

# DBH COVID-19 Strategic Response Plan



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## General Information

**CORONAVIRUS.IDAHO.GOV**

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Idaho Department of Health and Welfare,  
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## INTRODUCTION

The mission of the Division of Behavioral Health (DBH) at the Idaho Department of Health and Welfare is to provide services of the highest quality by working together to inspire hope, recovery and resiliency in the lives of Idahoans living with behavioral health disorders and their families. The division is the second largest healthcare payer in Idaho and provides healthcare and services to promote the social, economic, mental, and physical health of over 300,000 Idahoans, promoting an outcome-based, efficient health and human services delivery system.

Throughout the COVID-19 public health emergency, the division has been focused on ensuring Idahoans receive the services they need to safeguard their social, economic, mental, and physical health while providing additional resources for behavioral health providers, health systems, patients, and families.

## OVERVIEW

The Division of Behavioral Health is committed to protecting the lives of Idahoans by leveraging statewide collaboration, communications, and technology in response to the COVID-19 pandemic. This strategic response plan will be modified and revised on regular basis to adapt to the changing landscape of the pandemic.

## Planning assumptions:

- Susceptibility to the virus may be universal.
- Some persons will become infected but may not develop clinically significant symptoms.
- As with symptomatic individuals, people with COVID-19 who experience few or no symptoms may be capable of transmitting infection.
- Approximately 20% of people infected will require hospitalization, of those hospitalized, 5% will likely require ICU level care, and approximately 2.3% will likely require ventilator support.
- Many communities may experience critical shortages of healthcare resources, such as hospital beds, ventilators, medication, personal protective equipment, and personnel.
- Risk groups for severe or fatal infection cannot be predicted with certainty, however, it is believed that individuals with behavioral health needs may be at higher risk.
- Closures of community clinics, overwhelmed emergency departments and hospitals, healthcare workers becoming infected, and people ill or out of work and out of school will create a demand on families that will increase absenteeism from work and will impact access to behavioral healthcare.
- Distress levels caused by COVID-19, isolation, and the stressed economy may lead to increased use of substances, increased domestic violence, and exacerbation of symptoms of behavioral health disorders.
- The pandemic may last for an extended period and there may be multiple waves of epidemics.
- Some of the more rural, individualistic communities within Idaho may resist recommendations and directives regarding social distancing and/or other Center for Disease Control and Prevention (CDC) recommended practices.
- Closures of schools, workplaces, and non-essential businesses have led to unemployment. Job and income loss can exacerbate symptoms of behavioral health disorders. Loss of income and/or employer-provided insurance can lead to the inability for people to access adequate behavioral health services.
- The inability to provide face-to-face behavioral health services due to concerns about spreading the virus has led to a loss of billable income for some providers. Some providers have had to close their doors because they can no longer cover their business-related costs. Existing clients may not be able to find another behavioral health provider to meet their needs, especially in areas where workforce shortages already exist.
- Telehealth, including tele-behavioral health, may not be suitable or reasonably accessible for all who are in need.
- The behavioral health workforce in Idaho may be negatively impacted by the virus, resulting in fewer professionals available to provide services.

## DIVISION OF BEHAVIORAL HEALTH ROLE

The division will support all efforts made to increase infection control, including all standards endorsed by Idaho's Division of Public Health, by:

1. Developing liaisons with relevant federal agencies.
2. Applying for and administering federal emergency assistance and grants.
3. Developing policy, plans, and guidance.

DBH will continue to participate in national forums facilitated by the Substance Abuse and Mental Health Services Administration (SAMHSA), National Association of State Mental Health Program Directors (NASMHPD) National Association of State Alcohol and Drug Abuse Directors (NASADAD), Federal Emergency Management Agency (FEMA), Center for Disease Control and Prevention (CDC), and others to remain informed of the latest risks and solutions identified across the US, to determine their best application in Idaho, and to disseminate this information to the appropriate audiences.

DBH will seek federal assistance by applying for available national grants, including relief funds for community mental health (MH) and substance use disorder (SUD) providers. The division will develop and/or promote policy, plans, guidance, and education related to COVID-19 and Behavioral Health across Idaho. In addition, DBH will host and facilitate regular forums for behavioral health providers to obtain the latest information as well as share the challenges they are facing as well as solutions they have come up with.

### DBH Response Plan Phases of Implementation

The DBH Response Plan includes 5 phases planned by the division:

1. DBH Contingency Planning
2. Initial Statewide Response
3. Provision and Sustainment of BH Services
4. Alternate Sites of Care
5. Recovery

Each of these phases is summarized in the sections below.

#### Phase 1: DBH Contingency Planning

Phase 1, Contingency Planning, was triggered when COVID-19 cases were identified in the US and neighboring states.

The division's initial strategy for mitigating the impact of COVID-19 on DBH clients, DBH staff, other Idahoans with behavioral health difficulties, and the statewide behavioral health delivery system is summarized below.

- Protect clients and staff in DBH clinics and state operated hospitals from acquiring COVID-19 by following CDC and Idaho Public Health recommendations.
- Shift DBH priorities, resources, and standards of care to accommodate new safety requirements (e.g., Social Distancing, Shelter in Place, Stay at Home.)

- Create physical and functional separation for DBH (e.g., DBH lobbies, personal protective equipment.)
- Leverage technology and communications (e.g., Telehealth, WebEx.)
- Work with other states and federal partners to stay apprised of the newest information and funding opportunities.

The strategies and targets for Phase 1 are summarized in the table 1.

Table 1

Strategies	Targets
1. Develop plans, policies and procedures to protect DBH clients and staff.	Work with regions to identify gaps and risks.
2. Provide education and training on plans, policies and procedures.	Communicate plans, changes to program and staffing policies and procedures
3. Identify DBH lobby issues and personal protective equipment (PPE) needs.	Work with regions to address needs for changes to lobbies, including but not limited to doorbells, protective windows, and sanitizing products.
4. Identify existing MH and SUD capacity and gaps.	<p>Work with BPA Health, Optum Idaho, and partners to continuously identify and mitigate provider shortages.</p> <p>Establish standards for access to state hospitals.</p> <p>Determine how to deliver services that are typically provided face-to-face to clients who may not have access to telehealth-ready technology.</p>
5. Identify existing community capacity and gaps.	<p>Implement weekly calls with SUD service providers to stay abreast of and try to mitigate the issues communities are facing.</p> <p>Keep in regular contact with community behavioral health providers and provider associations.</p> <p>Develop feedback, comment, question, need communication methods for providers.</p>

6. Develop and communicate messaging.	Email blasts to all DBH employees.  Send regular communications to the BPA Health network as appropriate.
7. Attend all COVID-19 on-line meetings that are relevant to behavioral health and incorporate new information into all strategies.	Involve Central Office Behavioral Health Staff.

**Phase 2: Initial Statewide COVID response**

Phase 2 was triggered when COVID-19 cases were identified in Idaho and incidents of the infection began increasing.

Idaho must be prepared to implement strategies at the statewide and local levels to respond to impact of the COVID-19 pandemic on any and all individuals (adults, children, youth and families, and behavioral health staff) who have behavioral health needs, whether pre-existing or new. In this phase, DBH will:

- Create a DBH COVID Strike Force.
- Identify opportunities to deliver supportive care to Idaho’s populations in coordination with community partners (SAMHSA grant, CCP, Idaho Distress Line), including:
  - SAMHSA COVID-19 Response Grant application
  - CCP application
- Assure transparency of communications.
- Monitor changes to behavioral health needs of the community.
- Promote the use of and financially support the delivery of telehealth services for all out-patient SUD services.
- Communicate regularly with behavioral health service providers regarding best practices and lessons learned from other states; provide a Q&A venue for providers to ask questions of DBH.

Phase 2 strategies and targets appear in table 2.

Table 2

Strategies	Targets
1. Establish requirements for statewide situational awareness reporting.	Implement procedures to capture information on current situation to provide the state with clear, accurate, timely information, including Medicaid/Optum Network, Hospitals, LE and Paramedics.
2. Develop reports with statewide situational information.	Implement systems to capture and aggregate and report the latest situational information at all levels across the stage.
3. Assess and respond to grant application opportunities.	<p>Apply for SAMHSA grant.</p> <p>Apply for CCP Grant.</p> <p>Learn about the stimulus bill to help support community providers.</p> <p>Apply to other grants as they become available.</p>
<p>4. Create and publish communications to ensure information availability.</p> <p>5. Implement distress line.</p> <p>6. Host statewide stakeholder information calls on as needed basis.</p>	<p>Publish website- "Where to find help"- other resources.</p> <p>Continue weekly meeting with SUD providers.</p> <p>Work with partners.</p> <p>Market communications as relevant.</p>
7. Implement response plan and revise as needed.	Procedures to ensure management objectives are achieved and inform the planning cycle.
8. Monitor key indicators of increasing behavioral health crises in communities across the state.	Regularly pull DE numbers, crisis enrollments, calls to crisis/distress lines, SUD enrollment/denials, and compare to baseline and previous weeks.

<p>9. Provide telehealth licenses (at no cost) to SUD providers; provide new federal guidance regarding telehealth during the COVID-19 crisis.</p>	<p>Inform SUD providers in BPA Health network.</p>
<p>10. Establish and host weekly calls for Behavioral Health services providers</p>	<p>Notify Behavioral Health services providers in Idaho.</p>

### Phase 3: Provision and Sustainment of Behavioral Healthcare Services

Phase 3 was triggered when COVID-19 in Idaho was determined to be spreading within communities and a statewide Stay Home order was issued by the governor.

In this phase, DBH will work to change or waive rules and contractual requirements that pose barriers to the behavioral health system’s ability to respond in a quick and agile manner as the situation changes. They will also develop statewide standards for provision of care to assure routine and acute care is available.

The division will develop and publish standards that address levels of care and care delivery methods alternates sites for care as follows:

- Develop standards for all levels of care related to provisions of behavioral healthcare care during the COVID crisis.
- Provide support for individuals who may not have a diagnosed serious mental illness (SMI), serious emotional disturbance (SED), and or substance use disorder (SUD) but are experiencing feelings of distress such as isolation, anxiety, worry, or stress related to the impacts of COVID-19.
- Provide behavioral health outpatient care for individuals with SMI/SED and or SUD or distress due to COVID-19 that meet standards.
- Provide behavioral health acute care for individuals with SMI/SED and or SUD or distress due to COVID-19 that meet standards.
- Assure access to physical health care for individuals with SMI/SED and or SUD or distress due to COVID-19, including triage at community ERs that meet Idaho’s standards for behavioral health and physical health.
- Issue joint guidance to providers with Medicaid.
- Provide access to Behavioral Health services for professionals of all types currently on the frontlines of the COVID-19 crisis.

- Increase access to SUD services for Idahoans between 138 – 200% FPG who have been impacted by COVID-19.
- Implement a 24-7 COVID-19 Behavioral Health Crisis Line to direct crisis calls away from ERs when safe and adequate alternative care can be accessed.
- Create guidance related to delivery methods that protect the health of consumers and providers alike.
  - Virtual
    - Crisis needs
    - Ongoing treatment
    - Beginning new treatment
  - In person
    - Triage- Testing
    - Two zone plans

Table 3 lists the strategies and targets for Phase 3.

Table 3

Strategies	Target
1. Assess rules related to behavioral care and request changes to reflect system needs during the COVID crisis	
2. Assess contracts and make needed adjustment to reflect emergency needs	BPAH (one amendment; one new contract)  BPAH- 19-2524
3. Assess current capacity and ability to minimize infections based on standards of care for: <ul style="list-style-type: none"> <li>• Outpatient walk-in/triage</li> <li>• Establish Distress Line</li> <li>• Outpatient care</li> <li>• Crisis Centers and Recovery Centers</li> <li>• ERs</li> <li>• Inpatient BH care</li> </ul>	Assessment tools developed and distributed to all community partners providing targeted level of care and including aspects of behavioral care as noted: <ul style="list-style-type: none"> <li>• Routine access for current clients.</li> <li>• Access for general public to talk with a clinician.</li> <li>• Assessment methods for individuals who have not been in treatment previously (new to the behavioral health system.)</li> <li>• State Hospital South, State Hospital North, institutes for mental illness, other hospitals.</li> </ul>



<ul style="list-style-type: none"> <li>• Inpatient care for physical health</li> <li>• Residential</li> <li>• Behavioral Health services for professionals</li> <li>• 24-7 Crisis Line</li> </ul>	<ul style="list-style-type: none"> <li>• Community hospitals without capacity for behavioral healthcare.</li> <li>• Including American Society of Addiction Medicine (ASAM) levels of care for SUD.</li> <li>• Individuals providing front-line direct services to COVID-19 patients and their families.</li> <li>• Direct crisis calls away from EDs when safe and adequate alternative care can be accessed.</li> </ul>
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#### Phase 4 Alternate sites of care

This phase will only be triggered if DBH and community locations cannot meet the demands of the epidemic.

Activities focus on how DBH works with community partners to address an overwhelming number of individuals who need behavioral healthcare with or without COVID-19.

- Identify and establish alternate sites for behavioral health outpatient care for individuals with SMI/SED and or SUD or distress due to COVID-19.
- Identify and establish alternate sites for behavioral health acute care for individuals with SMI/SED and or SUD or distress due to COVID-19.
- Identify and establish alternate site to access physical health care for individuals with SMI/SED and or SUD or distress due to COVID-19, including triage at community ERs.
- Support the development of ED Psychiatric Triage Centers to provide emergency services to patients with psychiatric conditions, but do not have critical medical health needs.

Phase 4 strategies and targets are summarized in the table 4.

Table 4

Strategies	Target
1. Identify and support the establishment of alternate sites of care to meet incident demand and implement activities and procedures to meet limited capabilities, including facilities, staff, and supplies.	Alternate care sites are identified and ready to implement.

2. Be prepared to support local communities.	Plans ready to implement to support care of SMI/SUD in communities.  Plans for secondary population (people dealing with general anxiety, depression, trying to care for kids fulltime while working, kids upset being away from school and friends, family members not being able to visit loved ones in hospitals, nursing homes, etc.)
3. Be prepared to implement contingency planning for worst case scenario.	Plans to support alternate levels of care that need to operate with greatly reduced levels of resources.
4. Stand-up ED Psychiatric Triage Centers.	

**Phase 5: Recovery**

Ability to meet and maintain long-term response capabilities.

Goal for DBH is maintain the highest standards of care, protect Idahoans with behavioral health needs and the people who provide the services.

The strategies and targets for Phase 5 are summarized in the table 5.

*Table 5*

Strategies	Target
Conduct sustained operations, including more expanded shift to telehealth.	Plans to measure and monitor availability of routine care.
Recover facilities, staff and equipment and return to normal operations.	Plans implemented to support additional resources needs such as: <ul style="list-style-type: none"> <li>• Staff recovery</li> <li>• Restocking of medical equipment</li> <li>• Communications strategies</li> </ul>