Type: individual, family, household
• Demographics: male, female, transgender, race, ethnicity
• Disability: physical, mental health, etc.
• Location of Service: home, community center, provider site, mental health agency
• Risk Categories: past trauma, past displaced
• Behavioral Event Reactions: isolation or withdrawal
• Emotional: sadness, tearful
• Physical: fatigue, exhaustion
• Cognitive: nightmares
• Focus of the Encounter: information/education or community resource
• Materials Provided: flyers, brochures, handouts
• Referral: crisis counseling, community services, housing, social services
Success Story #1

While making random “door knock” checks on residents at one of our PSH communities, two ISP workers encountered a resident who expressed how relieved he was to see them, because his two granddaughters would soon be starting back to school – virtually. He was distressed because his family only had access to one computer and there were two children needing access at the same time.
During an initial Covid screening at one of our family PSH communities, a young mother expressed to ISP worker, Suzanne, that she had a cough and sore throat, and had recently come into contact with someone that had tested positive for COVID-19. Given the concerning implications around the potential that the resident may have an active Covid case, Suzanne immediately followed up with additional questions.
An ISP worker (Steve) observed a resident that was visibly upset in the parking lot. Upon approach, the resident reported that he had been discharged after having minor surgery the day before, and the pharmacy hadn’t filled his prescriptions. He was very upset and didn’t know what to do. After working to help de-escalate the resident, Steve questioned him about why the medications hadn’t been filled and he indicated the hospital had called them into the wrong pharmacy.