

DBH COVID-19 Strategic Response Plan



Ross Edmunds
Administrator

Jamie Teeter
Deputy Administrator

Danielle Pere
Bureau Chief

General Information

CORONAVIRUS.IDAHO.GOV

Help Now COVID-19 Hotline:
1-866-947-5186
8 a.m. to 8 p.m. 7 days a week

COVID Counseling Assistance for Frontline / Essential Workers
1-866-536-0239 – Available 24 hours a day seven days a week

CONTACT US:

Email
Behavioralhealth@dhw.idaho.gov

Website:
<https://coronavirus.idaho.gov/behavioral-health/>

Phone
1-833-644-8296

Idaho Department of Health and Welfare,
Division of Behavioral Health

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.

In April 2020 the division created a statewide COVID-19 Strike Team that meets regularly to address specific state needs during the growing public and behavioral health emergency related to the pandemic. With funding from federal government partners, they launched a frontline worker counseling hotline and a statewide COVID crisis and support hotline, expanded substance use disorders services to cover uninsured residents, and recently released a new funding opportunity announcement to support hospitals and health systems in creating psychiatric triage centers to free up the already limited emergency department and hospital capacity. The COVID-19 Strike Team created Provider and Consumer COVID-19 Resource Guides, COVID-19 Clinical Protocol Guides, and Prescriber Coverage Protocols. The division hosted regular COVID-19 stakeholder webinars to brief partners and the public on COVID-19 response efforts and our new programs and services.

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 as needed to adapt to the changing landscape of the pandemic. Planning assumptions include:

- Susceptibility to the virus may be universal.
- Some people 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.
- 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 community infections.
- 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), state, and local 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.

The division 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 and share the challenges they are facing as well as solutions they have come up with.

Response Plan Phases of Implementation

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

1. DBH Contingency Planning
2. Initial Statewide COVID Response
3. Provision and Sustainment of Behavioral Healthcare Services
4. Surge Capacity and Continuity of Operations
5. Recovery

Each of these phases is summarized in the sections below.

Phase 1: DBH Contingency Planning

Phase 1 was triggered when COVID-19 cases were identified in the US and in Idaho's 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, Idaho Public Health, and local 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 table 1.

Table 1: DBH Contingency Planning Strategies and Targets

Strategies	Targets
1. Develop plans, policies and procedures to protect DBH clients and staff.	Work with DBH regions to identify gaps and risks.
2. Provide education and training on plans, policies, and procedures.	Communicate plans, changes to programs, 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>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, and need communication methods for providers.</p>

6. Develop and communicate messaging.	Send email blasts to all DBH employees. Send regular communications to the BPA Health network as appropriate.
7. Attend 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 the 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-19 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
 - SAMHSA / FEMA Emergency COVID Response
- Assure transparency of communications.
- Monitor changes to behavioral health needs of the community through provider surveys.
- 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.

Strategies and targets for this phase appear in table 2.

Table 2: Initial Statewide COVID Response Strategies and Targets

Strategies	Targets
1. Establish and launch requirements for statewide situational awareness reporting.	Implement procedures to capture information DBH Regional PPE burn rate, COVID Communications and COVID Positivity rates for DBH Staff and State Hospital Staff.
2. Assess and respond to grant application opportunities.	HHS, SAMHSA, FEMA Monitor stimulus legislation to help support community providers. Monitor federal, state, local, and other funding.
3. Create and publish communications to ensure information is available. 4. Implement distress line. 5. Host statewide stakeholder information calls on a as needed basis.	Publish website- "Where to find help"- other resources. Continue weekly meeting with providers. Work with partners.
6. Provide a telehealth platform (at no cost) to SUD providers and provide new federal guidance regarding telehealth during the COVID-19 crisis.	Inform SUD providers in BPA Health network.

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

- Provide support through the COVID Help Now Line 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 referral, resource linkage, and care for individuals with SMI/SED and/or SUD or distress due to COVID-19.
- Provide behavioral health acute care for individuals with SMI/SED and/or SUD or distress due to COVID-19.
- Provide access to behavioral health services for professionals of all types currently on the frontlines of the COVID-19 crisis through the Coronavirus Counseling Assistance for Frontline Workers program.
- 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 EDs when safe and adequate alternative care can be accessed.

Table 3 lists the strategies and targets for Phase 3.

Table 3: Provision and sustainment of Behavioral Healthcare Services Strategies and Targets

Strategies	Target
1. Assess rules related to behavioral care and request changes to reflect system needs during the COVID crisis	Statewide Emergency Orders
2. Assess contracts and make needed adjustment to reflect emergency needs	BPAH (one amendment; one new contract) BPAH- 19-2524

Phase 4 Surge Planning and Continuity of Operations

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

Activities focus on how DBH will respond to address an overwhelming number of individuals who need behavioral healthcare with or without COVID-19 in our clinic system.

- Identify and establish alternate sites, staff, and protocols for behavioral health outpatient care for individuals with SMI/SED and/or SUD or distress due to COVID-19.
- Identify and establish alternate sites, staff, and protocols for behavioral health acute care for individuals with SMI/SED and/or SUD or distress due to COVID-19.
- Identify and establish alternate site, staff, and protocols to access physical health care for individuals with SMI/SED and/or SUD or distress due to COVID-19, including triage at community EDs.
- 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 table 4.

Table 4: Surge Planning and Continuity of Operations Strategies and Targets

Strategies	Target
1. Identify and support the establishment of alternate sites, staff, and protocols 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. Support the development of ED Psychiatric Triage Centers.	Hospitals, health systems, and crisis centers.

Phase 5: Recovery

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

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

Table 5: Recovery Strategies and Targets

Strategies	Target
Ensure operations return to normal operating capacity while making permanent the expanded telehealth options, rules, and regulations.	Plans to measure and monitor availability of routine care, through provider surveys.
Seek funding opportunities to recover facilities, staff, and equipment and return to normal operations.	Plans implemented to support additional resource needs such as: <ul style="list-style-type: none"> • Staff recovery • Restocking of medical equipment • Communication strategies