

MSHN

Mid-State Health Network

Essential Behavioral Health Services & Stay Home Stay Safe

BHDDA Communication #20-01

& Executive Order 2020-21

March 27, 2020

Goals for Today:

1. Go over key elements of BHDDA Communication 20-01
2. Identify implications for different LOCs
3. Differentiate how and when telemedicine can be used
4. Identify your concerns
5. Brainstorm solutions
6. Hear about ways that MSHN can support you.



MDHHS BHDDA Communication #20-01

- ▶ Released on March 25, 2020
- ▶ “Essential Behavioral Health Services & Stay Home Stay Safe Executive Order 2020-21 in the COVID-19 Context”
- ▶ Defines all behavioral health services as “essential to sustain and protect life.”



Behavioral Health and Developmental Disabilities Administration

Communication #20-01
**Essential Behavioral Health Services and Stay Home Stay Safe
Executive Order 2020-21 in the COVID-19 Context**

Date of Issuance: March 25, 2020

For Questions Please Contact:

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Essential Behavioral Health Services and Stay Home Stay Safe Executive Order 2020-21

This guidance is being issued in response to the Governor’s Executive Order 2020-21 (COVID-19) Temporary requirement to suspend activities that are not necessary to sustain or protect life (Stay Home Stay Safe Order) and is directed to Pre-Paid Inpatient Health Plans (PIHPs), Community Health Service Programs (CMHSPs), their provider agencies and direct care workers that provide home and community based behavioral health care and supports or direct care clinical services to individuals with serious mental illness, children with serious emotional disturbance, individuals with intellectual and developmental disabilities, substance use disorders, and all other individuals served by the public behavioral health system or experiencing a behavioral health crisis.

All behavioral health services are essential to sustain and protect life and therefore must continue to be provided under the Governor’s Stay Home Stay Safe Order. Behavioral health services shall continue to be provided in homes, residential or clinical settings if such services cannot reasonably be performed telephonically or through other virtual methods and are necessary to sustain and protect life. Home-based or clinic-based services are necessary to sustain and protect life if, based on a provider’s good faith clinical judgment, are necessary for the individual to remain in the least restrictive environment, are required for assistance with activities of daily living, instrumental activities of daily living (IADLs), be sustained on life-preserving medication, as well as those services necessary to maintain behavioral or psychiatric stability.

Essential services that do not require face to face home-based or clinic-based intervention may be done telephonically or through other virtual methods. Each service should be

MSHN Agrees: SUD Treatment is an Essential Service

- ▶ SUD agencies do provide critical services that are “essential to sustain and protect life.”
- ▶ You’ve helped save countless lives in Michigan.
- ▶ You have helped launch some of our most vulnerable citizens on the path to recovery.
- ▶ MSHN is profoundly grateful for your partnership in this life-saving work.



MSHN Also Recognizes: There's Confusion in the System

In the context of the Coronavirus Pandemic, the Governor's State of Emergency & Executive Orders invoking social isolation, agencies who provide essential services are struggling with how to move forward.

Providers need direction and support.

- ▶ **Direction:** BHDDA's "Essential Services" statement is a mandate from MDHHS to stay open. It gives a directive that is not optional.
- ▶ **Support:** MSHN is here to support SUD providers in fulfilling their essential role to sustain and protect life.



Who Does this Guidance Apply to?

- ▶ "This guidance is directed to ... Pre-Paid Inpatient Health Plans (PIHPs), ... their **provider agencies and direct care workers that provide home and community based behavioral health care and supports or direct care clinical services to individuals with ... substance use disorders.**"
- ▶ **Direct care workers:** "social workers, psychologists, counselors, behavioral technicians, direct support professionals, peer recovery coaches, psychiatrists, nurses, physician extenders, case managers, supports coordinators, **substance abuse treatment specialists & practitioners.**"

Essential Behavioral Health Services and Stay Home Stay Safe Executive Order 2020-21

This guidance is being issued in response to the Governor's Executive Order 2020-21 (COVID-19) Temporary requirement to suspend activities that are not necessary to sustain or protect life (Stay Home Stay Safe Order) and is directed to Pre-Paid Inpatient Health Plans (PIHPs), Community Health Service Programs (CMHSPs), their provider agencies and direct care workers that provide home and community based behavioral health care and supports or direct care clinical services to individuals with serious mental illness, children with serious emotional disturbance, individuals with intellectual and developmental disabilities, **substance use disorders**, and all other individuals served by the public behavioral health system or experiencing a behavioral health crisis.

Which Behavioral Health Services are Essential?

- ▶ BHDDA Communication #20-01 identifies that “all behavioral health services are essential to sustain and protect life...”

And therefore states these services...

- ▶ “must continue to be provided under the Governor’s Stay Home Stay Safe Order.”

emotional disturbance, individuals with intellectual and developmental disabilities, substance use disorders, and all other individuals served by the public behavioral health system or experiencing a behavioral health crisis.

All behavioral health services are essential to sustain and protect life and therefore must continue to be provided under the Governor’s Stay Home Stay Safe Order. Behavioral health services shall continue to be provided in homes, residential or clinical settings if such services

How do we reconcile #20-01 with Executive Orders & CDC directives re: social distancing?

Use Telemed Services (when possible)

- ▶ “Essential services that do not require face to face home-based or clinic-based intervention **may be done telephonically or through other virtual methods.**”



Telemed Services must be driven by Individualized Need & Medical Necessity

- ▶ “Each service should be evaluated on an individual basis and the clinical rationale for telephonic or virtual method must be documented.”
- ▶ “The clinical rationale for the use of virtual methods vs. home-based or clinic-based intervention given the Governor’s “Stay Home, Stay Safe” Order should be based upon the behavioral health needs of the individual and whether or not a home-based or clinic-based intervention is essential to maintain the individual’s health and safety ... The clinical rationale for the use of telephonic or virtual services must be reviewed and updated regularly as the individual’s needs and the public health crisis evolves.

BHDDA #20-02: Consider the risk to person of contracting/spreading COVID-19

- ▶ “Clinical decisions should be based on the behavioral health needs of the person. In addition to their behavioral health needs, the risk to the person receiving BH services poses for spreading the COVID-19 virus or for contracting it must be considered.”

Clinical Considerations for General face to face encounters:

20-02

Decisions for whether a person who shifts from the usual face to face, in-person encounter to a telephonic, or other virtual encounter as a result of COVID-19 should be done with clinical guidance, recognizing the public health directive to maximize social distancing and utilize telepractice type care delivery. However, for someone who would otherwise have a face to face, in person encounter, the clinical rationale (both from an infection control and a behavioral health perspective) must be documented. Clinical decisions should be based on the behavioral health needs of the person. In addition to their behavioral health needs, the risk to the person receiving BH services poses for spreading the COVID-19 virus or for contracting it must be considered when evaluating the need for a face to face clinical assessment. The need for face to face vs virtual encounters should be evaluated regularly according to the needs of the person and the public health directives, which can change over time. Such decisions should be made with the liberal use of clinical consultation with community mental health, PIHP, or provider medical directors and other clinical supervisors.

Also, face to face encounters that can be conducted using social distance standards (avoiding close contact) should be conducted utilizing this practice.



Behavioral Health and Developmental Disabilities Administration

Communication #20-02

Guidance for Specific Clinically Essential Face to Face Encounters in Behavioral Health Clinics, Substance Use Services and Residential Settings in the COVID-19 Context

Date of Issuance: March 25, 2020

For Questions Please Contact:

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[Guidance for Michigan Department of Health and Human Services For Community Based Mental Health Services, Substance Use Services and their Providers Practicing in Clinical Settings and Delivering Home Based Services](#)

Updated as of 3/22/20

The following guidance regarding prevention of the spread of the Coronavirus Disease of 2019 (COVID-19) pertains to the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration public and private organizations, entities, authorities, and providers who work directly with persons served in behavioral health and substance use disorder (SUD) community-based settings. This guidance is based on the recommendations from the Centers for Disease Control and Prevention (CDC) and MDHHS. All individuals are encouraged to use resources available at www.michigan.gov/coronavirus, including posters to raise awareness of steps that can be taken. This website is being updated continually.

Guidance for Specific Behavioral Health Services and Supports and Determinations of the Need for Essential Face to Face Encounters for Individuals Served in Mental Health Clinics, SUD services and Residential Settings

Although there is currently a priority to provide clinical support for individuals via telephonic, video, or other virtual connections to minimize the spread of COVID-19, there will be cases in which a clinical face to face, in-person encounter is needed to appropriately assess an individual in need of care related to a behavioral health concern. Staff should be mindful of making decisions as to who will need face to face assessment or intervention that requires proximity to a person within the social distance standards (6 feet apart), including physical contact with the individual served (e.g., blood draws, checking for

Clinical Rationale for Utilizing Telemed Services

- ▶ Protecting the client from COVID-19 exposure
- ▶ Protecting the client's household & supports from COVID-19 exposure
- ▶ Enhancing CDC and MDHHS COVID-19 exposure directives re: social distancing



NOTE: Safety of provider staff is not a rationale that would meet compliance with BHDDA #20-01.

Determining Face-to-face vs. Telemed encounters

- ▶ Essential services for which there must be a clear determination of **when to deliver a face to face in-person encounter vs a virtual encounter** include but are not limited to:
 - ▶ SUD withdrawal management
 - ▶ SUD residential treatment services
 - ▶ MAT - Opioid treatment programs (OTPs) & office based opioid treatment (OBOT) services
 - ▶ Recovery Coaches



Withdrawal Management/ Detox Providers:

- ▶ Implement telephonic screening procedures.
- ▶ Rule out being symptomatic or known exposure.
- ▶ If symptomatic or exposed, tell them to stay home, self-isolate, refer to PCP and do warm hand-off to OPT provider for telemed services.
- ▶ If non-symptomatic with no known exposure and meets criteria for admission, admit for WM services.
- ▶ Use private rooms if possible & social distancing during meals, etc.
- ▶ Take temperature daily and monitor for symptoms.
- ▶ No PPE (Personal Protection Equipment) is needed.
- ▶ Implement all possible CDC precautions re: social distancing, hand-washing, etc.
- ▶ Maintain critical required staff on-site

Telemedicine:

- ▶ Med reviews, peer supports, etc. could be telemed unless individualized need dictates doing F2F



Residential Treatment Providers

- ▶ Implement telephonic screening procedures.
- ▶ Rule out being symptomatic or known exposure.
- ▶ If symptomatic or exposed, tell them to stay home, self-isolate, refer to PCP and do warm hand-off to OPT provider for telemed services.
- ▶ If non-symptomatic with no known exposure and meets criteria for admission, admit for residential services.
- ▶ Use private rooms if possible & social distancing during meals, etc.
- ▶ No PPE (Personal Protection Equipment) is needed.
- ▶ Take temperature daily and monitor for symptoms.
- ▶ Implement all possible CDC precautions re: social distancing, hand-washing, etc.
- ▶ Maintain critical required staff on-site
- ▶ **Implement alternatives to groups for Core service requirements like individualized activities, online curricula, etc.**

Telemedicine:

Consider for individual counseling, peer supports, med reviews, etc.



OTP/Methadone Providers: Face-to-Face (F2F) & Telemed Mix

Face-to-Face:

- ▶ For each day's scheduled clients, do telephonic screening for COVID-19 symptoms or exposure.
- ▶ Schedule dosing times and have clients wait in car rather than in waiting room/lobby.
- ▶ Text/call for clients to come in one at a time for dosing.
- ▶ Maintain distance when client receives dose.
- ▶ Disinfect high traffic surfaces often/between each person being served. Gloves are not recommended. Wash hands after all contact even when handling Rx bottles, packages etc.
- ▶ See guidance re: flexibility around take-home dosages.



Telemedicine:

Counseling, doctor's med reviews, etc. could be telemed unless individualized need dictates doing F2F

Recovery Housing per OROSC:

- ▶ “[Recovery homes] should take the necessary precautions ... recommended by CDC & MDHHS guidelines for COVID 19, e.g. frequent hand-washing, disinfecting high-touch areas, temperature checks daily, private rooms if possible, etc.
- ▶ If there are services being offered within the recovery home, shift to telephonic or video conferences ... to the extent possible.
- ▶ Case management should also take place by phone or video conferencing.
- ▶ If a recovery coach is living on-site, the peer coach should follow CDC precautions and guidelines.
- ▶ If a person within the house becomes symptomatic, they should be isolated, and the health department should be notified.
- ▶ In lieu of recovery support meetings in the community, consider access to online groups and/or other online resources.

Outpatient Services - Use Telemedicine where possible

- ▶ Counseling, peer supports, case management & OBOT or OTP med reviews can be done by telemedicine.
- ▶ As with other LOCs, the rationale for using telemedicine rather than F2F should be documented in client record.
- ▶ And per BHDDA #20-01 and #20-02, if there's a pressing need that can only be addressed F2F, doing telemed would not be appropriate for that encounter.



Don't forget SELF-CARE!

- ▶ Be self-aware regarding secondary trauma, feelings of helplessness, isolation, depression, anxiety, etc. We often push past these to care for those we perceive are in greater need.
- ▶ Practice hand-washing, disinfecting of your phone & workspace, and social distancing from other staff & clients to protect yourself from exposure.
- ▶ Check your own physical health daily (esp. fever, cough, shortness of breath).
- ▶ Under normal conditions, many of us will disregard mild physical issues and push through them to keep working. This is *not* the time for that.
- ▶ Take breaks, get outside, exercise, get enough sleep, eat well.
- ▶ Stay connected to supports, family & friends using phone, FaceTime, Zoom, Skype, etc.
- ▶ Try to maintain normal routines where possible.



Unavoidable reductions in service:

- ▶ If providers must limit services for **unavoidable** reasons (e.g. staff shortage due to illness), please notify MSHN at coronavirus@midstatehealthnetwork.org
- ▶ We continue to track service availability in the region and assist individuals looking for treatment with the most accurate information.

Financial Implications

- ▶ Financial stabilization through MSHN is contingent on provider agencies sustaining services to the best of their ability.
- ▶ Cost Reimbursement providers should bill MSHN for actual cost associated with program operations. Providers are expected to carry out treatment and prevention service functions based on guidance from MSHN's Treatment and Prevention team.
- ▶ Fee-for-Service (FFS) providers may be eligible for cash assistance. Requirements for funds are listed on MSHN's website in the FAQ document.



RESOURCES to help you...

- ▶ Many resources can be found on the MSHN website [here](#).
- ▶ A few recent additions follow...

Posters for use at all LOCs

(On MSHN website)

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.

Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

Avoid touching your eyes, nose, and mouth.

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Wash your hands often with soap and water for at least 20 seconds.



cdc.gov/COVID19

314915-A, March 16, 2020 1:02 PM

MSU HealthTeam COVID-19 Employee Screening Protocol

Employee Screened by call or upon arrival to work

Screening Questions Asked:
 1. Have you been in contact with anyone with confirmed COVID-19 person (being within approx. 6 feet for a prolonged period)?
 2. Do you have the following symptoms: fever greater than or equal to 100.0F, cough, shortness of breath?

YES

SYMPTOMS

Mild/Moderate Symptoms

- Fever greater than or equal to 100.0F
- Cough
- Sore Throat
- Nasal Congestion/Runny Nose
- Myalgia (body aches)

Severe Symptoms

- Difficulty Breathing
- Shortness of Breath
- Persistent Pain in chest
- New Confusion
- Inability to arouse
- Bluish lips or face

Symptoms Plus..

- Confirmed exposure to COVID-19 person (being within approximately 6 feet for a prolonged period.
- Have traveled to a high risk area (China, Europe, Iran, Ireland, Malaysia, South Korea, UK) in the past 2 weeks.

Symptoms Only

- Stay/Return home
- Avoid contact with others with social distancing
- If fever, take temperature 2 times per day and log
- Monitor symptoms, if become severe, go to ED.

GO TO Emergency Department

Employee to go directly to ED or transported to ED based on severity of symptoms.

Return to Work:

- Okay to return to worksite after symptoms resolve AND temperature less than 100.0°F for 24 hours.

Call Center to contact Employee Response Team Member on-call

Return to Work:
 - Okay to return to worksite once symptoms have resolved AND temperature less than 100°F for 72 hours.

Test Results
 Negative

Obtain test for COVID-19

- Register employee in Athena
- Place order for COVID-19 Test
- Employee goes to Sparrow Drive Up testing site for collection and test completion

MSU HealthTeam Employee COVID Response Team member will follow up with employee upon completion of results.

Test Results
 Positive

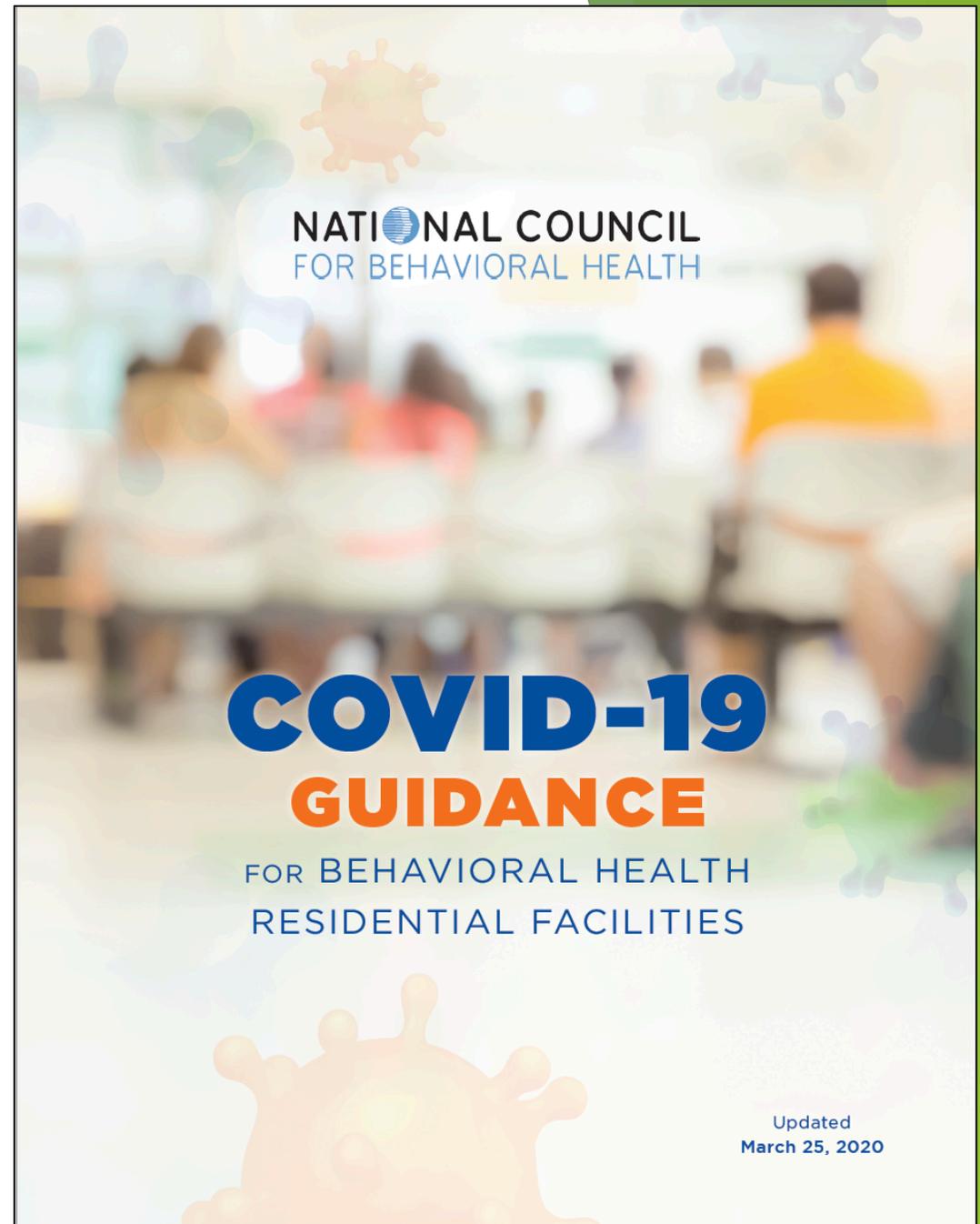
- Return to Work:**
- Stay home for a minimum of seven days from date of onset of symptoms.
 - Okay to return to worksite once symptoms resolve, at least seven days have passed, AND temperature less than 100.0°F for 72 hours.

Screening Protocol

(On MSHN website)

Another resource for residential providers

(On MSHN website)



A recent example of the need in Michigan...

- ▶ A local Police Department wanted to refer a homeless man who's an IV drug user for detox/WM.
- ▶ They found a WM provider with a bed available but were told the man had to be 'medically cleared' to be admitted.
- ▶ The man was brought to the ED where the ED doctor told him he needed to self-quarantine at home for 14 days to be cleared.
- ▶ The man is homeless. Self-quarantine isn't an option.

REMINDER:

- ▶ COVID-19 Deaths - *Globally* = 33,551, *U.S.* = 2,381, Michigan = 132 (3:30 PM, 3/29/2020)
- ▶ Drug Overdose Deaths 2018: U.S. = 67,367 in the U.S. and over 2,599 Michiganders

Again, the OD death rate would be far higher without your dedication to serving this population (once more, THANK YOU!)

For our system, the battle to save lives has two fronts.

Discussion: How can we support you?

