



ADAPTIVE STRATEGIES FOR RURAL GRANTEES AMID COVID-19: PEER SUPPORT AND RECOVERY SERVICES IN A VIRTUAL ENVIRONMENT

The GHPC COVID Collection

As part of ongoing efforts to support Federal Office of Rural Health Policy (FORHP) grantees, Georgia Health Policy Center technical assistance providers put together a five-part series of virtual peer learning opportunities. The series provided the space for small group discussions around challenges, early learnings, and potential opportunities around program implementation strategies during the COVID-19 pandemic.

This brief summarizes lessons around adapting program strategies for providing peer support services and recovery supports during COVID-19.

Peer support is a program approach that depends upon expertise from a person with lived experience and is driven mainly by in-person contact. Grantees have worked to find ways to adjust the model to connect with clients in alternative ways. Call participants shared some of the early lessons learned and successes as well as challenges with providing peer support services and recovery supports during a pandemic.

Grantees described multiple strategies (virtual and nonvirtual) for connecting with clients:

- Virtual group sessions: One group has moved to a Zoom diabetes groups, and early experience shows people are signing up and attending. "We called our partner organizations that were referral sources, and we sent out email blasts and our community health workers are calling health departments for referrals. All of those strategies netted some clients. People are engaged and talking over Zoom."
- Some are offering closed Facebook live support groups that are peer-led and also have very strong response from participants.
- Others are reaching out through existing channels set up to support community members and providing information on their services. Some grantees mentioned providing information through food banks. Another grantee described their outreach efforts this way: "We created a script to talk about modified services. We push it out through e-learning with schools, through social media, and for our providers and peers." Another grantee described outreach through schools: "We are doing minimum safety checks with schools and then trying to connect with students that way."
- Others are using multiple platforms to reach out and help their clients and asking their referring partners to send clients their way. One grantee shared this experience: "Our organization is focused on enrolling clients in health insurance. We got permission from Centers for Medicare and Medicaid Services to do phone, Skype, and Zoom health insurance enrollments. We produced a marketing flyer about enrollment that we have sent out to all partners, all referring organizations, a number of government officials (state representatives, mayors, congressional staff), and newspapers, and many have posted the flyer about health insurance enrollment."

Partnerships are key:

- Multiple grantees reflected on the importance of partnerships, both for getting information out to clients and participants, for coordinating response, and for meeting the acute needs of community members.
- A few grantees stated that partners who had formerly been inactive in local consortia are now fully engaged in virtual meetings and planning efforts.

Grantees offered some suggestions for helping people who have limited access to Wi-Fi:

- Some states or communities may be developing maps that show where Wi-Fi hotspots are located so people can drive to a McDonald's parking lot to connect to the Wi-Fi. Libraries are providing hotspots in communities as well.



Participants shared a few strategies for consenting their clients for program participation in a virtual environment:

- In a webinar conducted by the University of Pennsylvania's IMPACT webinar, a community health worker shared that they consent participants by text and screen shot the participant's consent for their files.
- To secure participant consent for a class series, one grantee reported that when participants sign up for class, they mail them the consent packet. They will allow participants to attend the first class without signed consent, using verbal consent.
- Another grantee reported that they are providing recovery support services by phone and virtually. They obtain consent and services by Docusign — and those consents are uploaded to a Health Insurance Portability and Accountability Act–compliant, cloud-based records system.

A few grantees noted that COVID-19 was offering opportunities that could be leveraged in the long term. The pandemic is forcing many to move to virtual service provision quicker than they would have otherwise, and many have seen very positive response from clients. Accessing some services virtually eliminates stigma, transportation, and other barriers:

- There are some potential policy opportunities to expand telehealth and telebehavioral health services in corrections facilities since many facilities are closed to outside visitors.
- One grantee mentioned that their peer support service providers are not credentialed but can practice under a provider and are able to conduct Screening, Brief Intervention and Referral to Treatment screenings by phone and get them signed off by the provider and reimbursed.

Grantees detailed shifts in strategies for working with correctional facilities due to COVID-19:

- For those working with corrections facilities, many of those facilities are closed to visitors, so programs have had to change their strategies for engaging clients and connecting people with services.
- Rather than having direct contact with incarcerated clients, grantees are working with corrections officials and probation officers to provide some continuity. "We are no longer able to be in the jails, so we are reaching out to probation officers. Some people are being released early due to the pandemic, and we are working to connect with them as well once they are released to ensure that they are connected with services."

For those implementing peer support programs, one key challenge is how to move a program that relies on high levels of trust, rapport, and face-to-face interaction to a virtual model. Grantees grapple with questions related to maintaining connection and establishing trust and rapport, and how to engage patients in their programs and get to the bottom of the reasons behind their behaviors:

- One strategy mentioned was connecting by phone, especially in areas without good broadband or for clients who do not have internet access. Peers are increasing the number of check-in calls with clients and scheduling a time to check in when the client can be in a private space. They observed that many people are lonely and grateful for the chance to talk with someone.
- Another suggestion was to make contact and provide support around an acute need that needs to be addressed. If they are underdiagnosed or undiagnosed in terms of mental and/or behavioral health issues, they may also have social-determinants-of-health issues. Dealing with the acute issue first may make space for engaging the client around behavioral health needs.
- Multiple grantees mentioned that text messaging is a good way to make initial contacts with potential clients so that they will not be screened out by phone when they call with an unrecognized phone number.

Self-Care and Staff Support

Grantees reflected on the challenges that their staff are facing. For many, it is frustrating not to be able to help their clients who need them right now. They are worried about those with behavioral health issues and clients falling off the wagon. The risk of relapse and overdose is significant when folks are isolated, stressed, and unable to access recovery supports.

Call participants shared multiple ways that they, as mental health professionals, are practicing self-care and keeping their teams connected and supporting each other:

- “We are using this time to plan and be ready for when the restrictions are lifted.” There will be pent-up demand for health and behavioral health services and organizations need to be ready for it.
- Multiple grantees shared their practices for staying connected and building capacity of their teams to better perform in a virtual workspace. They are doing this through —
 - Regular video team meetings to share strategies and resources
 - Good-morning emails for team members to lay out the day
 - Regular staff meetings that include an ice breaker (e.g., share your favorite spring picture, share a picture of your face mask, grab a hat and take a picture)
 - An employee relations committee comes up with ideas to engage staff and keep people motivated
 - Using mind-body skills exercises, such as breathing exercises and guided imagery

RESOURCES SHARED

- [Mental Health and COVID-19](#) — Information and resources from Mental Health America (MHA)
- [COVID-19 Resource and Information Guide](#) from the National Alliance on Mental Illness
- [Recordings of past webinars and links to future webinars at the SAMHSA and MHA](#)
- [Recording of webinar](#) from University of Pennsylvania’s IMPACT Program on CHW as Social First Responders During the COVID-19 Response

For more information:

Georgia Health Policy Center
 404-413-0314
chsdteam@gsu.edu
ghpc.gsu.edu