



HUMAN SERVICES  
DEPARTMENT

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# COVID-19 Specialty Behavioral Health Service Guidance

Behavioral Health Services Division  
CLINICAL SERVICES TEAM

# Table of Contents

<b>Purpose of this Document</b> .....	2
<b>General Guidance for All BH Providers</b> .....	3
Plan .....	3
Monitor Emotional Health of Staff and Clients.....	3
Substance Use Disorders, Homelessness, and Additional Other Risk .....	4
<b>Resources</b> .....	4
Self-Care Resources .....	5
<b>Telephonic Billing Codes &amp; Direction</b> .....	6
<b>In Home Telephonic and Telemedicine Services</b> .....	7
<b>ACT</b> .....	8
<b>Competency to Stand Trial</b> .....	9
<b>CCSS</b> .....	10
<b>Intensive Outpatient Programs</b> .....	10
<b>Opiate Treatment Programs</b> .....	11
<b>Psycho Social Rehabilitation</b> .....	11
<b>Residential Treatment Centers</b> .....	12
Other Precautions .....	13
Personal Prevention Measures .....	13
Other Protective Measures .....	14
Disinfection .....	14
Personal Protective Equipment.....	15
COVID-19 Among Residents .....	15
COVID-19 Among Staff.....	15
Ongoing Management of Program Site .....	16
<b>Homeless and Other Shelters</b> .....	17
Social Distancing .....	18
General Facilities Preparation .....	18
General Facilities Management Recommendations .....	18
Emergency Operations Plan .....	19
Recommendations Regarding Communications Management .....	19
Operational Process Recommendations.....	19

Transitional Living Services .....19  
Additional Resources .....20

## **Purpose of This Document**

This document is designed to offer support and guidance to specialty behavioral healthcare provider agencies during the COVID-19 public health emergency. Information contained in this document will be superseded by any information released by HHS. This document serves as support and guidance for both Medicaid and non-Medicaid funded services. This document is NOT a mandate and is offered as a tool ONLY.

This guide includes guidance for the following specialty behavioral health services: Opiate Treatment Programs, Intensive Outpatient Programs, Comprehensive Community Support Services, Assertive Community Treatment, Competency to Stand Trial Evaluations, Homeless Shelters, Transitional Living Services, Psycho Social Rehabilitation, Homeless and Other Shelters, and Residential Treatment Centers.

### **How do we address reducing transmission in an agency?**

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.
- Provide educational pamphlets to patients and staff on how patients can respond to COVID-19.

### **BH Agencies can use following script to assist in patient screening:**

#### **COVID – 19 Script Questions**

1. Have you had a fever in the last 72 hours or any respiratory illness?
2. Have you or someone you are close to been out of the country in the last 30 days?
3. Have you or those you live with recently been to areas within the US that reported coronavirus?
4. Have you or someone you are close to had prolonged contact with anyone

who has flu like symptoms such as fever, cough, shortness of breath?

**Can BH Agencies treat someone in a separate room if they present with a fever or cough?**

Yes. Please develop procedures for staff to take patients who present at the agency with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed. Staff should use interim infection prevention and control recommendations in health care settings published by the Centers for Disease Control and Prevention.

If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

**General Guidance for All Behavioral Health Providers**

**Plan**

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, preparing now is the best way to protect people experiencing behavioral health (mental health and substance use) issues, service provider staff, and volunteers from this disease. An outbreak of COVID-19 in your community could cause illness among people, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among provider agency staff.

Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak. Having an emergency plan in place can help reduce the impact of the outbreak. During your planning process, service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect their staff, clients, and guests. Set a time to discuss what providers should do if cases of COVID-19 are suspected in their facility, if a confirmed case of COVID-19 is identified in a client, or a staff person have alternative care and work plans available. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility.

Clients who are exhibiting symptoms congruent with COVID-19 should be offered excused absences from group and individual treatment until (1) COVID-19 infection is ruled out through definitive testing or (2) symptoms subside. It will be important that providers use creative planning in order to ensure that the client's ability to obtain their psychiatric medication is not jeopardized by attendance policies.

It is important that everyone, regardless of age or disability, take the same precautions to avoid illness. These include everyday preventative actions to help prevent the spread of all respiratory diseases, including colds, flu and COVID-19.

New Mexico is working diligently to make sure the state is prepared and communicating the latest information about COVID-19. Providers should review and update contingency plans for service delivery and implementation to ensure continuity of necessary services.

If a staff member or client test positive please contact the NMDOH COVID-19 hotline immediately (1-855-600-3453).

### **Monitor Emotional Health of Staff and Patients:**

- Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal.
- If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

*The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.*

NM Crisis and Access Line: 1-855-662-7474 Warm Line: 1-855-466-7100

### **Substance Use Disorders, Homelessness and Additional Risk**

Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with opioid use disorder (OUD) and methamphetamine use disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health. Additionally, individuals with a substance use disorder are more likely to experience homelessness or incarceration than those in the general population, and these circumstances pose unique challenges regarding transmission of the virus that causes COVID-19. Further, in a time when access to alcohol may be reduced an increase of mortality from withdrawal is likely. We would like to increase access to ambulatory detox. Currently, ambulatory detox is billable, please contact BHSD for support and guidance in establishing this service. To assist in reducing the likelihood of entering into withdrawal please do not encourage clients with AUDs to stop use all together. All these possibilities should be a focus of active surveillance as we work to understand this emerging health threat.

### **Resources**

New Mexico Screening Sites <https://cv.nmhealth.org/public-health-screening-and-testing/>

New Mexicans who report symptoms of COVID-19 infection, such as fever, cough, or shortness of breath, should call their health care provider or the NMDOH COVID-19 hotline immediately (1-855-600-3453).

Click here for a listing of Public Health Offices <https://nmhealth.org/location/public/>

Click here for current COVID-19 data from the NM Department of Health <https://cv.nmhealth.org/>

Click here for COVID-19 CDC information <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Click here fore CDC Interim Business Guidance [https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html)

Click here for CDC Guidance on Healthcare Facilities <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

NM Crisis and Access Line: 1-855-662-7474 Warm Line: 1-855-466-7100

National Suicide Prevention Lifeline: 1-800-273-8255

If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

### **Self-Care Resources**

CDC Managing Stress and Anxiety <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

Supporting Families During COVID-19 <https://childmind.org/coping-during-covid-19-resources-for-parents/>

Self Care Resources for COVID-19 <https://healthleadsusa.org/communications-center/blog/self-care-resources-during-covid-19/>

Headspace App Try for Free <https://www.headspace.com/headspace-meditation-app>

Remind staff of the potential for distant socialization versus social distancing to reframe the situation and support mental health.

**Please see this table for codes that are billable during the public health crisis:**

<b>BH Telephonic Visits - Authorized Codes</b>			
90832	90833	90834	90836
90837	90838	90839	90840
90846	90847	90849	H0049
H0050	G01 75	S0220	G0444
G0443	G0406	G0407	G0408
H0015	H0025	H0031	H0038
H0039	H2000	H2011	H2015
H2033	T1001	T1007	90785
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
90853	90863	99241	99242
99244	99245	99406	99243

These services will be paid as if the member received services onsite and in person. This will remain an option for providers through the termination of the emergency declaration and applies to both initiation of care as well as treatment of established patients. Initiation of care can be for any reason, including member self-referral.

Providers are directed to bill for BH telephonic visits using location code 02 - Telephonic Visit on the claim form. If location code 02 is on the claim form, the services are billable to the MCO and should be paid at the normal rate for the service. All other normal modifiers should be included on the claim if otherwise required. The originating site HCPCS code Q3014 is not billable for these services since the normal office visit payment is to be made instead. FQHCs and other facilities that are not able to use location code 02 on the claim may use revenue code 0728 on the claim.

These visits will be considered as equivalent to in-person visits through the termination of the emergency declaration and counted toward HEDIS, NCQA, and other performance and target measures assigned by HSD. In accordance with existing policy, providers are

expected to maintain all appropriate medical records. Any medical data requiring in person presence (e.g., height, weight, etc.) are to be noted in the record as "Excused per state declaration re: COVID-19".

Telephonic BH visits must be synchronous; that is, consisting of live voice conversation with the patient or family. Asynchronous or "store and forward" visits are not payable under this provision.

Telephonic BH visits must take place during the provider's normal business hours as if the provider's office were open and the member were able to attend the visit in person. Services must be provided by a practitioner who is contracted with the MCO and within the practitioner's normally allowed scope of practice.

For provider agencies who only bill Falling Colors BHSD Star please use the GT modifier on claims files to indicate telephonic services.

Provider agencies using Treatfirst can provide intakes telephonically.

### **In-Home Telephone and Telehealth**

Any provider utilizing telephonic or telehealth services while they are home and/or while their clients are home should document the following:

- Patient's location/address during the session
- Patient's phone number
- Name(s) of other individual(s) in the home/outside contact person
- Phone numbers for above
- Who the patient would call for emergency services and that phone number
- Did the patient provider verbal consent for an in-home session?
- Did the patient acknowledge that the in-home session may use cellular data and result in a higher phone bill?

Agencies may wish to institute debriefings and lessons learned meetings where they can solicit information from staff about how these sessions are unfolding and what policy changes they may need to make. Please note: in home telephone and telehealth services can lead to a reduced inhibition or awareness of surroundings. It may be useful to start telephone and telehealth services on an individual basis prior to launching any group services to help clients understand expectations.

Telehealth Support <https://southwesttrc.org/>

SAMHSA Telehealth <https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

National Consortium of Telehealth <https://www.telehealthresourcecenter.org/>

## **Assertive Community Treatment**

BHSD recommends suspension of in person group services, however, if your agency has the means and precautions in place to continue group care with appropriate social distancing protocols, then proceed. Please see the above table for billing codes. This will serve as guidance until SAMHSA issues guidance for ACT services. ACT teams are to continue medically necessary care for patients, including but not limited to injections, medication delivery and other health care that is essential. All non-essential medical care, ex. annual physicals, may be suspended for the period of the public health crisis. Please document in the patient record that COVID-19 interfered with meeting anticipated timelines. To limit exposure risk, it is recommended that all mental health and substance use care be transitioned to telephonic and/ or telehealth services immediately. If the agency already had telemedicine protocols in place they may be used at this time for video-based services.

Assertive Community Treatment teams will continue to accept referrals and follow intake processes that are already established. ACT Teams will continue assertive outreach and client engagement. Please document in the patient record what barriers exist to completing a full assessment and intake process when accepting new patients onto the ACT team during the public health crisis. Provider agencies may limit the care rendered or new patients but should not deny services.

Please arrange for nurses to have PPE for intramuscular injections and to screen for signs and symptoms of COVID-19 among patients.

If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

For ACT patients who are on clozapine, we will disseminate any updates from the FDA regarding blood monitoring protocols. Please ensure careful medical review for any changes in antipsychotic regimens, including titrations from clozapine. Please see FDA and clozapine REMS guidelines:

The FDA and Clozapine REMS confirm that prescribers and pharmacies have discretion to order and dispense clozapine without an absolute neutrophil count reported within the specified timeframes. The following is posted on the Clozapine REMS website (<https://www.clozapinerems.com/CpmgClozapineUI/home.u#>):

**\*\*\*Important Program Update (as of 01/23/2020)\*\*\***

### **ANC Current Lab Requirements**

Absolute Neutrophil Count not current (i.e., within 7, 15, or 31 days of the lab draw date) based on the patient's monitoring frequency (MF) will not prevent a patient from receiving clozapine from the pharmacy.

Although 'ANC not current' will not prevent a patient from receiving clozapine from the pharmacy, pharmacies are encouraged to submit the ANC to the Clozapine REMS Program when the pharmacist is made aware of a more current ANC than the most recent lab value reported in the PDA response.

Transporting clients should be reserved for essential medical services. Any transport should be clinically reviewed to ensure that services are time sensitive and there is essential clinical need.

### **Staff activities**

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

### **Competency to Stand Trial Evaluations**

Please see the included press release for the Administrative Office of the Courts. Please also see the attached Supreme Court Order. There will be no blanket closures. Judges will have discretion in allowing telephonic or video participation to limit the gathering of people.

For the period of the public health emergency use of video will be permitted to continue competency to stand trial evaluations for those defendants in custody. It is recommended at this time that competency to stand trial evaluations for defendants out of custody are not conducted in person; use the same protocol for in custody defendants.

The following temporary protocol will be used by competency to stand trial evaluators to conduct video evaluations (must work with an onsite assistant):

- The video is on with the assistant and defendant in a secured room. No recording will take place. The assistant must be trained by the evaluator and have a signed informed consent and confidentiality agreement on file prior to the beginning of the evaluation.

- The evaluator will direct the assistant to give the defendant an Informed Consent form describing to the defendant the nature of the evaluation.
- The evaluator will direct the assistant to give the defendant an Informed Consent form describing to the defendant the use of video evaluation.
- The evaluator will excuse the assistant. The evaluator will conduct the following: a structured interview, a legal interview and an abbreviated mental status exam.
- If the interviews reveal a need to collect additional information the assistant will be asked to return to the room. The evaluator will direct the assistant to give the release of information to the defendant and describe who the ROI will go to and what it will be used to collect.
- After the evaluation is complete, the assistant will fax or email the completed forms to the evaluator.
- If the evaluator is unable to make a recommendation regarding competency or non-competency due to the lack of testing during this time, they will immediately send notification to the court. If the evaluator can make a recommendation regarding competency or non-competency the report will be sent to court as quickly as possible.

For the duration of the public health emergency this guidance is in effect for both in custody and out of custody defendants.

### **Comprehensive Community Support Services**

BHSD recommends suspension of in-person group services, however, if your agency has the means and precautions in place to continue group care with precautions, then proceed. Please see the above table for billing codes. This will serve as guidance until SAMHSA issues guidance for CCSS services. In person services can continue if reviewed by the clinical supervisor to ensure that infection control, social distancing and clinical benefit are considered. Please be certain to document how these services align with the five domains of care.

Transporting clients should be reserved for essential medical services. Any transport should be clinically reviewed by the supervisor or director of the agency to ensure that services are time sensitive and there is essential clinical need.

Please follow all policies and procedures that the agency has, as they may be more restrictive than these recommendations from BHSD.

### **Intensive Outpatient Programs**

BHSD recommends suspension of in-person group services, however, if your agency has the means and precautions in place to continue group care with precautions, then proceed. Individual services can be continued with effort to maintain social distancing and strict infection

control measures. If your agency will be utilizing telephone-based interventions for individual and family services, please use standard billing codes. Please see above table and guidance for billing.

#### Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

#### Opiate Treatment Programs

Please see guidance issued from the State Opiate Treatment Authority (SOTA). The communication from the SOTA and SAMHA supersede any other guidance for OTPs. Please see the above table allowing H0025 (Counseling) by telephone for the period of the public health emergency. Please see the included OTP guidance at the end of this document.

#### Psycho Social Rehabilitation

Services can continue with strict infection control and social distancing protocols in place.

#### Social Distancing:

“Social distancing” refers to the practice of maintaining a greater than usual physical distance from others to mitigate community transmission. It involves the following:

- Whenever possible, maintaining a distance of 6 ft from all other people.
- Avoiding unnecessary physical contact e.g. avoid shaking hands.
- Avoiding activities that involve a large gathering of people. (At this time, large is defined as 10 or more people; this may change, so please follow the most current governor’s order)
- Avoiding the use of personal items by multiple people (e.g., towels).
- Generally avoiding situations that involve close contact (e.g., crowded dining rooms).

Participant activities and social schedules may be impacted by the closure of all dine-in restaurants, recreational facilities, shopping malls, gyms, and other non-essential commercial facilities.

Any small group or individual services that can be rendered as telephonic or telehealth services can be billed, please see the above table.

Facilities can encourage social distancing by:

- Food provision
  - Stagger mealtimes to reduce crowding in shared dining facilities.
  - Instruct clients/residents to sit 6 ft apart while eating. If facility space does not allow for this, maximize distance between diners
- Recreational/common areas
  - Stagger schedules for common area use (for instance, divide the common area into zones and stagger group usage across those zones).
  - Avoid activities that result in a large gathering of people (e.g., house meetings) and instead opt for smaller group meetings.

Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all staff and members of the facility community understand that it is their responsibility to reduce community transmission.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

**Residential Treatment Centers**

- Screen for signs of illness all who enter the program or interact with patients or residents, including all staff, visitors, and vendors.
- Individuals with any of the conditions below should be restricted from entering the program site:
  - Sick with high fever, cough, or sneezing
  - Recent international travel (i.e., within the past 14 days) from a COVID-19-affected geographic area
  - Close contact with a person diagnosed with COVID-19 in the past 24 hours.

- Minimize groups of patients, residents, and/or staff. If group sessions continue, participants should be a minimum of 6 feet apart from one another.

***Other precautions:***

- Visitors who reside in a community where community transmission is occurring should be asked not to visit the program.
- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.
- New Mexicans who report symptoms of COVID-19 infection, such as fever, cough, or shortness of breath, should call their health care provider or the NMDOH COVID-19 hotline immediately (**1-855-600-3453**).
- Keep a daily log of names and contact information for employees, patients, residents, visitors, and vendors.
- Programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, pharmacy delivery organizations, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.
- Ensure client safety and wellbeing by conducting signs of life safety checks. Consider performing additional checks for patients and residents with pre-existing health issues or respiratory issues.

**Personal Prevention Measures**

Patients, residents, staff, and volunteers should be reminded to:

- Wash hands often with soap and water for **at least 20 seconds**. Wash hands:
  - Before eating; and
  - After going to the bathroom; and
  - After blowing your nose, coughing, or sneezing; and
  - Upon entering and exiting the program site.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least sixty percent (60%) alcohol.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home if you feel sick.
- Don't touch your eyes, nose or mouth without first carefully washing your hands.
- Avoid sharing dishes, drinking glasses, eating utensils, or towels.
- Wash dirty dishes in a dishwasher or, if by hand, with warm water and soap.

- Laundry can be washed in a standard washing machine with warm water. It is not necessary to separate laundry used by a client from other household laundry.
- In order to avoid germs, do not shake dirty laundry or “hug” dirty laundry to your chest to carry it.

***Other protective measures:***

- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
- Cancel large gathering and do not attend large gatherings.
- Monitor and manage ill patients and residents, including limiting participation in and transportation to outside activities (such as day programs and jobs).
- Monitor exposed personnel.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.

**Disinfection**

To prevent the spread of germs and help protect against COVID-19, programs should increase the frequency of their regular cleaning and disinfection program, using an **EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 (the Cause of COVID-19)** to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars.

- Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.
- In dining rooms, clean and disinfect tabletops, arms of chairs, salt and pepper shakers and other condiment before and after each use. Seating arrangements in dining rooms should allow for at least six feet of distancing between patients and residents.
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program patient or resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next patient or resident.

## **Personal Protective Equipment**

Programs are encouraged to re-educate personnel on proper use of personal protective equipment (PPE) and when to use different types of PPE. If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of illness to help prevent the spread of germs.
- Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.

## **What should a program do if it suspects a case of COVID-19 among its patients or residents?**

Any program serving a patient or resident with suspected or confirmed COVID-19 should immediately contact the Department of Health's COVID-19 hotline (1-855-600-3453) to review the risk assessment and discuss laboratory testing and control measures.

These control measures include:

- Providing PPE, such as a face mask, for the patient or resident exhibiting symptoms of COVID-19.
- Isolating the patient or resident in a private room with the door closed.
- Asking the individual about symptoms of COVID-19 (fever, cough, difficulty breathing).
  - Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If you are in the same room as the individual, wear a face mask and stand at least 6 feet away.
- If available, program medical staff should immediately assess the individual using appropriate PPE, if possible.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

## **What should a program do if staff exhibit signs or symptoms of COVID-19?**

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact the Department of Health COVID-19 hotline (1-855-600-3453) or their healthcare provider. Staff should not return to work until they are free of

fever, signs of a fever, and any other symptoms for at least 14 days, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home.

If the needs of the program exceed current staffing capacity or ability, please contact your state program manager for further direction.

### **Ongoing Management of the Program Site**

**All programs should continue to:**

- Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.
- Review emergency preparedness plans and assess for continued operation in case of an emergency.
- Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms and the potential decrease in staffing availability.
  - Develop plans to monitor absenteeism at the site.
  - Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.

### **Plan Ahead**

Develop a plan for:

1. Transporting patients or residents (or staff while at work) with symptoms to and from medical facilities for testing.
2. Patient and resident isolation if a patient or resident develops COVID-19 and needs to be isolated and cared for at the facility. Inform and coordinate plan with local public health.
3. Use of personal protective equipment for caring for patients or residents with symptoms of respiratory infection. Inform and coordinate plan with local public health.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.
5. Plan for alternate staffing patterns such as longer shifts, if needed due to staff illness.

Inventory and maintain essential items including, but not limited to, disinfectant cleaning supplies, hand sanitizer, rubber gloves, face masks, disposable plates and cutlery, facial tissue and toilet paper, and personal protective equipment.

## Shelters, Homeless Shelters, Oxford Houses, Crisis Housing

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

### Social Distancing

1. "Social distancing" refers to the practice of maintaining a greater than usual physical distance from others to mitigate community transmission. It involves the following:
  - Whenever possible, maintaining a distance of 6 ft from all other people.
  - Avoiding unnecessary physical contact e.g. avoid shaking hands.
  - Avoiding activities that involve a large (10 or greater) gathering of people.
  - Avoiding the use of personal items by multiple people (e.g., towels).
  - Generally avoiding situations that involve close contact (e.g., crowded dining rooms).
  - Resident activities and social schedules may be impacted by the closure of all dine-in restaurants, recreational facilities, shopping malls, gyms, and other non-essential commercial facilities.

Facilities can encourage social distancing by:

#### Food provision

- Stagger mealtimes to reduce crowding in shared dining facilities.
- Instruct clients/residents to sit 6 ft apart while eating. If facility space does not allow for this, maximize distance between diners.

#### Bathing

- Create a staggered bathing schedule to reduce the potential for lines/crowding in the bathroom.

#### Sleeping arrangements

- Structure sleeping area such that beds at least 6 ft apart. If facility space does not allow for this, maximize distance between beds.
- Arrange beds in a "head-to-toe" or "toe-to-toe" fashion.
- Place barriers (lockers, curtains, etc.) between beds.
- If possible, reduce the number of residents per unit/room.
- Separate (with a wall and closed door) the sleeping quarters of suspected positive cases from the rest of the community. If this isn't possible, place the bed of the suspected case in a position that will minimize interaction with other residents (e.g., corner of smallest room).

- Take special pains to protect the vulnerable population (i.e., elderly and/or those with underlying medical conditions) by placing them especially far from residents with symptoms.

#### Recreational/common areas

- Stagger schedules for common area use (for instance, divide the common area into zones and stagger group usage across those zones).
- Avoid activities that result in a large gathering of people (e.g., house meetings) and instead opt for smaller group meetings.

#### Transportation

- Avoid unnecessary travel.
- For necessary travel, ensure that travelers are properly spaced in the vehicle (i.e., do not crowd vehicle).

#### Communication

- Avoid superfluous face-to-face interactions. E.g., information distribution can be managed online.

#### Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.

## 2. General Facility Preparations

- Update the Emergency Operation Plan (EOP) and share with staff.
- Educate staff on clinical management and infection control of COVID-19.
- Stay informed about the local COVID-19 situation.
- Maintain an optimal supply of personal protective equipment; be proactive against shortages when possible.
- Prepare to safely triage and manage patients/clients with COVID-19.

## 3. General Facility Management Recommendations

- Actively encourage sick employees to stay home, place posters.
- Emphasize respiratory etiquette and hand hygiene by all employees, provide tissues, receptacles, hand sanitizer, soap and water.
- Perform routine environmental cleaning.
- Advise employees before traveling to take certain steps.

- Prepare to change business practices to maintain critical function if needed (e.g., identify alternate suppliers, hire temporary employees, extend hours).
4. Emergency Operations Plan (EOP)
- Identify key contacts at the New Mexico Department of Health.
  - Identify a list of healthcare facilities in your area.
  - Identify list of alternate care sites (healthcare coalitions).
  - Include contingency plans (increased employee absenteeism, extending hours, cross-training employees, temp employees).
  - Create a plan and share it with employees.
5. Recommendations Regarding Communications Management
- Communicate about COVID-19 and everyday preventive actions.
  - Create a communication plan for distributing timely and accurate information during an outbreak.
  - Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread.
  - Communicate with your local health department – call if you have clients with suspected COVID-19 in your facility.
  - Prepare for increased demands for medical and mental health services, to the extent possible.
  - Help counter stigma and discrimination in your community.
  - Schedule on-going coordination calls.
6. Operational Process Recommendations
- Ensure that clients receive assistance in preventing disease spread and accessing care, as needed.
  - In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and request that all clients sleep head-to-toe.
  - Provide access to water, tissues, and plastic bags for the proper disposal of used tissues.
  - Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.
  - At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
  - Monitor clients who could be at high risk for complications from COVID-19.
  - Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
  - If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care.

## **Transitional Living Services**

Please see the above guidance for Residential Treatment Centers and Shelters.

## **Additional Resources**

**The next several pages include notices from the NM Supreme Court, SAMHSA, NAMI and other guides, as this period unfolds. Please continue to look for updates as these will surely be outdated in a week.**



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**PUBLIC HEALTH ORDER  
NEW MEXICO DEPARTMENT OF HEALTH  
CABINET SECRETARY KATHYLEEN M. KUNKEL**

**MARCH 23, 2020**

**Public Health Emergency Order Closing All Businesses and Non-Profit  
Entities Except for those Deemed Essential and  
Providing Additional Restrictions on Mass Gatherings Due to COVID-19**

**WHEREAS**, on March 11, 2020, because of the spread of the novel Coronavirus Disease 2019 (“COVID-19”), Michelle Lujan Grisham, the Governor of the State of New Mexico, declared that a Public Health Emergency exists in New Mexico under the Public Health Emergency Response Act, and invoked her authority under the All Hazards Emergency Management Act;

**WHEREAS**, COVID-19 continues to spread in New Mexico and nationally. Since, Executive Order 2020-004 was issued, COVID-19 infections in the United States have increased from 1,000 confirmed cases to over 30,000 confirmed cases;

**WHEREAS**, the further spread of COVID-19 in the State of New Mexico poses a threat to the health, safety, wellbeing and property of the residents in the State due to, among other things, illness from COVID-19, illness-related absenteeism from employment (particularly among public safety and law enforcement personnel and persons engaged in activities and businesses critical to the economy and infrastructure of the State), potential displacement of persons, and closures of schools or other places of public gathering; and

**WHEREAS**, social distancing is the sole way New Mexicans can minimize the spread of COVID-19 and currently constitutes the most effective means of mitigating the potentially devastating impact of this pandemic in New Mexico; and

**WHEREAS**, the New Mexico Department of Health possesses legal authority pursuant to the Public Health Act, NMSA 1978, Sections 24-1-1 to -40, the Public Health Emergency Response Act, NMSA 1978, Sections 12-10A-1 to -10, the Department of Health Act, NMSA 1978, Sections 9-7-1 to -18, and inherent constitutional police powers of the New Mexico state government, to preserve and promote public health and safety, to adopt isolation and quarantine, and to close public places and forbid gatherings of people when deemed necessary by the Department for the protection of public health.

**NOW, THEREFORE, I**, Kathyleen M. Kunkel, Cabinet Secretary of the New Mexico Department of Health, in accordance with the authority vested in me by the Constitution and the Laws of the State of New Mexico, and as directed by the Governor pursuant to the full scope of her emergency powers under the All Hazard Emergency Management Act as invoked through

**OFFICE OF THE SECRETARY**

1190 St. Francis Dr., Suite N4100 • P.O. Box 26110 • Santa Fe, New Mexico • 87502  
(505) 827-2613 • FAX: (505) 827-2530 • [www.nmhealth.org](http://www.nmhealth.org)



Executive Order 2020-004, do hereby declare the current outbreak of COVID-19 a condition of public health importance as defined in the New Mexico Public Health Act, NMSA 1978, Section 24-1-2(A) as an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community, and that poses an imminent threat of substantial harm to the population of New Mexico.

The following definitions are adopted for the purposes of this Order:

Definitions: As used in this Public Health Order, the following terms shall have the meaning given to them, except where the context clearly requires otherwise:

(1) “Condition of public health importance” means an infection, a disease, a syndrome, a symptom, an injury or other threat that is identifiable on an individual or community level and can reasonably be expected to lead to adverse health effects in the community.

(2) “Disease” means an illness, including those caused by infectious agents or their toxic products which may be transmitted to a susceptible host.

(3) “Essential business” means any business or non-profit entity falling within one or more of the following categories:

- a. Health care operations including hospitals, walk-in-care health facilities, emergency veterinary and livestock services, pharmacies, medical wholesale and distribution, home health care workers or aides for the elderly, emergency dental facilities, nursing homes, residential health care facilities, research facilities, congregate care facilities, intermediate care facilities for those with intellectual or developmental disabilities, supportive living homes, home health care providers, and medical supplies and equipment manufacturers and providers;
- b. Homeless shelters, food banks, and other services providing care to indigent or needy populations;
- c. Childcare facilities necessary to provide services to those workers employed by essential businesses and essential non-profit entities;
- d. Grocery stores, all food and beverage stores, supermarkets, food banks, farmers’ markets and vendors who sell food, convenience stores, and other businesses that generate the majority of their revenue from the sale of canned food, dry goods, fresh fruits and vegetables, pet food, feed, and other animal supply stores, fresh meats, fish, and poultry, and any other household consumer products;
- e. Farms, ranches, and other food cultivation, processing, or packaging operations;

- f. All facilities used by law enforcement personnel, first responders, firefighters, emergency management personnel, and dispatch operators;
- g. Infrastructure operations including, but not limited to, public works construction, commercial and residential construction and maintenance, airport operations, public transportation, airlines, taxis, private transportation providers water, gas, electrical, oil drilling, oil refining, natural resources extraction or mining operations, nuclear material research and enrichment, those attendant to the repair and construction of roads and highways, solid waste collection and removal, trash and recycling collection, processing and disposal, sewer, data and internet providers, data centers, technology support operations, and telecommunications systems;
- h. Manufacturing operations involved in food processing, manufacturing agents, chemicals, fertilizer, pharmaceuticals, sanitary products, household paper products, microelectronics/semi-conductor, primary metals manufacturers, electrical equipment, appliance, and component manufacturers, and transportation equipment manufacturers;
- i. Services necessary to maintain the safety and sanitation of residences or essential businesses including security services, custodial services, plumbers, electricians, and other skilled trades;
- j. Media services including television, radio, and newspaper operations;
- k. Gas stations, automobile repair facilities, and retailers who generate the majority of their revenue from the sale of automobile repair products;
- l. Hardware stores;
- m. Laundromats and dry cleaner services;
- n. Utilities, including their contractors and suppliers, engaged in power generation, fuel supply and transmission, water and wastewater supply;
- o. Funeral homes, crematoriums and cemeteries;
- p. Banks, credit unions, insurance providers, payroll services, brokerage services, and investment management firms;
- q. Real estate services including brokers, title companies, and related services.
- r. Businesses providing mailing and shipping services, including post office boxes;

- s. Laboratories and defense and national security-related operations supporting the United States government or a contractor to the United States government;
- t. Restaurants, but only for delivery or carry out and local breweries or distillers but only for carry out;
- u. Professional services, such as legal or accounting services, but only where necessary to assist in compliance with legally mandated activities; and
- v. Logistics and businesses that store, ship or deliver groceries, food, goods or services directly to residences or retailers.

(4) "Individuals" means natural persons.

(5) "Gathering" means any grouping together of individuals in a single connected location.

(6) "Mass gathering" means any public or private gathering that brings together five (5) or more individuals in a single room or connected space, confined outdoor space or an open outdoor space where individuals are within six (6) feet of each other, but does not include the presence of five (5) or more individuals where those individuals regularly reside. "Mass gathering" does not include "individuals" congregated in a church, synagogue, mosque, or other place of worship.

**I HEREBY DIRECT AS FOLLOWS:**

- (1) All Mass Gatherings are hereby prohibited under the powers and authority set forth in the New Mexico Public Health Act, and all regulations promulgated pursuant thereto.
- (2) All businesses, except those entities identified as "essential businesses", are hereby directed to reduce the in-person workforce at each business or business location by 100%. "Essential businesses" may remain open provided they minimize their operations and staff to the greatest extent possible. Further, all essential businesses shall, to the greatest extent possible, adhere to social distancing protocol and maintain at least six-foot social distancing from other individuals, avoid person-to-person contact, and direct employees to wash their hands frequently. Further, all essential businesses shall ensure that all surfaces are cleaned routinely.
- (3) This Order only requires the closure of physical office spaces, retail spaces, or other public spaces of a business and does not otherwise restrict the conduct of business operations through telecommuting or otherwise working from home in which an employee only interacts with clients or customers remotely.
- (4) All casinos and horse racing facilities shall close during the pendency of this Order. This directive excludes those casinos operating on Tribal lands.
- (5) Hotels, motels, RV parks, and other places of lodging shall not operate at more than fifty percent of maximum occupancy. Health care workers who are engaged in the

provision of care to New Mexico residents or individuals utilizing lodging facilities for extended stays or as temporary housing shall not be counted for purposes of determining maximum occupancy.

- (6) All call centers situated in New Mexico are directed to reduce their in-person workforce by 100%.
- (7) The New Mexico Department of Public Safety, the New Mexico Department of Homeland Security and Emergency Management, the Department of the Environment, and all other State departments and agencies are authorized to take all appropriate steps to ensure compliance with this Order.
- (8) All public and private employers are required to comply with this Order and any instructions provided by State departments or agencies regarding COVID-19.
- (9) In order to minimize the shortage of health care supplies and other necessary goods, grocery stores and other retailers are hereby directed to limit the sale of medications, durable medical equipment, baby formula, diapers, sanitary care products, and hygiene products to three items per individual. NMSA 1978, § 12-10A-6 (2012).

**I FURTHER DIRECT** as follows:

- (1) This Order shall be broadly disseminated in English, Spanish and other appropriate languages to the citizens of the State of New Mexico.
- (2) This Order declaring restrictions based upon the existence of a condition of public health importance shall not abrogate any disease-reporting requirements set forth in the New Mexico Public Health Act.
- (3) This Order shall remain in effect for the duration of Executive Order 2020-004. This Order may be renewed consistent with any direction from the Governor.

**I FURTHER ADVISE** the public to take the following preventive precautions:

- **New Mexico citizens should stay at home and undertake only those outings absolutely necessary for their health, safety, or welfare.**
- Retailers should take appropriate action consistent with this order to reduce hoarding and ensure that all New Mexicans can purchase necessary goods.
- Avoid crowds.
- Avoid all non-essential travel including plane trips and cruise ships.

**THIS ORDER** amends the Public Health Emergency Order to Limit Mass Gatherings Due to COVID-19 issued on March 19, 2020, supersedes any other previous orders, proclamations, or directives in conflict.

ATTEST:

DONE AT THE EXECUTIVE OFFICE  
THIS 24TH DAY OF MARCH 2020

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MAGGIE TOULOUSE OLIVER  
SECRETARY OF STATE

WITNESS MY HAND AND THE GREAT  
SEAL OF THE STATE OF NEW MEXICO

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KATHYLEEN M. KUNKEL  
SECRETARY OF THE STATE OF NEW MEXICO  
DEPARTMENT OF HEALTH



## **COVID-19 and Opioid Treatment Programs**

This document is being provided as a sample set of Frequently Asked Questions (FAQs).

### **Guidance for the Field**

The following information is meant to support opioid treatment programs (OTPs) relating to the corona virus (COVID-19) situation in New Mexico. Our focus right now is implementing New Mexico emergency management plans and shoring up relationships as outbreaks occur in New Mexico.

### **How do we address reducing transmission in an OTP?**

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.
- Provide educational pamphlets to patients and staff on how patients can respond to COVID-19.

### ***OTP's can use following script to assist in patient screening:***

#### **COVID – 19 Script Questions**

1. Have you had a fever in the last 72 hours or any respiratory illness?
2. Have you or someone you are close to been out of the country in the last 30 days?
3. Have you or those you live with recently been to areas within the US that reported coronavirus
4. Have you or someone you are close to had prolonged, contact with anyone who has flu like symptoms such as fever, cough, shortness of breath?

### **Can OTP's dose someone in a separate room if they present with a fever or cough?**

Yes. Please develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed. OTP staff should use interim infection prevention and control recommendations in health care settings published by the Centers for Disease Control and Prevention.

**What guidance is there from New Mexico and SAMHSA to provide patients with take-home dosing during this public health emergency?**

For *individual patient* cases, OTP's must continue to submit exceptions through the SAMHSA OTP extranet website. OTP's are advised to consider communication outreach to patients through phone calls, emails, and signage onsite to let them know if they become sick to contact the OTP before coming onsite, so take-home approval can be prepared in advance for dispensing.

OTP's are asked to submit blanket or large-scale, agency-wide requests directly to the SOTA email: [Samantha.Storsberg@state.nm.us](mailto:Samantha.Storsberg@state.nm.us). These blanket requests are NOT to be submitted via the usual method of the EXTRANET. Blanket exception requests, OTP medical directors must also please include details about agencies policies and procedures, including but not limited to, changes in urine drug screen frequency, changes in counseling frequency, rationale for changing phase requirements for each phase of treatment, and plans for handling patients in crisis and/or relapse situations.

As per the State Opioid Treatment Authority of New Mexico, here are the following courses of action under review with SAMHSA which a New Mexico OTP may consider applying for at this time relating to the Coronavirus public health threat in New Mexico. ***Patients receiving any exemption must have naloxone unit(s) that are not currently expired.***

- Blanket take home medication exceptions for patients with **lab confirmed COVID-19 disease**: As described above, patients with symptoms of a respiratory viral illness, with or without confirmation via COVID-19 viral testing, present an immediate risk to the rest of the population. Patients may receive up to two weeks of medication as the prescriber's discretion. Patients who have fully recovered from COVID-19 are not eligible additional exceptions, pending any research saying the patient can become re-infected.
- For patients endorsing **symptoms of a respiratory infection and cough and fever**: They will be isolated and evaluated by a medical provider who will make a determination as to a safe number of take-home doses, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed 14 days of medication.
- Patients with **significant medical comorbidities**, particularly those patients over the age of 60, such as co-morbid chronic and severe pulmonary, cardiac, renal or liver disease, immunosuppression, can be eligible for take-homes up to 7 to 14 days, at discretion of medical prescriber.
- For select patients with only one take home (unearned), determined by the medical provider to be appropriate: a **staggered take-home schedule** whereby half the OTP's patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patient's present on Tuesday, Thursday, Saturdays, with the remaining doses of the week provided as a take home would be appropriate. This reduces the clinic's daily census in half and has a tolerable risk profile. Programs must be extremely careful with patients who have positive UDS for fentanyl or fentanyl analogues; additional take

homes exceptions are generally not recommended for these patients unless they meet the criteria of (a), (b), or (c).

- **Unstable patients:** Up to 14 days take homes. Patients in any of the population categories above who are determined unstable or unsafe to manage take home doses should continue daily dosing in the clinic. Inability to safely take unsupervised medication due to a cognitive or psychiatric condition, or inability to keep a take-home dose of medication safe due to a chaotic living situation would be grounds for patients being deemed ineligible for this emergency take-home exemption. For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from symptomatic patients, and to medically fragile patients (No CSAT exemption required; follow the standard state OAC).
- **Stable patients:** up to 28 days take homes.

All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation on medication safety and diversion risk. **All take homes are ultimately within the Medical Director's judgement, expertise and authority; and must be approved by them.**

**Can we provide delivery of medication to our patients if they cannot leave their home, or a controlled treatment environment?**

Yes. A Chain of Custody protocol but must be initiated and used. Also, per SAMHSA, a trusted third party can utilize the chain of custody to have medication to delivered to a patient quarantined at home; or clinic staff may deliver.

**Can an OTP use curbside dosing?**

Yes, however each program must report their intentions to the SOTA.

**Can an OTP cancel groups?**

Yes.

**What is the OTP Guidance for Patients Quarantined at Home with the Coronavirus?**

- 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. This protocol should already be in place and in

compliance with respective state and DEA regulations. OTPs should obtain documentation now for each patient as to who is designated permission to pick up medication for them and maintain this process of determining a designee for any new patients.

- If a trustworthy 3rd party is not available or unable to come to the OTP, then the OTP should prepare a “doorstep” delivery of take home medications. Any medication taken out of the OTP must be in an approved lock box.

A trusted third party can utilize the chain of custody to have medication to delivered to a patient quarantined at home; or clinic staff may deliver.

### **What warrants a shut-down of an OTP?**

OTPs are considered essential public facilities under New Mexico Revised and Administrative codes, and should make plans to stay open in most emergency scenarios, and be able to induct new patients. You must consult with your State Opioid Treatment Authority before making decisions about operations.

### **What if OTP’s have patients and employees who are extremely anxious about COVID-19. What can they tell them to support them?**

Hearing the frequent news about COVID-19 can certainly cause people to feel anxious and show signs of stress, even if they are at low risk or don’t know anyone affected. These signs of stress are normal. The Substance Abuse and Mental Health Services Administration document titled *Coping with stress during infectious disease outbreaks* that includes useful information and suggestions. You could adapt messaging from this document for the people you serve, or print this document to have available.

There are also steps people should take to reduce their risk of getting and spreading any viral respiratory infection. These include: wash your hands often with soap and water for at least 20 seconds, cover your mouth and nose with your elbow when you cough or sneeze, and stay home and away from others if you are sick.

### **Should OTP’s be worried about any medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine containing products?**

At this time, there has been no reported concern from any state or federal partner about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing product. Please contact the State Opioid Treatment Authority if an OTP has any specific concerns.

### **Are OTP’s allowed to use teletherapy, telemedicine?**

Yes. OTP's must submit their telehealth (teletherapy/telemedicine) policies directly to the SOTA at [Samantha.Storsberg@state.nm.us](mailto:Samantha.Storsberg@state.nm.us). These policies are then submitted to SAMHSA. OTP's then make an exception request directly to the SOTA email to begin utilizing said policies. See <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>.

**How is HIPAA addressed during teletherapy, telemedicine practices?**

“During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules. OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.”

**Will an OTP be able to bill Medicaid and Medicare for teletherapy, telemedicine practices?**

Yes. An LOD was issued on 3/18/20 to this effect.

**What do the DEA regulations say about telemedicine?**

“While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation (21 U.S.C. 829(e)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D).

On March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Accordingly, as of March 16, 2020, and continuing for as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically

(for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

The term “practitioner” in this context includes a physician, dentist, veterinarian, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which s/he practices to prescribe controlled substances in the course of his/her professional practice (21 U.S.C. 802(21)).

**Important note:** If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with applicable Federal and State laws.

#### **How can OTP’s address potential Narcan shortages?**

OTP’s can communicate their need to the SOTA via phone and/or email. The SOTA will then provide information on how work with the Office for Substance and Prevention (OSAP). This program has some supply to help address shortages.

#### **What if an OTP runs low on PPE-Personal Protective Equipment?**

Facilities experiencing a shortage of PPE should email the DOH Emergency Operations Center at Section.DOC-Logistics@state.nm.us. If they have questions, they also can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

#### **Does an OTP have to take new admissions?**

It is the current expectation that OTP’s continue to take new admissions.

#### **What else should OTP’s be doing to prepare for or respond to COVID-19?**

- Ensure up-to-date emergency contacts for employees and patients. It is recommended to update the cell phone and carrier of patients weekly because this population’s cell phone numbers change frequently.
- Ensure the program leadership has the contact information of the State Opioid Treatment Authority: Email: [Samantha.Storsberg@state.nm.us](mailto:Samantha.Storsberg@state.nm.us) and phone: 505-476-9257
- Allow all patients with earned take-homes to utilize these take homes.
- Develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed.

- Develop protocols for provision of take-home medication if a patient presents with respiratory illness such as fever and coughing.
- Develop a communications strategy and protocol to notify patients who are diagnosed with or exposed to COVID-19, and/or patients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the patient should call ahead to notify OTP staff of their condition. Then staff have a chance prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas.
- OTP's should develop a plan for possible alternative staffing/dosing scheduling in case you experience staffing shortages due to staff illness. Develop a plan for criteria for staff members who may need to stay home when ill and/or return when well.
- Consider limiting critical staff access to patients when possible. For example, meet with a patient through a glass window or through tele-communications devices within that same facility.
- OTPs are required to have enough medication inventory onsite for ten days' worth of patient medication. This language is likely to be revised to 15 days or more (medication safe size permitting) in case neighboring OTPs close due to staffing shortages.
- Current guidelines recommend trying to maintain a six-foot distance between patients onsite in any primary care setting, as best as possible. OTPs should consider expanding dosing hours to help space out service hours to help mitigate the potential for individual patients queuing in large numbers in waiting room and dosing areas. Consider reserving special dosing times for high-risk populations like those who have medical comorbidities. While the effects of COVID-19 for pregnant women and the fetus are unknown, OTPs should consider using these special dosing times for this population as well.
- **DOCUMENT EVERYTHING.** Supporting documentation during this time will assist OTP's in showing they are making good faith efforts to provide the continuity of care to the best of their abilities during this unprecedented time.

#### **Has there been additional FAQ's released by SAMHSA?**

Yes. SAMHSA is continually evaluating and disseminating important information and guidance to support all OTP's. An FAQ was released on 03/19/20 -*Provision of methadone and buprenorphine for the treatment of Opioid Use Disorder in the COVID-19 emergency:*

#### **Can a practitioner working in an Opioid Treatment Program (OTP), admit a new patient with opioid use disorder (OUD) to an OTP using telehealth (including use of telephone, if needed)?**

Under 42 C.F.R. § 8.11(h), SAMHSA has the authority to grant exemptions to OTPs from certain requirements of the OTP regulations. **With respect to new patients treated with buprenorphine, SAMHSA has made the decision to pre-emptively exercise its authority to exempt OTPs from the requirement to perform an in-person physical evaluation** (under 42 C.F.R. § 8.12(f)(2)) for any patient who will be treated by the OTP with buprenorphine if a

program physician, primary care physician, or an authorized healthcare professional under the supervision of a program physician, determines that an adequate evaluation of the patient can be accomplished via telehealth. This exemption will continue for the period of the national emergency declared in response to the COVID-19 pandemic, **and applies exclusively to OTP patients treated with buprenorphine**. This exemption does not apply to new OTP patients treated with methadone. In addition, treatment of OTP buprenorphine patients must be done in accordance with SAMHSA's OTP guidance issued on March 16, 2020. See <https://www.samhsa.gov/sites/default/files/otpguidance-20200316.pdf>.

The OTP provider caring for the buprenorphine patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule. **For new OTP patients that are treated with methadone, the requirements of an in-person medical evaluation will remain in force.** SAMHSA has made this determination on the basis that eliminating the in-person physical examination requirement for new methadone patients could present significant issues for a patient with OUD. Patients with OUD starting methadone are not permitted to receive escalating doses for induction as take home medication. This means that a person starting methadone for OUD would get a maximum dose of 30 mg/d and may be on this dose, which for most people with OUD would be a low dose that will potentially be inadequate, for extended periods (up to 14 days if the clinic is using a blanket exception during the current medical emergency). The methadone dose could only be increased by a small amount (e.g., 5 mg/d) meaning that the person would be on what are considered to be subtherapeutic doses of methadone to treat OUD for an extended period. An initial in-person physical evaluation is needed in order for OTP providers to address such risks in each newly admitted methadone patient.

**Can a practitioner working in an Opioid Treatment Program, continue to treat an existing OTP patient using buprenorphine via telehealth (including use of telephone, if needed)?**

Yes, a practitioner may continue treating an existing patient of the OTP with buprenorphine via telehealth assuming applicable standards of care are met, and the patient's buprenorphine treatment is in accordance with SAMHSA's OTP guidance issued on March 16, 2020. See <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>.

The OTP provider caring for the methadone patient under these circumstances must be a licensed healthcare practitioner who can, in his or her scope of practice prescribe or dispense medications and have a current, valid DEA registration permitting prescribing or dispensing of medications in the appropriate Controlled Substances Schedule.

**Can a practitioner with a DATA 2000 waiver, and working outside the context of an OTP, treat new and existing patients with buprenorphine via telehealth (including use of telephone, if needed)?**

Yes, if a practitioner, has a DATA 2000 waiver, the practitioner may prescribe buprenorphine under the practitioner's DATA 2000 waiver while complying with all applicable standards of care. In such a case, the patient will count against the practitioner's patient limit and must treat the patient in accordance with any rules that apply to practicing with a waiver under 21 U.S.C. § 823(g)(2), and 42 C.F.R. Part 8, as applicable.

**Can an OTP dispense medication (either methadone or buprenorphine products) based on telehealth (including telephone, if needed) evaluation?**

Yes. Under the current national health emergency, OTPs can provide medication under blanket exception: up to 14 doses for clinically less stable patients and 28 doses for clinically stable patients (clinical stability and ability to safely manage medication must be determined by the clinical team and documented in the patient's medical record). See <https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf>.

**Can OTP mid-level practitioners continue to dispense and administer MAT medications at an OTP in the event that their supervising provider can no longer provide supervision regarding the administration or dispensing of MAT medications?**

A mid-level practitioner can administer and dispense MAT medication within an OTP, absent the direct supervision of an OTP physician, if the mid-level practitioner is "licensed under the appropriate State law and registered under the appropriate State and Federal laws to administer or dispense opioid drugs." Please note, however, that this flexibility does not negate the OTP medical director's obligation to "assume responsibility for administering all medical services performed by the OTP." See 42 C.F.R. § 8.12(b).

**What resources are available to OTP's?**

In addition to each state's SOTA (State Opioid Treatment Authority), OTP's can access multiple resources including but not limited to:

**Centers for Disease Control and Prevention (CDC):**

<https://www.cdc.gov/coronavirus/2019-ncov/>

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

**Substance Abuse and Mental Health Services Administration (SAMHSA):**

<https://www.samhsa.gov/>

<https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

For information on buprenorphine treatment, contact the SAMHSA Center for Substance Abuse Treatment (CSAT) at 866-BUP-CSAT (866-287-2728) or [infobuprenorphine@samhsa.hhs.gov](mailto:infobuprenorphine@samhsa.hhs.gov).

**Drug Enforcement Administration (DEA):**

<https://www.deadiversion.usdoj.gov/coronavirus.html>

**New Mexico Department of Health (DOH):** <https://nmhealth.org/>



# Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

*We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.*

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

For example, a covered health care provider in the exercise of their professional judgement may request to examine a patient exhibiting COVID-19 symptoms, using a video chat application connecting the provider's or patient's phone or desktop computer in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation. Likewise, a covered health care provider may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, dental consultation or psychological evaluation, or other conditions.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that

these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

**Note:** OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF.

Guidance on BAAs, including sample BAA provisions, is available at <https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html>.

Additional information about HIPAA Security Rule safeguards is available at <https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html>.

HealthIT.gov has technical assistance on telehealth at <https://www.healthit.gov/telehealth>.

STATE OF NEW MEXICO  
OFFICE OF SUPERINTENDENT OF INSURANCE

SUPERINTENDENT OF INSURANCE  
Russell Toal



DEPUTY SUPERINTENDENT  
Robert E. Doucette, Jr.

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BULLETIN 2020-005

March 17, 2020

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FILED  
OFFICE OF SUPERINTENDENT OF INSURANCE

**TO: EVERY HEALTH INSURER SUBJECT TO THE PROVISIONS OF THE PATIENT PROTECTION ACT, SECTION 59A-57-1, et seq., NMSA 1978**

**RE: UTILIZATION AND REIMBURSEMENT OF TELEMEDICINE DURING COVID-19 PUBLIC HEALTH EMERGENCY**

We are issuing this Bulletin to underscore our support of and expectations for telemedicine. Virtually all federal and state health authorities *strongly* encourage the use of telemedicine services to reduce COVID-19 exposure and to enable providers and patients to practice social distancing. In Bulletin 2020-04, this Office urged the subject health insurers to implement proactive measures in this effort, one of which was to encourage “network providers to utilize telehealth services to minimize exposure of provider staff and other patients to those who may have the virus”. Our Notice of Inquiry and Order of March 12, 2020, called for insurers to report on this and the other critical steps to our office by the close of business on March 23, 2020.

Our office has received a number of consumer and provider calls about telemedicine, and in particular, telemedicine and telehealth services for psychiatric or behavioral health services. Patients have reported that telemedicine services are unavailable, and providers have reported that some health insurers are imposing software, hardware, billing and reimbursement restrictions that severely limit the availability of these essential services. This has resulted in patients forgoing necessary care, or continuing with in-person provider visits when a telemedicine visit would have sufficed. This defeats the goal of social distancing.

This Bulletin is directed at removing barriers to telemedicine services by reminding subject health insurers of their obligations under Sections 59A-46-50.3(A), 59A-22-49.3, 59A-23-7.12, and 59A-47-45.3, NMSA 1978. These statutes require that:

- (1) Insurers shall treat telemedicine visits and in-person visits equally;
- (2) Your plan or member agreement not impose limitations on telemedicine visits that are not likewise imposed on in-person provider visits; and
- (3) Rates for services delivered via telemedicine not be lower than the rates for in-person services.

Insurers are also reminded that:

- (a) for services to those with COVID-19, there must be no prior authorization requirements or cost sharing obligations; and
- (b) to the extent that your provider contracts limit or impose barriers to telemedicine visits (such as a requirement that the patient use a two-way video/audio connection), such restrictions may cause your health plan to no longer meet network adequacy requirements.

The Superintendent also reminds insurers that under the mental health parity provisions of state law, Section 59A-23E-18, NMSA 1978,

“[a] group health plan or group or individual insurance shall not impose treatment limitations or financial restrictions, limitations or requirements on the provision of mental health benefits that are more restrictive than the predominant restrictions, limitations or requirements that are imposed on coverage of benefits for other conditions”.

This law, read in conjunction with the telemedicine parity law, requires that behavioral health services be available via telemedicine on the same terms as physical health services. OSI will be monitoring compliance with these parity laws, and will pursue enforcement proceedings as necessary to effect compliance.

CMS has promulgated guidance for telemedicine services provided to Medicare recipients, and the New Mexico Human Services Department, through its Medical Assistance Division, is issuing a Letter of Direction (LOD) to all contracted Managed Care Organizations detailing requirements for telehealth and other services. Their LOD will be posted on the HSD website and we will post it on the OSI website. For the sake of consistency, and to eliminate delayed services or payments to your network providers, OSI

encourages commercial insurers to apply the same guidance and codes to billings under their group and individual policies.

To facilitate the delivery of telemedicine and telehealth services, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced today that, “effective immediately, it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.”

OSI understands that there is a potential for misuse of telemedicine services and related billings. We encourage you to take action on misuse and also notify the Fraud Bureau of OSI's Criminal Division at <https://www.osi.state.nm.us/index.php/stop-fraud/> to report suspicion of fraud or abuse.

Thank you for your attention to this matter and your cooperation. Please be sure that your report to this office on March 23 provides us with sufficient detail on the steps you have taken to facilitate telemedicine.

**ISSUED** this 17<sup>th</sup> day of March, 2020.



**RUSSELL TOAL**  
Superintendent of Insurance





Substance Abuse and Mental Health  
Services Administration

5600 Fishers Lane • Rockville, MD 20857  
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

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## COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance

In response to the Novel Coronavirus Disease (COVID-19) pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) is providing this guidance to ensure that substance use disorder treatment services are uninterrupted during this public health emergency. SAMHSA understands that, in accordance with the Centers for Disease Control and Prevention guidelines on social distancing, as well as state or local government-issued bans or guidelines on gatherings of multiple people, many substance use disorder treatment provider offices are closed, or patients are not able to present for treatment services in person. Therefore, there has been an increased need for telehealth services, and in some areas without adequate telehealth technology, providers are offering telephonic consultations to patients. In such instances, providers may not be able to obtain written patient consent for disclosure of substance use disorder records.

The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists. Under 42 U.S.C. §290dd-2(b)(2)(A) and 42 C.F.R. §2.51, patient identifying information may be disclosed by a part 2 program or other lawful holder to medical personnel, without patient consent, to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed by such personnel for treatment purposes as needed. We note that Part 2 requires programs to document certain information in their records after a disclosure is made pursuant to the medical emergency exception. **We emphasize that, under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients.**





1 Department of Health specifically excludes courthouses as an independent branch  
2 of our state government, but the New Mexico Judiciary nonetheless is committed  
3 to the safe operation of our courthouses during the current public health  
4 emergency;

5 WHEREAS, on March 12, 2020, the Supreme Court of New Mexico  
6 directed the New Mexico Judiciary to immediately implement a number of  
7 protective measures to promote a safe environment for everyone who must visit or  
8 work in New Mexico state courthouses during the COVID-19 public health  
9 emergency, including an immediate suspension of out-of-state travel for work-  
10 related business by all judges and judicial employees, a suspension of civil jury  
11 trials, and strict limits on the gathering of individuals in courthouses to no more  
12 than twenty-five (25) people; and

13 WHEREAS, the need for protective health measures in New Mexico  
14 courthouses remains a top priority for the New Mexico Judiciary to ensure that  
15 courts can remain open to provide essential public safety services and maintain the  
16 rule of law in a safe environment for all New Mexicans, and the Court wishing to  
17 provide additional guidance and direction to the New Mexico Judiciary in light of  
18 the evolving public health emergency and being sufficiently advised, Chief Justice  
19 Judith K. Nakamura, Justice Barbara J. Vigil, Justice Michael E. Vigil, Justice C.  
20 Shannon Bacon, and Justice David K. Thomson concurring;

1           NOW, THEREFORE, IT IS ORDERED that all prior protective measures  
2 for court operations directed by this Court since the declaration of a public health  
3 emergency shall remain in effect until modified or withdrawn by order of the  
4 Court;

5           IT IS FURTHER ORDERED that all criminal jury trials arising under the  
6 Rules of Criminal Procedure for the District, Metropolitan, and Magistrate Courts  
7 that have not yet commenced shall be suspended until April 30, 2020, subject to  
8 the individual discretion of the judges presiding in such cases to go forward with a  
9 jury trial, upon motion of a party, to avoid serious harm to the interests of the  
10 litigants or for other exceptional circumstances. A judge may go forward with a  
11 criminal jury trial on the judge's own initiative and without motion of a party upon  
12 approval of the chief judge and in consultation with the Chief Justice. The  
13 provisions in Rules 5-604, 6-506, 7-506, 8-506, and LR2-308 NMRA shall be  
14 suspended to the extent that the time limitations in those rules are exceeded due to  
15 the delay from the suspension of a criminal jury trial under this order;

16           IT IS FURTHER ORDERED that, in light of the potential for higher than  
17 usual absenteeism and to facilitate case management processes required during the  
18 current public health emergency, the exercise of peremptory excusals under Rules  
19 1-088.1, 2-106, 3-106, 5-106, 6-106, 7-106, and 10-162 NMRA shall be  
20 temporarily suspended, effective immediately and until further order of this Court;

1 IT IS FURTHER ORDERED that all New Mexico state courts shall remain  
2 open and shall continue to operate under regular business hours to ensure that the  
3 courts fulfill their constitutional and statutory responsibilities to all New Mexicans;

4 IT IS FURTHER ORDERED that there shall be no blanket cancellation of  
5 cases or types of proceedings by New Mexico courts that are not already  
6 authorized by this Court, and all court proceedings shall be conducted in  
7 accordance with the following protective measures to minimize public health risks:

8 1. All trials that are not required to be suspended under the terms of this  
9 order, all hearings, and other court-organized gatherings of any type and at any  
10 location shall be held in a manner that limits the gathering of individuals in a  
11 single, connected location within a courthouse or other building to no more than  
12 twenty-five (25) people — which includes judges, court personnel, jurors,  
13 attorneys, litigants, and the general public — to facilitate appropriate social  
14 distancing as recommended by public health authorities;

15  
16 2. All judges shall have the discretion to authorize telephonic or audio-  
17 visual attendance for court appearances by attorneys, litigants, and witnesses and  
18 may take other protective measures, including the granting of continuances in  
19 appropriate cases, upon motion of a party or on the court's own motion. Any  
20 criminal procedure rules requiring the presence of the defendant may be  
21 accomplished through remote, audio-visual appearance in the discretion of the  
22 judge, provided that confidential communication between the defendant and  
23 defense counsel is made available; and

24  
25 3. To address additional processes that facilitate the limitations on the  
26 gathering of groups of people in the courthouse and other protective measures  
27 already directed by this Court, the chief judge in each judicial district is  
28 encouraged to consult with the criminal justice coordinating council in that district  
29 as the need arises;

30  
31 IT IS FURTHER ORDERED that the chief judge or administrative authority  
32 in each judicial district may permit judicial employees to work from home if they

1 can effectively perform their designated functions remotely, provided that adequate  
2 personnel remain on site to continue court operations that must take place inside  
3 the courthouse;

4 IT IS FURTHER ORDERED that all courts may adopt local procedures for  
5 accepting filings by email or by fax from self-represented litigants to minimize the  
6 need for self-represented litigants to enter a courthouse to file a document. Filing  
7 by email or fax also may be permitted by attorneys in those case-types that are not  
8 eligible for electronic filing through the New Mexico Judiciary's File and Serve  
9 system. Applicable provisions in the rules of procedure addressing the filing of  
10 documents in the appellate, district, metropolitan, and magistrate courts by email  
11 or fax are temporarily suspended to the extent necessary to accommodate local  
12 procedures adopted by courts under the terms of this order for expanded filing by  
13 email or fax during the current public health emergency;

14 IT IS FURTHER ORDERED that all courts shall screen visitors to  
15 courthouses and deny access to any juror, witness, attorney, litigant, or other  
16 person who (1) reports a fever, cough, or shortness of breath that has developed in  
17 the past fourteen (14) days, (2) reports travel in the past fourteen (14) days to a  
18 high risk area as defined by the New Mexico Department of Health, or (3) reports a  
19 diagnosis, or close contact with anyone who has a diagnosis, of a COVID-19  
20 infection;

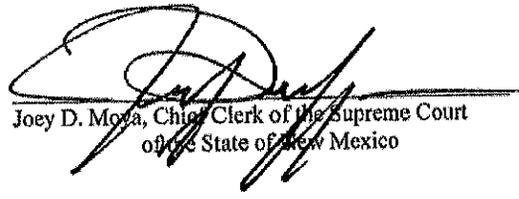
1 IT IS FURTHER ORDERED that probate courts and municipal courts in  
2 New Mexico may close if the building in which a court operates is closed by  
3 county or municipal authorities or if the presiding judge in the court chooses to do  
4 so, provided a notice is posted at the closed courthouse with the locations and  
5 phone numbers of the nearest magistrate and district courts and provided that the  
6 public and the chief district judge in the judicial district is given advance notice of  
7 any such closure; and

8 IT IS FURTHER ORDERED that this order shall remain in effect until  
9 amended or withdrawn by future order of the Court.

10 IT IS SO ORDERED.



WITNESS, the Honorable Judith K. Nakamura, Chief Justice of the Supreme Court of the State of New Mexico, and the seal of said Court this 17th day of March, 2020.

  
Joey D. Moya, Chief Clerk of the Supreme Court  
of the State of New Mexico

11



***New Mexico Medical Board***

*2055 S. Pacheco Street  
Building 400  
Santa Fe, NM 87505  
505-476-7220 505-476-7233 fax*

*Michelle Lujan Grisham*  
Governor

*Steve Jenkusky, M.D.*  
Chair

March 16, 2020

To Whom it May Concern,

**Re: Guidance for Providing Patient Care by Electronic Means During a Crisis:**

During this extraordinary situation as New Mexico addresses the COVID-19 pandemic, the New Mexico Medical Board supports the use of extraordinary means to provide expanded care options.

To that end we are issuing guidance on the use of electronic means to provide appropriate care.

Therefore, the use of electronic means (internet, email, texting, telephone) to assess and provide responsible care to any patient in New Mexico during the COVID-19 Emergency as declared by Governor Lujan-Grisham, will not be considered unethical nor a violation of New Mexico Medical Board rules.

Prescribing of controlled substances must be medically appropriate, well-documented and continue to conform to the New Mexico Medical Board pain rules.

This guidance will remain in place until the emergency declaration is lifted by the governor or at the election of the board.

Sincerely,

Steve Jenkusky, MD  
Chair, New Mexico Medical Board



**FOR IMMEDIATE RELEASE**  
**March 17, 2020**

**Contact: HHS Press Office**  
**202-690-6343**  
**[media@hhs.gov](mailto:media@hhs.gov)**

## **OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency**

Today, the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to widely available communications apps, such as FaceTime or Skype, when used in good faith for any telehealth treatment or diagnostic purpose, regardless of whether the telehealth service is directly related to COVID-19.

In support of this action, OCR will be providing further guidance explaining how covered health care providers can use remote video communication products and offer telehealth to patients responsibly.

"We are empowering medical providers to serve patients wherever they are during this national public health emergency," said Roger Severino, OCR Director. "We are especially concerned about reaching those most at risk, including older persons and persons with disabilities," Severino added.

The Notification of Enforcement Discretion on telehealth remote communications may be found at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>.

For more information on HIPAA and COVID-19, see OCR's February 2020 Bulletin: <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf> - PDF

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Room 352-G  
200 Independence Avenue, SW  
Washington, DC 20201



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## FACT SHEET

March 17, 2020

Contact: CMS Media Relations  
(202) 690-6145 | [CMS Media Inquiries](#)

### **MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET: *Medicare coverage and payment of virtual services***

#### **INTRODUCTION:**

Under President Trump's leadership, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19 – are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

**EXPANSION OF TELEHEALTH WITH 1135 WAIVER:** Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.

Even before the availability of this waiver authority, CMS made several related changes to improve access to virtual care. In 2019, Medicare started making payment for brief communications or **Virtual Check-Ins**, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays clinicians for **E-visits**, which are non-face-to-face patient-initiated communications through an online patient portal.

Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without having to go to a doctor's office or hospital which puts themselves and others at risk.

### **TYPES OF VIRTUAL SERVICES:**

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet: Medicare telehealth visits, virtual check-ins and e-visits.

**MEDICARE TELEHEALTH VISITS:** Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- It is imperative during this public health emergency that patients avoid travel, when possible, to physicians' offices, clinics, hospitals, or other health care facilities where they could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement discretion for Medicare telehealth services furnished pursuant to the waiver under section 1135(b)(8) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

### **KEY TAKEAWAYS:**

- *Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*

- *These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.*
- *While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.*
- *The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.*
- *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

**VIRTUAL CHECK-INS:** In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Medicare pays for these “virtual check-ins” (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor’s office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

**KEY TAKEAWAYS:**

- *Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings or certain locations.*
- *Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.*

- *HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.*
- *HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.*
- *Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.*

**E-VISITS:** In all types of locations including the patient's home, and in all areas (not just rural), established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these **E-Visits**, the patient must generate the initial inquiry and communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable. The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would apply to these services.

Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits (for instance, physicians and nurse practitioners) can bill the following codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

**KEY TAKEAWAYS:**

- *These services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings. There are no geographic or location restrictions for these visits.*
- *Patients communicate with their doctors without going to the doctor's office by using online patient portals.*
- *Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.*
- *The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.*
- *The Medicare coinsurance and deductible would generally apply to these services.*

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

**(HIPAA):** Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

**Summary of Medicare Telemedicine Services**

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> <p>For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a></p> <ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency</p>
<b>VIRTUAL CHECK-IN</b>	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• 99431</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99431</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

###



## Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak

### What Is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

### What Is Quarantine?

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

### What Is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not. It lasts as long as the disease is contagious.

## Introduction

In the event of an infectious disease outbreak, local officials may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about **social distancing**, **quarantine**, and **isolation**. The government has the right to enforce federal and state laws related to public health if people within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care

for your behavioral health during these experiences and provides resources for more help.

## What To Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- **Anxiety, worry, or fear related to:**
  - Your own health status
  - The health status of others whom you may have exposed to the disease
  - The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
  - The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
  - Time taken off from work and the potential loss of income and job security
  - The challenges of securing things you need, such as groceries and personal care items
- **Concern** about being able to effectively care for children or others in your care
- **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
- **Loneliness** associated with feeling cut off from the world and from loved ones
- **Anger** if you think you were exposed to the disease because of others' negligence
- **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
- **Uncertainty or ambivalence** about the situation
- **A desire** to use alcohol or drugs to cope
- **Symptoms of depression**, such as feelings of hopelessness, changes in appetite, or sleeping

- Symptoms of post-traumatic stress disorder (PTSD), such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

## Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

### UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

### BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine,

since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.
- Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

### EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- Ask for written information when available.
- Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

### WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you're unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-487-2365 about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a

serious medical condition.

- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.

#### CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk “face to face” with friends and loved ones using Skype or FaceTime.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.

#### Sources for Reliable Outbreak-Related Information

##### Centers for Disease Control and Prevention

1600 Clifton Road  
Atlanta, GA 30329-4027  
1-800-CDC-INFO (1-800-232-4636)  
<http://www.cdc.gov>

##### World Health Organization

Regional Office for the Americas of the  
World Health Organization  
525 23rd Street, NW  
Washington, DC 20037  
202-974-3000  
<http://www.who.int/en>

- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA’s free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.
- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

#### TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you’re worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

#### USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you—take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.
- Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- Maintain a sense of hope and positive

## Taking Care of Your Behavioral Health:

### TIPS FOR SOCIAL DISTANCING, QUARANTINE, AND ISOLATION DURING AN INFECTIOUS DISEASE OUTBREAK

thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

#### AFTER SOCIAL DISTANCING, QUARANTINE, OR ISOLATION

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

## Helpful Resources

### Hotlines

SAMHSA's Disaster Distress Helpline

Toll-Free: 1-800-985-5990 (English and español)

SMS: TextTalkWithUs to 66746

SMS (español): "Hablanos" al 66746

TTY: 1-800-846-8517

Website (English): <http://www.disasterdistress.samhsa.gov>

Website (español): <http://www.disasterdistress.samhsa.gov/espanol.aspx>

### SAMHSA's National Helpline

Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)

Website: <http://www.samhsa.gov/find-help/national-helpline>

### National Suicide Prevention Lifeline

Toll-Free (English): 1-800-273-TALK (8255)

Toll-Free (español): 1-888-628-9454

TTY: 1-800-799-4TTY (4889)

Website (English): <http://www.suicidepreventionlifeline.org>

Website (español): <http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx>

### Treatment Locator

Behavioral Health Treatment Services Locator Website:  
<http://findtreatment.samhsa.gov/locator/home>

For help finding treatment 1-800-662-HELP (4357) <https://findtreatment.gov/>

SAMHSA Disaster Technical Assistance Center

Toll-Free: 1-800-308-3515

Email: [DTAC@samhsa.hhs.gov](mailto:DTAC@samhsa.hhs.gov)

Website: <http://www.samhsa.gov/dtac>

*\*Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.*

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**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



## Use of Telemedicine While Providing Medication Assisted Treatment (MAT)



Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing Practitioner must have conducted at least one in-person medical evaluation of the patient. U.S.C. § 829(e). However, the Act provides an exception to this requirement. 21 U.S.C. § 829 (e)(3)(A). Specifically, a DEA-registered Practitioner acting within the United States and its territories is **exempt** from the requirement of an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled

substances by means of the Internet **if** the Practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of 21 U.S.C. § 802(54).

Under 21 U.S.C. § 802(54)(A),(B), for **most** (DEA-registered) Practitioners in the United States, **including** Qualifying Practitioners and Qualifying Other Practitioners ("Medication Assisted Treatment Providers") who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term "practice of telemedicine" means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient using a telecommunications system referred to in (42 C.F.R. § 410.78(a)(3)) which practice is being conducted:

**A. while the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under 21 U.S.C. § 823(f) of this title; and by a practitioner**

- who is acting in the usual course of professional practice;
- who is acting in accordance with applicable State law; and
- is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

**OR**

**B. while the patient is being treated by, and in the physical presence of, a DEA-registered practitioner**

- who is acting in the usual course of professional practice;
- who is acting in accordance with applicable State law; and
- is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

Please be advised that the remote Practitioner engaged in the practice of telemedicine must be registered with the DEA in the state where they are physically located **and** in every state where their patient(s) is (are) physically located. 21 U.S.C. § 822(e)(1); 21 C.F.R. § 1301.12(a); Notice 69478 Federal Register / Vol. 71, No. 231 / Friday, December 1, 2006.

Also be advised that all records for the prescribing of an FDA approved narcotic for the treatment of opioid addiction need to be kept in accordance with 21 C.F.R. § 1304.03(c), 21 C.F.R. § 1304.21(b), and with all other requirements of 21 C.F.R. Part 1300 to End.

Please note that while this document reflects DEA's interpretation of the relevant provisions of the Controlled Substances Act (CSA) and DEA regulations, to the extent it goes beyond merely reiterating the text of law or regulations, it does not have the force of law and is not legally binding on registrants. Because this document is not a regulation that has the force of law, it may be rescinded or modified at DEA's discretion.





**NAMI HelpLine**  
Monday-Friday, 10:00 a.m. to 6:00 p.m., EST  
(800) 950-6264

## **COVID-19 (CORONAVIRUS) INFORMATION AND RESOURCES**

### Contents

I'm having a lot of anxiety because of the coronavirus. Please help. ....	2
I'm quarantined or working from home – lonely and isolated even further – what can I do? .....	3
I don't have health insurance or a regular doctor – how can I get care? .....	5
What if I'm quarantined and can't get my medication? Will there be a shortage? .....	6
My business is suffering as a result of the Coronavirus. What assistance programs are available to help? .....	7
Are people who have a mental illness at a greater risk of contracting COVID-19? .....	9
Is there a vaccine or cure for COVID-19?.....	9
I lost a loved one to Coronavirus. Where can I find support? .....	11
I'm a smoker. Am I more likely to catch COVID-19? What should I do?.....	11
How does homelessness increase risk of contracting COVID-19?.....	11
My loved one is incarcerated, are they at increased risk for exposure to COVID-19?.....	12
I'm the aging parent of an adult child living with a serious mental illness. I want to be sure they are taken care of.....	13

## **I'm having a lot of anxiety because of the coronavirus. Please help.**

We get it. It's hard to sift through the messages and information coming at us. Worse, the "unknown unknown" (not knowing what you don't even know) can cause even greater anxiety for those of us who are panic-prone.

### What you can do

1. Remember that knowledge is power. Understanding the factors that affect a person's immune response to COVID-19 will matter as much as, or more than, understanding the virus! Poor lung health caused by smoking, lack of adequate health care, suppressed immune systems, and/or populations particularly susceptible to infectious diseases, such as the elderly, have been particularly affected by COVID-19.
2. Don't accept everything you read or hear. Look beyond rhetoric and arm yourself with information. Centers for Disease Control and Prevention (CDC) provides information and frequent updates on the COVID-19's spread, severity, risk assessment, etc. To subscribe to the CDC's email and text message service, visit CDC Subscription Service.
3. Get your emotional support system in place:
  - Maintain familiar routines in daily life as much as possible; take care of your basic needs and employ helpful coping strategies: rest during work or between shifts, eat healthy food and engage in physical activity.
  - Stay connected with others and maintain your social networks:
    - Have the emails and phone numbers of close friends and family at your fingertips.
    - Stay connected via email, social media, video conference and telephone.
  - Find a free online support group (see page 3 for a list of options).
  - Reach out to your local NAMI Affiliate or State Organization for information on support programs in your area.
  - Visit the NAMI Resource Library, which provides an extensive list of in-person and online support groups, and other mental health resources.
  - Contact the SAMHSA Disaster Distress Helpline **(800) 985-5990** that provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters.
  - Have the number of several Warmlines (emotional support hotlines) at your fingertips.
  - Call the NAMI HelpLine at **800-950-NAMI (6264)** Monday through Friday, between 10:00 am and 6:00 pm EST for mental health resources.

- National Mental Health Consumer's Self-Help Clearinghouse is a nationwide directory to locate local consumer-driven mental health services, including resources such as Clubhouses, crisis prevention/respite services, drop-in Centers, employment resources, housing, peer case management and support. The website maintains search function for directory of local CDS (consumer-driven services).
4. Take control and incorporate preventative measures
- Wash your hands. See the CDC's list of preventative measures.
  - Avoid watching, reading or listening to news reports that cause you to feel anxious or distressed. A near-constant stream of news reports can cause anyone to feel anxious or distressed. Instead, seek CDC updates and practical guidelines at specific times during the day.
  - Be supportive to others. Assisting others in their time of need can benefit the person receiving support as well as the helper.

**I'm quarantined or working from home – lonely and isolated even further – what can I do?**

What you can do while working from home

- To help overcome uncertainty, normality and routine that mirrors life's daily patterns and practices can be helpful. If working from home, we encourage you to create a structured, dedicated work environment and build in self-care as well as daily benchmarks of achievement.
- Structure and routine may be helpful for people with mental health vulnerabilities, especially during times of uncertainty. We encourage you to maintain a regular routine with the work hours that are usually worked, including keeping up with morning rituals. Dressing in regular work attire and taking regular breaks, including lunch time, may also be helpful.
- Research tells us that seven percent of communication is accomplished through our words, including email. 38 percent is voice and a staggering 55 percent is body language and visual. For people with mental health vulnerabilities, and even for those with extroverted personalities, the lack of face time can be challenging. Using technology to simulate this can offer a solution to bridging this gap. Be mindful of opportunities to integrate video into your conversations with colleagues. Consider using the video function on Skype or Teams for internal and external meetings.

What you can do to get support

Also, there are numerous **online** support communities and emotional support **hotlines** to help you if you are quarantined:

Building Resilience

- Visit the [CDC's page on Stigma and Resilience](#) that discusses COVID-19's impact on mental health, and how we can reject stigma and build resilience during this time.
- [American Psychological Association](#) offers an excellent online resource called the "Road to Resilience," a step-by-step guide that helps individuals develop a personal strategy for enhancing resilience.

Finding Phone Support

A warmline is a confidential, non-crisis emotional support telephone hotline staffed by peer volunteers who are in recovery. Callers will find an empathetic listener to talk through their feelings. To find a warmline that serves your area, visit the [NAMI HelpLine Warmline Directory](#) on the [NAMI Resource Library](#) page.

Finding Online Support Communities

- NAMI hosts online communities where people exchange support and encouragement. These Discussion Groups can easily be joined by visiting [www.nami.org](http://www.nami.org).
- 7 Cups: [www.7cups.com](http://www.7cups.com)
  - Free **online text chat** with a trained listener for emotional support and counseling. Also offers fee- for-service online therapy with a licensed mental health professional. Service/website also offered in Spanish.
- Emotions Anonymous: [www.emotionsanonymous.org](http://www.emotionsanonymous.org)
  - An international fellowship of people who desire to have a better sense of emotional well-being. EA members have **in person** and **online weekly meetings** available in more than 30 countries with 600 active groups worldwide. The EA is nonprofessional and can be a complement to therapy.
- Support Group Central: [www.supportgroupscentral.com](http://www.supportgroupscentral.com)
  - Offers **virtual support groups** on numerous mental health conditions - free or low-cost. Website also offered in Spanish.

- TheTribe Wellness Community: [www.support.therapytribe.com](http://www.support.therapytribe.com)
  - Free, **online peer support groups** offering members facing mental health challenges and/or difficult family dynamics a safe place to connect. Support groups include Addiction, Anxiety, Depression, HIV/AIDS, LGBT, Marriage/Family, OCD and Teens.
- SupportGroups.com: <https://online.supportgroups.com/>
  - Website featuring 200+ **online support groups**.
- For Like Minds: [www.forlikeminds.com](http://www.forlikeminds.com)
  - **Online mental health support network** that allows for individuals to connect with others who are living with or supporting someone with mental health conditions, substance use disorders, and stressful life events.
- 18percent: [www.18percent.org](http://www.18percent.org)
  - Offers a free, peer-to-peer **online support community** for those struggling with a wide range of mental health issues.
- Psych Central: [www.psychcentral.com](http://www.psychcentral.com)
  - Offers online mental health resources, quizzes, news, an “Ask the Therapist” function, and **online support communities**.

### **I don't have health insurance or a regular doctor – how can I get care?**

**Having health insurance is essential for people with mental health conditions to get the right care at the right time.** We recommend you buy safely by going to [www.healthcare.gov](http://www.healthcare.gov) to see if you qualify for affordable options:

- All health plans offered through [HealthCare.gov](http://HealthCare.gov) must cover mental health and substance use services at the same level as other health conditions.
- Even if open enrollment is over for the year, [healthcare.gov](http://healthcare.gov) will see if you can enroll in commercial insurance because of certain qualifications. It will also see if you qualify for Medicaid, which you can enroll in at any time.

### **When evaluating health plan options, consider these four things:**

- **Affordability.** Compare not only monthly premiums, but also deductibles, co-pays and/or co-insurance, which affect your costs if you use services;
- **Availability of health professionals.** Check to see if your mental health professional(s) and other health care providers are in a health plan's network. If they are not, find out if the insurance plan will pay for out-of-network providers—and how much they will cover;
- **Coverage of prescription medications.** Find a plan that covers any medication(s) you need to maintain your wellness; and



## NAMI HelpLine

Monday-Friday, 10:00 a.m. to 6:00 p.m., EST  
(800) 950-6264

- **Limits on mental health office visits.** Check to see if a plan has limits on office visits. Also consider differences in inpatient and outpatient coverage.

### **If you can't get insurance or need treatment right away:**

In an emergency, all emergency departments that participate in Medicare (which is most hospitals in the United States) **must** see you, regardless of your ability to pay.

Federally funded health centers provide care regardless of insurance coverage or income. Many of these centers include mental health services. Find a federally funded health center near you at <https://findahealthcenter.hrsa.gov/>.

National Association of Free & Charitable Clinics at <https://www.nafcclinics.org/> offers a Find A Clinic function on its website.

For resources on medical/non-mental health (children's health care, dental care, eye care, women's health), the Free Clinic Directory at <https://freeclinicdirectory.org/> offers a free clinic treatment locator by zip code.

Helpwhenyouneedit.org and www.211.org allow you to conduct a zip-code-based search for local resources including affordable medical and mental health clinics, housing, food, heating assistance, etc. In many places, you can also dial 211 from your phone to access information on local resources.

### **What if I'm quarantined and can't get my medication? Will there be a shortage?**

You can ask your health care provider about getting a 90-day supply vs. a 60- or 30-day supply. If this is not possible, or if health care providers deny/decline making accommodations, challenge the decisions at least three times. Decision-makers on making health plan adjustments may change if/as conditions worsen.

Keep in mind that many cold/flu medications should not be taken along with antipsychotics and/or antidepressants. Please consult your pharmacist or prescribing health care professional for any potential medication contraindications.

## **My business is suffering as a result of the Coronavirus. What assistance programs are available to help?**

Contact your state's department of Public Health or Small Business Services website for local programs that may be set up to provide financial assistance to small businesses impacted by COVID-19. In some areas, businesses may qualify for low-interest loans and employee retention grants.

### General financial assistance

- Need Help Paying Bills: [www.needhelppayingbills.com](http://www.needhelppayingbills.com)
  - *Provides information on assistance programs, charity organizations, and resources that provide help paying bills, mortgage and debt relief (financial, rent and government assistance).*
  
- Aunt Bertha: [www.auntbertha.com](http://www.auntbertha.com)
  - *An online resource that connects users to free and reduced cost local resources such as medical care, food, housing, transportation and much more. Website also offered in Spanish.*
  
- 211 / [www.211.org](http://www.211.org)
  - *Dial 211 from any phone (mobile or landline) or visit [www.211.org](http://www.211.org) to search for contact information by zip code; service refers callers to appropriate agencies/community organizations that offer emergency financial assistance; available in most areas. Website also offered in Spanish.*
  
- HelpWhenYouNeedIt: [www.helpwhenyouneedit.org](http://www.helpwhenyouneedit.org)
  - *An online service that connects users to over 350,000 listings nationwide of private and public resources for food pantries, stores that accept food stamps, assisted living facilities, domestic violence and homeless shelters, mental health & substance use treatment, free clinics, legal and financial assistance.*
  
- Help with Bills: [www.usa.gov/help-with-bills](http://www.usa.gov/help-with-bills)
  - *Provides information about government programs that help with bill payment, temporary assistance, jobs/unemployment, credit, etc. Website and Helpline also offered in Spanish.*

Medical care / Hospital bills

- The Assistance Fund: [www.taufactures.org](http://www.taufactures.org)
  - For those who qualify for financial support, service provides patient advocates to assist in securing financial assistance for co-payments, prescriptions, deductibles, premiums and medical expenses. Spanish-language translation service also available.
  
- Rise Above the Disorder: [www.youarerad.org](http://www.youarerad.org)
  - *Connects users with resources for finding a therapist, answering mental health questions and applying for grants to cover the cost of therapy.*
  
- Patient Access Network Foundation (PAN): [www.panfoundation.org](http://www.panfoundation.org)
  - *Provides underinsured patients with financial assistance through disease-specific funds that provide access to progressive therapies. Spanish-language calls accepted.*
  
- Patient Advocate Foundation: [www.patientadvocate.org](http://www.patientadvocate.org)
  - *Helps federally and commercially insured people living with life-threatening, chronic, and rare diseases. Offers co-pay relief program to provide direct financial assistance to insured patients who meet certain qualifications to help them pay for needed prescriptions and/or treatment. Their website also has many other resources and services. Website also offered in Spanish.*
  
- HealthWell Foundation: [www.healthwellfoundation.org](http://www.healthwellfoundation.org)
  - *Provides financial assistance for underinsured to afford critical medical treatments through "Disease Funds" (note, typically for chronic physical diseases - not mental health conditions). Website also offered in Spanish.*

Prescription Medication

- NAMI Getting Help Paying for Medications page: <https://www.nami.org/find-support/living-with-a-mental-health-condition/getting-help-paying-for-medications>
  
- PhRMA's Medicine Assistance Tool: [www.medicineassistancetool.org](http://www.medicineassistancetool.org)
  - *A search engine for many of the patient assistance resources that the pharmaceutical industry offers.*



National Alliance on Mental Illness

## NAMI HelpLine

Monday-Friday, 10:00 a.m. to 6:00 p.m., EST  
(800) 950-6264

- Needy Meds: (800) 503-6897 / [www.needymeds.org](http://www.needymeds.org)
  - *Offers a HelpLine and website information on financial assistance programs to help defray cost of medication. Website also offered in Spanish.*
- RX Assist: [www.rxassist.org](http://www.rxassist.org)
  - *Provides up-to-date directory of free and low-cost medicine programs and other ways to manage medication costs.*
- RX Hope: [www.rxhope.com](http://www.rxhope.com)
  - *A free patient assistance program to assist people in need obtain critical medications.*
- USARX: [www.usarx.com](http://www.usarx.com)
  - *Provides coupons online for downloading/printing and can be brought to the pharmacy to see if it will give consumer a lower price or beat their copay.*
- Blinkhealth Prescription Assistance: [www.blinkhealth.com](http://www.blinkhealth.com)
  - *Individuals (with or without insurance) pay upfront for medication online and then take a voucher to their pharmacy. Accepts calls 8 a.m.-10 p.m. M-F, 9 a.m.-7p.m. weekends (EST); Spanish language option on patient assistance line.*

### **Are people who have a mental illness at a greater risk of contracting COVID-19?**

This is inconclusive. While laboratory studies have shown that healthy mice had a reduced immunosuppressant response to the antipsychotic medication, Risperidone, this data has not been proven in studies on humans. **A greater risk is having a mental health setback by stopping or changing medications than catching COVID-19.**

### **Is there a vaccine or cure for COVID-19?**

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. Self-neglect or poor personal hygiene are common signs or symptoms of serious mental illness and pose a greater risk of exposure to germs and their spread.



National Alliance on Mental Illness

**NAMI HelpLine**

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(800) 950-6264

What you can do

The CDC recommends the following everyday preventive actions to help prevent the spread of respiratory diseases.

Personal hygiene:

- **Wash your hands often with soap and water for at least 20 seconds**, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Note – the CDC does **not** recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

Travel/contact with others:

- If you are sick, please stay home and seek attention from your health care provider. Do not return to work until your health care provider has told you that you can do so.
- If you have been instructed by a public health official or a health care provider to stay home because a member of your household is sick with respiratory diseases symptoms, please do so.
- Reassess any travel plans you have in the coming months, assess your own risks and of your loved ones, and make decisions consistent with what you think is best regarding travel, and/or contact with others/crowds.

## **I lost a loved one to Coronavirus. Where can I find support?**

Many grief support services are offered through organizations at the community level. A good place to start is to contact your local NAMI Affiliate. To find your nearest NAMI Affiliate, click on your state through the [Find Your Local NAMI](#) menu. Additional options include:

- Most local hospices offer free or sliding scale grief therapy or can refer individuals to grief support in their area. [The National Hospice and Palliative Care Association](#) maintains a list of hospices across the country.
- [Grief Share](#) hosts free, in-person grief recovery support groups across the country.
- [PersonalGriefCoach.net](#) is a website that acts as a portal linking people who are grieving after a death by suicide to an extensive online directory of resources and information to help them cope with their loss, including a link to [suicide bereavement support groups directory](#).

## **I'm a smoker. Am I more likely to catch COVID-19? What should I do?**

Due to weakened respiratory systems, smoking increases the severity of diseases such as influenza and MERS (another coronavirus). COVID-19 is a disease that mostly affects the lungs. Also, individuals who are chronically exposed to second-hand smoke may also be vulnerable to respiratory infections.

### *What you can do:*

If you are a smoker, consider quitting smoking immediately. Consult your doctor about smoking cessation programs or over-the-counter aids like nicotine gum or patches, which can be purchased at most pharmacies without a prescription. Additionally, [Quitline.org](#) is a website that contains links to nationwide Smoking Cessation Programs, information on How to Quit Smoking for Free, Quit Smoking Free Patches and more.

## **How does homelessness increase risk of contracting COVID-19?**

People with mental illness can experience times of homelessness, which places them at greater risk. People living outdoors often do so in close quarters and lack the ability to maintain basic hygiene, including precautions such as hand washing.

They may also face more danger from serious infection because of existing illnesses or frequent use of drugs or alcohol — factors with the potential to make a case of COVID-19 more severe. And, since some homeless people also move often, it makes it harder to reach them for treatment and potentially increases the spread of the virus if they are carriers. Finally, sustained exposure to the elements and living among a population with similar challenges can weaken the immune system. It also reduces the likelihood of access to medical care necessary for early detection and treatment.

What you can do:

- For immediate and emergency housing, the online [Homeless Shelter Directory](#) provides information on homeless shelters and other social services throughout the country.
- Consult [www.211.org](http://www.211.org) or dial 211 from any cell or landline for a list of shelters in your area.
- [National Mental Health Consumer's Self-Help Clearinghouse](#) is a nationwide directory to locate local consumer-driven services, including housing. The website maintains search function for [directory of local CDS \(consumer-driven services\)](#).
- See section above regarding finding affordable/free medical clinics in your area.

**My loved one is incarcerated, are they at increased risk for exposure to COVID-19?**

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The lack of sufficient, community-based treatment options has resulted in the drastic increase in the incarceration of the people with mental illness. Further, people in the U.S. are incarcerated at a rate of about one million times per month, and the number of staff who go to work and families who visit these places is even greater. (The same goes for courts, where judges, defense attorneys and prosecutors may limit court services or even close courts.) Also, prisons and jails generally house people based on several types of security classifications, and when people are confined to a housing area of a jail or prison, there will be a tendency to keep them there, without the services they are entitled to.

What you can do

Incarcerated people have Constitutional protections under the Eighth Amendment, including the right to medical care/attention as needed to treat both short-term conditions and long-term illnesses. The medical care provided must be "adequate." Communication with jail/prison administration is key and should start early by those who are incarcerated and/or their families.

If an incarcerated loved one is not receiving adequate care, families and caregivers may be their best advocate:

- Contact the medical staff at the facility (note: contact may be limited/difficult due to confidentiality regulations.)
- If a family member is permitted to bring medication to the jail (dependent on jail policy), bring the individual's current medications and all relevant records to the facility. Be sure the medication is in the original pharmaceutical packaging with dispensing instructions.
- If your loved one is being denied treatment:
  - File a formal complaint directly with the facility in question.
  - Contact the state's Department of Corrections office if the issue remains unresolved.
  - Contact your state's Governor.
  - Contact your state's protection and advocacy agency, which is responsible for protecting the rights of individuals with disabilities.
  - You can also contact your state's affiliate of the American Civil Liberties Union (ACLU).
  - Consult the American Bar Association's Find Legal Help search function where you can locate the legal referral service for your area.

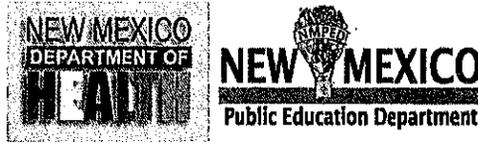
**I'm the aging parent of an adult child living with a serious mental illness. I want to be sure they are taken care of.**

What you can do

Visit the NAMI Online Knowledge Center to learn about Creating a Long-term Care Plan for a Loved One Living with a Serious Mental Illness



# General Behavioral Health Resources for COVID-19



The novel coronavirus (COVID-19) pandemic can cause New Mexicans of any age to feel overwhelmed, scared, anxious, or make it harder to cope with mental health conditions they struggled with before the pandemic.

Below you will find resources to help yourself, your family, and your loved ones. Remember, even when things feel overwhelming, there is hope and there is help.

To help combat strong feelings like anxiety, staying informed is important. The NM.gov website will continue to be updated regularly, so use that as your one-stop information source for New Mexico.

As hard as you work to stay healthy, remember your emotions, thoughts, faith or spirituality, and relationships are just as important in staying healthy as washing your hands.

Please reach out to the mental health providers and/or faith and community leaders in your area to learn more about available services.

Be sure to limit your viewing of repetitive news media; consider setting one or two times during the day to check media, and then give yourself a break from it for positive thoughts and activities. Viewing too much news media can make it seem like danger is even larger than it is, and become overwhelming. You can view breaking news on prevention and treatment efforts by visiting the [Centers for Diseases Control and Prevention \(CDC\)](#).

Since the threat of COVID-19 also affects us emotionally, we have provided you with some behavioral health care resource links that can help:

- [How to Take Care of Your Mental Health During Social Isolation](#)
- [Countering COVID-19 \(Coronavirus\) Stigma and Racism: Tips for Parents and Caregivers](#)
- [5 Easy Ways to Reduce Coronavirus Anxiety.](#)
- [How to Talk to Children About Coronavirus](#)
- [Help Loved Ones with Anxiety](#)
- [Helping Youth Experiencing Homelessness](#)

There is no avoiding the concern over the outbreak of the coronavirus disease (COVID-19), or the extent to which it could impact the physical health of our communities, families and ourselves.

As COVID-19 (Coronavirus) spreads, and confusion over this public health crisis grows, we must stay connected with our families, friends, and communities. Together, we can help one another stay physically, spiritually and emotionally healthy.

Together, we will thrive.



# 99 Coping Skills

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1. Exercise (running, walking, etc.)
2. Put on fake tattoos
3. Write (poetry, stories, journal)
4. Scribble/doodle on paper
5. Be with other people
6. Watch a favorite TV show
7. Post on web boards and answer others' posts
8. Go see a movie
9. Do a word-search or crossword
10. Do schoolwork
11. Play a musical instrument
12. Paint your nails, do your make-up or hair
13. Sing
14. Study the sky
15. Punch a punching bag
16. Cover yourself with Band-Aids where you want to cut
17. Let yourself cry
18. Take a nap (only if you are tired)
19. Take a hot shower or relaxing bath
20. Play with a pet
21. Go shopping
22. Clean something
23. Knit or sew
24. Read a good book
25. Listen to music
26. Try some aromatherapy (candle, lotion, room spray)
27. Meditate
28. Go somewhere very public
29. Bake cookies
30. Alphabetize your CDs/DVDs/Books
31. Paint or draw
32. Rip paper into itty bitty pieces
33. Shoot hoops, kick a ball
34. Write a letter or send an email
35. Plan your dream room (colors/furniture)
36. Hug a pillow or stuffed animal
37. Hyper-focus on something like a rock, hand, etc.
38. Dance
39. Make hot chocolate, a milkshake or a smoothie
40. Play with modeling clay or Play-Doh
41. Build a pillow fort
42. Go for a nice long drive
43. Complete something you've been putting off
44. Draw on yourself with a marker
45. Take up a new hobby
46. Look up recipes, cook a meal
47. Look at pretty things like flowers or art
48. Create or build something
49. Pray
50. Make a list of blessings in your life
51. Read the Bible
52. Go to a friend's house
53. Jump on a trampoline
54. Watch an old happy movie
55. Contact a hotline/your therapist  
If you want, you can call us  
1-800-448-3000
56. Talk to someone close to you
57. Ride a bicycle
58. Feed the ducks, birds or squirrels
59. Color
60. Memorize a poem, play or song
61. Stretch
62. Search for ridiculous things on the internet
63. "Shop" on-line (without buying anything)
64. Color-coordinate your wardrobe
65. Watch fish
66. Make a CD/play-list of your favorite songs
67. Play the "15 Minute Game" (Avoid something for 15 minutes, when time is up start again)
68. Plan your wedding/prom/other event
69. Plant some seeds
70. Hunt for your perfect home or car on-line
71. Try to make as many words out of your full name as possible
72. Sort through/edit your pictures
73. Play with a balloon
74. Give yourself a facial
75. Play with a favorite childhood toy
76. Start collecting something
77. Play a video/computer game
78. Clean up trash at your local park
79. Look at yourlifeyourvoice.org
80. Text or call an old friend
81. Write yourself an "I love you because..." letter
82. Look up new words and use them
83. Rearrange furniture
84. Write a letter to someone that you may never send
85. Smile at five people
86. Play with your little brother/sister/niece/nephew
87. Go for a walk (with or without a friend)
88. Put a puzzle together
89. Clean your room/closet
90. Try to do handstands, cartwheels or backbends
91. Yoga
92. Teach your pet a new trick
93. Learn a new language
94. Move EVERYTHING in your room to a new spot
95. Get together with friends to play frisbee, soccer or basketball
96. Hug a friend or family member
97. Search on-line for new songs/artists
98. Make a list of goals for the week/month/year/5 years
99. Perform a random act of kindness

*YOUR Life YOUR Voice*

[www.yourlifeyourvoice.org](http://www.yourlifeyourvoice.org)



# COVID-19

## HELPING CHILDREN COPE

### SIGNS OF DISTRESS

Children in distress could display:

- Excessive worry, anxiety, or sadness
- Avoidance of activities they enjoy
- Returning to behaviors they have outgrown
- "Acting out" in teens or excessive crying in young kids
- Changes in their appetite or sleep
- Headaches, body pains, skin rashes



For child care, financial, insurance and other questions, call: 1-833-551-0518.

### SUPPORTING CHILDREN

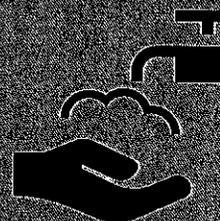
Talk with them

- ▣ Reassure them
- ▣ Address rumors
- ▣ Answer questions



Set a good example by taking care of yourself

- ▣ Wash your hands
- ▣ Avoid touching your face



Limit their exposure to media and social media coverage of the event

For behavioral health support, call the NM Crisis and Access Line at 1-855-662-7474

### IF YOU'RE SICK...

Coronavirus symptoms include fever, difficulty breathing and dry cough.

If you have those symptoms, stay home and call the **New Mexico Department of Health hotline** at **1-855-600-3453** for guidance.



For Updates - <http://cv.nmhealth.org/>

cyfd

New Mexico Children,  
Youth & Families Department



## ■ Psychological First Aid Provider Care

Providing care and support in the immediate aftermath of disaster can be an enriching professional and personal experience that enhances satisfaction through helping others. It can also be physically and emotionally exhausting. The following sections provide information to consider before, during, and after engaging in disaster relief work.

### **Before Relief Work**

In deciding whether to participate in disaster response, you should consider your comfort level with this type of work and your current health, family, and work circumstances. These considerations should include the following:

#### **Personal Considerations**

Assess your comfort level with the various situations you may experience while providing Psychological First Aid:

- Working with individuals who are experiencing intense distress and extreme reactions, including screaming, hysterical crying, anger, or withdrawal
- Working with individuals in non-traditional settings
- Working in a chaotic, unpredictable environment
- Accepting tasks that may not initially be viewed as mental health activities (e.g., distributing water, helping serve meals, sweeping the floor)
- Working in an environment with minimal or no supervision or conversely, micro-managed
- Working with and providing support to individuals from diverse cultures, ethnic groups, developmental levels, and faith backgrounds
- Working in environments where the risk of harm or exposure is not fully known
- Working with individuals who are not receptive to mental health support
- Working with a diverse group of professionals, often with different interaction styles

#### **Health Considerations**

Assess your current physical and emotional health status, and any conditions that may influence your ability to work long shifts in disaster settings, including:

- Recent surgeries or medical treatments
- Recent emotional or psychological challenges or problems

### **Health Considerations - continued**

- Any significant life changes or losses within the past 6-12 months
- Earlier losses or other negative life events
- Dietary restrictions that would impede your work
- Ability to remain active for long periods of time and endure physically exhausting conditions
- If needed, enough medication available for the total length of your assignment plus some extra days

### **Family Considerations**

Assess your family's ability to cope with your providing Psychological First Aid in a disaster setting:

- Is your family prepared for your absence, which may span days or weeks?
- Is your family prepared for you to work in environments where the risk of harm or exposure to harm is not fully known?
- Will your support system (family/friends) assume some of your family responsibilities and duties while you are away or working long hours?
- Do you have any unresolved family/relationship issues that will make it challenging for you to focus on disaster-related responsibilities?
- Do you have a strong, supportive environment to return to after your disaster assignment?

### **Work Considerations**

Assess how taking time off to provide Psychological First Aid might affect your work life:

- Is your employer supportive of your interest and participation in Psychological First Aid?
- Will your employer allow "leave" time from your job?
- Will your employer require you to utilize vacation time or "absence-without-pay time" to respond as a disaster mental health worker?
- Is your work position flexible enough to allow you to respond to a disaster assignment within 24-48 hours of being contacted?
- Will your co-workers be supportive of your absence and provide a supportive environment upon your return?

## **Personal, Family, Work Life Plan**

If you decide to participate in disaster response, take time to make preparations for the following:

- Family and other household responsibilities
- Pet care responsibilities
- Work responsibilities
- Community activities/responsibilities
- Other responsibilities and concerns

## **During Relief Work**

In providing Psychological First Aid, it is important to recognize common and extreme stress reactions, how organizations can reduce the risk of extreme stress to providers, and how best to take care of yourself during your work.

## **Common Stress Reactions**

Providers may experience a number of stress responses, which are considered common when working with survivors:

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, being easily startled)
- Depressive or anxiety symptoms
- Decreased social activities

## **Extreme Stress Reactions**

Providers may experience more serious stress responses that warrant seeking support from a professional or monitoring by a supervisor. These include:

- Compassion stress: helplessness, confusion, isolation
- Compassion fatigue: demoralization, alienation, resignation
- Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly
- Attempts to over-control in professional or personal situations
- Withdrawal and isolation
- Preventing feelings by relying on substances, becoming overly preoccupied by work, or drastic changes in sleep (avoidance of sleep or not wanting to get out of bed)
- Serious difficulties in interpersonal relationships, including domestic violence
- Depression accompanied by hopelessness (which has the potential to place individuals at a higher risk for suicide)
- Unnecessary risk-taking

## **Organizational Care of Providers**

Organizations that recruit providers can reduce the risk of extreme stress by putting supports and policies in place. These include:

- Limiting work shifts to no more than 12 hours and encouraging work breaks
- Rotating of providers from the most highly exposed assignments to lesser levels of exposure
- Mandating time off
- Identifying enough providers at all levels, including administration, supervision, and support
- Encouraging peer partners and peer consultation
- Monitoring providers who meet certain high risk criteria, such as:
  - ◆ Survivors of the disaster
  - ◆ Those having regular exposure to severely affected individuals or communities
  - ◆ Those with pre-existing conditions
  - ◆ Those with multiple stresses, including those who have responded to multiple disasters in a short period of time

- Establishing supervision, case conferencing, and staff appreciation events
- Conducting trainings on stress management practices

### **Provider Self-Care**

Activities that promote self-care include:

- Managing personal resources
- Planning for family/home safety, including making child care and pet care plans
- Getting adequate exercise, nutrition, and relaxation
- Using stress management tools regularly, such as:
  - ◆ Accessing supervision routinely to share concerns, identifying difficult experiences, and strategizing to solve problems
  - ◆ Practicing brief relaxation techniques during the workday
  - ◆ Using the buddy system to share upsetting emotional responses
  - ◆ Staying aware of limitations and needs
  - ◆ Recognizing when one is Hungry, Angry, Lonely or Tired (HALT), and taking the appropriate self-care measures
  - ◆ Increasing activities that are positive
  - ◆ Practicing religious faith, philosophy, and spirituality
  - ◆ Spending time with family and friends
  - ◆ Learning how to “put stress away”
  - ◆ Writing, drawing, and painting
  - ◆ Limiting caffeine, tobacco, and substance use

As much as possible, you should make every effort to:

- Self-monitor and pace your efforts
- Maintain boundaries: delegate, say no, and avoid working with too many survivors in a given shift
- Perform regular check-ins with colleagues, family, and friends
- Work with partners or in teams
- Take relaxation/stress management/bodily care/refreshment breaks
- Utilize regular peer consultation and supervision

### **Provider Self-Care - continued**

- Try to be flexible, patient, and tolerant
- Accept that you cannot change everything

You should avoid engaging in:

- Extended periods of solo work without colleagues
- Working “round the clock” with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Excessive use of food/substances as a support
- Common attitudinal obstacles to self-care:
  - ◆ “It would be selfish to take time to rest.”
  - ◆ “Others are working around the clock, so should I.”
  - ◆ “The needs of survivors are more important than the needs of helpers.”
  - ◆ “I can contribute the most by working all the time.”
  - ◆ “Only I can do x, y, and z.”

### **After Relief Work**

Expect a readjustment period upon returning home. You may need to make personal reintegration a priority for a while.

### **Organizational Care of Providers**

Organizations should:

- Encourage time off for providers who have experienced personal trauma or loss.
- Institute exit interviews to help providers with their experience—this should include information about how to communicate with their families about their work.
- Encourage providers to seek counseling when needed, and provide referral information.
- Provide education on stress management.
- Facilitate ways providers can communicate with each other by establishing listservs, sharing contact information, or scheduling conference calls.
- Provide information regarding positive aspects of the work.

## **Provider Self-Care**

Make every effort to:

- Seek out and give social support.
- Check in with other relief colleagues to discuss relief work.
- Increase collegial support.
- Schedule time for a vacation or gradual reintegration into normal life.
- Prepare for worldview changes that may not be mirrored by others in your life.
- Participate in formal help to address your response to relief work if extreme stress persists for greater than two to three weeks.
- Increase leisure activities, stress management, and exercise.
- Pay extra attention to health and nutrition.
- Pay extra attention to rekindling close interpersonal relationships.
- Practice good sleep routines.
- Make time for self-reflection.
- Practice receiving from others.
- Find activities that you enjoy or that make you laugh.
- Try at times not to be in charge or the “expert.”
- Increase experiences that have spiritual or philosophical meaning to you.
- Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time.
- Keep a journal to get worries off your mind.
- Ask help in parenting if you feel irritable or are having difficulties adjusting to being back at home.

Make every effort to avoid:

- Excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs.
- Making any big life changes for at least a month.
- Negatively assessing your contribution to relief work.
- Worrying about readjusting.



**Provider Self-Care - continued**

- Obstacles to better self-care:
  - ◆ Keeping too busy
  - ◆ Making helping others more important than self-care
  - ◆ Avoiding talk about relief work with others

## PFA-S Provider Care

Providing support in the immediate aftermath of crisis can be an enriching professional and personal experience that enhances satisfaction through helping others. It can also be physically and emotionally exhausting. The following provides information to consider when responding to an emergency at a school.

### Common Stress Reactions

You may experience a number of stress responses, which are considered common when working with survivors:

- Increase or decrease in activity level
- Difficulties sleeping
- Substance use
- Disconnection and numbing
- Irritability, anger, and frustration
- Vicarious traumatization in the form of shock, fearfulness, horror, helplessness
- Confusion, lack of attention, and difficulty making decisions
- Physical reactions (headaches, stomachaches, easily startled)
- Depressive or anxiety reactions
- Decreased social activities
- Diminished self-care

### Extreme Stress Reactions

You may experience more serious stress responses that warrant seeking professional support or monitoring by a supervisor. These include:

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Sense of helplessness

Preoccupation or compulsive re-experiencing of trauma experienced either directly or indirectly

Attempts to over-control in professional or personal situations, or act out a "rescuer complex"

Social withdrawal and isolation

Chronic exhaustion

Survival coping strategies like relying on substances, overly preoccupied by work, or drastic changes in sleeping or eating patterns

Serious difficulties in interpersonal relationships, including domestic violence

Depression accompanied by hopelessness

Suicidal ideation or attempts

Unnecessary risk-taking

Illness or an increase in levels of pain

Changes in memory and perception

Disruption in your perceptions of safety, trust, and independence

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School administration and leadership can help support providers by reducing the risk of extreme stress through implementing procedures and policies. Consider:

- Encouraging work breaks
- Rotating of providers from the most highly exposed assignments to lesser levels of exposure
- Identifying enough supports to meet the needs of administration, staff, students, and families
- Encouraging peer partners and peer consultation
- Monitoring providers who meet certain high risk criteria, such as: those who have been directly exposed to the event, those having regular exposure to severely affected individuals or families, those with multiple stresses (e.g., family changes, health problems)
- Ensuring regular supervision, case conferencing, staff appreciation events
- Conducting trainings on stress management practices and encourage the use of such practices
- Supporting open communication

## Self-Care

Self-care is the ability to engage in helping others without sacrificing other important parts of one's life. It's taking responsibility for job functions you have control over, the ability to maintain a positive attitude towards the work despite challenges, and your right to be well, safe, and fulfilled.

It's important to remember that self-care is not an emergency response plan to be activated when stress becomes overwhelming or that having a good self-care plan means you are acting selfishly. Healthy self-care can renew our spirits and help us become more resilient.

Think of self-care as having three basic aspects:

Awareness	The first step is to seek awareness. This requires you to slow down and focus inwardly to determine how you are feeling, what your stress level is, what types of thoughts are going through your head, and whether your behaviors and actions are consistent with the who you want to be.
Balance	The second step is to seek balance in all areas of your life including work, personal and family life, rest, and leisure. You will be more productive when you've had opportunities to rest and relax. Becoming aware of when you are losing balance in your life gives you an opportunity to change.
Connection	The final step is connection. It involves building connections and supportive relationships with your co-workers, friends, family, and community. One of the most powerful stress reducers is social connection.



## Self-Care Checklist

There are several ways you can find balance, be aware of your needs, and make connections. Use this list to help you decide which self-care strategies will work for you.

**Make every effort to:**

- |  |  |
|--|--|
| <input type="checkbox"/> Seek out and give social support  | <input type="checkbox"/> Access supervision routinely to share concerns, identify difficult experiences and strategize to solve problems |
| <input type="checkbox"/> Check in with other colleagues to discuss the response to the emergency                   | <input type="checkbox"/> Anticipate that you will experience recurring thoughts or dreams, and that they will decrease over time         |
| <input type="checkbox"/> Schedule time for a vacation or gradual reintegration into your normal life               | <input type="checkbox"/> Keep a journal to get worries off your mind   |
| <input type="checkbox"/> Prepare for worldview changes that may not be mirrored by others in your life             | <input type="checkbox"/> Ask for help in parenting, if you feel irritable or are having difficulties adjusting back to your routine      |
| <input type="checkbox"/> Participate in formal help if extreme stress persists for greater than two to three weeks | <input type="checkbox"/> Plan for family/home safety, including making child care and pet care plans                                     |
| <input type="checkbox"/> Increase leisure activities, stress management, and exercise                              | <input type="checkbox"/> Practice brief relaxation techniques during the workday   |
| <input type="checkbox"/> Pay extra attention to health and nutrition   | <input type="checkbox"/> Use a buddy system to share upsetting emotional responses   |
| <input type="checkbox"/> Self-monitor and pace your efforts  | <input type="checkbox"/> Stay aware of limitations and needs   |
| <input type="checkbox"/> Maintain boundaries: delegate, say "no," and avoid getting overloaded with work           | <input type="checkbox"/> Recognize when one is Hungry, Angry, Lonely or Tired (HALT), and take the appropriate self-care measures        |
| <input type="checkbox"/> Pay extra attention to rekindling close interpersonal relationships                       | <input type="checkbox"/> Increase activities that are positive   |
| <input type="checkbox"/> Practice good sleep routines  | <input type="checkbox"/> Practice religious faith, philosophy, spirituality  |
| <input type="checkbox"/> Make time for self-reflection   | <input type="checkbox"/> Spend time with family and friends  |
| <input type="checkbox"/> Find things that you enjoy or make you laugh  | <input type="checkbox"/> Learn how to "put stress away"  |
| <input type="checkbox"/> Try at times not to be in charge or the "expert"  | <input type="checkbox"/> Write, draw, paint  |
| <input type="checkbox"/> Increase experiences that have spiritual or philosophical meaning to you                  | <input type="checkbox"/> Limit caffeine, cigarettes, and substance use   |

Be careful of engaging in activities that can hinder your attempts at good self-care. Avoid:

- Extended periods of solo work without colleagues or working "round the clock" with few breaks
- Negative self-talk that reinforces feelings of inadequacy or incompetency
- Common attitudinal obstacles to self-care (e.g., "It would be selfish to take time to rest.")
- Negatively assessing your contribution
- Use of excessive use of alcohol, illicit drugs, or excessive amounts of prescription drugs



