

Community Mental Health for Central Michigan  
**COVID-19 Provider Forum Minutes**

Date: **March 31, 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 / Introduction***

Presenter: ***Tonya Lawrence***

Discussion & Conclusions: ***Focus of this meeting was to discuss COVID-19 preparedness and solutions in an open forum with Provider Network input.***

Action Items,  
Person Responsible  
& Deadline:

***Agenda Topic: Preparedness***

Presenter: ***Tonya Lawrence***

- Discussion & Conclusions:
- a) Daily screening of residents and staff using Screening tool
    - Use the most current version of the Screening Tool from the CMHCM website. The tool should be used daily for both residents and staff.
  - b) Daily symptom monitoring log for residents
    - A letter will be sent out after the meeting via constant contact, which will include a list of symptoms you should be looking for on a daily basis and recording trends.
  - c) Screening family members taking consumers out of home
    - Screen any family members/guardians that come to the home and who are wanting to take the resident out of the home. They should be informed that upon their return, if they screen for any symptoms, they may not be welcome to come back.
  - d) Assess medical vulnerability of residents in the home and modify procedures accordingly
    - Providers should plan on how they will you react if they have a positive diagnosis. Make plans now on how you will isolate and what measures will be taken to prevent the spread.
  - e) Review room assignments and roommates
    - Assess whether persons be moved around within the home depending on their risk. Some providers have bought air mattresses to keep on hand for temporary room changes.
  - f) Review staff assignments (e.g. multiple homes, one home, multiple residents, small number of residents, rotating teams)

- Staff should be staying with the same consumers and should not be going from home to home. The same goes for CLS, staff should be assigned to specific consumers to reduce exposure.
  - Be proactive and look at the staffing arrangement as much as possible. Educate workers, stress hand hygiene, as what they do in their off time affects the residents. Staff must be social distancing outside of work and taking necessary precautions.
- g) Review dining arrangements
- Review whether you can keep a 6-foot social distance with dining arrangements. Set up the home so you can abide by the social distancing rule as much as possible.
- h) Review CDC guidelines should there be a positive test and home's ability to implement required actions:
- i. <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html#cases-in-community>
  - ii. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- i) Purchase Personal Protective Equipment (PPE)
- How to put on and take off PPE:  
<https://www.youtube.com/watch?v=quwzg7Vixsw>
  - The below resources are possible solutions, CMHCM has placed orders with some of these vendors although we are still awaiting receipt of the PPE:
    - Sandra Kelley  
Prestige Promotions, LLC  
G4288 S Saginaw St  
Burton, MI 48529  
810.953.0782  
[sandra.kelley@prestigepromotionsgb.com](mailto:sandra.kelley@prestigepromotionsgb.com)
    - Brigitt Boucha  
Mahoney and Associates, Inc.  
12579 Escanaba Drive, Suite1  
DeWitt, MI 48820  
517-669-4300 ext. 13  
Cell: 517-281-6550  
[brigitt@mahoneypromo.com](mailto:brigitt@mahoneypromo.com)
    - <https://www.atomodental.com/> - Masks, gowns, etc.
    - <https://www.walmart.com/search/?query=sg201-----Goggles>
    - Reach out to vet clinics, vet hospitals, tattoo parlors, and other businesses with PPE that are currently closed.
- j) With community spread as is now occurring in our counties, CDC recommends staff with resident contact wear a mask
- If you do not yet have masks, please obtain them. Guidelines have changed due to community spread and CDC now advises masks.

- k) Discuss with staff how to approach HCBS guidelines given the Governor’s current Executive Order.
  - Renee Raushi is on the call and available to answer any HCBS related concerns once the forum is opened up to questions.
- l) Develop contingency planning for how to respond if resident or staff screens positive on the screening tool and if resident or staff develops COVID-19.
  - If staff or consumer test positive, guidance is to follow Health Department and Primary Health Care Physician (PHCP) guidelines and isolate.
  - All Providers need to think about what they will do when they get their first diagnosis. Have a plan, educate staff on safe care, come up with distancing ideas.

Action Items,  
Person Responsible  
& Deadline:

**Agenda Topic:** *In the Event of a Staff Member with Positive COVID-19 Test*

Presenter: **Tonya Lawrence**

- Discussion & Conclusions:
- a) Follow CDC and Health Dept recommendations on how to evaluate risk for other staff and residents: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
  - b) Follow CDC guidelines on when able to return to work: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Check on and validate any positive tests, as some workers have been giving false reports. Follow guidelines from the PHCP and the CDC. Make sure staff are taking their temperature and screening for symptoms twice a day, if they are allowed to work. Utilize masks, can spread the virus even when asymptomatic. If a staff member may have been exposed and is able to return to work, assign to lower risk residents.

Action Items,  
Person Responsible  
& Deadline:

Report any concerns about fulfilling contracted staffing hours to the case manager and to Melissa Fox [mfox@cmhcm.org](mailto:mfox@cmhcm.org).

**Agenda Topic:** *In the Event of a Resident with Positive COVID-19 Test*

Presenter: **Tonya Lawrence**

- Discussion & Conclusions:
- a) Follow PHCP’s instructions
  - b) Be sure to communicate to PHCP and Health Department home’s ability or limitations thereof to keep staff and other residents safe

The Health Department will automatically be notified, ensure the PHCP is notified if they weren’t involved in ordering the test, and notify CMHCM Infection Control [InfectionControlTeam@cmhcm.org](mailto:InfectionControlTeam@cmhcm.org). Stay in constant contact with the PHCP as symptoms can worsen.

Action Items,  
Person Responsible  
& Deadline:

**Agenda Topic: *After Hours Medical Care***

Presenter: ***Tonya Lawrence***

Discussion & Conclusions: a) Telemedicine options

- Utilize existing telemedicine options with the resident’s PHCP. CMHCM has reached out to a contracted telepsychiatry provider to see if they have the ability to provide telemedicine also and we will provide more information if this becomes available.
- b) Rewrite protocol as to when to call telemedicine vs. when to go to Emergency room.
  - Providers should look at their protocols and policies about emergency room visits for minor issues. We must eliminate the rush to the ER to prevent infection and overwhelming of hospitals, as they do not have the capacity for those who are not severely ill or injured.

Primary Care Options:

MidMichigan virtual clinic:

<https://www.midmichigan.org/about/news/2020/new-virtual-health-ambulatory-testing-centers/>

Spectrum expanded clinics:

<https://www.spectrumhealth.org/covid19/ways-to-get-care>

ICFH receives grant to fight COVID-19 :

<https://bphc.hrsa.gov/emergency-response/coronavirus-covid19-FY2020-awards/mi>

Action Items,  
Person Responsible  
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**Agenda Topic: *After Hours Psychiatric Care***

Presenter: ***Tonya Lawrence***

Discussion & Conclusions: For after-hours psychiatric crisis, CMHCM’s Crisis Mobilization Intervention Team (CMIT) is available 24/7 and will screen consumers. They can also conduct a visit via telehealth in the home.

Action Items,  
Person Responsible  
& Deadline:

**Agenda Topic: *Provider Questions***

Presenter: ***All***

Discussion & Conclusions: **Q:** What do we do about unemployment? Providers are worried to lose staff because of the temptation to quit and get unemployment.  
**A:** Still more information to come on this from the state. Rules should still apply, if a worker quits a job they generally don't qualify. Utilize staff from vocational providers who are out of work and willing to staff homes.

**Q:** Why are staff asked to wear masks now? Before, it was just the sick person.  
**A:** This is a newly updated guideline from CDC, because of community spread people could be shedding the virus before they are symptomatic. Because of the level of community spread, we must protect the vulnerable by wearing masks.

**Q:** Can we use homemade masks?  
**A:** You don't need N95 unless you are a healthcare professional in very close contact with patients who have COVID-19 such as in a hospital, or for cleaning of hospital equipment. Regular masks are sufficient for protection from community spread if everyone is asymptomatic, Cloth masks are controversial – can have a buildup of virus particles if not sanitized every day, but study was done with influenza and not COVID-19. A cloth masks also has less filtration, is better than nothing but is not a substitute for standard PPE. The same side should always go against the face, and very hot water should be used to sanitize.

**Q:** If regular masks are suitable to protect against community spread, can you detail which kind?  
**A:** 3-ply surgical masks, with ear loops.

**Q:** What do we do while we wait for masks that get ordered? Some homes don't have enough to last a week.  
**A:** Evaluate each staff and resident care to determine need of masks while you don't have enough.

**Q:** For the symptoms log, do we log only when there are symptoms or log daily?  
**A:** Daily, to watch for new symptoms and look for trends. Some of the atypical symptoms can occur at the beginning and are very important to recognize.

**Q:** We work with multiple CMHs, is it possible to just use one screening tool as they are different?  
**A:** You may send a copy of the tool you would like to use to [InfectionControlTeam@cmhcm.org](mailto:InfectionControlTeam@cmhcm.org) and we can review it. The tool CMHCM is using is a state approved tool.

**Q:** Can we add questions to the screening tool, for example to ask if a staff person has traveled in the Detroit area?  
**A:** You may add questions to the screening tool and use the additional questions for education opportunities.

**Q:** What if the person needing to be quarantined will not agree to isolation?

**A:** If the resident won't move or be isolated, then you may need to remove their roommate or housemate. Figure out why they don't want to move and try coming up with a plan together. Every situation would need a different plan, and the Behavior Treatment Committee (BTC) can help with education. If someone is high risk, develop a contingent plan now with options. You can try to stress to the health dept and PHCP the difficulty of quarantining in the home, even if they would not normally hospitalize, they may choose to hospitalize because of limitations in the home.

**Q:** Are there any other options for moving sick residents?

**A:** As things develop, hotels have been opening as options. It is unknown how staffing would work if a resident was placed into a quarantine area like a hotel, would need to be looked into further.

**Q:** Can we set up beds at a vocational building, such as MMI?

**A:** We have submitted the question to MDHHS to find out what kind of facilities they need for capacity overflow that includes persons with MI/DD, and we hope to get a statewide perspective.

**Q:** Is it advisable to move a consumer to another home if they had exposure to another roommate?

**A:** No – following CDC and Health Dpt. guidelines, don't cross contaminate.

**Q:** There were many questions that pertained to licensing, and Diane Stier from LARA was on the call.

**A:** The formal [FAQ](#) from LARA has since been released.

**Q:** If residents are moved for quarantine reasons, can homes go over capacity?

**A:** Capacity rules remain in place and facilities should follow the direction of the resident's physician and/or CDC regarding how best to quarantine isolate the person infected and other who have already been exposed. Homes would be cited by LARA especially if they did not confer with any medical professionals prior to making this type of decision.

**Q:** When addressing a staffing shortage, could family members of a resident assist the home?

**A:** Some families have already taken residents back to their families' home. If a family member wants to provide care in the AFC home, unless they are restricting themselves only to care for that resident, they would need to meet the requirements as a DCW staff.

Action Items,  
Person Responsible  
& Deadline:

Further questions can be submitted to Tonya, via email or phone.