

COVID-19

Briefing for providers 3/16/20



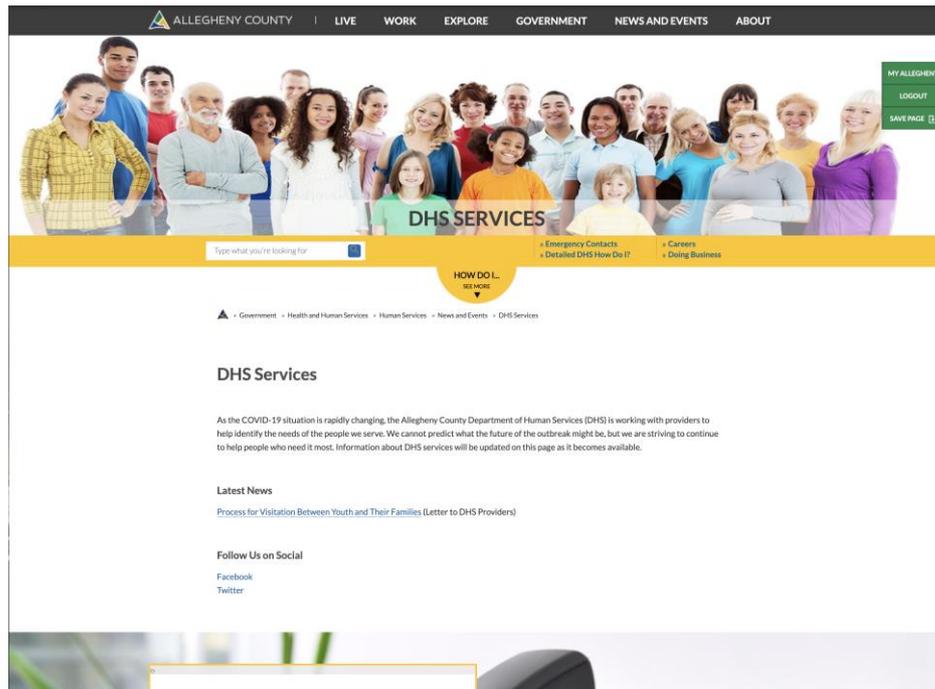
Agenda

- Opening remarks
- Latest health information
- Supplies
- Safety
- Federal, state, local relief
- Plans to maintain essential services
- Update from the United Way & Pittsburgh Foundation



How we'll communicate

- Daily provider calls & work groups on essential services
- Updates at: www.alleghenycounty.us/coronavirus



Latest health information

- Cases
- Health Department advisory
- Testing

HOW TO GET TESTED FOR COVID-19

PENNSYLVANIA RESIDENT

 **I HAVE MILD SYMPTOMS:**
Please stay home. If you feel worse, contact your health care provider.

 **I HAVE SEVERE SYMPTOMS:**
If you have a fever over 100°, shortness of breath and cough, **CALL** your health care provider.

If you do not have a health care provider, **CALL** your local health department or 1-877-PA-HEALTH.

If you still need help, **CALL** your local emergency department.

HEALTH CARE PROVIDER

 **I FEEL A PATIENT SHOULD BE TESTED:**
Order a test without consulting with the Department of Health through a commercial lab.

 **I WANT TO CONSULT WITH DOH TO SEE IF A TEST IS NEEDED:**
Call 1-877-PA-HEALTH.

 **I CONSULTED BUT DOH DOESN'T RECOMMEND A TEST:**
If you feel that a patient should be tested, order a test through a commercial lab.

THE STATE PUBLIC HEALTH LABORATORY IS PRIORITIZING THE FOLLOWING PEOPLE FOR TESTING:

1. People who are severely sick for unknown reasons
2. People in congregate care settings
3. People in contact with known cases of COVID-19
4. Health care providers

INFORMATION • UPDATES:
HEALTH.PA.GOV

 **pennsylvania**
DEPARTMENT OF HEALTH

Supplies

- Latest updates
- Priorities if supplies become available
- Technology

- | | |
|------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> N95's | <input type="checkbox"/> Eye Protection (Goggles, Face shield) |
| <input type="checkbox"/> PAPR's | <input type="checkbox"/> Hand Soap |
| <input type="checkbox"/> PAPR's Hoods | <input type="checkbox"/> Hand Sanitizer |
| <input type="checkbox"/> PAPR Filters | <input type="checkbox"/> Cleaning/Disinfection Supplies |
| <input type="checkbox"/> Facial Mask (Procedural/Surgical) | |



Safety

[Important Information for Home Visiting](#)



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 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



State guidance on small business loans and ELRC

- Dept of Community and Econ Development -- offers working capital loans that could be of assistance to businesses impacted by COVID-19. Updates posted [here](#).
- [ELRC guidance](#): If PA DOH orders ELRC closure in Allegheny, ELRC should not suspend children due to the closing of the facility but allow all children who are enrolled in CCW at the time of the closing to remain enrolled. CCW agreements will be paid based on active enrollments through April. Child care providers will not collect the family co-pays for CCW for the period of the closure.
 - “Effective March 13, 2020 through April 30, 2020 all CCW payments to child care providers will be made **regardless of program operation or reason for closure**. In addition, during this time period, child absences will not count toward annual 40-day limit. CCW payment will not be made based on children’s attendance in the program but will be made based on current enrollment.”



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. Child welfare critical services, hotline, investigations, group care
5. Behavioral Health
6. Court
7. Transportation to essential medical and social services
8. Public assistance (county assistance office)
9. IT, payment, contracts support to the above

1. Food: Local plans & next steps

- Senior Centers are being asked to provide pick up or takeout meals in lieu of normal congregate meal services.
- If an older adult needs food, AAA staff will link them to Senior Centers and other food resources in their communities: Simply call the 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 are taking place normally.
- Food Bank still providing services: <https://www.pittsburghfoodbank.org/2020/03/12/coronavirus/>
- Many school districts providing daily meals (most grab and go). Food Bank compiling a full list of locations and pick up times.
- 412 Food Rescue still providing distribution services.
- Family Centers providing food: Focus on Renewal, SHIM, Urban League (others TBD – will update once confirmed)



2. Childcare for essential employees, including first responders

- Governor Wolf just reinforced county message for childcare centers to close, family childcare homes and group childcare homes can stay open
- OCDEL shared:
 - Waivers to be granted to centers serving large numbers of essential staff (example, childcare center in a hospital)
 - School age care can be provided by unregulated programs, must comply with Child Protective Services Law (CPSL) [clearances/mandated reporter training]
 - Centers should ONLY remain open if serving large numbers of essential staff
- DHS is surveying employers of non-essential employees about needs
 - City of Pittsburgh providing flexible childcare staff at Ross Street and City-County Building for essential city employees
 - We expect many employers do not yet have a solution
- 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.
- **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 populations.
 - 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 (slightly) to place clients who are most at risk or are showing symptoms
 - Winter Shelter (SWES) closed yesterday (per annual schedule)
 - Health Dept. working on local guidance for shelter operations; DHS did share guidance with providers from NYC Health Dept. about screening clients and social distancing guidelines in congregate settings.



3(cont.). 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 exit any clients from programs until further guidance is provided by DHS
 - 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. 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



4 (cont). 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)



5. 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



6. Court: Local plans & next steps

- CYF working with Allegheny County Court of Common Pleas, through the leadership of The Honorable Kim Clark and The Honorable Kim Eaton to develop a plan.
- Mental Health Commitment Hearings
 - Commitment hearings will continue as scheduled at this time, coordinated through IRES



7. Transportation to essential medical and social services: local plans & next steps

- ACCESS services continue to operate as usual 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.).



Non-essential services

- Health Department guidance
- Family support centers
- Out of school time
- Child care (except for first responders)
- Payment updates



Key Contacts

- Allegheny County Health Department
 - 412-687-ACHD (2243)
 - <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

Practices in other jurisdictions



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.
- 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



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

<p>Sleeping Arrangements</p>	<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
<p>Mealtimes</p>	<ul style="list-style-type: none"> • Stagger mealtimes to reduce crowding in shared eating facilities • Stagger the schedule for use of common/shared kitchens
<p>Bathrooms & Bathing</p>	<ul style="list-style-type: none"> • Create a staggered bathing schedule to reduce the amount of people using the facilities at the same time
<p>Recreation & Common Areas</p>	<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
<p>Transport</p>	<p>Opt for transporting less people per trip and ensure that passengers have more space between one another</p>
<p>Communication</p>	<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
<p>Staff Activities</p>	<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