



COVID-19 Behavioral Health Task Force

June 5, 2020

Agenda

- ❖ Roll Call and Housekeeping: Lauren Prole
- ❖ Topics and Intro: Dr. Sara Salek
- ❖ ADHS Update: Teresa Ehnert
- ❖ Infection Control Update: Dr. Nick Stabb
- ❖ Valleywise Processes related to COVID-19: Dr. Olson
- ❖ PAXIS Update: Erin Roepcke
- ❖ AHCCCS Update: Jill Rowland
- ❖ Questions, Open Discussion & Wrap-Up: Dr. Sara Salek

ADHS Update

Teresa Ehnert

Bureau Chief, Public Health Emergency Preparedness
Health Emergency Operation Center/ ESF8
PHEP/HPP Director, Arizona

Infection Control Update

Dr. Nick Stabb

Medical Director, Bureau of Epidemiology & Disease Control
ADHS

Resources

Guidance for residential living

<https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/healthcare-providers/residential-living-covid-19-guidance.pdf>

Arizona SURGE line webpage

<https://azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-surge-line>

CDC Guidance for Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html>

CDC Guidance for Group Homes for Individuals with Disabilities

<https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html>

Overview of Valleywise Processes related to COVID-19

Dr. Olson

Chair, Psychiatry Department
Valleywise Health System

Valleywise Behavioral Health

COVID -19 INFECTION CONTROL PLAN FOR INPATIENT SERVICES

Background Information re: Valleywise

- ▶ Safety net healthcare system in Maricopa County; new name for Maricopa Integrated Health System
- ▶ Valleywise Medical Center in central Phoenix
- ▶ Three psychiatric hospitals (Mesa, Phoenix, Maryvale) - total of 420 adult beds, 14 adolescent beds.
- ▶ Over 90% of psychiatric admissions are for adult patients having a court-ordered psychiatric evaluation; only psychiatric hospitals in Maricopa County performing Title 36 evaluations.
- ▶ ACT team, First Episode Center, SMI integrated care clinic, multiple primary care clinics with integrated behavioral health services

Prior to Admission:

- ▶ Referral agency completes Covid-19 screening which includes vital signs, query about recent exposure to person with confirmed or suspected Covid-19 infection, and query about 8 Covid-19 symptoms:
- ▶ Fever of 100.4 or above
- ▶ New or unexplained: Cough
Muscle aches
Shortness of breath
Loss of sense of taste or
smell
Sore throat
Diarrhea
Headache

During Admission:

- ▶ Intake staff wear PPE (gown, gloves, procedural mask and eye shield).
- ▶ Patient is immediately masked
- ▶ Patient is brought on gurney directly to admissions unit; all private rooms; staff use PPE when interacting with all patients.
- ▶ Patient remains in private room and on contact and droplet + eye protection precautions; is immediately swabbed (if willing to allow it) for rapid Covid PCR test. Result is back in an hour or so.
- ▶ If patient has no Covid symptoms and rapid Covid PCR is negative, he/she is cleared to move on to a regular unit.

Newly admitted patients with possible Covid symptoms:

- ▶ At same time as Covid PCR test is sent, RPP (respiratory pathogen panel) is run on the same nasal swab sample - this tests for several common respiratory viruses
- ▶ If sore throat is present, Strep A PCR is done.
- ▶ If diarrhea is present, Norovirus PCR and Clostridium difficile toxin and PCR is done.
- ▶ If Covid PCR test is negative and the other tests don't reveal an alternative etiology of the symptoms, a Covid Antibody test is done.
- ▶ If the Covid Antibody test is negative, the symptomatic patient remains on the admissions unit, in his/her room and on precautions, for a minimum of 72 hours with no fever and with improving respiratory symptoms; at that point, he/she can be moved to a regular unit and precautions discontinued.

Decision Tree

- ▶ If Covid-19 PCR or Covid Antibody test is positive, patient is moved to a unit dedicated to patients with active Covid infection. This unit has a “clean side” and a “dirty side”; patients only have access to the “dirty” side; staff don PPE every time they enter the “dirty” side, and doff it when they leave that side - however, once wearing PPE on the “dirty” side, they can keep it on as they see different patients - don’t have to don and doff between patients, and patients aren’t restricted to their rooms (since all have Covid infection).
- ▶ If Antibody test is negative but symptoms not improving after 4 days, Antibody test is repeated. If still negative but no improvement after 8 days, Antibody test is repeated again. If still negative, patient can be released from precautions (despite ongoing symptoms) at Day #14.

When is a Covid positive patient no longer contagious?

- ▶ Consistent with CDC and Maricopa County Public Health Department guidelines, symptomatic patients must be at least 10 days out from the date of their positive test and must have had no fever (without antipyretic medication) and improvement of respiratory symptoms for at least 72 hours, before they are transferred off of the Covid positive unit.
- ▶ Asymptomatic Covid positive patients have their precautions discontinued when 10 days have passed since their positive test.
- ▶ Okay to discharge prior to the 10-day mark if the patient has a place to stay with a private bedroom and can follow self-isolation instructions.
- ▶ Repeat PCR test is not useful to prove the person is no longer contagious, because studies show prolonged shedding of nonviable virus after infection.

What kind of medical monitoring occurs for Covid positive patients on the psychiatric units?

- ▶ Vitals, including oxygen saturation, every 4 hours
- ▶ Physician notified of O2 sat below 90 or RR over 20.
- ▶ CXR or other testing if clinically indicated
- ▶ If new requirement for supplemental oxygen, transferred to ED
- ▶ Out of almost 30 Covid positive cases, only one required hospital treatment for complications of Covid infection.

Current Patients With Symptoms

- ▶ All patients are screened at least once daily for the 8 Covid symptoms.
- ▶ If they screen positive, Attending psychiatrist and medical director are consulted to make sure the symptom is new and not otherwise explained
- ▶ Patient goes to single room and is placed on precautions
- ▶ Roommate or roommates remain isolated in their room and on precautions until index patient's rapid Covid-PCR test result is back. No transfers onto or off the unit during this time.
- ▶ If Covid test is negative, unit is able to accept admissions. Index patient then has Covid Ab test run, and same protocol is followed as for symptomatic new admission.
- ▶ All patients with symptoms are reviewed daily by medical director, Chair and DON; only they can remove precautions or move the patient to a new room or unit.

Quarantine Unit

- ▶ If current patient develops symptoms and tests positive for Covid, he/she is transferred to Covid positive unit, or restricted to a single room on the admissions unit.
- ▶ The unit he/she came from is placed on quarantine. All patients are restricted to their rooms and on isolation precautions for 14 days (the incubation period of the virus). Staff interact with all patients while wearing PPE.
- ▶ Unit cannot take admissions while on quarantine status. Patients can discharge if they are going somewhere at which they can have a private room and can self-monitor for development of symptoms.

Covid Positive Staff Member

- ▶ Staff have daily attestation regarding symptoms, and temp checked daily when they come to work.
- ▶ If a staff member develops symptoms at work, he/she can be immediately tested.
- ▶ If a staff member is Covid positive, others' potential exposure dates from 48 hours before symptom onset in staff member; if onset of symptoms can't be identified, then start of potential exposure is 72 hours prior to positive test.
- ▶ All units on which the staff member worked while potentially infectious are identified. All such units are placed on quarantine status for 14 days from the last time the staff member worked there during the infectious period.
- ▶ Potentially exposed patients who had later been transferred off the unit are identified, isolated in a single room, encouraged to wear a mask, etc, and monitored for 14 days for development of symptoms.

Return to Work

- ▶ Covid positive staff member must get clearance from Employee Health
- ▶ Must be at least 10 days out from positive test and at least 72 hours without fever and with improving respiratory symptoms, before returning to work.
- ▶ If Covid test was negative, they cannot return to work until they are free of fever and with improving respiratory symptoms for 72 hours. This avoids spreading of non-Covid viral infections which would complicate unit management.

General Infection Control Measures

- ▶ No on-site visitation except under special circumstances
- ▶ Court hearings via telephone; attorney consultation via video chat.
- ▶ All those working in the building must wear a mask; must be a hospital-provided procedural mask if working in patient care areas.
- ▶ All patients encouraged to wear a mask
- ▶ All hospital staff have daily temp check on arrival to work, and complete online symptom screen
- ▶ Enhanced cleaning and disinfection procedures - especially bathrooms and frequently touched items (light switches, door handles, telephone handsets)

General Infection Control Procedures, Continued:

- ▶ No mixing of units in off-unit activities
- ▶ No groups larger than 10 (including staff members); groups held in rooms large enough to allow 6 feet spacing; meals served in rooms.
- ▶ Encourage frequent hand-washing; mobile hand-washing stations in areas in which alcohol-based hand sanitizer unable to be used due to risk of ingestion by patients
- ▶ Encourage physicians to see patients, especially patients on transmission precautions, via video; if seen in person, maintain 6 feet separation unless physical exam needed.
- ▶ Repeated training on how to properly don and doff PPE
- ▶ Repeated training on how to properly obtain a nasal swab sample
- ▶ EMR Smart phrase for the 8-symptom checklist used in daily notes by RNs and MD/DO/NPs.

General Infection Control Procedures, Continued

- ▶ Substitution of metered dose inhalers for SVN (latter are aerosolizing and would require full PPE and a negative pressure room)
- ▶ Avoid, as much as possible, having staff work on more than one unit.
- ▶ Restrict presence of volunteers and non-essential personnel (eg, students).
- ▶ Immediate availability of Infectious Disease specialist for advice on particular circumstances

Some Challenges:

- ▶ Gaining cooperation of patients for isolation during periods requiring transmission precautions:

Clear explanations of why and how long

Hardened tablets with plastic screens for movies/games etc.

Pizza parties

Video chats with friends/family/case manager

Continued provision of therapy via alternative means - phone or video;
homework assignments

Creation of covid positive units where staff have less donning/doffing (so more time spent interacting with patients) and patients don't need to stay in their rooms

Other challenges:

- ▶ Discharging Covid positive patients

Demand for negative Covid test, when test may be positive for weeks

Lack of a place for self-isolation for the asymptomatic Covid positive patient while potentially infectious; Lack of place for self-quarantine of exposed patient

PAXIS Institute Update

Erin Roepcke, MSW

Director of Business Development

PAXIS Institute

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PAX Arizona

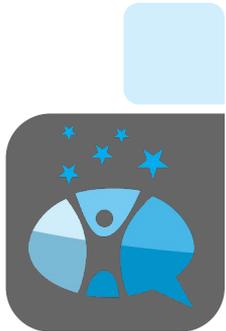
Updates on
PAX Good Behavior Game
and PAX Tools
statewide Rollouts

Erin Roepcke, MSW
PAXIS Institute
June 5, 2020





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Behavior
Game



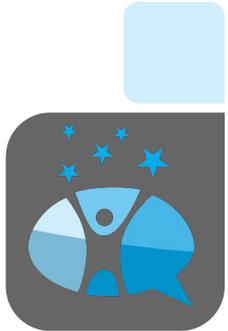
PAX GBG

- Implemented by teachers as a universal prevention strategy
- Shown to reduce disturbing, disruptive and inattentive behaviors
- Helps children to develop self-regulation skills that they carry throughout their lives



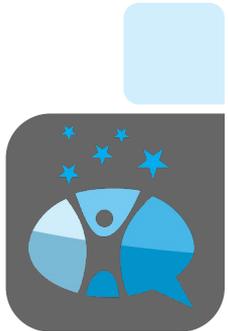
PAX GBG

- Funded by AHCCCS as part of the State Opioid Response for prevention





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Game



PAX GBG

- 49 trainings completed
- 128 teachers have been trained in Virtual or Online format since COVID

PAX Tools

- Evidence-based behavioral strategies for parents, caregivers and youth workers in non-school settings
- Complementary to school-based PAX GBG



pax tools

PAX Tools

- Funded by the Governor's Office of Youth, Faith and Families



PAX Tools

- Weekly Virtual trainings began May 14
- 5 trainings complete
- 51 Community Educators trained

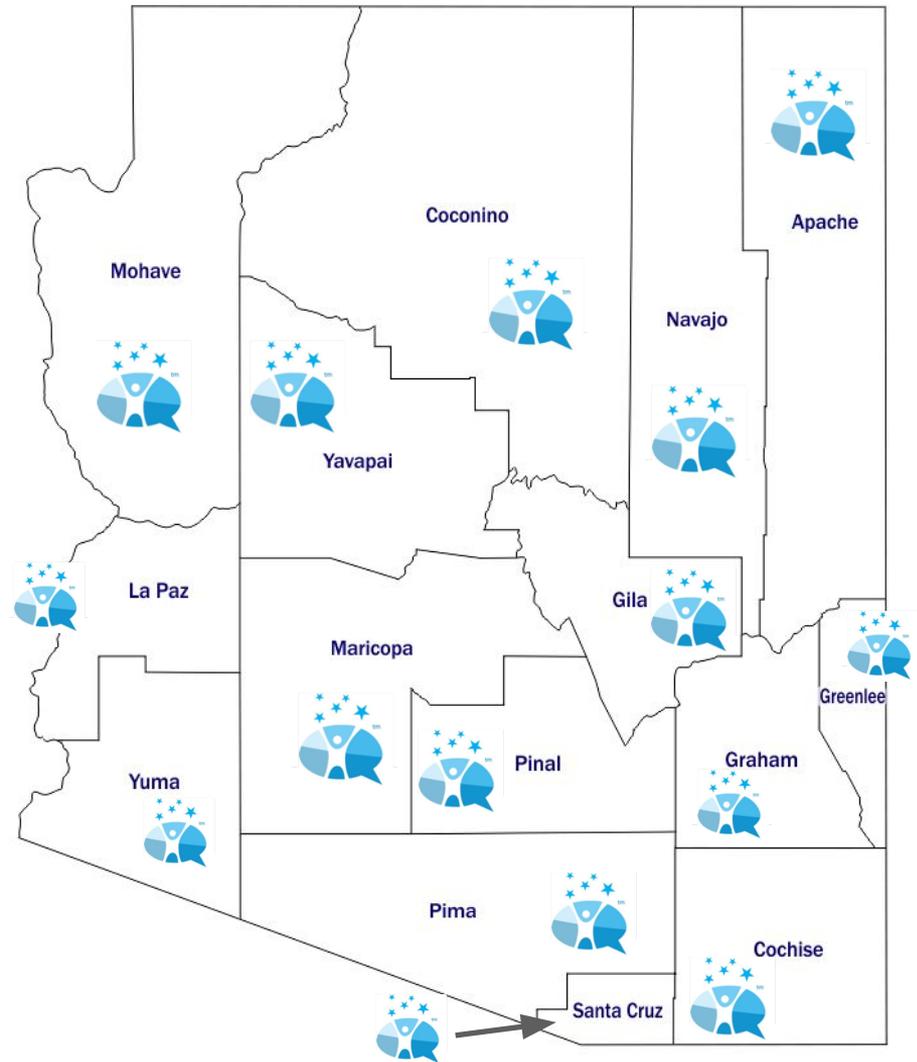
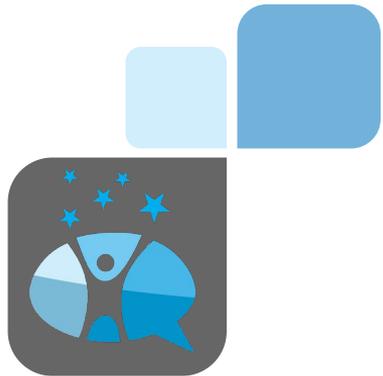


pax tools



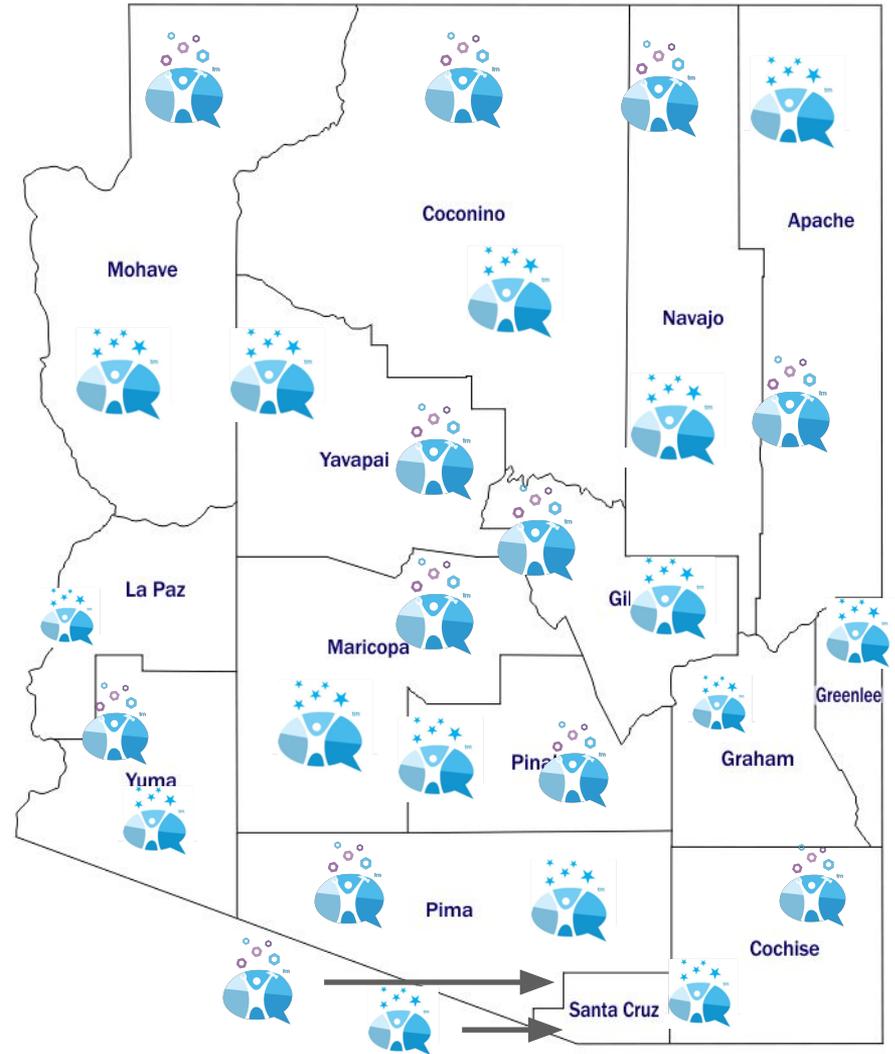
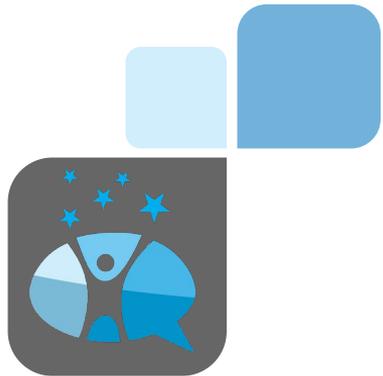
Where is PAX?

We have trained teachers in every county in Arizona



Where is PAX?

We have trained Community Educators in 12 of the 15 counties



PAX Tools

- Recipe cards available to any stakeholder who requests them for the families they serve
- Application-focused videos as well as instructional videos available in the public domain



PAX Tools Recipes

PAX Tools Recipes are instructions for individual, evidence-based strategies intended to support families in response to the COVID-19 pandemic and beyond. Ultimately, these strategies can reduce instances of child maltreatment and even reduce the risk of psychiatric disorders and drug misuse.

Below you will find multiple various ways to implement the strategies, in both English and Spanish. You can download them for your tablet or device, or you can print them out for easy reference!



Random Sticks

 [View in English](#) >

[View in Spanish](#) >



Beat the Timer

 [View in English](#) >

[View in Spanish](#) >



Low Emotional Response

 [View in English](#) >

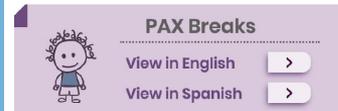
[View in Spanish](#) >



Mystery Motivators

 [View in English](#) >

[View in Spanish](#) >



PAX Breaks

 [View in English](#) >

[View in Spanish](#) >



Shared Vision

 [View in English](#) >

[View in Spanish](#) >



Kudos

 [View in English](#) >

[View in Spanish](#) >

Getting Involved:



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PAX GBG

- School-based teams serving PAX schools can be trained as PAX Partners to provide implementation support to teachers and students in PAX GBG

PAX Tools

- Parent educators or other providers who could provide community workshops to families can be trained in one of the upcoming PAX Tools Community Educator Trainings.
- Visit <https://www.paxtools.org/az-pax-tools-schedule> to register



pax tools



AHCCCS Update

Jill Rowland
Chief Clinical Officer
AHCCCS

Crisis Counseling Program (CCP)

Immediate Services Program (ISP)

- The mission of the FEMA CCP/ISP Grant is to assist individuals and communities in recovering from the challenging effects of natural and human-caused disasters through the provision of community-based outreach and psychoeducational service
- Short term disaster relief Grant to support community based outreach and individual needs assessment that includes the identification of serious emotional distress:
 - Individual Counseling
 - Group Counseling
 - Brief Educational Supportive Contacts
 - Public Education Meetings
 - Assessment, Referral and Resource Linkage
 - Community Networking and Support
- **AHCCCS received Grant Award Approval on 6.3.2020**
 - ***Crisis Response Network (CRN) will serve as the Contractor to implement and oversee the program and partner with multiple agencies to provide services: Crisis Preparation and Recovery, EMPACT, Family Involvement Center, The Guidance Center, La Frontera and RI International***



Questions, Open Discussion & Wrap Up

Thank you!

Future Topics

Have topics you want to discuss - send them to Lauren Prole at lauren.prole@azahcccs.gov