

Chuck Ingoglia's Town Hall – March 19, 2020 – Coronavirus Q&A

Additional resources about COVID-19 can be found at www.TheNationalCouncil.org/COVID19. If you have further questions or need immediate assistance, please email us at Communications@TheNationalCouncil.org.

Q: What can providers do to make sure state and federal policymakers understand the importance of supporting behavioral health providers and clients through this crisis?

- A: The best thing you can do is to stay in regular contact with your state association and with the National Council. We are currently working to raise these issues with your policymakers. County and state health departments also play an important role in prioritizing responses, and you can engage with them as well.

Q: What are some ways employers can foster connection among staff as we self-isolate?

- A: It's important to remain physically isolated but stay socially connected. Connect virtually, regularly communicate with your team and find moments to celebrate. It's important to try to maintain your normal routine as much as possible. Start every conversation with, "How are you doing?" Show others you care about both their physical and mental well-being.

Q: What are some ways services are being delivered – like intensive outpatient care (IOP), home-based services or group therapy – while honoring social distancing behaviors? How can we incorporate telemedicine?

- A: Ask yourself what the patient truly needs for their level of care – can they do well in a different level of care that doesn't require contact? Do as much distancing as the service allows, use personal protective equipment (PPE) and screen for COVID-19 daily.

It's important to note that some states DO reimburse through Medicaid for telephonic-only levels of care; check the National Council's [COVID-19 resource page](#) for a guide on best telehealth practices.

Q: How quickly will emergency relief funding come?

A: Congress passed emergency relief provisions this week. Those provisions still need to be implemented by the Department of Labor and it is too soon to speculate how and when this will happen. The [Families First Coronavirus Response Act](#), which includes emergency funding, covers funding for organizations with between 50-500 employees. Currently, there is no behavioral health organization-specific provision for emergency relief, although the National Council is working with policymakers to get specific funding earmarked. We will keep members updated as any changes come about.

Q: Are there standard best practices clinics should adopt to keep staff safe and prevent the spread of the virus while continuing to deliver patient care and keep agencies afloat?

- A: There are some great innovative ideas out there. Some include connecting with your team virtually – others have found creative ways to do home visits while maintaining that six foot distance. Model social distancing behaviors (washing your hands, not touching your face) and talk about it with your clients. [Let us know](#) if your clinic has found a best practice you'd like to share with others.

Q: For our own families and for clients we serve, what are strategies we can put in place to reduce stress, anxiety and depression among children and youth?

- A: Children and adolescents have questions just as we do. We may not have all the answers, but it's important to respond to children at their level, let them know we're all figuring this out together, and that family members are around and will care for them. It's also just as important to build and maintain structure for children and adolescents. Get outside (while maintaining six feet of distance) and engage other loved ones virtually.

Q: What practical daily strategies can you recommend to manage stress and anxiety – for clinic leadership and direct care staff as well as clients?

- A: Recognize that we haven't been through anything globally, or nationally, like this before. It's important to reach out virtually to those we love and care about. This time also gives us an opportunity to become more compassionate and more caring than before. Many of us are experiencing feelings our clients have been feeling for years, and this allows us a glimpse of what they go through every day. Practicing gratitude has been shown to improve resilience, and this is a great time for us to model that behavior ourselves.

Q: As clinics move more to telehealth, what are the best ways we can protect ourselves from liabilities? How can we communicate to clients about shifting service modalities and what can we do for clients without telehealth as an option?

- A: The Office of Civil Rights (OCR) has put out [guidance](#) that they will exercise enforcement discretion and will waive HIPAA in certain cases. The Substance Abuse and Mental Health Services Administration (SAMHSA) has also [released guidance](#) on relaxed enforcement of 42 CFR Part 2 during this time.

The federal government is trying to do what it can to make sure services continue to be available. Clinicians should use their professional judgment about what is best for their clients, and keep in mind that there will be a fair amount of latitude during this time.

It's also always a good clinical practice and liability protection to share your decisions with the people you're treating. Ask them if they're okay with meeting virtually and let them know that 42CFR has an exemption for emergency situations. Ask if you both have an understanding that this is an emergency situation and track that in your notes. Also, please keep in mind that there is also a liability in stopping treatment with someone you have a prior relationship with. Check the National Council's [COVID-19 resource page](#) for a guide on best telehealth practices.

Q: What can we do to be a mental health resource to our communities during this crisis? How can we support our colleagues in primary care, schools, hospitals and elsewhere?

- A: Many people right now, whether they had a pre-existing behavioral health condition or not, are stressed and anxious about this situation and the future. Let them know that it is understandable to feel this way. This is a traumatizing situation and we all should be generous with ourselves and others, and should talk about it together. Extend care to people in your circle who are providers, first responders and others on the front line of this crisis – reach out and offer your support.

Q: Should work be done remotely as much as possible?

- Supervision can be done remotely, especially if you have video capability. If you cannot have remote clinical visits, please take preventive measures such as washing your hands, not touching your face and maintain at least six feet of distance between you and your clients.

Q: What are some ways we can boost morale among staff?

- Stay connected. Have a virtual lunch or coffee break with a coworker, set up a way to chat with each other via email and find room for celebration and levity. Ask each other how they've been doing working from home and through this crisis.

Strong leadership is also critical – maintain daily communication with your employees about the crisis and its impact on your work.

Q: Where can I find more resources on addressing coronavirus?

- A: [Watch a recording](#) of Chuck Ingoglia's March 19 CEO Town Hall on Coronavirus and find additional resources about COVID-19 at www.TheNationalCouncil.org/COVID19.