

CFBHN's Continuity of Operations Plan (COOP) requires that a report be issued at the conclusion of an emergency, once the organization has returned to pre-disaster levels of operation. As CFBHN currently continues to manage the impacts of the COVID-19 pandemic, this mid-crisis report summarizes: (a) the activities employed to ensure the continuity of Network operations, and (b) feedback gathered, to-date, from staff and stakeholders.

DISASTER SUMMARY

In March of 2020, in response to the spread of the Coronavirus, government and health officials issued a lockdown order that required staff considered to be 'non-essential' to work from home. CFBHN staff were given permission to work from their homes, advised to stay away from the office, and allowed on-site only with the approval of their supervisor.

As the impacts of the pandemic continue, CFBHN has been able to maintain its operations while relying on a remote workforce. In response to the challenges of the health crisis, emergency planning, Human Resources, and infection control procedures have been updated as necessary.

SUPPORTS PROVIDED BY CFBHN TO STAFF AND NETWORK SERVICE PROVIDERS (NSPs)

Key components of CFBHN's response to the pandemic are outlined below:

- 1. TECHNOLOGY and EQUIPMENT:** The launch of the Microsoft Teams platform was initiated by CFBHN in response to the pandemic. Though the majority of staff had access to a company-issued laptop, new equipment was ordered for those to whom one had not previously been assigned. CFBHN IT staff were required to ensure that laptops utilized by staff had microphones and cameras to facilitate the use of Microsoft Teams, Zoom, and other video and teleconferencing systems. Company-issued cell phones were also provided to staff members to whom they had not previously been assigned.
- 2. PANDEMIC RESPONSE AND SAFETY PLANNING:** Utilizing guidance from the Florida Department of Health and the Centers for Disease Control, CFBHN developed a COVID-19 Pandemic Response and Safety Plan. The plan included the creation of formal decision trees designed to guide staff on quarantine and notification requirements in response to their level of exposure to the virus.
- 3. PERSONAL PROTECTIVE EQUIPMENT (PPE):** CFBHN worked closely with the Department of Children and Families (DCF) Florida Association of Managing Entities (FAME) to help NSPs locate and access PPE required to keep staff and individuals-in-treatment safe. CFBHN facilitated deliveries of hand sanitizer, surgical masks, KN95 masks, gowns and gloves to NSP sites.
- 4. COMMUNICATIONS WITH NSPs:** During the early months of the pandemic, weekly or bi-weekly calls were scheduled by CFBHN to communicate important updates to providers within the network. The frequency of the calls was reduced over time, as agency staff were able to independently identify sources of PPE and other needed supplies, became more familiar with and developed new procedures for screening patients and managing those that tested positive on-site. Electronic newsletters containing COVID updates were also produced by the CFBHN Communications Department.
- 5. MONITORING PROCEDURE UPDATES:** Due to the safety risks posed by on-site monitoring visits, NSPs were given the opportunity to choose from one of three options as to how CQI monitoring would be conducted. NSPs could: (1) Elect to upload required documentation to the SharePoint site for the monitoring team to audit; (2) Schedule a virtual teleconference with the CQI team to review monitoring documentation; or (3) Choose to provide the CQI team with remote access to the agency's electronic health record.

SUPPORTS PROVIDED BY CFBHN TO STAFF AND NETWORK SERVICE PROVIDERS (NSPs) continued

6. **STAFF COMMUNICATIONS:** To communicate important information, all-staff calls for CFBHN employees were held during the first several months of the pandemic. This gave way to smaller group and team calls, held on a regular basis and organized by CFBHN supervisors.

STAFF FEEDBACK ON SUCCESSES AND CHALLENGES

Staff feedback indicated that CFBHN's transition to a remote workplace was able to take place fairly quickly in response to the community lockdown. Though some staff did require updated laptops and cell phones to be able to communicate through teleconferencing, because the majority of staff already worked in the field, the transition was relatively smooth. Supervisors were asked to ensure that regularly-scheduled calls and check-ins took place so that important information could be communicated to staff. Though all-staff calls and trainings have continued to take place, updates continue to be consistently communicated to staff through supervisor and staff sessions.

Areas identified to be in need of improvement included:

1. *Technology Training:* CFBHN was able to quickly initiate a plan to get staff up-and-running to work remotely, but formal training on use of the newly-launched Microsoft Teams platform was not offered. It is important to point out that the IT department was in high demand, and staff were stretched thin, responding to the needs of employees during the transition to remote work. IT did provide staff with training videos and resource options to utilize as they learned how to navigate the program. However, formal training sessions could have assisted staff in a more efficient manner.

2. *Tracking staff while in the office:* Though, as part of CFBHN's COVID-19 planning, a process was developed by which staff were required to get permission to come to the office on any given day, the process did not allow us to track those individuals or alert staff as to who would be on-site. Tracking and accounting for staff is an important facet of emergency and safety planning, and a process to manage these components has since been put into place.

3. *Revision of emergency management procedures :* As a result of the move to remote work, and the fact that the number of staff on-site at the office varies on a day-to-day basis, CFBHN's emergency preparedness plans and drill procedures required review and revision. Procedural revisions have since been made, and staff have been trained. The updates will be incorporated into the 2021 Emergency Preparedness and COOP plans.

STAKEHOLDER FEEDBACK ON SUCCESSES AND CHALLENGES

Stakeholder feedback was gathered via a survey sent to NSPs in the summer of 2020. Twenty-two (22) respondents, representing 16 NSPs, completed the survey, which requested feedback on CFBHN's response to the pandemic and lessons learned, to date. Detailed results are attached to this document.

When asked to rate their experience working with CFBHN during the pandemic, results were positive. Ten (10) individuals indicated they were 'Very Satisfied' with their experiences with CFBHN, 7 described that they were 'Satisfied,' and 3 'Neutral' responses were given.

The survey also asked respondents to rate the helpfulness of the conference calls facilitated by CFBHN with NSPs. Five (5) described the content of the calls as 'Very Helpful,' 11 noted that it was 'Helpful,' and 3 provided a 'Neutral' response.

CFBHN's ability to supply and deliver PPE to providers was the most often-cited support identified as helpful by the survey respondents. CFBHN's COVID conference calls with providers were also noted to be beneficial in communicating important information to the Network, especially guidelines related to funding allocations and answers to COVID questions provided by other local agencies, including the Department of Health, AHCA, and emergency services. Comments also noted that CFBHN's flexibility with regard to funding and billing was appreciated.

STAKEHOLDER FEEDBACK ON SUCCESSES AND CHALLENGES continued

Issues cited in survey responses as areas in which CFBHN could improve included: (1) The timeliness of information shared with providers during conference calls. Two respondents noted that information shared on conference calls was, at times, delayed, in draft form, or had been repeated in other provider meetings. (2) One comment indicated that, as a result of changes to services and related impacts on agency billing and funding, they anticipated financial challenges for their organization.

CFBHN STAFF AND STAKEHOLDER LESSONS LEARNED

The list below includes lessons learned that have been cited by CFBHN staff, network service providers, or both parties.

1. Through the use of technology, it is possible for a remote workforce to sustain an organization's business operations.

In their survey responses, NSPs repeatedly stated that use of laptops and teleconferencing platforms had allowed them to continue to do business, and permitted staff, who were able, to safely work from home. The quick roll-out of technology that the pandemic response required, along with the expense of equipment and licensing agreements were cited as challenges, though, the majority of respondents indicated that, several months into the health emergency, they found the result to be worth the investment. It is also important to note that CFBHN has been able to maintain business operations through the use of technology.

2. The value of telehealth.

Service providers have noted that the use of telehealth has permitted them to continue to offer services to individuals in need. They reported that the use of technology has been instrumental in allowing them to continue to provide care in manner that is safe for both their clients and staff.

3. Pandemic planning is imperative for services that are essential, or involve in-person contact with others.

COVID-19 is the first pandemic in the U.S. in a century, and, as a result, emergency and safety planning has not had a reference point to consider in preparing for a health crisis, in particular one that is so easily transmitted person-to-person. This event has highlighted the importance of maintaining supplies of PPE, and establishing reliable supply chains for that equipment. This event has also reiterated to CFBHN and its stakeholders the importance of infection control planning based on information made available through official local and national health organizations. In response to COVID-19, an organization's infection control procedures must continue to adapt as new information about the disease is obtained.

4. Frequent, real-time communication among stakeholders is valuable, especially in the early stages of a crisis.

Contact with agencies outside of the Network proved to be crucial to facilitate the flow of current information from state offices to NSPs. Direct contact with representatives of the Agency for Health Care Administration (AHCA), the Florida Department of Health (DOH), and local county emergency operations centers proved beneficial in the early stages of the crisis, as new information was being updated on a frequent basis. On conference calls, it was also helpful when providers who were in the midst of working with the DOH to manage a COVID-19 outbreak at their facility shared their experience, or made themselves available to answer questions or provide guidance to other NSPs experiencing the same challenge.

RECOMMENDED CHANGES TO THE EMERGENCY PREPAREDNESS PLAN AND COOP

In light of the special procedures put into place with the move to remote work, CFBHN's Emergency Preparedness Plan and Continuity of Operations Plan (COOP) will be updated in 2021 to include these new guidelines .



Network Service Provider (NSP) COVID-19 Survey Results

August, 2020

1. Organizations that responded to the survey

Agency for Community Treatment Services, Inc. (ACTS)	Gulf Coast Jewish Family and Community Services, Inc.
BayCare Behavioral Health, Inc.	Northside Behavioral Health Center, Inc.
Centerstone of Florida, Inc.	Operation PAR, Inc.
Charlotte Behavioral Health Care, Inc.	Peace River Center
DACCO Behavioral Health, Inc.	Personal Enrichment Through Mental Health Services, Inc.
David Lawrence Mental Health Center, Inc.	Phoenix House
Directions for Living	Success 4 Kids and Families, Inc. (S4KF)
First Step of Sarasota, Inc.	Volunteers of America Florida, Inc.

2. Respondents' Roles within their Organization

Role/Job Title	Count
Chief Clinical Officer/Clinical Director	2
Chief Executive Officer/Executive Director	6
Chief Operations Officer/Operations Manager	3
Program Director/Manager	4
Quality Improvement Manager	3
Other	4
TOTAL	22

3. Describe your experience with the Managing Entity.

- * The ME was able to answer any questions regarding updates for COVID, when needed, to assist our facility.
- * [ME staff were] present at multiple meetings and efficient follow-up on needed clarifications and information.
- * The weekly calls have been solution-oriented and helpful.
- * Continued discussions on service provision modifications needed/allocations to assist in provision of services.
- * Questions were taken back to those who could provide answers. Sometimes wish questions could be posed by the ME to the powers-that-be prior & answers provided during calls. Definitely helpful in working through a lot of the issues. Also, providing the PPE was a way to support the providers. It was desperately needed.

Describe your experience with the Managing Entity. (Continued from previous page)

- * ME has been very active and involved with all agencies to ensure services continue and has advocated for non-traditional services to ensure we are able to reach our patients.
- * Still so much difficulty in modifying funding model, lapses are going to be significant and hurt my agency.
- * Really appreciated the personally-delivered PPE. Delayed responses to questions, conflicting responses (e.g., one Emergency Order was distributed that was in Draft as if it was Official), lack of flexibility at times in drawing down funds.
- * The managing entity has kept open lines of communication with all of their providers, has restructured how funds can be allocated, when possible, has relaxed rules to accommodate telehealth services and helped secure PPE.
- * CFBHN has gone above & beyond to assist at this time & even personally delivering PPE on more than one occasion.
- * Quickly responded to needs for PPE, instructions for delivery of services, communicated new procedures well.
- * Very flexible and assisted us with brainstorming for additional billing.
- * Tried to assist and push DCF to provide leadership; gained access to and distributed some PPE and hand sanitizer; developed a solution for ensuring providers can earn state dollars.
- * Responsive and helpful. CFBHN has been fair in working through provider funding challenges.
- * Sometimes information received was already learned in other meetings.

4. Please list the main lessons you have learned, to date.

- * Always purchase certain supplies in abundance.
- * [Prepare] a continuity of operation plan that includes this type of adverse event.
- * 1. Telehealth works. Our staff needed to be forced to use it, but they have adapted impressively. 2. Find the balance of quality and accessibility for patients relating specifically to the use of phone versus video in providing services.
- * Clients can continued to be served and our business can be run efficiently even with everyone remote.
- * Innovation has been forced and, thankfully, was aided by the telehealth and other waivers
- * Maintain larger supply of PPE and supplies in stock.
- * Utilization of telehealth is KEY. Ample supply of PPE is KEY. Frequent, CLEAR, communication re: changing orders, protocols, billing, workflows, etc. is KEY.
- * Supplies needed to keep on hand, trends, communications, needed equipment to maintain
- * Our staff are amazingly flexible and resilient and the ability to continue working remotely is an asset
- * In hindsight, we might have started stocking up on supplies a little sooner, but we did have a good stock, assessed the situation and made the decision to send all staff to work remotely in order to lessen the use of necessary items so they were available for Crisis Services.
- * Positioning an organization with on-line technology and adaptation really proved beneficial for the process and mitigating the spread of COVID-19. No one was prepared with respect to PPE and though we began attempting to order PPE in early January the supply chain was already broken due to China being the main manufacture of the PPE. All of above require patience and constant communication.
- * We have learned that we are resilient, flexible, and committed to our work. We have rapidly developed a new set of skills and better appreciation of what it means to monitor health concerns.

Please list the main lessons you have learned, to date. (Continued from previous page)

- * While there was much hesitation and reservation, we have learned that both patients and clients can adapt quickly. We have learned that telehealth offers great alternatives to both patients and staff.
- * The biggest lesson for me, is that our staff are resilient and able to handle a challenge when one is presented. We were able to train providers who have never used telehealth and send them to work from home within one week's time. Staff are working together to problem solve and overcome challenges faced during this unprecedented time.
- * Not everyone is cut out for working from home 100%."
- * The main lessons learned include: 1. The ability to utilize technology platforms for meetings and enhanced communication. 2. Problem solving and policy making for future catastrophes of something such as a pandemic.
- * Be grateful for funders that allow your staff to stay safe, and have funds to continue to deliver services. We are very grateful for what the network, DCF, and Medicaid has done.
- * We are stronger than we think we are! Current funders and funding models are not set up to allow creativity and sustainability of essential community mental health services.
- * We have learned that we are resilient, flexible, and committed to our work. We have rapidly developed a new set of skills and better appreciation of what it means to monitor health concerns.
- * Even though Dept. of Health notifies clients/families (including discharged clients) regarding exposure events as part of the contact tracing, many (if not most) clients/families prefer to hear this info from their provider first.
- * We responded very quickly to the pandemic, and all departments using their various areas of expertise collaborated effectively and efficiently to make decisions and implement changes to protect staff and clients. I believe our team is now more prepared for future events because we have been able to practice effective team work under pressure and during a time when we have limited control over external events. The pandemic has also solidified what we do already know, that ensuring we can all serve clients is a inter-agency effort.
- * The need for various ways to communicate with patient rather than just face to face. Assess new applicants ability to utilize technology. Realize that the former way of providing Open Access will not work due to new health and safety concerns. After re-opening, are able to immediately switch to telehealth quicker if needed keeping all scheduled appointments intact.
- * Prepare early. Meet often. Involve all of your leadership team in discussions. Through the TI-IMH Partnership with USF-SP we had a reflective supervision session related to COVID-19 stress for the clinical supervisors.
- * To be determined at a later date.