605 Strong – Crisis Counseling Program

Melanie Boetel, Division of Behavioral Health
About DBH

The Division of Behavioral Health provides oversight of the publicly funded behavioral health system.

The DBH supports …

…Children and adults with serious mental illness.

…Adolescents and adults with substance use disorders.

…Youth and young adults in need of prevention services.
About DBH

The DBH supports a comprehensive array of publicly funded behavioral health treatment services.

Publicly Funded Behavioral Health Treatment Services

• Outpatient mental health services
• Outpatient and inpatient substance use disorder treatment services
• Prevention services
HERE TO support
The Crisis Counseling Program supports:

- Outreach to individuals impacted by COVID-19 and links them to appropriate behavioral health or other necessary resources including unemployment, health, and financial.
- 211 hotline for individuals to call seeking resources as well as the statewide awareness campaign, 605 Strong.
- A follow-up program for individuals in acute distress or in need of additional support.
- Crisis counseling is available statewide, focusing on COVID-19 hotspots, and are supported by staff at Lutheran Social Services and The Helpline Center.
605 Strong

Target Populations

• South Dakotans impacted by COVID-19 through direct exposure or loss of a loved one
• Health care workers
• Business community
• Children and families
• Nursing facilities
• Tribal members
Supportive Services for Individuals impacted by COVID

Option #1 – Connect NOW
Offer to transfer call to 211

Connection to food and other basic needs resources in their community

Information on financial assistance that may be available to them

Mental health resources to support someone experiencing increased stress or anxiety

Option #2 – Connect Later
Refer caller to 211 or text ‘605STRONG’ to 898211

Someone to talk to about their situation and connect them to resources that may help

Option #3 – Follow-Up from Helpline Center Staff
Request follow-up at https://www.helplinecenter.org/dohfollowup/

Family resources, including schooling at home and tips for talking with kids about COVID

Powered by helpline center

211

Get Connected. Get Help.
CALL 211
TEXT ‘605STRONG’ TO 898211
VISIT 605STRONG.COM
Publicly Funded Mental Health Services

DBH contracts with Community Mental Health Centers to provide the following:

- Emergency Services
- Outpatient Services
- Children, Youth, or Family (CYF) Services
- Comprehensive Assistance with Recovery and Empowerment (CARE) Services
- Individualized Mobile Programs of Assertive Community Treatment (IMPACT) Services
Publicly Funded Substance Use Disorder Treatment Services

DBH contracts with SUD treatment providers and prevention agencies to provide the following:

- Prevention Services
- Outpatient Treatment services
- Low Intensity Residential Treatment Services
- Inpatient Treatment Services
- Detoxification Treatment Services
- Specialized services
  - Intensive Methamphetamine Treatment
  - Pregnant Women and Women with Dependent Children Programs
Telehealth Services

Eligible Services

• Mental Health
  • Psychiatric Evaluation, Intake, Screenings and Testing
  • Medication Management
  • Individuals Therapy
  • Family Therapy
  • Group Therapy

• SUD Services
  • Assessments
  • Individual Counseling
  • Family Counseling
  • Group Counseling
  • Crisis Intervention
  • Early Intervention
For an interactive map of the agency/agencies nearest you, please go to:
https://dss.sd.gov/behavioralhealth/agencycounty.aspx
Thank You

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605.367.5236
dssbh@state.sd.gov
dssbh.sd.gov
COVID.SD.GOV
(10/26/2020)

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Confirmed Cases</td>
<td>1017</td>
</tr>
<tr>
<td>New Probable Cases</td>
<td>46</td>
</tr>
<tr>
<td>Active Cases</td>
<td>10,745</td>
</tr>
<tr>
<td>Recovered Cases</td>
<td>28,083</td>
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<tr>
<td>Currently Hospitalized</td>
<td>366</td>
</tr>
<tr>
<td>Total Confirmed Cases</td>
<td>37,979</td>
</tr>
<tr>
<td>Total Probable Cases</td>
<td>1,224</td>
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<tr>
<td>Total Persons Tested</td>
<td>245,930</td>
</tr>
<tr>
<td>Total Tests</td>
<td>401,913</td>
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<tr>
<td>Ever Hospitalized</td>
<td>2,436</td>
</tr>
<tr>
<td>Deaths</td>
<td>375</td>
</tr>
</tbody>
</table>

**Positive Cases by Date Reported to SD-DOH**

- **Positive Cases**: [Graph showing positive cases over time]
- **7-Day Moving Average**: [Graph showing 7-day moving average of positive cases]
- **Date Reported to SD-DOH**: 3/10/2020 to 10/23/2020
Currently we are allocating two (2) CleanSpace HALO Respirators, two (2) full face masks (one Small and one Medium/Large), filter pack, charger, fit test adaptor, and cleaning & storage plug set to each SD ground ambulance service.

Lance Iversen
Phone: 605-394-6027
Email: Lance.Iversen@state.sd.us
N95 Fit Testing

Department of Health is working with SDEMSA Districts
• Equipment and supplies to each district
• Training to be provided by DOH
Emergency Medical Services Preparedness

PPE Requests:

Julie Smithson—Primary contact Julie.Smithson@state.sd.us

- Email: COVIDResourceRequests@state.sd.us
- Fax: 605.773.5942
- Phone: 605-773-3048
SD Statewide Radio System Project 25 (P25)

Bob Hardwick
Phone: 605-773-4440
Email: Bob.Hardwick@state.sd.us
Mass and Sentinel COVID-19 Testing for First Responders
Professionalism during a pandemic

- Temperature Checks
  - For on call staff; if symptomatic, contact your PCP
- Masking on every call
- Protect yourself and your patients as if they have COVID-19
SD Emergency Medical Services
Health

Workforce Health:
• Handling COVID-19 Anxiety and Stress
• SD 211 Call Center and SDML work
• Self Isolation Guidance (for self and family)
COVID.SD.GOV

NOVEL CORONAVIRUS (COVID-19) UPDATES AND INFORMATION

Updates | COVID-19 in South Dakota | Trend Data
Precautions to Avoid Illness | If You Develop Symptoms
Community Guidance | Resources in Multiple Languages
For Medical Providers | SD Healthcare Provider Guidance
Hydroxychloroquine Distribution | PEPCOH
SD Registries & Data Collection
CDC Healthcare Provider Guidance | CDC Website
Infection Control in EMS

Kipp Stahl, BSN, RN
Kipp.stahl@state.sd.us
Healthcare-Associated Infections & AR Program Coordinator

(Update 10/21)

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Personal Protective Equipment Used</th>
<th>Work Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed COVID-19</td>
<td>• HCP not wearing a respirator or facemask</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask</td>
<td>• Exclude from work for 14 days after last exposure$^a$</td>
</tr>
<tr>
<td></td>
<td>• HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure$^b$</td>
<td>• Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19$^c$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Any HCP who develop fever or symptoms consistent with COVID-19$^c$ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing.</td>
</tr>
</tbody>
</table>

Close Contact

Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

Strategies to Mitigate Healthcare Personnel Staffing Shortages

As staffing shortages in healthcare facilities become a concern- please refer to the recommendations in order to maintain appropriate staffing and safe work environment for both staff and patient care:

Develop plans to allow asymptomatic HCP who have been exposed to COVID, and should quarantine, but are not known to be infected to continue to work:

- These HCP should still report temperature and absence of symptoms each day before starting work.
- These HCP should wear a facemask (for source control) while at work for 14 days. If HCP develop even mild symptoms consistent with COVID-19, they must cease patient care activities and notify their supervisor or occupational health services prior to leaving work. These individuals should be prioritized for testing.
- If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria.
Develop criteria to determine which HCP with suspected or confirmed COVID-19 (who are well enough and willing to work) could return to work in a healthcare setting before meeting all Return to Work Criteria—if staff shortages continue despite other mitigation strategies.

- Allow HCP with confirmed COVID to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.

- Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline.

- Facemasks should be worn even when they are in non-patient care areas such as breakrooms, as they can expose their coworkers.

- If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.

- They should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.

- They should self-monitor for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.
Flu Vaccination Guidance During a Pandemic

“When is it safe to administer the flu vaccine to someone who has had or is recovering from COVID?”

When that individual has come off isolation precautions and has recovered from COVID, they can receive the influenza vaccine.

Links and FAQs regarding flu vaccine during COVID:

https://www.cdc.gov/vaccines/pandemic-guidance/index.html
# Clinical Questions about COVID-19: New FAQs on Testing in Nursing Homes

Provides answers to frequently asked questions including role of confirmatory testing and management of individuals with potential false-positive or false-negative antigen test results.

[Link Here]

## Testing in Nursing Homes

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>How can public health jurisdictions prioritize testing across nursing homes when resources are limited?</td>
<td>+</td>
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<tr>
<td>Is there an optimal frequency for testing residents and HCP who previously tested negative in nursing homes as part of an outbreak response?</td>
<td>+</td>
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<tr>
<td>Should residents in nursing homes who are asymptomatic be tested in non-outbreak settings?</td>
<td>+</td>
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<tr>
<td>When should an antigen test be considered a false positive?</td>
<td>+</td>
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<tr>
<td>If a nursing home is concerned about a false-positive antigen test result, what confirmatory test should be performed?</td>
<td>+</td>
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<tr>
<td>If a confirmatory test is performed on a person with a potential false-positive antigen test result or a potential false-negative result, what infection prevention and control (IPC) measures should be enacted while the result is pending?</td>
<td>+</td>
</tr>
<tr>
<td>What infection prevention and control (IPC) measures should be enacted in response to people with a positive result from an antigen test followed by a negative result from an RT-PCR test?</td>
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<tr>
<td>Should residents or HCP who have a positive antibody test for SARS-CoV-2 be tested as part of facility-wide testing?</td>
<td>+</td>
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<tr>
<td>How should facilities approach residents who decline testing?</td>
<td>+</td>
</tr>
<tr>
<td>How should facilities approach HCP who decline testing?</td>
<td>+</td>
</tr>
<tr>
<td>If HCP work at multiple facilities, do they need to receive a viral test at each facility?</td>
<td>+</td>
</tr>
<tr>
<td>Should asymptomatic HCP who are tested as part of facility-wide testing be excluded from work while waiting for test results?</td>
<td>+</td>
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</tbody>
</table>
PPE Fatigue

*Continue to encourage and reinforce proper PPE use, especially in our HCWs who are wearing it for extended periods of time.

*PPE is important: allows disease investigators to consider PPE use when looking at close contacts in exposure cases. Healthcare Worker Risk Assessment:

*Educational webinar examining PPE use and fatigue in HCWs, with links to resources and opportunities for improvement:
https://www.youtube.com/watch?v=CJibXadulYY&feature=youtu.be