

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Contract Management and Monitoring Division**

Legal Entity Town Hall Questions & Answers 4/3/2020

CLINICAL OPERATIONS QUESTIONS & ANSWERS:

- **Is there is any guidance from DMH for the providers in terms of providing services in a way that protects the public health.**

DMH has been careful to follow the guidelines set forth by the CDC and DPH. We have stressed to all of our staff that if they do not feel well, please do not come in. We are screening clients at the door, before they enter a clinic. We have emphasized physically distancing from others >6 ft, frequent handwashing (20+ seconds), and using hand sanitizer, when handwashing is not available. We have also decreased the number of staff and clients present at our clinics, restricting in-person services to urgent and crisis services (e.g., 5150 evals, injections, hospital discharge, etc.). The department will be sharing a document that goes into further detail about modifications to clinical services that we have implemented to reduce risk, support our staff, and maintain the health and safety of our clients, staff, and communities. Additionally, our CMO, Dr. Curley Bonds, made a video to review proper usage of PPE: <http://lacountymediahost.granicus.com/videos/8108/player?autoplay=1>

- **What are the expectations of our DMH teams especially those who are primarily field based? Has DMH discussed the effects of this situation with billing? We have discussed one idea of moving some services to phone, but not all of our clients have phones or best served by phone services. Are there any other recommendations that DMH has talked about in regards to providing services during this time?**

DMH has developed temporary modifications to clinic protocols in response to the current COVID-19 public health situation. We agree that while many services can be provided over the phone, there are some critical services that need to be delivered in person. We will be distributing guidelines that outline our current approach. We have instituted enhanced safety measures, including training on Public Health best practices such as social distancing and handwashing, and we have distributed a limited amount of PPE, which we will also be sharing with our LE partners. Additionally, DMH has developed a guideline for documentation and billing during the current COVID-19 crisis.

- **With the closure of all LAUSD schools due to COVID-19, numerous uncertainties surrounding the sustainability of operations have come to the fore front. As approximately 50% of our client population is made of children we anticipate a significant decrease in billing as a result of school closures. In addition, a large portion of our billing staff have children and will be unable to attend work due to lack of childcare during our clinic hours. As a result, we anticipate a significant decrease in billing for the foreseeable future. I'm sure DMH is getting bombarded with similar questions at the moment, but is there any guidance you can give me on how we should proceed amid the current COVID-19 climate?**

DMH is working on multiple solutions to meet the challenges of continuing to provide services to children and youth, especially for those services that were being provided in the schools. We are working in partnership with UCLA, as well as consultants, to be able to continue to build on our community platforms, even if it will be done via telehealth rather than on campus or in-person. As for staff who must stay home because of the unavailability of childcare, we have accommodated our staff in this situation with telework opportunities.

We understand the challenges providers are experiencing during these times and appreciate the work that continues to be done to maintain support for children and families served. DMH is diligently working on alternative solutions to meet these challenges of continuing to provide services to children, youth and their families. The three main areas we are focusing on are below.

1) Tele-Mental Health Platforms

On March 19, 2020, DMH sent out four QA Bulletins, most notably, No. 20-01, Providing Specialty Mental Health Services During the COVID-19 Crisis. All these Bulletins includes useful information on types of telehealth activities and how to claim for the services. Providers should maximize the use of services that can be provided by telephone and/or HIPAA compliant telehealth methods of delivery. Bulletin No. 20-01 has a link to The U.S. Department of Health and Human Services notification that temporarily allows covered entities to use approved technologies for teleconferencing services during the COVID-19 crisis. This Department is the body responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Please consult with your organization's management to see what telehealth options are available for your staff to use.

In the near future, DMH will send a survey to your organization to gauge your current program operations in response to the COVID-19 pandemic. The survey will ask about your agency's telehealth options, crisis response protocols (e.g. after-hours line), and what supports your agency needs to continue serving the community.

2) Referrals

As mentioned in your question, schools are a main mental health referral source for students and families. DMH is partnering with LACOE to identify high risk children/youth who are new to our system or who need continued mental health services. The DMH School Based Community Access Platform (SBCAP) Regional Team has developed a referral and triage process to link these children/youth to the existing school site mental health providers. We are also working to ensure linkage and continued services for children/youth who are homeless or have child welfare and juvenile justice involvement.

As providers transition to other service platforms during this time, DMH recommends the following: a) Prioritize those clients who are acute or at high risk to ensure their mental health needs are addressed; b) Explore virtual/telephonic methods for supporting your clients outside of traditional clinic operation hours; and c) Work with the parents/caregivers to develop activities that can be done at home to reinforce coping methods and managing their mood/emotions.

3) Staffing

As for staff who are experiencing challenges with balancing childcare and work, DMH has accommodated our staff with telework opportunities. DMH encourages your organization to consider telehealth activities outside of traditional clinic or school hours to accommodate your staff.

- **Suggestions of how to continue Outreach and Engagement Services (COS).**

Our O & E services have had to transition to phone & virtual activities. We have begun to set up various Skype town halls, and other meetings, and have reached out to clients, and community partners by phone, email, or even mail, when we don't have a working phone number.

- **Will DMH provide Personal Protective Equipment (PPE) to the agencies?**

Yes, we will be sharing our limited supply of PPE with our LE partners.

- **Will DMH create Telehealth Engagement trainings?**

Yes, we are working with UCLA and others to develop trainings specific to telehealth services. We are also expanding our capacity to provide needed services in novel ways during the COVID crisis, such as utilizing technology that enables us to provide EBPs such as single session CORs and Group DBT through telehealth.

- **Can DMH incorporate training and information re: engaging the younger clients via telehealth? Guest speakers that can engage young ones remotely and utilizing remote applications.**

Yes, we have engaged UCLA to help develop various trainings that target youth, as well as other age groups. We are also fortunate to have on board some experts in engaging youth via telehealth.

- **When will LEs be able to apply for FSP?**

The first round of FSP Transformation was only open to LEs who already had FSP teams. We had planned to open up FSP to new LEs for the 2nd round. Unfortunately, the FSP Transformation project has now been put on hold as we concentrate our efforts and resources on dealing with the current COVID crisis.