- Educate individuals served regarding signs and symptoms of infection and notify provider(s) if signs and symptoms occur.
- Assist and educate individuals who are taking immunosuppressant psychotropics (e.g. Clozapine) and those in group homes, crisis residential, and with substance use disorder.

- Communicate before and during about factors used in decision-making and those involved in making them.
- Foreshadow what information may lead to a change in recommendations.

B. 1. Risk Assessment

- Measure the likelihood of increasing transmission and the consequences.
- Consider mitigation measures to decrease the likelihood and consequences of transmission.
- Follow mitigation measures recommended by the Centers for Disease Control.
- Follow the COVID-19-pandemic response adapted Hierarchy of Controls used by the National Institute for Occupational Safety and Health (NIOSH). See following diagram.

B.2. Hierarchy of Controls-Mitigation Measures and CMHSP Service Groupings by Location

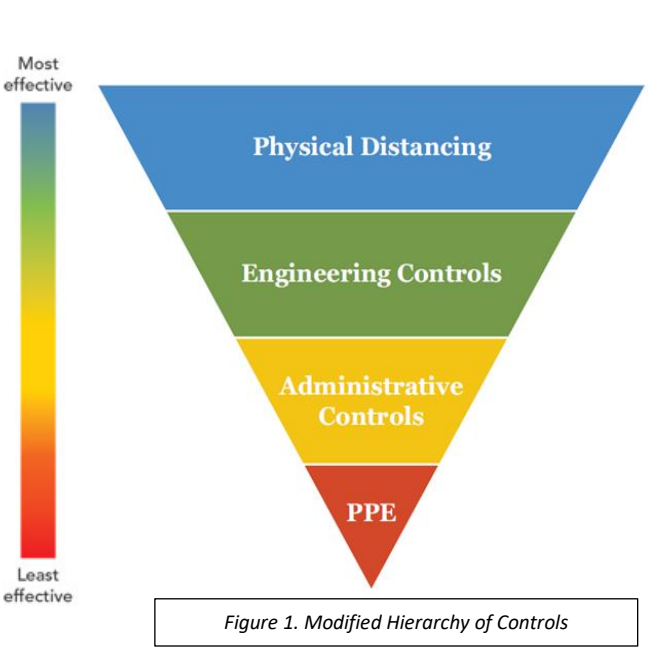


Figure 1. Modified Hierarchy of Controls

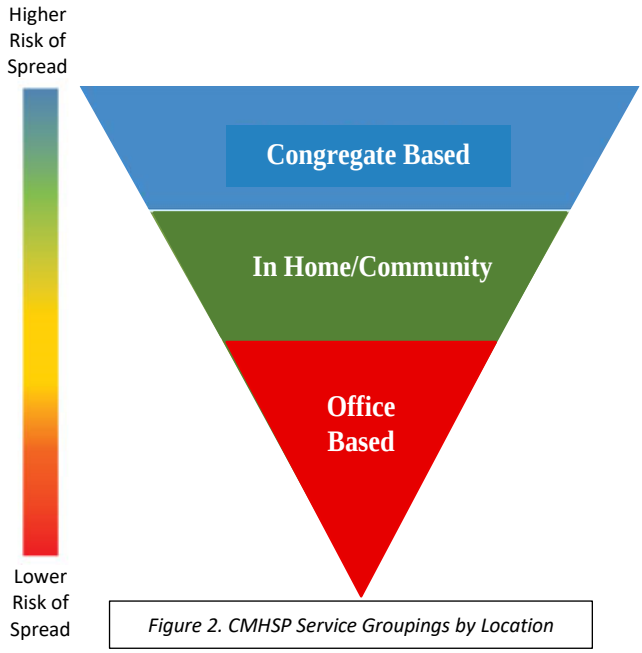


Figure 2. CMHSP Service Groupings by Location

Figure 1. Modified hierarchy of controls shows the dimensions involved in determining the relative safety of reopening a site, from least to most effective. These elements should be considered when determining how and when to open a site or a service in consideration of contact intensity, number of contacts, and degree to which the activity is modifiable, as described below.

Figure 1 Terms:

Physical Distancing: wherever possible having people work or access the business from home; this should include restructuring responsibilities to minimize the numbers of workers that need to be physically present.

Engineering controls: creating physical barriers between people.

Administrative controls: redistributing responsibilities to reduce contact between individuals, using technology to facilitate communication.

Personal Protective Equipment (PPE): having people wear nonmedical cloth masks. Conserve and optimize the use of PPE: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

Figure 2 Terms:

Congregate Based: CMHSP services and settings that involve the grouping together of larger numbers of staff and individuals (usually 10 or more staff and individuals), e.g. clubhouse, group therapy.

In home/community: CMHSP services and settings in an individual or family's home or the community, e.g. applied behavioral analysis, home-based services, assertive community treatment, community living supports.

In office: CMHSP services and settings that are typically delivered in an office setting, e.g. individual therapy, medication reviews, nursing services, etc.

An assessment of each service setting should be made, including review of the following three dimensions:

1. Contact intensity (low, medium, or high) (close to distant) and duration (brief to prolonged)
2. Number of contacts (low, medium, or high)
3. Degree to which the activity is modifiable: the degree that mitigation efforts affect (i.e. reduce) subsequent risks. Efforts that enable individuals to remain six feet apart.

All agencies should consider the number and density of individuals, the prevalence of individuals who could be at high risk of illness, the level of community disease transmission, and ability to reduce number of attendees. Those employees who can continue to telework should continue to do so, continuing to institute social distancing policies and staying home when sick is highly encouraged. Also, employees should stay home when a known COVID-19 exposure has occurred.

The table below shows an *example* of identifying categories of activities and/or business types and how to rate the three dimensions to create a risk profile:

Service or Site	Contact Intensity	Number of Contacts	Modification Potential	Recommended Service Type
Individual Therapy	Low	Low	Medium	Office-Based
ACT	High	High	Medium	In-Home or Community

Clubhouse	High	High	Medium	Congregate

Special precautions should be taken to protect individuals served and employees, including restructuring duties to minimize person-to-person contact, changing work flows or operations to diminish risk, providing PPE for employees, and providing enhanced sanitation and hygiene supplies (e.g. disinfection products and alcohol-based hand sanitizer).

Figure 2. shows a similar inverted pyramid progressing from the bottom where outpatient services is, then in-home, and lastly, congregate. Figure 1 roughly correlates to the type of interventions that might be administered for the corresponding service setting. Thus, if an individual were seen for an outpatient therapy visit in person, PPE could be used along with other combinations in the hierarchy of control to further enhance safety measures. However, if the service setting was in the congregate category, it would be recommended that a combination of all control measures be used for safety.

CMHSPs should consider the direction from which to start the "reopening" of services. If the reopening began in the congregate setting, CMHSP could plan for how much of each control would need to be used, i.e. PPE, physically rearranging settings, etc. MSHN has offered a suggested guide for each service code in the document, "Service Setting Type."

C. Expected Outcome(s) (Forward Trigger)

- Thoroughly assessed service delivery system and early proposal plan for service openings.
- Significant relaxation of physical distancing.
- Number of new cases has declined for at least 14 days.
- Rapid diagnostic testing capacity is enough to test, at a minimum, all people with COVID-19 symptoms as well as close contacts and those in essential roles.
- Healthcare system can safely care for all patients, including having appropriate personal protective equipment (PPE) for healthcare workers.
- Enough public health capacity to conduct contact tracing for all new cases and their close contacts.

Phase II
Likely Timeframe: 6/6/2020-6/30/2020

Definition: The next step in reopening the state. Phase II can occur when it is able to safely diagnose, treat, and isolate COVID-19 cases as well as their contacts. During Phase II, certain businesses will reopen and an increased sense of "normal life" will return. Even though normal life will begin to return, there will also be some physical distance measures and limitations on gatherings to ensure that virus transmission does not increase. Time in the community should be limited for highly vulnerable populations as well as persons over the age of 60. Increased measures of public hygiene will be in place as well as case-based interventions used to identify and isolate individuals with COVID-19 and their contacts. Wearing masks in public will continue to be the norm.

Phase II Reverse Trigger (Revert to Phase I):

- If substantial number of cases cannot be traced back to known cases.
- If there is a sustained rise in cases for five days.
- If hospitals in the state cannot safely treat all patients needing hospitalization.

A. Goals

- Reopen businesses and sectors, with modifications.
- Lift strict social distancing in thoughtful and deliberate fashion.
- Continue to control COVID-19 transmission.
- Increased surveillance to quickly identify cases of COVID-19.
- Identify those persons who are immune.

B. Mitigation Strategies

- Surveillance (Contact Tracing and Reporting)
    - Establish and maintain tracking of daily key data to ascertain, by region*, rates of change and inventory:
        - Virus spread: Number of new daily cases (by county and region*) [Recommended measure: DROP OF X% DAILY]. Confirmed COVID -19 Cases by Jurisdiction
        - How sick: Number of hospitalizations by region* [Recommended measure: DROP OF X% DAILY]. Statewide Available PPE and Bed Tracking
        - Capacity to care for the sick: Availability of resources (PPE, hospital beds). [Recommended measure: PPE-daily % chg, Hospital beds-% available beds]. Statewide Available PPE and Bed Tracking
    - Case-based interventions.
    - Public health officials should review the numbers of new COVID-19 cases, hospitalizations, and deaths. Pause further actions for reopening if counts, hospitalizations, and deaths go up.

- Infection Control (CDC Guidelines)
    - Include CDC guidance on physical distancing in the workplace, if expected to be at work location.
    - General social distancing precautions and continue telework as much as possible.
    - Vulnerable populations should continue physical distancing.
    - Dedicate resources to infection prevention
        - Monitor that appropriate equipment and supplies are available to address standard precautions.
        - Enhance infection prevention programs beyond standard Occupational Safety and Health Administration blood borne pathogens training to address safety and protection.

- Ensure education and competency-based training of staff to ensure that all infection control policies and procedures are understood and followed.
- Identify and track specific process measures (e.g. hand washing, environmental cleaning) to reduce transmission.
- Educate individuals served regarding signs and symptoms of infection and notify provider(s) if signs and symptoms occur.
- Assist and educate individuals who are taking immunosuppressant psychotropics (e.g. Clozapine) and those in group homes, crisis residential, and with substance use disorder.

- Communicate before and during about factors used in decision-making and those involved in making them.
- Foreshadow what information may lead to a change in recommendations.

C. Expected Outcome(s) (Forward Trigger)

- Identify those who are "immune." Note presence of antibodies is not a guarantee of immunity but suggests the possibility.
- Support individuals with vulnerabilities who are still physical distancing.
- Availability of therapeutics to manage the risk of spread or reduce serious outcomes in COVID-19 positive individuals.
- Availability of a vaccine.

Phase III
Likely Timeframe: 7/1/2020-8/31/2020

Definition: During this phase, physical distancing restrictions and any other Phase II measures can be lifted when broad surveillance, therapeutics, and/or a safe vaccine are available and instituted.

A. Goals

- Prevent reinfection.
- Identify and treat COVID-19 exposed individuals with prophylaxis.
- Identify and treat COVID-19 positive individuals early.
- Build population-level immunity.

B. Strategies

- Continue tracking of data.
- Vaccine or therapeutic production.
- Vaccine or therapeutic prioritization when supply is still limited.
- Use of serological surveys.

C. Expected Outcome(s) (Forward Trigger)

- Increased understanding of populations at risk.
- Mass vaccination and/or therapeutic distribution.
- Determination of when population has attained immunity.
- Lift all social distance measures.
- Continue practices dedicated to infection control.

Phase IV
Likely Timeframe: 9/1/2020-forward

Definition: In order to ensure that this sort of outbreak never occurs again, investment into research and development should occur in this phase. This will also include expansion of public health, healthcare infrastructure, and workforce. There should also be a system and presence of strong governance and a strong preparedness plan for containing the damage any future pathogen might cause.

A. Goals

- Identify policy priorities.
- Modernize and strengthen the healthcare system.
- Develop vaccines for novel viruses in months.

B. Strategies

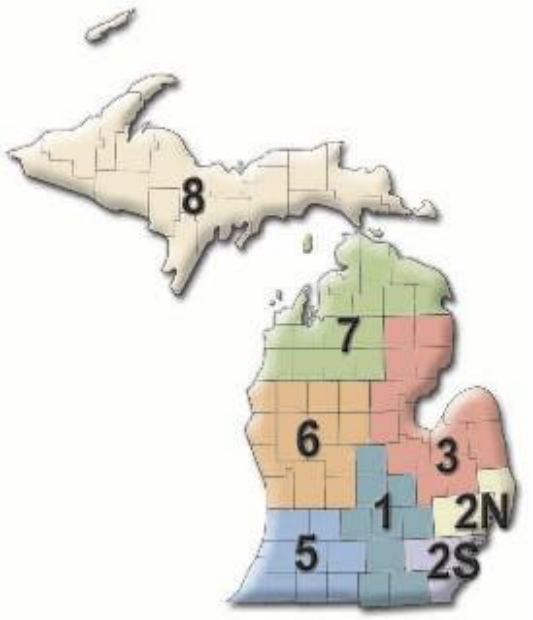
- Invest in public health and medical infrastructure.
- Communicate factors used in decision-making and those involved in making them.
- Increase governance around equal implementation of preparedness measures.
- Continue practices dedicated to infection control.

C. Expected Outcomes

- Improved healthcare system including response strategies, facilities, and supplies.
- Increased preparedness for the next public health threat.

MSHN
Mid-State Health Network

*MDHHS has broken down the state of Michigan into Regional Healthcare Coalitions, as organized by the Michigan Emergency Preparedness Regions, below:



Region1 – Clinton, Eaton, Gratiot, Hillsdale, Ingham, Jackson, Lenawee, Livingston and Shiawassee counties.
Region 2S – City of Detroit and Monroe, Washtenaw and Wayne counties.
Region 2N - Macomb, Oakland and St. Clair counties.
Region 3 - Saginaw, Alcona, Iosco, Ogemaw, Arenac, Gladwin, Midland, Bay, Genesee, Tuscola, Lapeer, Sanilac and Huron counties.
Region 5 - Allegan, Barry, Calhoun, Branch, St. Joseph, Cass, Berrien, Van Buren and Kalamazoo counties.
Region 6 - Clare, Ionia, Isabella, Kent, Lake, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola and Ottawa counties.
Region 7 - Manistee, Wexford, Missaukee, Roscommon, Benzie, Leelanau, Grand Traverse, Kalkaska, Crawford, Oscoda, Antrim, Otsego, Montmorency, Alpena, Presque Ilse, Cheboygan, Emmet and Charlevoix counties.
Region 8 - Chippewa, Mackinac, Luce, Schoolcraft, Delta, Alger, Marquette, Dickinson, Menominee, Baraga, Iron, Gogebic, Ontonagon, Houghton and Keweenaw counties.

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Appendix

Table 1. CDC Guidelines and Suggest Steps for CMH Implementation

CDC guidelines for ambulatory care facilities including behavioral health clinics*	Suggested steps for CMH implementation
Definition of outpatient health care facility (HCF) • At a minimum, outpatient facilities need to adhere to local, state, and federal requirements regarding reportable disease and outbreak reporting. Certain types of facilities	Operate outpatient behavioral health as HCF as defined by CDC and implement commensurate standards of infection control.
Definition of health care professionals (HCP) • Healthcare personnel (HCP), to be defined as all persons, paid and unpaid, working in outpatient settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and devices, contaminated environmental surfaces, or contaminated air. This includes persons not directly involved in patient care (e.g., clerical, house-keeping, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.	Therapists, clerical staff, residential care providers work in outpatient settings which have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and devices, contaminated environmental surfaces, or contaminated air. Therefore, they are to be trained and protected as HCP.
Dedicate resources to infection prevention • Sufficient and appropriate equipment and supplies necessary for the consistent observation of standard precautions, • Infection prevention programs for all staff to extend beyond Occupational Safety and Health Administration (OSHA) blood borne pathogens training to address patient protection. • Assure that at least one individual with training in infection prevention is employed in the role of an Infection Control Officer to manage the facility's infection prevention program.	Ensure supply of hand hygiene products, injection equipment, and personal protective equipment (e.g., gloves, gowns, face and eye protection) to be kept in inventory on-site inventory to be coordinated with the local health department.
	Implement mandatory infection control prevention programs beyond OSHA blood borne pathogen training and include trainings to address patient protection.
	Appoint an appropriately trained Infection Control Officer, hired or contracted, to oversee infection control protocols for staff and patients. This individual should be involved in the development of written infection prevention policies and have regular communication with HCP to address specific issues or concerns related to infection prevention.
Educate and train health care personnel • Ongoing education and competency-based training of HCP are critical for ensuring that infection prevention policies and procedures are understood and followed. Education on the basic principles and practices for preventing the spread of infections should be provided to all HCP. Training should include both HCP safety (e.g., OSHA blood borne pathogens training) and patient safety, emphasizing job- or task specific needs.	Education all HCP in the basic principles and practices for preventing the spread of infections s Training should include both HCP safety (e.g., OSHA blood borne pathogens training) and patient safety, emphasizing job- or task specific needs.
	Trainings and compliance with these trainings to be developed in conjunction with the local health department, which can improve communication and collaboration between publically funded programs.
• Track adherence to specific process measures (e.g., hand hygiene, environmental cleaning) as a means to reduce infection transmission. • To assist with identification of infections that may be related to care provided by the facility, patients should be educated regarding signs and symptoms of infection and instructed to notify the facility if signs and symptoms occur.	Develop a strong bidirectional relationship with the local health department by including the local health officer or designee in policy and practices of the behavior health outpatient facility.
	The Infection Control officer to assist and educate patients as a priority measure, especially those with SMI or SPMI, those taking immunosuppressant psychotropics (e.g. Clozapine), and those in group homes/crisis residences/with SUD.
	Educate patients regarding signs and symptoms of communicable diseases (COVID-19).
	Establish dedicated communication channels, can be email, dedicated phone line or a dedicated person on site, for patients to notify the facility if signs and symptoms occur.

*CDC, https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf

(Alavi, Haque, Haque, & Meier, 2020)