

COVID-19 Priority Needs and Planned Actions

CMHSP: Shiawassee Health and Wellness (SHW)

CMHSPs are asked to identify up to five Priority Issues related to the impact the COVID-19 pandemic. The CMHSP will identify the impact of COVID-19 on each issue, how the CMHSP responded and any concern must identify the areas it intends to address and what action(s) is being planned in that area. The table below provides a format for identifying the top issues.

Priority Issues Related to COVID-19: Please give a brief explanation of the issue, in order of priority, with 1 being highest.

Impact of COVID-19: Identify the impact that COVID-19 has had on the CMHSP service region.

CMHSP's Planned Action and Response: Give a brief overview of the CMHSP's response and planned action to each priority issue related to COVID-19.

Priority Issues Related to COVID-19	Impact of COVID-19	CMHSP's Planned Action and Response
<p>1. Access to SMI/SED/IDD Services</p>	<p>Home quarantining has impacted access to MH Services, including those that have already been incorporated in IPOS, e.g., Employment and Skill Building, CLS community integration and engagement, impact and availability on staffing.</p>	<ul style="list-style-type: none"> • Implemented Telehealth in HIPAA secure environment. • Supplemented CLS Provider Network by providing staffing. • Implemented safety practices for those in need of onsite services (use of VTC when on-site) • MH Task Force being formed by Memorial Health Care based on results of their Community Health Needs Assessment, SHW to have representatives on the committee.
<p>2. Access to Community Based services due to COVID</p>	<p>Home quarantining has impacted access to Community Based Services. Work from home restrictions impact on-site provided services.</p>	<ul style="list-style-type: none"> • Worked with SCHED Hotline. Data used to coordinate community resources. • Implement Telehealth in accordance with recognized federal and state guidelines. • Support our consumers in creative way to stay connected with services, e.g., work with transportation, enhance natural supports, triage process to support face to face services when needed. • Working with provider network, individuals, and guardians to obtain

		vaccinations to support community participation, engagement, and freedom of movement.
3. Awareness of available mental health services	CMSHP's are often perceived to be the safety net for all MH/SUD services as well as many other community-based services. Most citizens lack understanding of MH carve out, the impact on MH services and how they are provided, and from whom. This split system with the Medicaid Health Plan perpetuates inherent barriers.	<ul style="list-style-type: none"> • Video from SHW published by Health Dept. Place on website/face book outlining coping strategies and service access information. • WJRSZ/WRSR In-Focus Radio interview on how to access mental health services, what signs to look for in family and friends, advertising telehealth services available. • Advertisement on local transportation bus, advertising telehealth services available. • Social media posts on how to access services, advertising 24/7 crisis line. • Marketing plan to use data from website to customize outreach and increase awareness. • See item "task force" in Action Item 1.
4. Suspension of services provided in congregate settings (Employment and Skill Building, Drop In Centers, etc	Space restrictions, social distancing, PPE markedly impacts services provided within congregate settings. Thereby eliminating or reducing services that are beneficial to recipients of services.	<ul style="list-style-type: none"> • Developed virtual ESB classes and virtual programming for the drop-in center members. • Continued recycling efforts with limited number of staff. • Evaluate options that allow for services traditionally provided in congregate settings to be carried out in alternative formats.
5. Availability of Direct Care workforce.	As is the case with healthcare workers, direct care staff are required to work closely with individuals who are at increased risk for exposure due to the number of workers who are required to provide essential staffing for each consumer. This increases the vulnerability for both staff and consumers. Additionally, this workforce is in short supply nationwide placing challenges on network adequacy requirements.	<ul style="list-style-type: none"> • Direct care wage increase of \$2.00 per hour provided and will be continued through the duration of available regional or state funding. • Developed a Respiratory Protection Plan ensuring access to fit testing and N-95 masks for all employees providing care to individuals without the option of social distancing. This allows the service to be provided with reduced likelihood of the spread of COVID –19 to staff when the person served is a close contact or has tested positive for COVID-19.

		<ul style="list-style-type: none">• Working closely with PIHP to brainstorm ways to increase availability of direct care workforce and contracted providers in Shiawassee County.
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