

COVID-19

Briefing for providers 3/18/20

Note: This call is being recorded



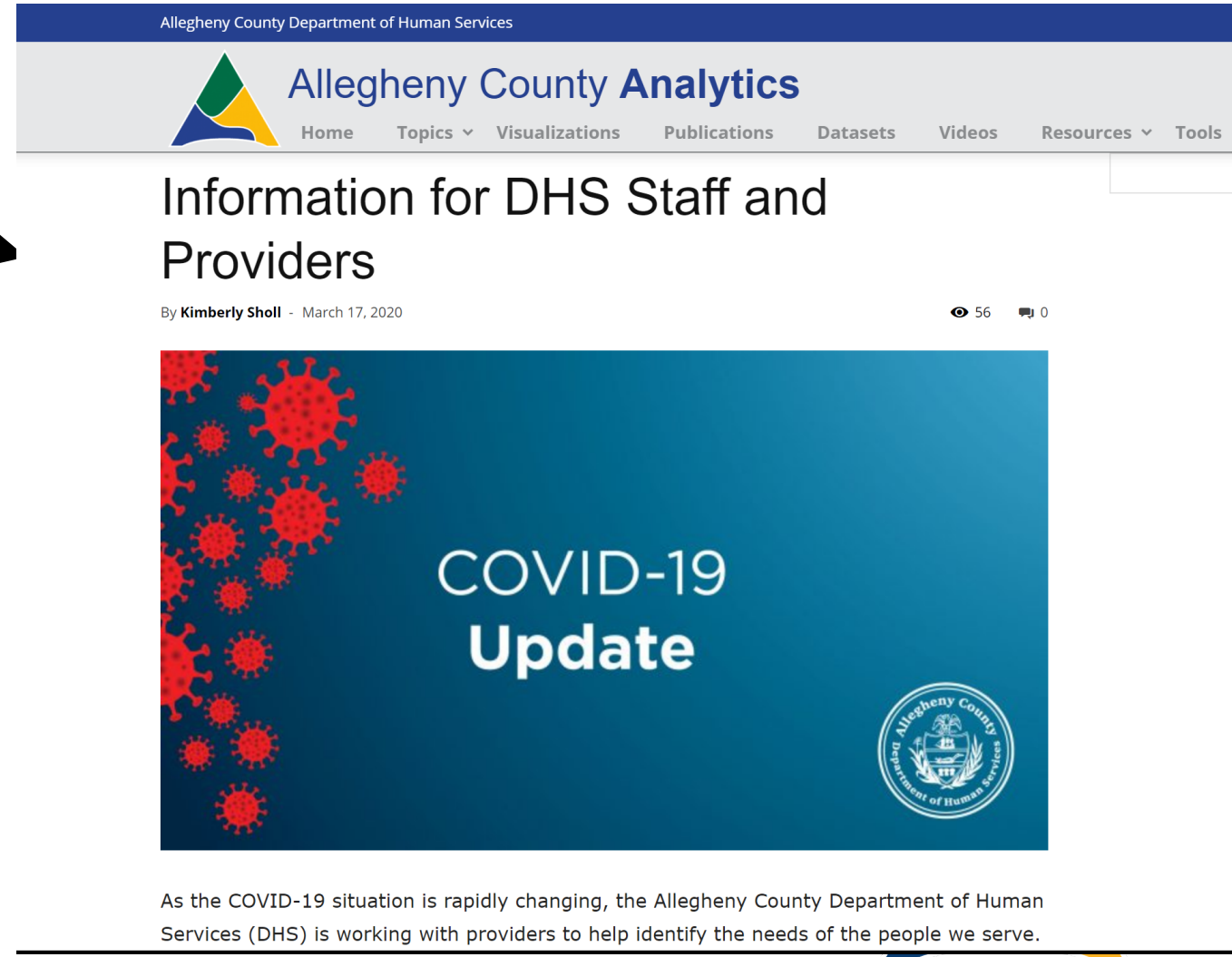
Wednesday Agenda

- A. Communications
- B. Allegheny County Health Department Update
- C. Update from the United Way
- D. Today's key DHS updates
- E. Plans to maintain essential services
- F. Q & A

A. How we communicate

- Daily provider calls
- Work groups on essential services
- Updates at: <https://www.alleghenycountyanalytics.us/>
- Ask questions at: DHS-COVID19Planning@alleghenycounty.us
- Providers, DHS staff can join the daily calls by registering:

"REGISTRATION for DHS / Provider Touchpoint on COVID-19 ":
<https://forms.office.com/Pages/ResponsePage.aspx?id=Ej0n4MvksU6fclu6FvuWjUkxQI749jdHphHNKdg0q-tUNzNBM0lEQzBNS0ZCNFNVMERET0czWVE5NC4u>



Allegheny County Department of Human Services


Allegheny County Analytics

Home Topics Visualizations Publications Datasets Videos Resources Tools

Information for DHS Staff and Providers

By Kimberly Sholl - March 17, 2020

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COVID-19 Update

Allegheny County Department of Human Services

As the COVID-19 situation is rapidly changing, the Allegheny County Department of Human Services (DHS) is working with providers to help identify the needs of the people we serve.

Communication from ACHD

- Updates

A few questions:

- What are the ripple effects of exposure? Who needs to quarantine?
- If person 1 is known to be infected, how much exposure to that person 1 requires person 2 to quarantine? What about people in contact with person 2? What are the right actions v. overreactions?
- What do people who had contact with sites that are now shut down due to potential virus (like certain PPS locations) need to know/do in terms of potentially being exposed to a location that now is being closed and cleaned to remove the virus?

C. United Way Update

Julie DeSeyn, Vice President, Community Impact
SWPA United Way

D. Federal policy & legislative updates

- HUD suspending all foreclosures and evictions thru April
- Senate expected to pass Families First Coronavirus Response today
 - New funding for local food banks (\$100k expected locally) and the Senior Nutrition Program, and increased flexibilities for SNAP, WIC, and school meals programs effectively increasing participation
- Future legislation being considered – Stimulus 2.0 on the horizon:
 - Funding to distressed sectors (including airline industry)
 - Direct payments on April 6 and May 18th



D. State & local government announcements

- PA has closed County Assistance Offices **to the public** statewide. People can apply for benefits and manage information through [COMPASS](#), online portal.
- Following the House's lead, State Senate passed temporary rules allowing lawmakers to vote remotely on legislation.
- Calls are growing from county Boards of Election to postpone the April 28 primary.

E. Key updates: March 18

- Quarantine planning
- Working with funding partners
- Strategizing about centralizing volunteer opportunities & needs
- Working on network strategies

F. Essential Services

1. Food for seniors and children
2. Childcare for essential employees, including first responders
3. Services for people experiencing homelessness and/or in supportive housing
4. Behavioral Health
5. Child welfare critical services, hotline, investigations, group care
6. Court
7. Transportation to essential medical and social services
8. Public assistance (county assistance office)
9. IT, payment, contracts support to the above

Essential Service Status Snapshot (Example Only!)

Essential Service Capability Status

The below is a subjective assessment on our given Essential Services overall capability at a broad regional level, as well as some more specific risk areas to track per service. The purpose is to quickly visualize and monitor service capabilities, including detecting Essential Services that are trending down and need additional support.

Essential Service	Overall Service Capability Ability to serve those in need	Staffing Are there enough people to deliver service?	Population Served Health Risk How is the health of clients served?	Supplies Does service have necessary supplies?	Service Locations Are there safe places to deliver service	Funding Does service have enough funds?
Food for seniors	Stable	Stable	Stable	Stable	Stable	Stable
Food for children	Stable	Stable	Stable	Stable	Stable	Stable
Food for people who are in quarantine	Stable	Stable	Stable	Stable	Stable	Stable
Food for people who are otherwise in need	Stable	Stable	Stable	Stable	Stable	Stable
Childcare for essential employees, including first responders	Stable	Stable	Stable	Stable	Stable	Stable
Services for people experiencing homelessness and/or in supportive housing	Stable	Stable	Stable	Stable	Stable	Stable
Behavioral health acute crisis and residential care	Stable	Stable	Stable	Stable	Stable	Stable
Child welfare critical services, hotline, investigations, required visits, group care	Stable	Stable	Stable	Stable	Stable	Stable
Medication assisted treatment and other critical SUD services	Stable	Stable	Stable	Stable	Stable	Stable
Elder abuse investigations & other critical aging services	Stable	Stable	Stable	Stable	Stable	Stable
Any other residential care (not already covered)	Stable	Stable	Stable	Stable	Stable	Stable
Transportation to essential medical and social services	Stable	Stable	Stable	Stable	Stable	Stable
Public assistance (county assistance office)	Stable	Stable	Stable	n/a	Stable	n/a
IT, payment, contracts to support Essential Services	Stable	Stable	Stable	Stable	Stable	Stable

To inform the essential services plans: Provider survey results (updated)

	Respondents	# Emergency Contact Identified	% Emergency Contact Identified	# Submitted Plan*	% Submitted*
Child Welfare - Group Care Setting	14	14	100%	5	36%
Child Welfare - Kinship/Foster Home Setting	20	20	100%	10	50%
Child Welfare - Other Services	25	25	100%	12	48%
Elder Abuse Intervention Services	4	4	100%	2	50%
Other Aging Services	20	20	100%	4	20%
Homeless Services	14	14	100%	5	36%
Food	33	33	100%	6	18%
Transportation	27	27	100%	4	15%
Child Care	12	12	100%	1	8%
Acute Behavioral Health Services	18	18	100%	3	17%
Medication Assisted Treatment (MAT)	8	8	100%	3	38%
Other	74	74	100%	6	8%
Total Unduplicated Agency Responses	155	155	100%		

*Some agencies submitted details within survey responses that are still being compiled. These figures represent most of the documents that were uploaded with survey responses

To inform the essential services plans: Provider CoOP documents*

- Majority of providers relying on technology to work remotely and conduct safety visits with clients, distinguishing between essential and non-essential staff
- Small number of providers continuing business as usual, with enhanced cleaning and personal hygiene practices
- Most documented plans do not have details tracking staff illness or contingency plans in the event of volume of staff illnesses impact ability to conduct business even virtually
- A few exceptions for regulatory mandates have been granted, such as face to face visits replaced with video contact or reduce frequency of visits
- MAT providers not granted exception to provide meds to take home. Significant concern about highly vulnerable (physical health) population traveling to sites daily for medication

*more qualitative data being reviewed, continuing to update

Child welfare critical services: Local plans & next steps

In consultation with area hospitals/physicians, children should not be brought to the hospital emergency rooms unless they require emergency medical care due to suspected abuse or an emergent condition.

If there is evidence or assessed concern of physical or sexual abuse:

1. Contact the CYF Clinical Manager/Regional Office Director overseeing the youth's case.

- MVRO: Greg McDonald/Betsy Caroff
- SRO: Melissa Dunbar-Kraus/Tracey Nichol
- CRO: Liz Reiter/Wanda Beasley
- NRO: Denise Lee/Margie Remele
- ERO: Jessica Staller/Tammi Hilko
- Permanency: Angela Filotei/Anne Schlegel
- Intake: Jacki Loos or Ralph Rivett/Bruce Noel

They will determine if the child needs be seen at the Emergency Department or seen at the Children's Hospital CAC or A Child's Place. Both the CAC and A Child's Place have designated daily clinic hours to accommodate any CYF physical needs

If after hours, contact the CYF intake office, who will consult with the Children's Hospital Child Advocacy Center doctors to determine the urgency of medical attention. Direction will then be provided to go to the Emergency Department or schedule an appointment at A Child's Place or The Child Advocacy Center

- Child Advocacy Center: 412-692-8747- option #2
- A Child's Place: 412-232-7308



Child welfare critical services: Local plans & next steps

- **For intake/discharge/change of placement physicals in which no concerns of physical or sexual abuse/injury are present**
 1. Children should be taken to the CAC or A Child's Place by appointment- within 72 hours of the placement or soon thereafter (ex: removal late Friday, should be seen at the clinic on Monday)
 2. Children will be screened, using the following questions prior to placement changes
 - Do you have a cough, sore throat, fever, or difficulty breathing
 - Have you been in contact with anyone who has a cough, sore throat, fever, or difficulty breathing
- **For general illness, non- emergent medical care**
 1. Contact the child's pediatrician and proceed per their recommendation
 2. If the child needs medical attention for a child who as tested positive for COVID-19 or has been exposed, please make sure to call ahead to prepare staff accordingly



Child welfare critical services: Local plans & next steps

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Food: Local plans & next steps

- Senior Centers are providing alternate meals to consumers who would otherwise receive congregate meals
- Seniors who are not currently registered for congregate meals can register via the SeniorLine (412-350-5460)
- All Senior centers by 3/20/20 will be offering an alternative to the congregate meal to all registered consumers
- Preparation is ongoing for a switch to frozen meals, which will reduce social exposure of providing prepacked meals while allowing seniors to have several days of meals on-hand
- Senior Center staff continue to track participants and perform follow-up wellness phone calls with our most vulnerable older adults.
- Home Delivered Meals will continue currently without interruption.
- County is working to compile a publicly available map of food distribution sites for both students and seniors that can be updated by the public. Will be on Allegheny Analytics and shared during tomorrow's provider update.
- Supplies – several providers have reached out about gloves and other supplies for food delivery – have \$\$ but need to connect to a supplier. Any leads welcome.



Childcare for essential employees, including first responders

- ELRC will be the resource to help match essential employees to childcare providers operating with waivers (challenge remains that few are open) and community partners offering support:
 - Elrc5@alleghenycounty.us
 - 412-350-3577
- State is sharing this information with hospital administrators today, focused on ensure health care providers have care
- DHS providers with essential employees should refer them to ELRC



Services for persons who are experiencing homelessness and/or are in supportive housing

Emergency Shelter updates:

- Updated guidance: DHS requesting overnight shelters to permit their overnight residents to re-enter shelter facilities, during daytime hours, to eat and use restrooms (as other community facilities are now closed)
- DHS may need staffing support for additional shelter locations set up specifically for isolated or quarantined clients

HUD updates:

- We anticipate the CoC NOFA release will be delayed; HUD has already announced extensions for CoC reporting (PIT, LSA, etc.)



Behavioral Health: Mental Health & Drug and Alcohol: Local plans & next steps

- HHS expanding Medicare telehealth coverage and suspending HIPAA requirements ([press release](#))
 - CMS has expanded Medicare coverage for Telehealth
 - HHS office for Civil Rights will waive potential HIPAA penalties for good faith use of telehealth during this emergency
- DDAP today announced that grant funds from DDAP may be used to provide counseling and other clinical services using telehealth
 - Information Bulletin 01-20 issued 3-18-2020
 - All federal and state requirements around privacy and confidentiality for in person service apply also to telehealth
 - Questions regarding the bulletin can be sent to Jeff Geibel jgeibel@pa.gov
- MATP-SAMHSA Guidance on Opioid Treatment released today supporting OTP “in anyway possible” during this time
 - Expanded guidance to provide increased flexibility for States with or without Declared Emergency
- Behavioral Health Provider Meeting with County, Community Care and AHCI
 - Thursday, March 19, 2020 at noon. Meeting invite sent



Behavioral Health: Mental Health & Drug and Alcohol: Local plans & next steps

- Behavioral Health Provider Meeting with County, Community Care and AHCI
 - Thursday, March 19, 2020 at noon
 - [Join Microsoft Teams Meeting](#)
 - Call in: 1-267-368-7515 Conf ID: 511 433 075#
- DDAP Training on Information Bulletin 1-20 taking place tomorrow 3-19 at 5:30pm
 - <https://www.cbicenterforeducation.com/events/building-a-telehealth-infratructure-for-your-practice-during-a-time-of-crisis/form>



Behavioral Health: Mental Health & Drug and Alcohol: Local plans & next steps

- Community Care has issued a [provider update](#) regarding all BHRS, BHRS Waiver, RTF and CRR Host Home Providers:
 - Providers must move to electronic document submission. Will not be accepting mail after Wednesday, March 25, 2020.
 - Required information need only include the plan of care and best practice psychological/psychiatric evaluations for BHRS services, and IBHS orders and assessments for IBHS services.
- Utilization management for inpatient, SUD residential, and acute diversion/stabilization will continue to follow the same telephonic process.
- Community Care's secure ePortal remains unchanged.

Behavioral Health: Mental Health & Drug and Alcohol: Local plans & next steps

1. **Secure** e-mail: [CCBH ICPAllegheny@ccbh.com](mailto:CCBH_ICPAllegheny@ccbh.com)

- Include the level of care and member's county of eligibility in the subject line (Do NOT include PHI) and include only one email per member per service
- Must be sent in an **encrypted format**
- Community Care strongly recommends adding a statement with your email signature indicating that the contents of the email are intended solely for the recipient and should not be forwarded or shared

2. Fax: 1.888.251.0087

- Include only one member and level of care per facsimile

3. Telephonic Review: Community Care Provider Line 1.888.251.2224

Transportation to essential medical and social services

NO Major Updates since 3/17

- ACCESS services continue to operate as normal at this time
- Should it be necessary to limit ACCESS service based on the availability of drivers and support staff, the community will be notified by automated call-outs, the ACCESS website, and Port Authority press releases
- ACCESS is taking preventative measures to ensure all high touch surfaces inside vehicles are disinfected every morning, including seatbelts, securements, lift handles and controls, stanchions, doors, windowsills, steering wheels and radios.
- If it becomes necessary due to driver limitations, rides may be prioritized with life-sustaining trips (MAT, dialysis etc).

Key Contacts

- Provider questions for Allegheny County Health Department
 - DHS-COVID19Planning@alleghenycounty.us
 - Use the subject field to indicate if your qq is about CYF, Aging, BH, CYF, ID, Community Services, or DHS operations (e.g., contracting, payment)
 - <https://www.alleghenycounty.us/healthdepartment/index.aspx>
- United Way 2-1-1
 - Call 2-1-1 for basic needs assistance or general COVID-19 inquiries
- Key DHS staff
 - Payment inquiries: Dan Evancho Dan.Evancho@alleghenycounty.us
 - Contract inquiries: Kathy Heinz Kathy.Heinz@alleghenycounty.us
Laura Brigido Laura.Brigido@alleghenycounty.us



Appendix

Essential Services slides from yesterday's call
Federal/state/local funding relief
Practices in other jurisdictions



1. Food: Local plans & next steps

- NEW: DHS and Food Bank partnering on map of food distribution points for community (goal by end of week)
- Senior Centers are closed for normal operations; however, their current focus is on providing meals to those who need it in place of the usual congregate meal service.
- The majority of senior centers are able to provide an alternative congregate meal. A few are still working on finalization of their plans. Anyone needing a meal or food should call the AAA for resources: Call Senior line at 412 350-5460
- Senior Centers will track participants and perform follow-up wellness phone calls with our most vulnerable older adults.
- Home Delivered Meals continue without interruption.
- Food Bank posting regular updates: <https://www.pittsburghfoodbank.org/2020/03/12/coronavirus/>
- Many school districts providing daily meals (most grab and go).
 - NEW: PPS moving to regional distribution strategy next week (details TBD), 412 Food Rescue supporting efforts to get food closer to families.
- 412 Food Rescue still providing distribution services, but limited access to drop off points with closures.
 - NEW: Plenty of food and volunteers, need donation locations, especially those who will take food that is not grab and go. Contact them!



2. Childcare for essential employees, including first responders

- Childcare centers are to close, with exceptions:
 - Waivers to be granted to centers serving large numbers of essential staff
 - School age care can be provided by unregulated programs, must comply with Child Protective Services Law (CPSL) [clearances/mandated reporter training]
 - Family childcare homes and group childcare homes can stay open
 - Centers should ONLY remain open if serving large numbers of essential staff
- We are:
 - Surveying employers of essential employees about needs (30 respondents so far)
 - Developing a survey for employees (starting with CYF case workers and providers) to understand real demand
 - Collecting info on which centers are applying for waivers
 - Looking at possible locations near hospitals and some smaller agencies
- Email Amy Malen if you are interested in providing childcare for essential workers if necessary



3. Services for persons who are experiencing homelessness and/or are in supportive housing

- **Allegheny Link:**
 - All services and referrals available by phone and email.
 - Coordinated Entry is operating.
 - Link staff will be screening individuals for COVID symptoms before referrals to shelter or housing programs.
- **Street Outreach:**
 - Limiting risk of infection within homeless camps. Only Operation Safety Net (medical street outreach at Pittsburgh Mercy) encouraged to enter camps to decrease transmission to vulnerable.
 - All outreach providers continuing to serve individuals and help connect with shelter.
- **Emergency shelters:**
 - DHS and Health Dept. working to identify off site locations to quarantine sick residents.
 - Trying to expand current capacity at existing shelters to place clients who are most at risk or are showing symptoms.
 - Winter Shelter closed last Sunday (per annual schedule).
 - Adopted guidance from NYC Health Dept. about screening clients and social distancing guidelines in congregate settings.



3. Services for persons who are experiencing homelessness and/or are in supportive housing

- **Scattered-site programs (i.e. rapid rehousing, permanent and bridge housing programs):**
 - Case management to occur via phone where possible.
 - Providers requested to check in on clients as often as possible (at least weekly) and note all contacts in client case notes.
- **Providers instructed to:**
 - Not terminate clients from programs due to length of stay or rental assistance time limits.
 - Ensure clients are connected to their behavioral health provider or Resolve Crisis Services, as needed, for anxiety and exacerbation of behavioral health issues.
 - Find housing ASAP for active referrals that are awaiting housing (seek assistance from DHS Housing Navigators as needed).
 - Ensure scattered site clients have access to food, and contact DHS for assistance if needed.
 - Isolate sick clients from others, wherever possible.



4. Behavioral Health: Mental Health & Drug and Alcohol: Local plans & next steps

- Crisis:
 - Resolve prepared for potential of increased calls
- Information and Support:
 - Center for Victims Support line will be activated tomorrow
 - 211 will continue operations
 - PA Get Help Now continued operations
- Treatment/Residential services:
 - Providers to implement Continuity Of Operations Plans
 - Providers to follow applicable state guidelines
 - Both DDAP and OMSHAS are providing regular updates regarding use of telehealth and alternative venues for continuity of services
- OBH has established a specific email for providers:
 - DHS-COVID19Planning@alleghenycounty.us
 - Use for submission of questions/request for modification or technical assistance concerns and general communication around impact of COVID-19



4. Behavioral Health: Mental Health and Drug and Alcohol: Telehealth Update

- Mental Health:
 - Effective immediately, CCBH will cover telehealth, including telephonic services throughout the COVID-19 epidemic.
- Drug and Alcohol:
 - Approved for Level of Care Assessments and outpatient treatment
- Specific guidance, and links to begin the attestation process live:
 - [here \(https://providers.ccbh.com/uploads/files/Provider-Alerts/20200316-alert4-covid19.pdf\)](https://providers.ccbh.com/uploads/files/Provider-Alerts/20200316-alert4-covid19.pdf)
- Behavioral Health Provider Meeting with County, Community Care and AHCA
 - Thursday, March 19, 2020 at noon. Meeting invite forthcoming



5. Child welfare critical services: Local plans & next steps

- Planning with State
 - Planning call with Jon Rubin this morning
 - State will schedule another call later this week. Will have calls 2x weekly
- Childline Hotline
 - Childline will be operational
 - Mandated reporters making a child abuse report encouraged to use self-service portal.
- Waivers
 - CPSL and Federal Statute cannot be waived
 - State is having ongoing discussions if there are regulatory changes to be made
 - If County make a specific request-State will forward to policy and legal team



5. Child welfare critical services: Local plans & next steps

Summarizing COOPs from Child Welfare providers. Some still to be reviewed. Details vary in degree of precautionary steps and completeness.

Service continuity:

- Intake continuing, with health screenings.
- Visual verification of safety and wellness for foster children through web video.
- Strategies for in home services maintaining interventions and connections
- If youth in residential facilities need isolation due to illness, separate facilities will be utilized.
- Cancel all face to face visits, appointments, meetings. Use technology for web conferencing or phone meetings.
- Only medically necessary appointments maintained.
- Advising Independent Living youth to maintain 3 days of food and 2 weeks of medications on hand.

Staff continuity:

- Some plans only advising to enhance cleaning and limit large group gatherings.
- Many facilities are sending staff to work from home, though offices remain open.
- Sharing of staff to maintain residential ratios, including sharing across agencies.
- Practice enhanced hygiene and stay home if feeling unwell.



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5. Child welfare critical services: Local plans & next steps

Internal staffing plan

- *Call Screening*
 - CIU: 3 staff remote, 2 in office to complete state police clearance (must be done in office)
 - SRU and Field Screening: remote
 - Call center will be split ½ in office ½ remote
- *Regional Offices*
 - 2-4 supervisors in the office with clerical while the others work remotely.
 - Guidance workbook and plan created to detail expectations and precautions
 - Daily debriefs at all levels

Visits

- Providers
 - CYF working with providers to walk through protocols for in home providers
 - Postponed all child/family visits
- CYF Caseworkers
 - Prioritization for in-home visits
 - Children under 5 and high levels of risk
 - Families with a high-risk assessment when the children remain at home
 - Youth needing to resume dependency who are homeless.
 - Investigations with missing safety assessments
 - Families at high risk and children remain at home
 - Cases with missing safety assessments (more than 90 days)



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6. Courts: *In re: Fifth Judicial District Declaration of Judicial Emergency & In re: Fifth Judicial District Emergency Operations*

Yesterday (3.16.2020), the Fifth Judicial District ordered the following:

- **The operation of Rule of Criminal Procedure 600 (speedy trial) shall be suspended.**
- **All time calculations** for the purposes of time computation relevant to court cases or other judicial business, as well as time **deadlines, are suspended subject to constitutional restrictions.**
- Additional uses of advanced communication technology to conduct court proceedings is authorized subject to constitutional restrictions.
- All provisions of this Order apply to cases scheduled from **March 17,2020 through April 14, 2020.**



6. Courts: Emergency Operations Order

Civil Division:

- **General Motions** will be restricted to Petitions for Injunctive Relief relating to public health concerns, e.g., eviction and/or other public health issue/concern involving immediate and irreparable harm, or any other Emergency Motion.
- **Housing Court Motions** are restricted to Emergency Motions relating to public health concerns (e.g., evictions, suspension of utilities, and/or other habitability issues)
- See Order for complete list of operational changes



6. Courts: Emergency Operations Order

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6. Courts: Emergency Operations Order

Criminal Division:

- **Except as indicated below, all court events in criminal division court rooms will be postponed.** Courtroom staff will notify all litigants prior to their scheduled events and propose a continuance date acceptable to all parties.
 - Summary and statutory appeals (City County Building, room 821) will be postponed.
 - **Bail hearings and daily motions court will be heard as normal.**
 - The motions counter (room 534) will remain open for emergency motions.
 - A warrant clerk will be on duty to lift and issue warrants.
 - Defendants may continue to turn themselves in on bench warrants to Pretrial Services.
 - **Pretrial conferences and formal arraignments will be rescheduled.**



6. Courts: Emergency Operations Order

Family Division:

Adult Section

- Scheduled conferences and hearings in support, custody, equitable distribution, and divorce will be postponed.
- Emergency motions and bench warrant hearings will be heard.

Protection from Abuse

- Protection from Abuse matters will be heard as normal.

Juvenile Delinquency

- Juvenile delinquency matters shall be handled on a case by case basis.
- Parties should appear for all juvenile delinquency matters scheduled before the Court, unless otherwise notified.



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6. Courts: Emergency Operations Order

Family Division, cont.

Juvenile Dependency

- Juvenile dependency matters will be handled on a case by case basis.
- Parties should appear for all juvenile dependency matters scheduled before the Court, unless otherwise notified.
- The Court will continue to handle shelter care proceedings.
- The Court will continue to issue orders for protective custody.
- Orders for Authorization for Medical Treatment of a Minor will be available.



6. Courts: Emergency Operations Order

Family Division, cont.

Juvenile Dependency

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6. Courts: Emergency Operations Order

Orphans' Court Division:

- Conferences and hearings will be conducted as scheduled; motions will continue to be heard daily at 9:30 a.m.
- Involuntary civil commitment hearings will continue as scheduled at the twelve hospital/health care facility hearing sites.
- The next scheduled termination/adoption list will be called on March 25-26, 2020. Cases will be staggered to avoid overcrowding of the courtroom.



6. Courts: Emergency Operations Order

Orphans' Court Division:

- Conferences and hearings will be conducted as scheduled; motions will continue to be heard daily at 9:30 a.m.
- Involuntary civil commitment hearings will continue as scheduled at the twelve hospital/health care facility hearing sites.
- The next scheduled termination/adoption list will be called on March 25-26, 2020. Cases will be staggered to avoid overcrowding of the courtroom.



6. Courts: Emergency Operations Order

Magisterial District Courts

- All cases are postponed.
- Execution of orders for eviction or possession of residential properties in Allegheny County are stayed (i.e. temporarily suspended).
- All time calculations relevant to MDC proceedings are suspended.
- Per the MDC's Covid-19 plan, eight MDCs and Pittsburgh Municipal Court Arraignment Division will remain open to the public for designated operations. All other MDCs will be closed to the public.



6. Courts: Emergency Operations Order

Magisterial District Courts

- All cases are postponed.
- Execution of orders for eviction or possession of residential properties in Allegheny County are stayed (i.e. temporarily suspended).
- All time calculations relevant to MDC proceedings are suspended.
- Per the MDC's Covid-19 plan, eight MDCs and Pittsburgh Municipal Court Arraignment Division will remain open to the public for designated operations. All other MDCs will be closed to the public.



7. Transportation to essential medical and social services

NO Major Updates from 3/17

- ACCESS services continue to operate as normal at this time
- Should it be necessary to limit ACCESS service based on the availability of drivers and support staff, the community will be notified by automated call-outs, the ACCESS website, and Port Authority press releases
- ACCESS is taking preventative measures to ensure all high touch surfaces inside vehicles are disinfected every morning, including seatbelts, securements, lift handles and controls, stanchions, doors, windowsills, steering wheels and radios.
- If it becomes necessary due to driver limitations, rides may be prioritized with life-sustaining trips (MAT, dialysis etc).

Informing the network's plans

COOP Submissions as of 3/18/2020

Service Area	Service Type	# of COOP Submissions
Aging	Elder Abuse	1
	Other	4
Childcare		1
CYF	Group Home	6
	Kinship/Foster Care	8
	Other	10
Food		6
Homeless		7
Medically Assisted Treatment (MAT)		3
Overnight		5
Transportation		4
Other		15

B. Local updates: City

- After declaring a state of emergency on March 13th, Mayor Peduto announced yesterday a ban on gatherings of over 50 people, and that public safety would be following up with retail, bars and restaurants to check occupancy.
- City offices at the City-County Building and 200 Ross St., Senior Healthy Active Living centers, and recreation centers are among the services closed as of end of business yesterday (Monday). Access to the City-County Building is now limited as of noon today, and Allegheny Courts are now operating under a judicial emergency.
- Emergency services, including paramedics, fire, police will continue to operate normally. Animal control will respond to life safety matters only.
- City parks will remain open, but the city is warning against using playground equipment as their cleanliness cannot be guaranteed.



B. State legislature update

The 50-member state Senate canceled its planned session for Monday, but the 200-member House returned to session yesterday in order to pass three major rules changes, which passed unanimously:

- 1) allows members to vote from their homes via phone,
- 2) shortens the waiting period between votes, ostensibly to allow the House to move legislation to assist efforts to slow coronavirus in a swifter manner, and
- 3) allows members to use their official communication platforms (i.e. online, social media, physical mail) to share information related to coronavirus



State guidance: EI

From OCDEL 3/17:

- **Face to face** Infant Toddler Early Intervention services should be suspended. The duration of the suspension will be in line with the closure of the school districts within each community. The state DHS and OCDEL will be issuing guidance regarding tele practices or virtual services for Infant Toddler Early Intervention service providers in the near future. Service coordinators should attempt to contact families to notify them of these changes.



Federal funding and flexibilities

Updates:

- Awaiting Senate action on the Families First Coronavirus Response Act
 - Would provide new funding for local food banks (about an additional **\$100k locally**), the Senior Nutrition Program, and increase flexibilities for SNAP, WIC, and school meals programs effectively increasing participation
 - Would increase federal Medicaid reimbursement rate by 8% for health services (60.20% adjusted rate in PA)
- Various stimulus bills being considered
 - Not specific for human services



Relief – Federal funding and flexibilities

- \$8.3B [bill](#) enacted March 6 focused on public health and waives Medicare restrictions on telehealth services
 - ~\$17M for [PA](#) for medical supplies and to support local health agencies
- Congress considering the Families First Coronavirus Response Act
 - Would provide new funding for local food banks (about an additional \$100k locally), the Senior Nutrition Program, and increase flexibilities for SNAP, WIC, and school meals programs effectively increasing participation
 - Would increase federal Medicaid reimbursement rate by 8% for health services (60.20% adjusted rate in PA)
- Federal agencies are able to delay reporting requirements ([OMB notice](#))
- Federal Emergency Declaration/Stafford Act makes available:
 - Small business administration loans
 - Federal reimbursements [*specifics TK*]



Child care flexibilities from ACF to the state

Lead Agencies have the flexibility to:

- use quality dollars to provide immediate assistance to impacted families, including families that do not participate in CCDF;
- change eligibility or priority criteria to permit uninterrupted child care;
- broaden the definition of protective services to permit emergency eligibility, could apply to children in foster care;
- define income and set the income threshold for purposes of CCDF eligibility; and
- waive family co-payment requirements for families that meet criteria established by the State.



CDBG flexibilities -- \$ can be used for following

- Construct a testing and diagnosis, or treatment facility
- Rehabilitate a community facility, commercial building or closed school to establish an infectious disease treatment clinic.
- Acquire and rehabilitate, or construct, a group living facility that may be used to centralize patients undergoing treatment.
- Acquire, and quickly rehabilitate (if necessary) a motel or hotel building to expand capacity of hospitals to accommodate isolation of patients during recovery.
- Capped at 15% of grant for:
 - Carrying out job training to expand the pool of health care workers and technicians that are available to treat disease within a community; Provide testing, diagnosis or other services at a fixed or mobile location; Provide equipment, supplies, and materials necessary to carry-out a public service; Deliver meals on wheels to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities.



Relief – State

- State – Gov. Wolf signed an [emergency disaster declaration](#)
 - PA Emergency Management Agency received \$25M for expenses related to this emergency
 - PA Departments of Health, Education, Transportation have authority to suspend or waive laws or regulations to respond to this emergency
- [USDA](#) granted PA a waiver enabling us to serve meals in non-congregate settings and at school sites during closures



What other places are doing

Essential Service 1: Food, what we know from others

Cleveland:

- The district is setting up 22 sites where students and anyone juvenile regardless of school or enrollment status, can eat breakfast and lunch, while also getting more instruction.
- Shuttle buses will be provided for families at all pre-K to 8th grade school buildings.
- Dinners will also be served at all 21 city recreation centers.
- Food program is open to anyone 18 years of age and under, regardless of whether they are CMSD students.
- Security will be provided.



Essential Service 1: Food, what we know from others

San Francisco:

- *How will the school district continue to provide meals to students who rely on school breakfast & lunch?*
- Beginning Tuesday, March 17th, the school district will provide free breakfast and lunch to all children 18 and younger at 8 pick up sites across San Francisco.
- On Wednesday, March 18th, SFUSD will add 6 more sites for a total of 14 pick-up locations
- Students can pick up the packaged meals between 9:00-10:00 am, Monday through Friday on a first-come, first-serve basis. (Students will not need to enter the school building for pick-up)
- Meals will include vegetables, fresh fruit & milk.
- Meals that do not require refrigeration will also be available
- The list of pick-up sites and schedules is available at [edu/schoolfood](https://www.sfusd.edu/schoolfood).
- As of now, meals will be available through Friday, March 27th but this timeline might be extended.



Essential Service 1: Food, what we know from others

- SF has is not serving seated congregate meals at senior centers
 - All meals are "to go"
- Seattle has organized a "facilities feeding system" with a nonprofit (Fare Start)
- Washington State guidance to facilities:
 - Stagger meal times
 - Allow microwaves, refrigerators in individual units

Essential Service 2: Residential/Congregate Care

- What we know about the county
- What we know from other jurisdictions
- Plans for right now
- Next Steps



Residential/Congregate Care

Prevent homelessness

- Call upon courts to halt all evictions
- PHAs could be directed not to initiate or execute any evictions and to alert tenants (as ACHA appears to have done already) that interim adjustments will be made to rental obligations based on decreased income during COVID-19

Street homelessness

- 550 outreach workers have been trained on educating homeless individuals on the symptoms of COVID-19, and workers have spoken to over 700 individuals on the street (NYC)



Residential/Congregate Care

Homeless

- RVs stationed throughout the city to house members of its homeless population who are infected with the coronavirus for self-quarantine (SF)
- Buying hotels (Seattle)
- Spending \$5M to hire dozens of workers to be part of a cleaning crew that will regularly deep-clean the shelters, supportive housing buildings, and the SROs, and keep shelters open 24/7 (SF)
- Offer meals at shelters and SROs to encourage occupants to stay indoors (SF)

Residential/Congregate care

Homeless

- Designate an overflow space for healthier, homeless individuals
 - Seattle city government opened Exhibition Hall as an overflow shelter, identifying healthier clients who could move there from more crowded shelters; designed to reduce crowding and get sick clients away from congregate settings.
- Designate a space for homeless individuals with COVID-19
 - A resident of a Seattle homeless shelter was moved to a quarantine motel, an unoccupied Econo Lodge 20 miles outside the city

Residential/Congregate Care: NYC

- NYC Health Dep't issued guidance to all congregate care providers, the goal of which is to:
 - Develop plans based on the identification of LIMITED transmission of COVID-19 in New York City to:
 - Prevent the introduction of COVID-19 and other respiratory pathogens INTO your facility
 - Rapidly identify persons with respiratory illness o Prevent the spread of COVID-19 and other respiratory pathogens WITHIN and BETWEEN your facility(ies)
 - Manage and isolate persons with suspected or confirmed COVID-19 o Be familiar with infection control guidance o Consider planning and needs to accommodate persons with possible COVID-19 exposure
 - Consider facility readiness and response plans in the event of WIDESPREAD transmission in NYC of COVID-19 (see link))
 - Implement detailed guidance:
 - Appendix 1: Social distancing to limit further spread of COVID-19 disease
 - Appendix 2: ROOM ISOLATION - What should someone do if they have a flu like illness or have been diagnosed with COVID-19
 - Appendix 3: CAREGIVER GUIDANCE -How to provide care for a person who is sick with a flu like illness or has been diagnosed with COVID-19

<https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>



Residential/Congregate Care

Planning for While There is Limited Transmission of COVID-19 in NY

- A. Prevent the Introduction of Respiratory Pathogens INTO the Facility
- B. Rapid Detection of Persons with Acute Respiratory Illness
- C. Prevent the Spread of Respiratory Pathogens WITHIN and BETWEEN the Facility(ies)
- D. Management and Isolation of Suspected or Confirmed Cases
- E. Infection Control in Facilities that Provide Healthcare (not included here)



Residential/congregate care

NYC Guidance

A. Prevent the Introduction of Respiratory Pathogens INTO the Facility

- Facility signage
 - Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection. Signs in multiple languages can be found on the NYC Health Department website.
 - Ensure staff and residents are familiar with the symptoms of general acute respiratory infection, as well as criteria for COVID-19 which includes fever, cough or shortness of breath.
- Screen visitors in advance and upon arrival for fever or signs of an acute respiratory illness
 - Inform potential visitors that symptomatic persons will not be allowed to enter the facility. When possible, facilities should use their usual communication channels to inform potential visitors of these rules before they travel to the facility.
 - Ask persons upon arrival at the facility for symptoms or possible exposures to COVID-19. Exclude visitors who appear to be ill or report fever, cough, shortness of breath, OR that have traveled to an affected geographic area within the past 14 days OR had close contact with person with confirmed COVID-19 within the past 14 days



Residential/Congregate Care

NYC Guidance, cont'd

A. Prevent the Introduction of Respiratory Pathogens INTO the Facility

- Employees and volunteers
 - Ensure sick leave policies allow employees to stay home if they have symptoms of respiratory infection.
 - Inform staff to stay home if they feel ill and remain at home until their symptoms resolve.
- Residents and clients
 - Assess residents' symptoms of respiratory infection upon admission to the facility and implement appropriate infection prevention practices for incoming symptomatic residents.

B. Rapid Detection of Persons with Acute Respiratory Illness

- Instruct residents and staff to report recent symptoms of fever, cough or shortness of breath to the appropriate personnel at the first signs of illness.
- Screen new persons being admitted or re-admitted for recent respiratory illness.
- Consider daily temperature and symptom checks of residents and monitor for new fever and/or respiratory illness.



Residential/Congregate Care

B. (NYC cont.) Rapid Detection of Persons with Acute Respiratory Illness

- Any persons with respiratory illness and who meet potential COVID-19 using persons under investigation (PUI) criteria from the CDC should:
 - **Be isolated in a negative pressure room** (airborne infection isolation room (AIIR)) if one is available **or a private room with the door closed until they can be properly managed.** IF THE FACILITY DOES NOT HAVE AN AIIR OR PRIVATE ROOM, have a pre-identified location where patients can be situated to minimize exposure to staff and other patients.
 - Be IMMEDIATELY reported **to the Provider Access Line (PAL).** The operator will route the call according to need.
- If available and indicated, use existing plans to arrange to have patients transported to an appropriate facility. Contact the transporter and receiving facility in advance and inform them of potential concern for COVID-19 to ensure awareness and permit adherence to appropriate infection control for COVID-19.
- Consult with Health Dep't



Residential/Congregate Care

NYC, cont'd

C. Prevent the Spread of Respiratory Pathogens WITHIN and BETWEEN the Facility(ies)

- For residents who have been evaluated and do not meet COVID-19 testing criteria but who have fever or respiratory symptoms;
- Restrict residents with fever or acute respiratory symptoms to their room or an area where they can be isolated from others in the facility by at least 6 feet.
 - In some circumstances, it is better to keep families or other close groups together. If there are accompanying family members (or other personal contacts) of the ill person, consider housing them together, even if they are not ill, if there previously was an extended opportunity for exposure because they may already be infected.
 - If the sick person must leave the room for medically necessary procedures, have them wear a facemask (if tolerated).



NYC Guidance: Planning for While There is Limited Transmission of COVID-19 in NYC

C. (Cont.) Prevent the Spread of Respiratory Pathogens WITHIN and BETWEEN the Facility(ies)

- In non-healthcare settings, contact a medical provider or facility to determine if the person requires medical care. Inform them the resident has a respiratory illness.
- Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
 - Ensure employees clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective equipment (PPE).
 - Put alcohol-based hand rub in every resident room (ideally both inside and outside of the room).
 - Make sure tissues are available and any sink is well-stocked with soap and paper towels for hand washing.
- Notify other facilities prior to transferring a resident with an acute respiratory illness including suspected or confirmed COVID-19, to another facility or higher level of care.



Residential/Congregate Care

NYC, Cont'd

D. Management and Isolation of Suspected or Confirmed Cases

- If COVID-19 infection is suspected or has been confirmed in a resident of your facility, **consider temporarily suspending new admissions, visitors, and transportation to other institutions**
- Restrict the movement of persons within the facility, from leaving the facility, and from being transferred to another facility until COVID-19 has been ruled out (with the exception of necessary medical care).
- Limit transport of suspected COVID-19 patients to essential purposes only. Place facemasks on suspected COVID-19 patients during transport.



Residential/Congregate Care

NYC, Cont'd

D. Management and Isolation of Suspected or Confirmed Cases

- **Facilities housing persons with confirmed to have COVID-19 should house the patient in a private, single occupancy room.**
- If multiple persons become ill, **establish a designated area(s) of the facility specifically for sick persons. Designate staff to care for these individuals only.** Limit the movement of designated staff between parts of the facility to decrease the risk of staff spreading COVID-19 to other parts of the facility
- Doors to any room or area housing suspected and confirmed COVID-19 patients should be kept closed except for entry or egress
- In facilities without healthcare:
 - Ensure staff know where and how to report persons with respiratory illness and manage them until further action can occur (e.g., place in separate room with door closed).
 - Ensure access to hand washing stations and or alcohol-based sanitizers and facemasks for persons to wear to prevent further spread.



	NYC Social Distancing Guidance for Congregate Settings
Sleeping Arrangements	<ul style="list-style-type: none"> • Increase spacing so beds are at least 3-6 feet apart • If space allows, put fewer residents within a dorm/unit • Arrange beds so that individuals lay head-to-toe (or toe-to-toe), or use neutral barriers (foot lockers, curtains) to create barriers between beds • Move residents with symptoms into separate rooms with closed doors, and provide separate bathroom if possible • If only shared rooms are available, consider housing the ill person in a room with the fewest possible number of other residents • Avoid housing people with underlying conditions in same room as people with symptoms
Mealtimes	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities • Stagger the schedule for use of common/shared kitchens
Bathrooms & Bathing	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time
Recreation & Common Areas	<ul style="list-style-type: none"> • Create a schedule for using common spaces • Reduce activities that congregate many residents at once such as “house meetings” and opt for smaller group activities
Transport	Opt for transporting less people per trip and ensure that passengers have more space between one another
Communication	<ul style="list-style-type: none"> • Reduce the amount of face-to-face interactions with residents for simple informational purposes • Consider using the following methods of communication: Bulletin boards, signs, posters, brochures, emails, phone, sliding information under someone’s door or mailbox
Staff Activities	<ul style="list-style-type: none"> • Reduce unnecessary assembly of staff (e.g., large meetings where information can be communicated otherwise) • Where appropriate, opt for conference calls instead of in-person meetings



Essential Service 3: Child Welfare

- Screen all visitors to any office/site (San Francisco, Washington State)
- Set up a Q&A section of their home page for providers/others. Quick responses



Essential services 4: Court

Massachusetts

- All empanelments in jury trials, in both criminal and civil cases, are postponed until no earlier than April 21, 2020. Excluding any case in which a jury has already been empaneled or selected for empanelment. No new grand juries will be empaneled before April 21, 2020, and grand juries whose terms expire on or before April 21, 2020 will be extended until that date. In exceptional circumstances, a criminal defendant may seek an exception to the order postponing jury trials.
- Persons who have symptoms of, or any exposure to, COVID-19 **may not enter a courthouse or other state court facility, including probation offices**, until the SJC determines that it is safe to remove the restrictions. Persons attempting to enter a courthouse or other state court facility in violation of this order will be denied entry by security.



Court

King County

- **Family Law Motions**

- Litigants and attorneys are encouraged to limit motions when possible, and are encouraged to file only motions regarding emergent issues.
- Family Law litigants and attorneys are encouraged to appear by phone if possible; the court will liberally accommodate requests to appear by phone.

- **FamilyLaw Information Center/Family Law Facilitators**

- Family Law Information Center will be closed for in-person walk-in hours as of March 11, 2020 and until further notice. Facilitators will be assisting people by phone only.



Court

Florida

- **Policy Goals**

- We must deal with crises in a way that protects the health and safety of everyone inside our facilities.
- We must “keep the courts open” to ensure justice for the people.



Essential Service 5: MAT

Washington state

- Providers have emergency authority to provide multiple doses

Wisconsin

- OTPs are considered essential public facilities and should make plans to stay open in most emergency scenarios
- Home delivery requires two persons including one RN, both in suitable Personal Protective Equipment (PPE)
- Take-home limited to 14 days; and must submit exceptions through the SAMHSA OTP extranet website.

West Virginia State DHS:

- Suspending all obligatory Counseling/Therapy requirements.

Essential Service 5: MAT

New York OASAS

- No Blanket “Take Home” policy without Federal Approval: At present NYS has not been given approval to give blanket waivers for provision of take-home medication, OTPs bringing medications to home bound patients, or providing medications to designated others
- Multiple Approvals Required for Take-home:
 - Use take home medications to reduce clinic traffic, when and where appropriate. This includes assessment of patients who are **medically compromised** and at elevated risk of complications from COVID-19 as a preventive measure, and the provision of take-home doses to them. **Exception requests should be submitted for anyone who does not meet time in treatment requirements**, with a description of how the benefits associated with reducing potential exposure to COVID-19 outweigh the risks associated with potential diversion.
 - Consider **bringing medications to quarantined or otherwise home-bound patients** who cannot travel and do not have a designated other option available to them. A **federal exception request would have to be submitted**.

Essential Service 5: MAT

Denver ARTS

- Extended hours to allow for social distancing
- Applying for waivers
- OTPs should consider submitting exception requests to SAMHSA for consideration of additional take-home medication
- Extra medication doses on hand (for home dosing)
- Exploring the use of waivers to do **telehealth and/or phone sessions** with clients, when appropriate.
- All patients and visitors screened for symptoms of acute respiratory illness before entering the facility

Essential Services 5: MAT

- **SAMHSA**
- **No Blanket Take-Home Policy:** Disaster plans shall not include any blanket exceptions for clinic closure and/or take- home medication for all patients to include patients who do not qualify for take- home/unsupervised use of opioid pharmacotherapies.
- **Physician Approval Required for Take-home because of Quarantine:** SAMHSA will consider approving COVID -19 exceptions to permit dispensing of take- home opioid pharmacotherapy for up to 14 days for those **with exposure** (ed: How determined?) to COVID-19 or symptomatic for infection when documented by the patient's healthcare provider. SAMHSA DPT will only consider exception renewals for up to 14 days that are medically indicated and requested by the individual's healthcare provider.
- **If Quarantined, must have designee pick up and deliver:**
 - Document that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information- e.g.: doctor's order, medical record. Ensure the documentation is maintained in the patient's OTP record.
 - Identify a trustworthy, patient designated, uninfected 3rd party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take home medication

Essential Service 6: Transportation

- Reduce number of people per ride
- Use ride sharing services

Essential Service 7: IT/other infrastructure

- Washington State: Online centralized cleaning supply request system
- SF set up donation fund so government can provide shelter, food, small business assistance
- SF is converting its Public Libraries, Recreation Facilities to Emergency Child Care Centers for front-line staff and children from low-income families
- People can call 311 and sign up for the City's alert service for official updates