



State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

**DHCS BH All Provider Call**  
**Brief Summary – 2/3/21**

[Link](#) to meeting notes and weekly meeting invite on DHCS webpage

To get on mailing list for updates, email [LCDQuestions@dhcs.ca.gov](mailto:LCDQuestions@dhcs.ca.gov)

**DHCS updates (Kelly Pfeifer)**

- This week, DHCS released [telehealth policy](#) which details proposed flexibilities to continue after the conclusion of the public health emergency.
- Behavioral health has always allowed telehealth space, but it was not widely available across the state. We hope that this ongoing flexibility allows providers to continue to use this modality after the emergency.

**DSS updates (Vicki Smith)**

- If you are licensed by DSS Community Care Licensing and you are having staffing shortages, please reach out to your LPA for solutions.

**CDPH Updates (Dr. Erin Epton, Miren Klein)**

• **Vaccine Updates**

1. Vaccines have been administered at a quicker pace, but there is still a lag in reporting.
  - a. Total of 3.6 million Californians have been vaccinated (including 1<sup>st</sup> and 2<sup>nd</sup> doses).
  - b. Total of 600,000 Californians have received an entire vaccine series.
2. A list of BH facilities by county with contact information has been added to the Sharepoint site used by local public health departments.
3. We will be contracting with BlueShield as the 3<sup>rd</sup> party to help with vaccine administration and with Kaiser to help with outreach to vulnerable populations. We hope to have the contract final by next week. Equity framework focuses on:
  - a. Payment for services in vulnerable populations.
  - b. Enhanced payment to facilities with extended hours and multiple language services.

4. [Click here](#) for latest information on vaccine allocations, how to get alerts for when vaccines are available, and how to schedule appointments (SF Bay Area, San Diego and LA, for priority populations).
- **Other CDPH updates**
    1. We are continuing to see decreases in number of new cases and hospitalizations.
    2. Variety of new variants
      - a. We have only identified 150 cases of the variant from the UK mostly in Southern California with some in Northern California. This is the more infectious variant, but current evidence indicates the vaccines are effective against this variant.
      - b. We have not seen the South African or Brazilian variants in California; it is not known if the vaccine is less effective against these variants.
    3. Double masking with an N95 respirator
      - a. Double masking was intended for people out in the community who do not have access to a N95 respirator.
      - b. For individuals who have N95 respirator, double masking is counterproductive -- additional masks impact fit and seal.
      - c. You should only wear a mask over your N95 respirator if it has an exhalation valve. Exhalation valves allow release of unfiltered air and therefore do not protect others.
    4. Testing upon admission:
      - a. We do not recommend routine admission or pre admission testing for facilities other than skilled nursing facilities, as it can lower community bed capacity.

#### **Health and Human Services Agency update** (Stephanie Welch and Brijesh Varma)

- Governor's announcement 2/3/21 about updated vaccine strategy:
  1. [Press Release](#)
  2. [Press Conference](#)
- The state is recruiting nursing staff, primarily for medical facilities; reach out to local MHOAC for additional guidance.

#### **State Hospitals**

- Admissions were briefly suspended at the beginning of the emergency and on January 12 for 30-days (lifted early for three hospitals) to prevent hospital outbreaks.
- Hospitals are typically 800-1500 beds, with up to 50-60 bed units with a dormitory style.
- To prevent outbreaks:
  1. Reduced the population at hospitals from a 97% occupancy to provide space for pandemic response.
  2. Created admission units where new patients are brought into separate rooms and quarantined 14 days while being observed, then moved to housing unit.

3. Created an isolation unit in the case of an outbreak.
  4. Admission units are used as flexible units depending on outbreaks, sometimes we will have to slow or stop admissions.
- Waitlist has grown (now just under 2000 for all commitment types), but largest increase has been in the incompetent to stand trial group -- budget proposals aim to increase community-based options for the incompetent to stand trial commitments.
  - For more information regarding the status of specific individuals on the Department of State Hospitals waitlist please contact our Patient Management Unit, [pmu@dsh.ca.gov](mailto:pmu@dsh.ca.gov)

## **Questions and Answers**

***Q: For behavioral health facilities unable to get staff vaccinated, what is the recommended course of action?***

***A: Contact your local health department.*** If unsuccessful, reach out to your county behavioral health director.

***Q: Is there clarity yet about residents of behavioral health congregate care settings? Can they be vaccinated?***

***A: We do not have any additional information.*** Currently on phase 1a which is healthcare employees and phase 1b which is 65 and over, plus people from childcare, emergency services, and agriculture sectors.

***Q: Is there truth to the possibility of needing a booster for the variants if you got the Moderna vaccine?***

***A: This is unknown, there are current CDC discussions with the Moderna manufacturer.*** We have not received guidance from CDC yet, however, the vast majority of variants appear to be responsive to this vaccine.

***Q: Do you have a separate waitlist for long term and 1369 (incompetent to stand trial) clients?***

***A: Yes, there are separate state hospital waitlists based on the different commitment types, currently 1,591 on this waitlist.***

***Q: Do you recommend using a face shield over an N-95 respirator to protect the people we serve?***

***A: A face shield can be safely used over a N95; an additional face mask over an N95 should not be used.***

***Q: Are N95 respirators the same as N95 masks?***

***A: Respirators are the correct term for N95, although they are commonly called masks.***

***Q: Is it recommended to wear double masks with KN-95 masks?***

***A: No, it is not necessary, especially if you have no positives in your facility.***

**Q: How do you suggest balancing potential for month-long facility closures due to outbreaks vs admissions testing with quarantine (which can be difficult depending on the facility and population)?**

**A: Vast majority of outbreaks are actually initiated by staff members, since they are coming in and out of the facility.** Screening staff members for symptoms and quickly identifying and quarantining staff with exposures (and isolating for infection) is recommended to prevent outbreaks caused by staff.