



# County of San Diego

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**LUKE BERGMANN, Ph.D.**  
DIRECTOR, BEHAVIORAL HEALTH SERVICES

March 17, 2020

Dear Behavioral Health Services Providers,

## **Information for Behavioral Health Services Providers Related to Coronavirus Disease 2019 (COVID-19)**

On behalf of County of San Diego Behavioral Health Services (BHS), we are reaching out to share important information with our provider community related to Coronavirus Disease 2019 (COVID-19).

BHS will be providing guidance to our contracted service providers through a series of communications, to complement State, Federal and other local guidance issued. Today's guidance addresses:

1. Strategies to address the impacts of workforce fluctuations;
2. Strategies to reduce the spread of COVID-19 to staff, clients, and the community; and,
3. Adjustments to clinical service delivery.

In light of ongoing and fluid regulatory adjustments at the Federal and State levels, additional guidance will follow via separate communication related to contract and regulatory compliance, and other guidance on business operations.

### **1. Strategies to Address the Impacts of Workforce Fluctuations**

In anticipation of a reduction in available healthcare workforce, BHS recommends programs:

- Enable and maximize remote work wherever possible, including clinical work via telephone or telehealth;
- Reduce in-person meetings and trainings, and opt for web-conferencing options;
- Ensure up-to-date emergency contacts for employees and patients; and
- Protect the health of high-risk staff. For example, staff over the age of 65 or with certain health conditions should consider conducting all or most visits by telephone and telehealth visits, where appropriate.

### **2. Strategies to Reduce the Spread of COVID-19 to Staff, Clients, and the Community**

During this rapidly evolving situation, it is critical to stay informed and follow the recommended Centers for Disease Control and Prevention (CDC) guidelines and prevention procedures. BHS providers should follow [healthcare guidance](#) provided by the CDC, and can use the Department of Health and Human Services [Healthcare Planning Checklist](#) to inform emergency procedures and direct clinical services with programs and facilities.

Please also consult the [County of San Diego COVID-19 website](#) for up-to-date information and resources. In addition to general guidelines, BHS recommends reviewing guidance for like-settings to address any gaps in care recommendations.

To highlight key areas from the national and local healthcare guidance linked above, BHS recommends emphasis on the following best practices:

- Screen all clients and visitors in and out of facilities, as well as telephone screenings for all anticipated arrivals, and include signage for client and visitor communication. Questions for screening are:
  - Is the client within 14 days of contact with a confirmed COVID-19 case? OR,
  - Does the client currently have a fever, cough, shortness of breath or other respiratory symptoms? OR,
  - Is the client within 14 days of travel to anywhere with widespread, ongoing community transmission of COVID-19? The list of counties with widespread ongoing community transmission is updated [here](#).
- Change seating in waiting rooms to maintain a six-foot distance between patients.
- Follow healthcare guidance linked above for any client or staff who have or develop symptoms on site.
- Do not direct clients to emergency services who are not in need of emergency care or hospitalization. In advance of patient transfer, always communicate if there is any possibility of communicable illness, such as COVID-19. When directing patients to outpatient clinics, emphasize that the patient call ahead instead of proceeding directly to the location of any health provider.

### **3. Adjustments to Clinical Service Delivery**

Throughout this response, it is critical that BHS providers stay connected with clients and seek to maintain continuity of services. It is especially important that providers ensure medications are available to clients on an ongoing basis. The following is specific guidance for adjustments to clinical service delivery:

#### *Managing Upcoming Visits*

- Reach out to patients through phone calls, emails, and signage to contact the treatment program before coming on-site if they develop symptoms, so alternatives (such as telephone or telehealth visits) can be discussed.
- Encourage telephone or telehealth visits for all clients.
- Stay informed about recommendations for at-risk populations. At this time, clients who are 65 or older and/or have underlying health conditions should be advised to stay at home and utilize telephone or telehealth visits.

#### *Managing New Clients*

- Offer priority for clients post-discharge from acute care hospitals.
- New clients and walk-ins seeking psychiatric services should be triaged for level of care and determination of disposition and needs.

#### *Level-of-Care-Specific Guidance*

- *Outpatient*
  - Suspend therapy groups and establish telephone and telehealth services based on clinical needs to maintain therapeutic stability.
  - Prioritize medication management and facilitate/ensure access to medication and delivery.

- Providers should emphasize continuity of care and establishing processes to maintain engagement with clients.
- For medication requests, please note that Medi-Cal allows prescribing and dispensing of 100-day supplies of medications and early refills are allowed, as long as 75% of the expectation duration has occurred.
- *Residential*  
Please keep in mind that while there are several categories of residential care, guidance for the long-term care sector can be applied to the management of COVID-19:
  - Adult Residential settings should use [CDC guidance for long-term care facilities](#) and DHCS guidance as applicable. Additionally, a [sample document for congregate setting guidance](#) from another jurisdiction may be useful.
  - Short Term Residential Treatment Programs (STRTPs) that have County contracts with both Child Welfare Services (CWS), Probation, and BHS should also follow [CDC guidance for long-term care facilities](#) and will find additional guidance from the [California Department of Social Services \(CDSS\)](#), California Department of Health Care Services (DHCS), and locally from CWS, Probation, and BHS. CDSS also maintains information on COVID-19 resources and guidelines through their [Community Care Licensing Division](#).
- *Opioid Treatment Programs*
  - See [DHCS](#) guidance and Federal [SAMHSA guidance](#).
  - Maximize the use of take-home medications with emphasis on at risk individuals such as those 65 and older and with co-morbid conditions.
  - Utilize buprenorphine by prescriptions whenever clinically appropriate to take advantage of medication by delivery.
  - With discussions in process at the State level regarding the potential waiver of some medication regulations, prepare clinic procedures in anticipation of further State guidance regarding the delivery of take-home methadone for individuals who cannot leave their homes during this emergency.
- *Clubhouses*  
See [CDC guidance](#) for general guidelines; BHS is seeking additional guidance to confirm the applicability of the March 16, 2020 Public Health Officer's Order to these settings and associated impacts.
- *In-home Services*  
Prior to any in-home visit or appointment, inquire if any member of the household is currently ill with a fever or respiratory issues. Offer telephone or telehealth services, and follow [CDC guidance](#), as appropriate.

### **Additional Resources and Information**

We understand the need for simplified processes and flexibility in certain areas as workforce and other impacts evolve. For your awareness, DHCS submitted on March 16th a 1135 waiver request (Section 1135 of the Social Security Act [42 U.S.C. § 1320b-5]) to the Centers for Medicare and Medicaid Services (CMS) to address some of these areas. While this waiver has not yet been approved, the request can be found here for your review: [CA DHCS 1135 Waiver Request](#). The goal remains ensuring essential health care services are available to meet the

needs of beneficiaries, and that services in good faith can be reimbursed We are working to provide input to the State on this effort, and will continue to provide updates as they are available.

Among the questions that we know our providers have is how to address financial impacts of COVID-19. As noted above, subsequent communication will follow from BHS related to contract and regulatory compliance, and other guidance on business operations. In the near term, contractors are advised to track all costs related to COVID-19 and be assured that BHS is looking closely at contract structure and reimbursement factors.

And finally, below are additional State information notices and FAQ documents that may be helpful to providers:

*DHCS Notices and FAQ:*

[Guidance for behavioral health programs regarding ensuring access to health and safety during the COVID-19 public emergency](#)

[DHCS COVID-19 Frequently Asked Questions: Behavioral Health](#)

[DHCS COVID-19 Frequently Asked Questions: Narcotic Treatment Programs \(NTPs\)](#)

[DHCS COVID-19 Frequently Asked Questions: Mental Health Rehabilitation Centers \(MHRCs\) and Psychiatric Health Facilities](#)

Thank you for your continued commitment to providing quality behavioral health care in this rapidly changing environment. BHS is committed to sharing regular communication with our contracted service providers as this situation unfolds. If you have any questions, please do not hesitate to contact your Contracting Officer's Representative (COR).

Sincerely,

A handwritten signature in blue ink, appearing to read 'LUKE BERGMANN', with a stylized flourish at the end.

LUKE BERGMANN, Ph.D., Director  
Behavioral Health Services