Guidance for Housing Providers
During the COVID-19 State of Emergency

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Presenters

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Overview of Topics to be covered

• COVID-19 Information
• Infection Control
• Operations During the Emergency
  • Staffing
  • Clients With Symptoms
• Maintaining Continuity of Operations and Care
• Program and State Aid Flexibility
• Q&A
Children’s Residential & Site-Based Programs

• The guidance provided herein is applicable to all Children's Residential & Site-Based Programs

• Additional OMH guidance regarding Infection Control specific to site-based children’s mental health programs will be forthcoming

• In the meantime, the OMH issued guidance for infection control is applicable to the following children’s programs:
  • Crisis Residences serving children and youth (0910)
  • Community Residences for Children and Youth (7050)
  • Residential Treatment Facilities (1080)
COVID-19

- Goal is not to STOP the spread, the goal is to SLOW the spread.
- Over time, we expect 40-80% of New Yorkers to become infected.
- Based on what we know today, about 14% people with COVID need to be in the hospital and about 4% in the ICU. The death rate is about 1%. True numbers are lower since we have not been testing the general population.
- Most people recover.
- Most people are discharged from the hospital with some symptoms still.
- There is a national shortage of medical supplies
COVID-19

- New Fever over 100.4 degrees
- New Cough
- New Difficulty Breathing
- New Sore Throat
- Droplet Precautions
Infection Control: Basics

• Review OMH’s Guidance – Updates likely
• Educate clients on physical distancing, hand/face hygiene.
• Display “NYS DOH Protect Yourself” poster.
• Prevent non-resident visitors unless necessary for resident’s health and well-being; screen/limit those coming in.
• Daily disinfection of frequently touched surfaces (e.g., tables, doorknobs, light switches, toilets, sinks)
• Telemedicine when possible.
• Clients and staff must report symptoms asap.
• Shared Beddrooms: beds 6 ft apart, head-to-toe.
Staff

- If staff has COVID-19 symptoms or tests positive, staff should stay home.

- If staff had direct, extended contact with someone who has COVID-19 symptoms or tested positive, then
  - If staff has no symptoms, they can continue to come to work provided they wear a mask. Staff should check temperature twice per day and go home immediately if they develop fever or other COVID symptoms.
  - If no mask is available, staff member should stay home for 14 days after last exposure.
Accepting New Patients

- Important: new client referrals **should** continue to be accepted. The more room we make in hospitals, the better it will be for everyone.
- Programs should request attestation from referring facilities that client has not had any new COVID-19 symptoms.
- Not possible to request negative test for admission.
- If possible, any new client should have own room.
- New clients stay in room as much as possible first 14 days; maintain distance (6 ft) from all others.
- If possible, new clients should wear a mask if symptomatic for 14 days and isolation in client’s room.
If Client Develops Symptoms

- Client should be asked to stay in room, ideally assigned a single room. Exposed roommates have own room for 14 days; if still symptom-free, can share room. Client should take meals in room. If possible, client should wear a mask.

- Immediately contact local health dept for info on testing. Local health depts may have provisions for alt housing arrangements.

- Most cases will not need hospital; a hospital is necessary for breathing difficulties or critically ill. Call ahead to hospital before sending someone; if symptoms seem worse than a bad flu, send to hospital.

- If more than one client positive, individuals can share room if program has shared bedrooms.

- Secure NRT to eliminate nicotine withdrawal.
If Client Develops Symptoms

- Clients 50+, or respiratory comorbidity, or smoke wear masks if available, increase hand hygiene. If no masks, stay 6 ft from others and avoid common areas.
- Staff should wear masks and increase hand hygiene. If no masks, stay 6 ft from positive or potentially positive individuals.
- Surfaces/items w/frequent hand contact sanitized 3 x day.
- If several bathroom facilities, one set aside for people with symptoms or positive test. Surfaces sanitized after each use, windows left open.
- If 1 bathroom, critical to disinfect. Fans on and windows open - no steam should remain for next resident. Use masks in bathroom (unless showering). Stagger shower times, fans running 20 min between showers; leave window open to clear droplets.
- Clients with symptoms or positive test should not use shared spaces; changes to existing routines should be made to accommodate.
Handling Clients Returning from Hospital

- Our clients sometimes need medical or psychiatric admissions.
- Clients returning may have been exposed to virus.
- Most who become ill with COVID-19 and go to hospital will recover. Individuals need to be discharged once illness does not warrant admission; may still have symptoms.
- Clients’ fears and others’ anxieties should be managed.
- Individuals returning without symptoms should be treated as new client.
Scattered-Site Housing Programs

• Educate clients to avoid socializing indoors, restrict visitors, practice hand hygiene, not touch face, basic disinfecting, keeping 6 ft from others in public.

• Case-by-case whether to continue visiting clients. Reasons to continue: helping client access meds, food, or basic supplies; mitigating risk of disengagement or hospitalization.

• Telephonic/video visits replace face-to-face visits if possible.

• Staff use alcohol-based sanitizer before/after entering client’s home and wear mask, if available; maintain 6-ft distance on visits.
Continuity of Operations

• Agencies which provide service to individuals with mental illness and are operated, licensed, designated, funded, or authorized by the Office of Mental Health are essential businesses and are exempt from Executive Order EO 202.7. This includes administrative offices and those employees necessary to support essential functions of your agency’s mission.

• Providers’ leadership should use judgement on how to balance achieving reduced close contact in offices while maintaining operations.
Continuity of Care

• OMH is asking that, wherever possible, housing providers continue admissions to allow for step-down from inpatient psychiatric hospitals and CPEPs. This will allow hospitals to free up beds for medical needs to treat those suffering from COVID-19.

• Providers that anticipate or experience an interruption of program operations, or are modifying program operations to ensure continuity of care, should notify their OMH Field Office and LGU.
Staffing

- OMH is working with the Justice Center and the Governor’s Office to allow housing providers to employ staff who have been previously cleared, either by another agency, or by the housing provider during previous employment.

- OMH is exploring a temporary waiver to allow the hiring of new staff after clearance of the Staff Exclusion List during the time period when many of the fingerprint locations are closed.
Staffing/Program Flexibility

- OMH recognizes many providers are facing extraordinary staffing challenges and will consider proposals for modifications to staffing patterns to ensure basic needs of service recipients are met.

- Providers wishing to propose staffing or other programmatic modifications they deem necessary to maintain services, health and safety during this crisis should submit a brief description to the appropriate Field Office.

- Field Office/Central Office will review and respond with approval OR request for more information in a expedited manner (i.e., goal is one business day), understanding that providers must make every reasonable effort to ensure resident health and safety and provision of basic necessities (food, medication, etc.).
Temporary State Aid Flexibility

OMH will also allow providers flexibility to redirect resources in response to COVID-19, including:

- Occupancy Standards for Residential Programs;
- Service Utilization for Care Management Programs;
- Interchange Flexibility Between Programs; and
- Interchange Flexibility within Budget Categories (i.e. personnel service, non-personnel service, etc.).

- Providers should submit COVID-19 related waiver requests to their Field Office and Local Government Unit (LGU). Direct Contract or LGU requests should include the purpose, type of flexibility needed/specifics of State Aid funding reallocation; and relation of request to COVID-19 response

- Field Office/Central Office will review and respond with approval OR request for more information in a expedited manner (i.e., goal is one business day).
Use of Available Space / Units

• Providers may make use of vacancies to where possible to help isolate.

• Temporary arrangements to promote quarantine/isolation may be acceptable, provided that each sleeping area is finished, has emergency egress, light and heat, adequate ventilation, smoke detection, etc.
Questions and Answers

Please submit questions in the webex chat box.

OMH Guidance Documents:

https://omh.ny.gov/omhweb/guidance/