All BH Provider Call w/PHS – April 3, 2020 – 10 a.m. – 10:30 a.m.

# Meeting Notes

## Attending

Aliya Jones, Stephanie Slowly, Kathleen Rebbert- Franklin, Iva jean smith, Marian Bland, Steven Whitefield, Susan Steinberg, Cliff Mitchell, Maria Rodowski-Stanco, Marion Katsereles, Rebecca Perimutter, Sydney Rossetti, A. Park, Dana Heilman, Deirdre Davis, Elizabeth Murphy, Frank Dyson, Kyle Kenny, Marianne Gibson, Mary Viggiani, Rebecca Jones, Robert Harris S. House, V. Walters, A. Alvanzo, Amanda Rosecrans, Andy Owen, Erin Russell, Joe Adams, R. Farah, K. Stolle, R. Bonaccorsy, Shelly Choo, A. green(?)

## Announcements

Welcome from Aliya Jones

These weekly BH Call-ins will provide a platform for PH to provide an overview of the PH response to COVID-19 to help you be responsive, effective, and remain well.

Any questions that arise after these sessions, we encourage you to continue to submit them to Sydney.rossetti@maryland.gov by Wednesday before that week's Friday call.

## Discussion

**Behavioral Health Provider Questions for Public Health for the week of April 3, 2020:** Dr. Mitchell and Rebecca Jones, PHS (?)

1. What should a program do if you have a patient that has tested positive and the patient has been in the residential program for some time?

   **Public Health Services Response:** There is a greater likelihood that in a group setting we are going to see outbreaks. Most importantly whether the person is symptomatic if they are exposed to other people. If the person in your setting who has become ill and has been tested or a-symptomatic and got tested – In general, the greatest risk for people to be infectious is when they are actually having symptoms. When they are a-symptomatic, the risk is significantly less. So, the question is how do you consider the risk for your staff?

   If someone is mildly ill and they have been admitted to your program, but do not need to be in a hospital, it is acceptable that they can be admitted to a group home setting and use

transmission-based precautions – individual should have a private room even for meals, and only leave room for medically necessary activities, and if they leave the room wear a mask at all times. If the staff have to interact with that person, staff need to appropriately wear their PPE – surgical mask, gown, gloves, eye protection, etc. and once staff leaves the residents room, immediately discard the PPE.

Priority: Covering the mouth and nose of the person that is sick to catch those respiratory droplets. Keep sick people separate from well people. Separate bathroom even better.

Cleaning and disinfecting for community facilities. CDC website has new information. Make sure you time the disinfecting process adequately so you can get effective disinfection.

Co-hording people with symptoms is acceptable. Keep sick people away from well people.

2. How can you tell the difference if a person is experiencing symptoms of withdrawal from symptoms of COVID-19 without tests?

   **Public Health Services Response:** Having symptoms – cough and a fever (just assume they have COVIC-19 even if they do not as a precaution). Remember, for mild illness, most people do not need to be tested. So just treat accordingly. Isolation/separation for 7 days from onset of symptoms, and the individual has not had a fever for 3 days without meds, they would then be considered non-infectious.

3. Do staff need to stay at the residential facility if the entire facility is quarantined and someone tests positive for COVID-19? Do staff quarantine themselves at home or do they have to stay at the facility?

   **Public Health Services Response:** You can continue to safely take care of that resident and other residents in that facility. Limit group settings. You have to be willing to isolate sick people, keeping sick people all in the same space and well people in another part of the building.

   A person that tests positive has to be isolated for at least 7 days plus an additional 3 days being fever free without any meds, only at that time would they be considered non-infectious.

   PPE - make sure staff have the equipment they need and, having the PPE that makes them feel safe – maybe you can give them the PPE that makes them feel better as long as they are using it properly.

4. Our program is considering closing due to not having the full PPE. How can we obtain PPE equipment for all staff?

   **Public Health Services Response**: Closing a program is not the best option to consider. You have to consider rise of COVID-19 vs risk of people relapsing/decompensating and hurting themselves because they cannot get the services/treatment they need.

5. Our program is requiring everyone to be tested in order to enter the program. We have submitted a request to the health department. We will be closing our program if we cannot get everyone tested first. Can my program obtain test kits? Please clarify the process for testing.

   **Public Health Services Response**: We do not recommend testing for people who do not have symptoms – only test those who are sick (fever, cough, shortness of breath or respiratory symptoms). Do not recommend testing in order to go somewhere, with one exception being discharged if transferring to a nursing home. There is a shortage of test kits. Your program can only get test kits if you are testing sick people. You can obtain test kits from which ever lab is doing your testing. The testing can be performed by commercial labs; a lot of hospitals are doing their own testing. Closing a program is not the best option to consider. You have to consider risk of COVID vs risk of people relapsing/decompensating and hurting themselves because they cannot get the services/treatment they need.

6. In order for my staff to come to work, my program is providing masks. Without masks, staff are refusing to come to work. Please explain the process when masks should be used.

   **Public Health Services Response:** CDC has not recommended, as of this morning, everyone wear masks. They are appropriate for those who are sick and people working in a health care facility. There are 2 different kinds of masks. Respirator 95 mask are every uncomfortable if worn properly. The other face mask is to protect others from you and does not protect the individual from COVID-19 that is wearing this face mask.

7. Is proper PE required for workers at group recovery residences (gowns, gloves, face shields, N95, etc.)?

   **Pubic Health Services Response**: Actively not symptomatic not necessary for PPE and just keep the social distancing. Use PPE where it is appropriate. Doing food preparation. If staff are caring for individuals with COVID19, they need to have gowns, gloves, masks, etc.

8. Individuals who are living in group recovery housing are being asked to stay in the home at this time, but they may sometimes still leave and return. What options do providers have to keep other clients and staff safe, as we cannot strictly require individuals to stay in the home?

   **Public Health Services Response:** There is a measure of community safety that has to be considered. Please notify your LBHA when making these decisions.

9. Has there been official guidance on whether LGPC or LGSW can receive supervision via telehealth?

   **Public Health Services Response:** This is a behavioral health question. We refer you to the FAQs on telehealth, which is found at: https://bha.health.maryland.gov/Pages/bha-covid-19.aspx.

10. We have several PRP consumers without video or smart phone options. The guidance is a bit conflicting about the use of Telehealth and Telephonic allowances. Are telephonic groups an approved method of services rendered in PRP groups?

    **Public Health Services Response:** This is a behavioral health question. We refer you to the FAQs on telehealth and PRP guidance, which is found at: https://bha.health.maryland.gov/Pages/bha-covid-19.aspx.

11. In regard to call logs, is our EMR notating the type of telehealth service provided (video with type of platform or phone) an acceptable form of a log for our records? Or do we need a separate log kept (Zoom calendar detail of the type of meeting to match the billing records of phone logs with times and dates of calls in addition to the information the in the billing records)?

    **Public Health Services Response:** This is a behavioral health question. We refer you to the FAQs on telehealth and telephonic guidance, which is found at: https://bha.health.maryland.gov/Pages/bha-covid-19.aspx.

12. How do we handle discharges from residential setting?

    **Pubic Health Services Response**: If they are still symptomatic, they should be informed to stay home in isolation (away from their family) – 7 days isolated from onset of symptoms plus 3 days without fever without meds. Not sure if people who had COVID actual has immunity.

13. If group does not have PPE or patient does not have own bathroom or client refuses to stay in their own room; how do we handle?

    **Public Health Services Response:** If someone is actively ill and actively refusing to conform to requirements, they are putting other at risk and themselves, so we need to persuade them- to recognize community safety has be considered. LBHA should be involved in those decisions to identify resources.

14. If a patient at a 21 day SUD program starts having symptoms should that individual be quarantined for 2 weeks?

    **Public Health Services Response:** The language to be used is "voluntary self-isolation" – keeping sick people was from well people. Sick people should be kept separate from other people for 7 days from their symptom onset plus the 3 days without fever. 2 weeks isolation

is for anyone who has been in closed contact with a person with COVID-19. They should check temp on daily basis and monitor for symptoms.

## BHA Updates

This conference call meeting is scheduled weekly on Fridays for 1 hour 10 a.m. – 11 a.m. Next meeting will be held Friday, April 10, 2020. Please be sure send in your questions ahead of time