

Community Mental Health for Central Michigan
COVID-19 Provider Meeting Minutes

Date: **April 14, 2020**
Time: 9:00 AM
Place: Teleconference
Meeting called by: Tonya Lawrence
Type of Meeting: Ad-hoc
Note Taker: Cindi Saylor
Attendees: CMHCM Staff, Provider Network

Agenda Topic: Welcome/Introductions

Presenter: ***Tonya Lawrence***

Discussion & Conclusions: Meeting was called to provide brief updates, discuss changes, and then open the floor for questions. Please continue to watch your inbox for communications from Constant Contact, an email was just sent this morning with information about a peer-run warmline that MDHHS has established for mental health.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: COVID-19 Update

Presenter: ***Tonya Lawrence***

Discussion & Conclusions: Message from Tonya Lawrence:

CMHCM acknowledges these critical issues and would like to express our appreciation for the difficult situations you are confronting, along with the rest of the healthcare delivery system, during these uncertain and unprecedented times.

We hope that you and your family, staff and their families, and the people that we support together will remain healthy and safe. We, too, are planning for the eventuality that some of our family, some of our staff, some of their families, and some of the people that, together, we support, will become ill with this virus.

We are affiliated with other Community Mental Health Services Programs (CMHSPs) in the Mid-State Health Network (MSHN) region. Each of the regional CMHSPs is working directly with the local health department(s) in their jurisdictions to identify, develop and resource alternative service settings. We are sensitive to the need to ensure the safe delivery of supports and services to the individuals we support while protecting the health and safety of Direct Support Professionals, other staff, and personnel who may not be directly involved in services (cleaning/janitorial personnel, hotel/motel employees, medical waste/trash removal personnel, and so many more).

While we are striving to leverage resources and create regional (MSHN wide) solutions, the most important consideration is for you our local providers and to

remain in direct communication with the local public health authority and to be guided by direction from the local public health department(s).

Please be assured that the regionally we are advocating for policies, additional resources and other supports as well as planning for how to best support individuals in current and alternative settings in ways that protect them, other beneficiaries, their direct support professionals and other workers in alternative venues (such as hotels). Alternative venues for the delivery of supports and services are being identified and developed across the MSHN region. Staffing for these alternate venues will be challenging, and everyone involved has a role to play in helping to engineer workable solutions.

CMHCM acknowledges that there are some roles, and some regulations, that no one will be able to set aside even in this unprecedented situation. Meanwhile, we encourage direct problem identification, barrier-busting and solutions engineering directly with you who are involved in the lives of the people you support. We are all deeply grateful for the work - the care - you and your staff provide to the most vulnerable individuals in our communities.

We are seeking ways to be helpful and working toward safe solutions for all involved. Your suggestions and partnership are invited and appreciated.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: COVID-19 Financial Advocacy

Presenter: Bryan Krogman

Discussion & Conclusions: Mid-State Health Network (Region 5) PIHP sent a communication to MDHHS on April 13th with a list of questions/concerns principally around use of funds, pandemic related extraordinary costs, and their attribution to or use under particular fund sources and similar topics.

These topics include:

- Payroll related expenses including whether Medicaid could be used related to furloughed staff, COVID-19 related sick leave. Advocacy occurring between Michigan and CMS on financial stability including stabilization for the direct care workforce.
- Food/sustenance supplies historic, less expensive bulk purchasing is challenged or not available
- Cost to stand up alternative treatment sites like a hotel, or previously licensed home
- Allowability to use general funds to cover room and board costs
- Lost revenue due to a consumer being moved from the residential location as a result of COVID-19 infection
- Stabilization payments: can we provide funding for making providers whole to historical claims level while providers are unable to provide service?

- Cost for personal protective equipment
- Is there uniform guidance from the state on what PIHP's/CMH's should be doing?
- Can Medicaid or general funds be used to cover CLS for consumers in the hospital because the hospital deployed available techs to care for COVID-19 patients?
- Overall assurance being sought about recovery of costs as the pandemic and stay at home orders go on

If you are a provider who is experiencing significant hardship where you are finding it difficult to pay staff and vendors and are unsure whether you are able to continue operations, we would like to hear from you. CMHCM is considering stabilization payment options. We want to be able to take a proposal/package to our board of directors the end of this month. Please contact Katherine Squire at ksquire@cmhcm.org.

Other:

- Providers should look at the Families First Coronavirus Response Act provisions including emergency paid sick leave and Family Medical Leave Act Expansion
- Paycheck Protection Program: Loan program originating from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. Intended to provide 8 weeks of cashflow for payroll and other costs. There are loan forgiveness provisions in the program. Apply through your local lenders.
- Kate Massey, Michigan's Medicaid Director sent a letter to CMS to advocate for financial stability considerations.

Action Items,
Person Responsible
& Deadline:

Agenda Topic: *Medical Director COVID-19 Update*

Presenter: *Dr. Angela Pinheiro*

**Discussion &
Conclusions:**

- Rate of infection in MI is significantly declining, but still have a long way to go. Governor gave presentation yesterday which showed the impact of mitigating and social distancing efforts and strictness of stay at home orders. The stricter the measures, the higher the impact.
- Learning more about transmission, the virus can be transmitted by asymptomatic persons and transmitted up to 48 hours before the person becomes ill. Asking if staff has been in contact with anyone ill is very important.
- Example: 40-person choir gathered, no one was visibly sick or coughing. One person was asymptomatic, and 40% of the choir became sick just from voice projection.
- We still have some homes where consumers are being taken out by family/guardians. Please contact the case manager so they can work with the family members to see if there are any alternatives to meet their needs.

- Shared staff between multiple homes is still ongoing, and we appreciate any effort to keep staff assigned to certain homes.
- Information on disinfecting from CDC was recently sent out, one key point is to let the disinfectant solution rest on surfaces for at least one minute before you wipe it down, to kill the virus.
- We also sent information on contacts for gaining PPE. Dr. Pinheiro has been meeting with the state twice a week and all medical directors are advocating for PPE for their provider network. And advocating for testing for consumers even if asymptomatic. Steve Hall of the Central Michigan Health Dept is developing a comprehensive toolkit for nursing homes, but most information is applicable to AFC setting so we will send a copy once available.
- If you have positive cases in your home, please know that the Health Department takes over and helps you with everything: PPE, staffing, helping set up, etc.
 - Deana Mason, Program Director CMHCM Midland, is meeting with the Midland Health Dept twice a week with other community partners. The Health Dept will notify individuals of a positive test, provide education, notify person of need for isolation, conduct contact tracing (work with individual to go back 48 hours prior to symptoms emerging to determine possible exposures). The Health Dept will notify anyone they may have come into contact with and tell them to quarantine for 14 days and checks in everyday with all affected individuals. In Midland, the emergency planner Jennifer Boyer also assists with planning, mitigating risk and PPE.
 - Midland CLS participant tested positive and they followed guidance from the Health Dept closely. PPE was issued, quarantine occurred for 14 days, and was a learning experience for all involved. There have been no positive results in the staff that were caring for the consumer.
 - Another example from a Provider was where a person had to be quarantined because their visiting nurse was presumed positive. Health Dept gave advice based on a nursing facility, which did not translate well to the homes and the experience was difficult.
- If you experience a positive case, CMHCM would be right there with you, along with the Health Dept. If resources are not applicable, we will work with you and the Health Dept to ensure you have the support you need. Email InfectionControlTeam@cmhcm.org for support.
- Psychiatric hospitals are advocating with the state for testing on admission as well as discharge. This will be helpful especially if the consumer is going to a step-down facility or AFC, so you would know their status upon arrival.

Action Items,
 Person Responsible
 & Deadline:

Agenda Topic: Open Forum

Presenter: *All*

Discussion & Conclusions: **Q:** Providers are spending increasing amounts on PPE and other things related to COVID19, what documentation would be needed if funding becomes available?

A: Keep receipts, uncertain whether there will be funding but it is an area where advocacy is taking place. If serving multiple CMHs, keep in mind how much each CMH would bear toward that cost, unless the state is directing funds.

Q: For the financial advocacy, would MSHN want to know costs related to CLS providers or is this just for AFC Homes?

A: Yes, this is for all providers so please reach out to ksquire@cmhcm.org

Q: Providers were asked if they could share any practices with one another to increase socialization, and the below ideas were given from various providers:

- Decorate cards for the hospitals using stickers, uplifting quotes.
- Zoom party
- Zoom dance party between 2 homes
- Zoom story times, reading age appropriate books to the kids.
- Cooking/recipes through zoom
- Workout sessions

Q: Providers were asked if anyone could share contingency plans for positive cases:

- In another area of the state, there is a day program building that could be set up as the quarantine location. Planned with multiple providers, would rotate staff in.
- One provider had a suspected case, although the test came back negative. While waiting for the result, the roommate was moved out of the shared bedroom into an extra room with screens for privacy to mitigate additional spread. Door was kept closed to the quarantined bedroom; PPE was used for daily care.
- A provider mentioned they just purchased a home that was licensed as a type A home in 2018 that could possibly be used for quarantine.

Q: Is there any more information on clarification for rounding rules?

A: All we have is what has already been sent, more information will be passed once available.

Q: What are the most up-to-date rules on masks?

A: Masks should be worn within the homes; the purpose is to help prevent transmission with an asymptomatic person or before they are symptomatic. The individual going out of the home (the staff, any residents leaving and returning) should wear the masks. Wearing a mask also helps remind you not to touch your face and keep mouth covered with coughing. Should still cough or sneeze into a tissue as the virus can still go through a mask if forceful, so keep tissues handy. Cloth masks need to be washed daily, and you should be careful how you take off

all masks as you could contaminate yourself upon removal.

Providers shared the below resources for purchasing hand sanitizer:

- New Holland Brewing Company has been producing hand sanitizer which is now available for purchase on their website [HERE](#). Inventory is replenished daily so check back if it shows out of stock, and shipping is available.
- [Savant Labs](#) is producing sanitizer which is expected to be available in the next two weeks. To order, contact Norm Kanar, Marketing and Sales Manager at 989-496-2301.

Action Items, Person Responsible & Deadline: Further resources or questions can be submitted to Tonya, via email tlawrence@cmhcm.org or phone.

Agenda Topic: *Other Announcements*

Presenter: *All*

Discussion & Conclusions: John Obermesik:

Questions have been arising regarding when the stay at home mitigating efforts can be relaxed. There are four criteria the governor is looking at to reopen the economy:

1. Sustained reduction in infection rate
2. Good test and trace capability/capacity
3. Healthcare capable of handling a potential resurgence in patients
4. Workplace protocols to keep workers safe

There are many unknowns, requiring flexibility to planning efforts as we design a new normal strategy.

- Consumer and staff screening will continue for a long time.
- Ensure PPE for in person services, if you are a provider and need PPE for persons under investigation and especially for those who tested positive, we need to work with you if the Health Dept is falling short. Stay in communication to prevent spread.
- There have been consumers who enjoy the telework approach. Consumer preference for mode of treatment has always been valued; what is the approach that helps them achieve their goals? New strategies have been practiced for service delivery, and we will continue to build on that.
- Monitor consumer engagement and multi-site work routines for this pandemic or any future pandemic. Be mindful of how work is structured across settings.

Tonya Lawrence:

The May 5th Provider Meeting will not be held in person and will not have remote options in the county offices. The meeting will likely be held via zoom, and we will try to get the agenda and instructions out soon.

Action Items, Person Responsible & Deadline: