

# WORKING REMOTELY

## A Resource Guide for County Behavioral Health Staff During the COVID-19 Pandemic

The unprecedented COVID-19 pandemic has altered where and how county behavioral health staff work. Many of you are now working remotely and providing services through telehealth. This guide is a compilation of tips, tricks, and best practices pulled from conversations with all of you, along with some resources from state and national experts.

Area Administration partnered with the Division of Care and Treatment Services (DCTS) to put this resource guide together. The guide is organized into two sections—our work environment and your practice environment.

### Section I: Your Work Environment

- [Physical Space – Working from Your Home](#)
- [Physical Space – Working from Your Office](#)
- [Information Technology – Using IT from Home](#)
- [Maintaining Staff Physical, Emotional, and Mental Health](#)

### Section II: Your Practice Environment

- [Telehealth – Service Delivery Platforms](#)
- [Telehealth – Practice](#)
- [Documentation](#)
- [Face-to-Face Contact](#)
- [Recovery – Next Steps Following Safer at Home](#)

## SECTION I: YOUR WORK ENVIRONMENT

### Physical Space – Working From Home or Home Office

With the COVID-19 crisis, many workers have had to move their offices from the familiarity of county agency buildings into their own homes or other remote locations. Working from home can present its own set of challenges on top of the challenging work county workers do already. This section gives some guidance on successfully working from a home or remote office.

#### Physical Office Space

- If you can, designate space within your home specifically for your office. It is best if this can be a room where you can shut the door if needed, especially if others are home during working hours.
- Set rules about your office space with others in your home to minimize distractions. Examples:
  - If the door is closed, you are busy.
  - Hang a sign on the door about your availability.

- Set aside designated times each day according to your schedule that kids and others can come to you with questions or concerns to avoid continual disruptions.
- If feasible, do not work in the same room where you sleep. Do not work while sitting in bed. It is important to keep workspace and sleep space separate.
- Try to maintain a comfortable temperature for working. If it's too hot, it can make you sleepy; too cold might affect your concentration.
- Complete a self-ergonomic assessment of your workspace to ensure safety and comfortability. See [Mayo Clinic Ergonomic Assessment](#)

### **Daily Routines**

- Maintain a regular daily personal schedule.
  - Go to bed and get up around the same time each day.
  - Get ready and get dressed in the morning as if you were heading into the office.
- Try to maintain regular work hours.
  - If possible, set standard work hours for the week.
  - Stick to a time when your workday will end each day.
  - When your workday ends, shut down your computer and physically leave your workspace as a cue to transition to personal time.
  - Resist the urge to check emails after hours unless you are expecting an urgent message.
- Schedule short break periods to get up from your desk and move around. Many fitness devices (for example, Fitbit) can help by giving these reminders regularly.
- County behavioral health staff are considered "essential workers" and can request child care through DCF's webpage: <https://dcf.wisconsin.gov/covid-19/childcare/essential>
- Tips for coordinating your work schedule with your child's schooling:
  - Plan ahead with the school requirements for the week and/or day.
  - Establish a school schedule with your child. Determine what assignments they are independently able to complete and what requires your assistance.
  - If necessary, coordinate with your child's teacher(s) regarding expectations and creative ways to fulfill educational requirements.
  - Check in with your children during your breaks from work.
  - If allowed, flex your work schedule around your child's schoolwork expectations. Start your day earlier or work later than usual.
  - Make it fun—use technology and other creative methods to educate your children and to fulfill their requirements.

### **Privacy**

If dealing with confidential client information:

- In paper form:
  - Ensure you have secure, locking cabinets in which to store this information as needed.
  - Be sure to shred this information as soon as it is no longer needed.
  - Be aware of, and adhere to, policies about possessing hard copies of client files outside of the office.
- On your computer or work phone
  - Ensure your computer is password protected and lock your computer when stepping away.
  - DO NOT share your password with others!
  - Ensure you are using your agency's VPN access and/or a secured home Wi-Fi network.
  - DO NOT use unsecured or public Wi-Fi access for confidential work.

## **Staying Connected**

- Tools for connecting with colleagues and/or conducting meetings remotely: Zoom, Microsoft Teams, Skype, Google Hangouts, Webex, Bluejeans, or many other options.
- Don't underestimate the value of staying connected with your colleagues, especially during these stressful times. Ideas for staying connected:
  - Beginning of day touch base.
  - Lunchtime remote gatherings.
  - Routine meetings.
  - Weekly wellness activities.

## **Physical Space – Working From Your Office**

Maintaining a safe office space for staff is a crucial part of current work practice. There are many ways to prevent the spread of disease in a shared workplace through staffing arrangements, physical layout, and cleaning practices.

### **Staffing Arrangements**

- Rotate staff in a way that prevents one COVID positive worker from infecting the entire team. Think strategically about what staff need to come into the office and which co-workers they will come into contact with.
- Explore creative ways to maximize the number of staff who can work from home vs. coming into the office.

### **Physical Layout**

- If the building is open to consumers, consider ways to maintain staff and consumer safety.
  - Have clear messaging for consumers who may physically present at the building. Which types of consumers can enter? Should they call an alternate number for assistance?
  - Limit access to only one building entrance, designate a consumer meeting room near the entrance, install physical barriers (for example, glass or plastic windows, wide desks) at reception areas to limit close contact between triage personnel and potentially infectious patients, etc.
- Maintain physical distancing—a minimum of 6 feet apart. This may mean temporarily rearranging workspaces.
- PPE is considered the least effective way to control exposure to occupational hazard (see Hierarchy of Controls discussion in the Face-to-Face Contact section).

### **Cleaning Practices**

- Post signs about handwashing, social distancing, cough etiquette, etc.
- Provide a mask to consumers visiting the building.
- Provide hand sanitizer throughout the building.
- Clean all high-contact surfaces, such as copy machine buttons and doorknobs, several times each day with EPA-approved sanitizers.
- Sanitize the meeting room between all meetings.
- DHS and the CDC have a number of good cleaning resources: [CDC Cleaning and Disinfecting Guidelines](#) and [Cleaning and Disinfecting after a COVID-19 Confirmed Case](#).

## **Information Technology – Using IT from Home**

During the COVID-19 crisis many workers have found themselves suddenly and unexpectedly working from home. Many times this has required innovation and flexibility on both your part and the agency's in order to continue to do our best work. In areas of Wisconsin where the individual's home has access to internet and the agency is able to provide appropriate devices, working from home has been a smooth transition. For those less fortunate, below is a list of suggestions for overcoming obstacles that others have faced.

### **Tech Equipment**

- Some agencies had staff take their desktop computers home.
- Some agencies are allowing staff to use personal computers and are having them log into the system using VPN.
- Agencies that cannot send desktop devices home, or that have a shortage of devices, can ask their IT department to refurbish old computers that are "lying around" for staff to take home.
- County IT departments can assist staff with setting up their home systems through FaceTime, phone calls, or written instructions.
- If you are primarily using a work cell phone, consider using a Bluetooth headset for hands-free capability as opposed to holding onto a phone much of the day.
- If available, consider requesting dual monitors, keyboards, wireless mice, headsets, etc., for increased productivity, comfort, and ergonomics.
- Some staff request bringing their office chair home for back support.

### **Internet and Cellular Coverage**

- Working from home will likely require internet service. For staff who do not have internet service, or may have a limited supply, agencies may need to purchase, provide, or increase their internet capacity.
- Some staff members may live in rural areas where cell or internet coverage is limited or unavailable. In areas where cell coverage is available, but home internet is not, the staff member could utilize cellular hotspots for internet services. Verizon typically has the most comprehensive coverage in rural northern Wisconsin communities.
- Rural areas with neither cell coverage nor home internet coverage may need satellite internet services and landline phones installed.

**Please refer to the Telehealth Service Delivery Platforms section for further information**

## **Maintaining Staff Physical, Emotional, and Mental Health**

During this COVID-19 crisis behavioral health departments should consider developing wellness policies that maintain an acceptable amount of flexibility and precaution for workplace personnel, service providers, and consumers.

## Wellness Considerations

- It will be necessary to have a return-to-work policy for staff who have tested positive for COVID and for those who have been exposed. Plans should also be in place for workers who have conditions that put them at risk for a more gradual return to work or longer period of working from home after the order is lifted. Management may need to be flexible and understanding with staff comfort level during this time. [DHS Return to Work Guidance](#).
- Encourage employees to utilize your employee assistance program and other benefits that are available.
- Allow flexible hours of work to the extent possible for remote workers.
- Recognize the importance of work and life balance and emotional well-being. The [Resilient Wisconsin website](#) has helpful information.
- If working from home, set reminders to take regular breaks to get up and move around, even if only for a few minutes.
- If working from home, pre-plan lunches in case your day gets busier than expected. This way you will have a quick meal vs. skipping lunch or eating junk food.
- If you are injured during work time at your remote office, report this to your supervisor immediately.
- Organize "Wellness Bingo," trivia games, healthy recipe sharing, or other fun connecting activities via email or video.
- Organize virtual walking, exercise, or mindfulness groups using technology.
- Maintain staff relationships with regular check-ins and/or group lunches via video for remote workers if possible.

## Online Wellness Resources

- [Guide to Well-Being During Coronavirus](#). This article has a good number of resources and clickable links on self-care, parenting, and managing anxiety
- Recognize and support the importance of self-care: A [Compassion Resilience Toolkit](#) Wise Wisconsin.
- [Taking Care of Our Patients, Our Teams, and Ourselves: Trauma-Informed Practices to Address Stress Related to COVID-19](#) from the California Department of Health Care Services.
- UW-Center for [Healthy Minds COVID-19 Toolkit](#).
- [WPR-How to Cope with COVID Anxiety](#)
- A closed [Facebook group for caregivers](#).

# SECTION II: YOUR PRACTICE ENVIRONMENT

## Telehealth – Service Delivery Platforms

Telehealth quickly became a necessary way of doing business, replacing face-to-face contacts during the Safer at Home order. This section explores telehealth's various formats. Keep in mind that some telehealth policy changes are temporary.

## Telehealth Programs

- [Doxy.me](#). Specific to telehealth so it's very popular. County staff report it is free, easy to use, and works on many platforms. A Business Associate Agreement is reportedly included and no download is needed.
- [Bluejeans](#).
- [Zoom](#). May require download on some devices. Free accounts limit number of participants and length of meetings. Security concerns include Zoom bombing but can be addressed with security measures.
- [Skype for Business](#). Requires download.
- FaceTime for iPhones/Video Calling for Androids. Not HIPAA compliant.
- Google Meet. Requires users to install a plugin, a Google account is required, and there is a fee.
- [WebEx](#). Virtual Meeting platform. HIPAA Compliant. Intended for medical providers. Plugin required and there is a fee.
- [Microsoft Teams](#).
- [Go to Meeting](#).

## Telehealth Considerations

- Some rural locations will require landline telephone service as there is no cellular coverage.
- Consider creative funding streams (for example, county levy or CCS administrative costs) for providing (loaning) consumers with phones or tablets to allow telehealth services.
- Be prepared to help consumers plan for a private location for the telehealth session (for example, car, bedroom) and, if possible, have a list of Wi-Fi hotspots in the consumer's neighborhood or community (for example, schools, libraries).
- Plan for technical difficulties ahead of time with the consumer (for example, call back number in case of dropped call, move to phone only if screen freezes).
- When exploring different video apps, consider the following:
  - Which apps will work across devices (for example, Samsung to iPhone).
  - Which apps require the consumer to download an app or some type of software, confidentiality and HIPAA compliance, ease of use (using apps that consumers are not familiar with).
  - Which apps are already familiar to consumers, and intended audience (are you communicating primarily with providers or consumers).

## Telehealth – Practice

This section includes policy and engagement recommendations for telehealth practice.

### Telehealth Policy

- The three key [ForwardHealth Updates](#) opening up telehealth services are 2020-09, 2020-12, and 2020-15.
- The U.S. Department of Health and Human Services (HHS) will "exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers" using telehealth: [OCR Enforcement Discretion - Telehealth](#).
- Release of Substance Abuse patient information. [SAMHSA's guidance on 42 CFR Part 2](#) indicates that disclosure of patient identifying information may only be shared without permission during medical emergencies.
- [Potential funding opportunity for telehealth](#) from the Federal Communications Commission.

## Telehealth Engagement Strategies

- *Shorter and more frequent contacts.* Compared to face-to-face contacts, consumers may respond better to shorter, more frequent telehealth contacts.
- *Informal supports.* In the midst of this unprecedented crisis, everyone needs friends and family. Additionally, a challenge of working through telehealth is the potentially impersonal and distant feel to the interaction. Social isolation, combined with the abrupt transition from face-to-face contact with providers to telehealth, magnifies the importance of informal supports in consumers' lives. Consider ways to connect consumers to the informal supports on their teams or in their crisis plans; if informal supports were not already a part of consumer case plans, begin building up those networks during this crisis.
- *Coordinate with providers.* For programs like CCS, have contracted providers also make contact with consumers. Keep consumer teams engaged.
- *Explain telehealth.* Use mailings, phone contacts, informal supports, and formal supports to explain the need for telehealth to consumers. Discuss the risks and benefits of telehealth and obtain informed consent.
- *Stay informed.* Information about telehealth practice grows daily (for example, webcasts, online toolkits, trainings). Try to make time to keep yourself informed (for example, the Medical University of South Carolina's [Guide for Transitioning to Telehealth](#)).
- *Be creative.* Some therapists who are doing telehealth with younger children are trying to be creative with making things into a game.
- *Plan ahead.* Be organized prior to the contact, share expectations for the contact with the consumer, minimize distractions during the contact, etc.
- *Connect with virtual resources.* Many service providers are offering virtual services now. For example, some AA/NA groups are offering virtual meetings (one local example - [Chippewa Valley NA](#)).
- *Telehealth Challenges.* Telehealth brings a unique set of practice challenges to navigate:
  - Privacy concerns (for example, family members overhearing conversations, telehealth contacts being recorded).
  - Technology limitations—either not having or not knowing how to use telehealth technology.
  - Difficulty engaging and assessing consumers without having face-to-face contact.
  - Some consumers experience paranoia and struggle with telehealth due to this.

## Documentation

During this time, while county behavioral health staff are providing services mostly via telehealth due to the COVID-19 crisis, it remains essential to maintain proper documentation, such as informed consent, admission paperwork, assessments, and treatment plans. Staff should be sure to clearly note in case notes and consent documents why services are not being delivered face to face at this time, as well as all efforts the county is making toward gathering necessary signatures.

## Signatures - Consent for Telehealth

- National Association of Social Workers Telehealth Informed Consent form: [NASW Telehealth Informed Consent](#).
- Obtain verbal consent via telephone and follow-up with email and mail.

- Email documentation to consumer for signature.
  - Physical signature can be provided, scanned or a photo taken, and sent back.
  - Email written acknowledgement from consumer as alternative to signature.
- Mail documentation for signature with envelope to be returned once signed. If mail is not an option consider hand delivering the documentation for signature while adhering to social distancing. Ask for it to be signed immediately or ask for it to be mailed back.

### **Signatures - Admission Paperwork, Assessments, and Treatment Plans**

Signatures for routine paperwork are normally electronic.

- Document the conversation around verbal approval.
- Email paperwork for signature.
  - Physical signature can be done, scanned or a photo taken, and sent back.
  - Email written acknowledgment as alternative to signature.
- Mail documentation for signature with envelope to be returned once signed. Hand deliver documentation for signature while adhering to social distancing. Ask for it to be signed immediately or ask for it to be mailed back.

### **Other Documentation**

- To avoid challenges with electronic documentation, be sure to follow your county protocol for entering documentation electronically.
- If you are unable to document something electronically from home, and need to go to the office to complete the documentation, try to go to the office at a time when your risk of COVID-19 exposure is minimized.

## **Face-to-Face Contact**

While county behavioral health staff interventions have shifted primarily to telehealth during this COVID-19 crisis, there continues to be a need for meeting with consumers face to face. This section offers tips to consider for the three stages of a face-to-face contact: preparing for the contact, the face-to-face interaction, and post-visit safety precautions.

### **Preparing For Face-to-Face Contact with a Consumer**

1. Determine if face-to-face contact is necessary. Many agencies have adopted guidelines for determining when face-to-face contact is necessary to meet the needs of a consumer. County behavioral health staff should be familiar with those policies. Supervisory approval prior to initiating a face-to-face contact is a common element in those policies.
 

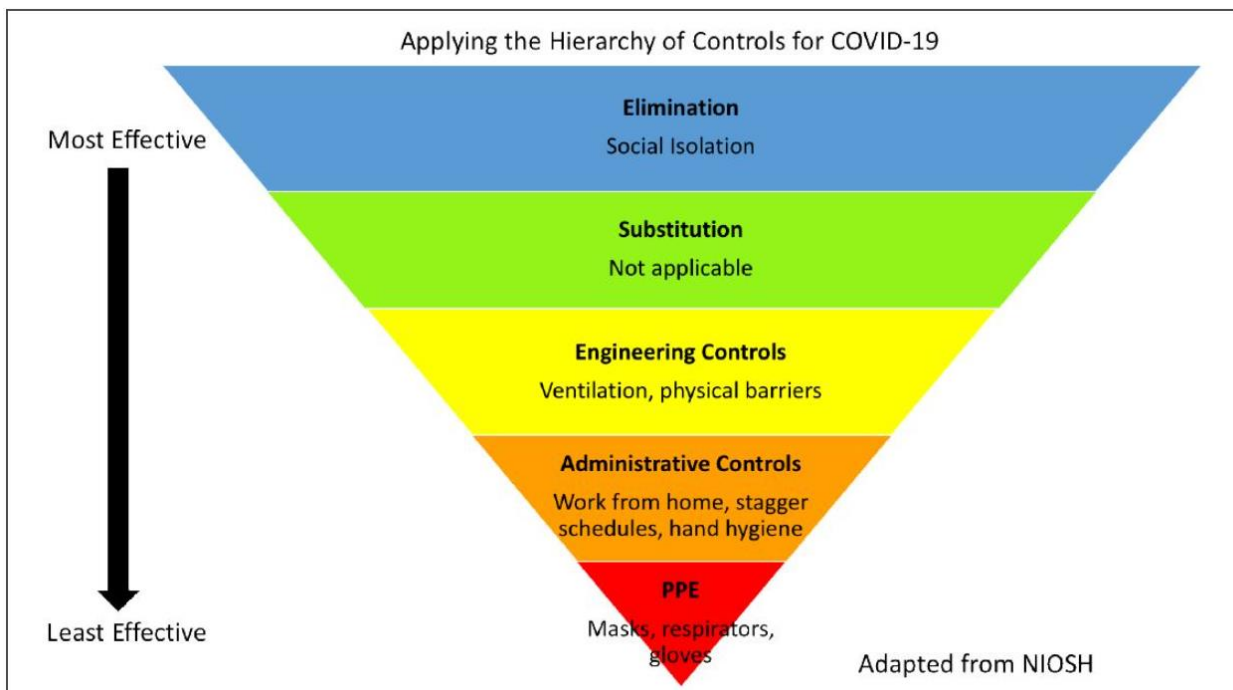
**Note:** When you are trying to determine if a face-to-face contact is needed, consider contacting collaterals. Often times the consumer's formal and informal supports have valuable information regarding the well-being of the consumer and can help to inform if a face-to-face contact needs to occur, and if so, how the contact can occur in the safest possible manner.
2. Prior to responding to a consumer's home, if the contact is for a "legitimate purpose related to public safety," your local dispatch can inform you "if there has been a positive COVID-19 test result at that specific address." ([Emergency Order #19](#)).
3. In addition to contacting dispatch, consider conducting a phone screen with the consumer (or, if appropriate, another household member). The phone screen should include these two questions:



- Did the consumer, or anyone in the home, have exposure to someone who is symptomatic or tested positive for COVID-19 within the past 14 days?
  - Does the consumer, or anyone in the home, have a recent (past 14 days) fever (measured temperature >100.0 F (37.8C) or subjective fever), cold or cough, shortness of breath, or flu-like symptoms?
    - **Note:** COVID symptoms can include: fever, cough, shortness of breath, sore throat, headache, fatigue, body or muscle aches, nausea, vomiting, diarrhea, loss of smell, loss of taste.
    - **Note:** Supervisors might want to ask their workers these same questions prior to a face-to-face contact to avoid workers spreading COVID-19 in the community.
4. Just before leaving your office or home, call to confirm the necessary participants are still available to meet.

### The Face-to-Face Interaction

Personal protective equipment (PPE) can be an important component to protecting consumer and worker safety during a face-to-face meeting. However, PPE is not always available and it is not the only way to control exposure to an environmental hazard like COVID-19. The National Institute for Occupational Safety and Health developed the [Hierarchy of Controls](#) "as a means of determining how to implement feasible and effective control solutions" for occupational hazards. Johns Hopkins [applied the Hierarchy of Controls specifically to COVID-19](#) (diagram below).



Here are some tips to staying safe during visits with consumers organized by the Hierarchy of Controls.

- Elimination (physically remove the hazard):
  - Stay home if you are sick.
  - Maintain physical distancing (at least 6 feet) during the meeting.
- Engineering Controls (Isolate people from the hazard):
  - Meet with the consumer outside or in a well-ventilated area.

- Limit contact with your surroundings by placing a barrier between your notepad or laptop and the object it will rest on, place a barrier on furniture before sitting down, etc.
- Administrative Controls (Change the way people work):
  - Only bring in necessary supplies, equipment, and materials.
  - Wash your hands ([Handwashing Sign](#)) before and after the meeting; bring hand sanitizer (alcohol-based hand sanitizer with at least 60% alcohol) with you.
  - To the extent practical, try to avoid touching high-contact surfaces: doorknobs, railings, tabletops, etc.
- Protect the worker with personal protective equipment (PPE):
  - The official channel to request PPE is through your [local emergency manager](#).
  - Your local public health colleagues are a great resource for learning how to safely use PPE.
  - DHS has a regularly updated [webpage devoted to PPE](#).
  - Consider obtaining PPE from non-traditional providers: craft stores, auto parts stores, agricultural stores, etc.
  - To make limited PPE stretch further, some counties are designating certain staff to respond face-to-face in the community; only those staff are fitted for PPE, as opposed to an entire team (for example, the crisis team or all the CSP case workers).
  - If N95s or surgical masks are not available, behavioral health workers should implement use of universal cloth face coverings when entering the consumer's home. Instructions for making a [cloth face covering](#).
  - The National Adult Protective Services Association recently hosted a webinar titled [Safety Practices and Use of Personal Protective Equipment for Community Visits](#) that many of your APS co-workers found helpful.

### **Post-Visit Safety Precautions**

Following a face-to-face meeting with a consumer, you can take a few extra steps to minimize the potential spread of COVID-19 beyond the meeting.

- Keep hand sanitizer in your vehicle.
- Disinfect your vehicle - [CDC Guidelines for Disinfecting Vehicles](#).
- Have a bag in your vehicle to place your PPE in when you remove it. Either dispose of PPE, or sanitize/wash if applicable.
- Wash your clothes; use the warmest possible temperature for the fabric and avoid shaking dirty clothes ([CDC Guidelines for Household Cleaning](#)).

## **Recovery – Next Steps Following Safer at Home**

As stated in the current Wisconsin Badger Bounce Back recovery plan, getting Wisconsin moving again will not be as simple as turning on a light switch. We need to slowly “turn up the dial” on our economy and the return to work. Both the state and federal ([Opening Up America Again](#)) governments have created procedures that incorporate gating criteria that need to be met before states can consider a return to work, as well as a tiered set of phases for organizations to implement the return to work.

Human service agencies will have additional things to consider as they develop policies that maintain an acceptable amount of flexibility and precaution for workplace personnel, service providers, and consumers during the transition phase. Consumers will require additional support from service

facilitators as they begin their transition from current telehealth interactions with staff and providers back to normal operations.

Below is a list of recommendations for transitioning human service employees back to the workplace AND general guidelines in providing support to consumers as they navigate from a telehealth service delivery model to in-person engagement.

### **Returning Human Service Employees to the Workplace**

- The Wisconsin Economic Development Corporation has helpful [reopening guidelines for business](#).
- Develop and implement policies and procedures for workforce contact tracing.
- Return agency staff to traditional work locations in phases.
- Strongly consider special accommodations, including extension of telework alternatives for personnel who are members of a vulnerable population.
- Monitor workforce for COVID-19 symptoms. Do not allow symptomatic people to physically return to work until 10 days after symptom onset:
  - At least three days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (for example, cough, shortness of breath).
  - At least 10 days have passed *since symptoms first appeared*.
- Consider implementation of daily temperature checks for all staff.
- Continue efforts to procure sufficient inventory of PPE.  
**Note:** No one will see “sufficient PPE” for years, if based on the previous “use once and dispose” model. Base all workplace supply requirements on absolute minimal practical use and concentrate on non-contact—at least for the next year.
- Disinfect common and high-traffic areas. See [CDC guidelines for disinfecting](#).
- Minimize nonessential business travel, home visitations, and person-to-person contact.
- Meeting with consumers in the home environment should be avoided if occupants are under public health or medical investigation for COVID-19, or are presently self-reporting COVID-like symptoms.

### **Transitioning Consumers from Telehealth to In-Person Visits**

- Review individual service plans with consumers across all programs. This process should include an individual and person-centered plan with the focus of allowing a safe transition from telehealth to in-person service delivery.
- Continue the use of telehealth technology for consumers who have [underlying health conditions](#) or a reluctance to return to office setting environments following the pandemic should be considered.
- Temporary approvals for telehealth services may or may not continue permanently, which will impact agencies’ ability to continue offering telehealth services.
- Consider setting up telehealth rooms at the county building (intake rooms, telehealth kiosks, or virtual care offices) to allow consumers to have a safe, private, and video-equipped room for telehealth. This can serve to protect consumers and staff who might be at higher risk and need more time before they can safely resume face-to-face contacts.
- Provide written explanations to consumers regarding any telehealth services that are discontinued after COVID-19 temporary approvals are discontinued to help them understand and adjust.
- Post signage in all waiting rooms encouraging customers to practice safe distancing as they wait for appointments.
- Space waiting room chairs at least 6 feet apart.

- Sit at least 6 feet apart from consumers during visits and sanitize sitting areas in between each consumer appointment.
- Provide hand sanitizer in all waiting room areas.
- Maintain regular contact with other human service organizations for advice, support, and brainstorming regarding developing best practices for this unprecedented transition.
- Provide consumers with face masks to wear during meetings and encourage consumers to safely store them for other use (homemade masks are readily available in many places).



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