



## UPDATED RESPONSES

March 14, 2020

### Questions from MABHA Meeting March 5, 2020 /BHA Responses

1. Is testing just done by the State (MD Department of Health) or is there local testing?
  - a. Response: Since COVID-19 testing is available at commercial and some hospital labs, clinicians should send specimens to those laboratories for testing. These labs process but do not obtain specimens • Clinicians do NOT need approval from the Maryland Department of Health or the local health department to order, collect, or submit specimens to commercial or hospital laboratories. You do NOT need to call the health department if you use a commercial or hospital lab for COVID-19 testing. You should check with these laboratories for specific information on specimen collection and packaging requirements. • Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. You do not need to call the state or local health department about these cases. • CDC now recommends that a nasopharyngeal (NP) swab alone is adequate. You do NOT need to collect both an NP and oropharyngeal/throat (OP) swab.
  - b. The Maryland Department of Health is performing COVID-19 testing at the state public health laboratory for the following groups:
    - o Person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of onset AND signs of infection including either fever or signs/symptoms of a lower respiratory illness
    - o Person who resides in a nursing home or long-term care facility AND who has either fever or signs/symptoms of a lower respiratory illness AND who tested negative for influenza on initial workup and no alternative diagnosis
    - o Hospitalized patients who have signs and symptoms compatible with COVID-19 and no alternate explanation in order to inform decisions related to infection control.
  - c. See attachment for more information.
2. What if we have particular questions about patients?
  - a. Response: Call 211 or the local health department.
3. If we have an update of the COOP, should we send it to BHA? Are you asking MABHA to gather information for BHA or other providers in the room? That is, emergency contacts from providers?
  - a. Response: BHA will work with the Health Officers to compile a list of emergency contact numbers.
  - b. BHA is asking MABHA to send their emergency contact information to BHA to keep on file.

- c. BHA will leave it up to MABHA to decide what contact information should go to their providers.
      - i. In conjunction with the local Health Department, MABHA should be communicating with providers. BHA does not need provider contact numbers.
    - d. BHA has a copy of each jurisdiction's All Hazards Plan and anticipates receiving updated plans with the Plan and Budget submissions for FY21.
      - i. Jurisdictions may send a copy of their COOP.
4. Communications from BHA should be consolidated; MABHA is getting multiple BHA staff calling and things are getting confusing. Small LAA/CSAs cannot take calls from BHA when they are not the ones in their jurisdiction that handles these responses.
  - a. Response: Providers should be looking to their Health Departments for response. BHA works collaboratively with the Health Departments; we have no different messaging. Our goal is making sure the same information is getting out to all jurisdictions, particularly specific information related to our more vulnerable populations.
  - b. MABHA's COOP plans should indicate who BHA should contact. BHA will follow MABHA's communication plans in their COOP plan.
5. SOTA is confusing because they communicate with providers directly.
  - a. Response: We will provide FAQs to ensure everyone is getting the same messaging. We will be doing some focused Webinars on general topics and specific topics, such as issues related to OTPs.
    - i. BHA will develop a Surge Plan with more specifics to share with everyone.
    - ii. BHA has an emergency contact list of all opioid treatment programs; we will also share this with MABHA.
    - iii. BHA is initiating weekly calls with MATOD membership to discuss issues specific to OTPs. LBHAs, Health Officers will be invited to join.
6. Was the SAMHSA guideline shared with the LBHA, LAA, and CSAs?
  - a. Response: Not as yet, but once vetted by MDH, we will send out a series of communications to them.
  - b. <https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>
    - i. This CDC link (working with SAMHSA) provides tips for individuals with mental health concerns, parents and children, and first responders.
7. Programs are concerned that they do not have appropriate storage facilities that would be required and approved by DEA. Does BHA have plans on helping with that?
  - a. Response: The DEA will approve extra methadone after a phone call assessment with the program; BHA's contact is Frank Dyson.
8. If a patient tested positive in a residential program, should they stay there?
  - a. Response: There is no reason a person cannot stay and 'shelter in place,' additionally, two persons with symptoms can room together.

9. In a residential rehabilitation program where folks have shared bedrooms and one person gets ill and the other is not, what then?
  - a. Response: The person who is not ill should be moved to a different room where quarantine measures should be put in place. It will take up to 14 days for symptoms to manifest. See CDC guidance for preventing the spread of Coronavirus in homes and residential communities: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
  
10. What is the broader work being done by the Department to educate the public? The challenge is that there are so many sources of information coming out, is the Department going to be the central source? And, there are some things we can learn from other states, how do we do this better?
  - a. Response: There is a call every morning with all state agencies and their affiliates; all information is a statewide response and will be on the MDH website: [maryland.health.gov](http://maryland.health.gov)
    - i. Local Health Departments are briefed daily; the Governor is also having briefings at the Federal level.
    - ii. We can provide questions to MDH's Office of Preparedness and Response, our advocacy community, and the newly created "Joint Information Center."
  
11. Will there be flexibility around tele-health reimbursement?
  - a. Response: Please see <https://maryland.optum.com/content/dam/ops-maryland/documents/provider/Alerts/COVID-19%201-Telehealth%20Guidance-Neall.pdf>
  
12. Does BHA want the entire Health Department COOP Plans or just the LAA All Hazards Plans.
  - a. Response: BHA only wants the LAA's All Hazards plans.
  
13. Are we looking at 'self-injections', i.e., vivitrol injections, if it comes to that?
  - a. Response: Programs should consider all of the best options for patient medication management, given the conditions in your community
  
14. Regulations state it has to be at the site where the RIMs is; so, then what?
  - a. Response: BHA will have to look at this on a case-by-case basis. Additionally, BHA is investigating all options to continue to support the treatment community.

Resource links:

- SAMHSA Disaster Planning Handbook for Behavioral Health Treatment Programs: <https://store.samhsa.gov/system/files/sma13-4779.pdf>
- MDH: [health.maryland.gov/coronavirus](http://health.maryland.gov/coronavirus)
- Managing Stress and Anxiety
  - [Coping With Stress During Infectious Disease Outbreaks](#)

- [Taking Care of Your Behavioral Health: TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK](#)
- [Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks](#)