MEMORANDUM

To:       DMHAS Private Non-Profit Providers

From:    Miriam E. Delphin-Rittmon, Ph.D.

Date:    March 26, 2020

Subject: DMHAS COVID-19 Provider Update #6

Since the Governor announced the first positive case of COVID-19 in Connecticut nearly three weeks ago, nearly 900 additional state residents have tested positive for the virus. It is expected that we will continue to see an increase in the number of COVID-19 cases across the state, including throughout the DMHAS system.

As part of the agency’s response to the COVID-19 outbreak, DMHAS has identified spaces in each state-operated facility to be used to care for patients of state-operated facilities who require isolation based on suspected or confirmed COVID-19 virus. “Isolation” is the term used when separating a patient who is showing symptoms or is known to have COVID-19 from patients who are well. “Quarantine” is the term used to separate patients who have been exposed to COVID-19, but are not showing symptoms and are being monitored for signs of illness. As this is an evolving situation, these plans are fluid and subject to change dependent on a number of factors including acuity, patient needs, staffing levels, etc. Providers should also have quarantine and isolation plans in the event a client or staff person becomes ill or is exposed to COVID-19.

SA Residential Levels of Care
DMHAS has consulted with Department of Public Health (DPH) regarding residential admission requirements, specifically Tuberculosis (TB) screening and testing. Due to pressures on healthcare services for COVID-19 response, there have been challenges for TB testing of client admissions. After consultation with DMHAS and DPH Licensing, the DPH TB Program recommends the following:

1. Residential providers may do a TB Risk Assessment upon admission (see link below).
2. If a client is deemed high risk, or has TB symptoms, then they should be referred for testing and evaluation.

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We have included the DPH TB Program’s revised (2019) Risk Assessment and User’s Guide. The User’s Guide may be helpful in assessing symptoms, and for updated testing information. 

*Intensive SA Residential Treatment Programs (III.7, III.7E)*
The Department will allow a reduction in hours from 30 to 20 hours per week of face-to-face therapeutic interventions with clear documentation of 10 hours of independent study per week due to the challenges of operation during the COVID-19 crisis.

*Technical and Training Assistance Related to COVID-19*
SAMHSA has posted regular training and technical assistance (TTA) on matters related to the mental and substance use disorder field as they deal with COVID-19.

*Connecticut Recovery Bridge Loan Program*
The Connecticut Recovery Bridge Loan Program will make $25 million available to Connecticut businesses and nonprofits that have 100 or fewer employees to assist with cash flow. Loan amounts are up to the lesser of either three months operating expenses and/or $75,000.
https://portal.ct.gov/DECD/Content/Coronavirus-Business-Recovery/CT-Recovery-Bridge-Loan-Program

*Federal Stimulus Package*
Attached is information on the Federal Stimulus package. Additional information is also available online: https://pages.thenationalcouncil.org/index.php/email/emailWebview

For the most up-to-date information from the State of Connecticut on COVID-19, including an FAQ and other guidance and resources, residents are encouraged to visit ct.gov/coronavirus.

Responding to an infectious disease pandemic of this magnitude is new territory for all of us in the healthcare community. I appreciate everybody’s patience and cooperation as we tread these uncertain waters. Please know that we are all in this together and that I will do all I can to maintain the health and safety of the clients and staff of DMHAS and its network of providers.