## Oakland Community Health Network (OCHN) Stories of Excellence

Name of person telling the story or writing the narrative: **Dr. Nicole Lawson, OCHN** 

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Please indicate the willingness, below, of the person telling this story/writing this narrative to be named in the media and contacted by CMHA and Lambert for further details related to this story:

[X] Yes, CMHA and Lambert can use my name when this story is shared with the media and can contact me for additional information related to this story

Narrative describing the excellence, innovation, and heroic efforts of your organization in responding to COVID19 pandemic:

Oakland Community Health Network (OCHN) donated over 100,000 gloves to support direct service professionals. Approximately 270 specialized residential and substance use disorder public mental health service sites in Oakland County received critical Personal Protection Equipment (PPE) during the COVID-19 crisis.

The items, which included 100,000 gloves, 540 bottles of hospital-grade disinfectant, and 1,500 KN95 masks, were purchased by OCHN and delivered by the agency's employee volunteers. At the very early onset of the COVID-19 crisis, OCHN's procurement team joined the ranks of thousands of healthcare agencies across the country to secure critical PPE to promote the health of the individuals it supports and the frontline staff who assist them.

Practicing physical distancing, OCHN employees Julian Tertzag and William McNeary, loaded their co-workers' cars with the needed supplies before sending them on their assigned delivery routes.







William McNeary

## Oakland Community Health Network (OCHN) Stories of Excellence

Name of person telling the story or writing the narrative: Christine Burk, OCHN

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Narrative describing the excellence, innovation, and heroic efforts of your organization in responding to COVID19 pandemic:

OCHN's Pen Pal Program - In light of the shelter-in-place order instituted during the COVID-19 pandemic, OCHN has implemented a virtual pen pal program. Through the program, OCHN staff who volunteered to be pen pals are paired up with individuals receiving public mental health services in Oakland County. Volunteer pen pals are also connected with juveniles in detention centers across the country through the Center for Educational Excellence in Alternative Settings (CEEAS.) CEEAS is an organization committed to maximizing the teaching and learning for individuals in juvenile justice facilities.

Once introductions are initiated, pen pals communicate with each other via emails, letters, texts, or phone calls throughout the week. Maintaining communication with one another is essential to remain positive, and OCHN is dedicated to helping those in need find hope during this challenging time.

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Name of person telling the story or writing the narrative: Dr. Nicole Lawson, OCHN

E-mail address of the person telling the story: lawsonn@oaklandchn.org

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Narrative describing the excellence, innovation, and heroic efforts of your organization in responding to COVID19 pandemic:

Oakland Community Health Network nurses have stepped in when duty calls. OCHN nurse, Susan Stevens helps Common Ground up to three afternoons per week, providing COVID-19 screenings to individuals enter the Oakland County Resource and Crisis Center building. Susan is also providing daily nursing support to the Medication Assisted Treatment (MAT) program at the Oakland County Jail. OCHN nurse, Amy Salley has also assisted in this effort by maintaining daily nursing responsibilities and providing numerous COVID-19 assessments at Common Ground during this response.



Easterseals Michigan has risen to the challenge of COVID-19 and has taken this crisis head on so that we may deliver the essential services needed to the people we serve. We were proactive and adapted quickly prior to the confirmed cases in our state. A crisis team was created with representation of staff from all our locations, key department leadership, as well as our senior leadership team. We strategically determined through this team that we had to ramp up our telehealth and telephonic services throughout the entire organization. Our entire staff team has adjusted incredibly well to this new normal in crisis mode. They have shown agility and a renewed commitment to our mission. We are prepared to serve people where they are and when they need us most right now. In addition, we created a contingency plan that trained key leadership roles as well as other credentialed staff to assist with providing deeper bench strength as well as cross training opportunities as the virus progresses in Michigan.

Since March 11<sup>th</sup>, our Human Resources, Business Information and Health Technology (IT) teams registered over 300 providers in eVisit, our telehealth platform, and shared training and telehealth resources to support service provision via telehealth and remote work. We have over 2,200 registrations by people we serve and conducted over 800 telehealth sessions. We created a SharePoint page dedicated to sharing COVID-19 related communications and resources to our staff and continue to update the site daily throughout the crisis. Our IT team helped to gather and configure over 58 iPhones, iPads, and laptops so the devices could be distributed to staff for telehealth and remote work. VPN services were increased to support secure and remote access to various systems. Significant changes to our electronic health record, IRIS was coordinated amongst our Health Informatics team, Program Leadership, PCE, and our payers and were quickly deployed to appropriately adjust clinical reporting requirements regarding COVID-19.

Our Contact Center staff are ready and eagerly answering incoming phone calls for individuals looking for support during these tough times. We are proud that our call wait-time averages only 15 seconds! Since March 11<sup>th</sup>, our Contact Center has averaged 323 calls per week and averaged 65 calls per day. Our staff will answer questions, explain services, take some basic information, explain our patient portal, offer intake appointments via telehealth or telephone, and explain the e-visit telehealth program. Last week, all Contact Center staff migrated from desktop computers to laptops, allowing them to continue to seamlessly connect with callers off site, through our phone system (SwitchVox) portal and Salesforce CRM. Our Contact Center phone calls are at approx. 52% of where they were prior to COVID-19 and our intakes are at approx. 61% where they were prior to the crisis. In addition, we have had 50% of intake appointments kept during this time with great efforts by our Contact Center as well as intake staff working hard as they offer same-day appointments so that they can rapidly transition into services. Our intake appointments completed through e-visit allow both the clinician and the individual to see and hear each other during the appointment. After the intake has been completed, the clinician will provide follow up appointments for services and supports that are tailored to the individual's specific needs. We are proud that we can offer people such quick and seamless access to mental health support during such

challenging times! Mental health truly matters during this pandemic and we are committed to Michiganders.

We have had some powerful connections made by our staff to the people served during this crisis. One of our staff shared the appreciation they received while doing an outreach call,

"Thank you for calling, it truly feels good to have someone who is concerned about how I am doing right now." The continuing of human connection and care has been so important for our individuals who may not have natural support systems. Additionally, to support the importance of technology, one of our case managers was able to establish good rapport with a client via telehealth. The individual came from intake and had previous case managers at our organization before reengaging in services. The individual wanted to complete a case management assessment and a treatment plan so that they could make another appointment. The case manager went through their rights as an individual receiving services by sharing that they had the right to change anyone on their treatment team at any time. The individual responded, "Oh no, I don't want another case manager, I was really nervous to have a different one because it can be hard for me to trust people, but this feels like a right fit." The individual would have probably had a similar response in person, but the speed of getting into services may not have been quite as quick without the use of technology. We believe that telehealth will be around for the long term and we know it increases access to those we wish to serve. We will persevere and become a stronger, more efficient mental health organization after this crisis.

