

# COVID-19 prioritization guidelines for behavioral health populations:

A tiered approach for managing  
at-risk populations in the event of  
diminished workforce capacity



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## Purpose of the COVID-19 behavioral health prioritization guidelines

As the COVID-19 pandemic progresses, the behavioral health community in Oregon must plan for continued contraction of services available to people with behavioral health disorders. As a result, it is necessary to prioritize available services for the most at-risk populations while still maintaining some level of continued access across the clinical spectrum.

This document offers guidelines, both for individual provider organizations to prioritize internal resources in the event of staff shortages and for the behavioral health network to collectively agree on the prioritization of those resources. The guidelines were created with collective input from regional behavioral health leaders, who were convened for an issue-specific taskforce by the Health Share of Oregon Clinical Advisory Council and CareOregon in March 2020. This document is not intended to reflect current or future services funding.

An overarching principle embedded throughout this framework is that individual and community contexts must be considered, specifically individuals and communities that experience greater health disparities and vulnerabilities such as the homeless, LGBTQ and culturally specific populations.

## Tiered approach to population risk

The guidelines use clinical criteria to assign populations into three tiers of risk:

- Tier 1 are those who are most at risk in our community for decompensation, suicide, overdose or relapse, or need for higher levels of care.
- Tier 2 are those who are at high risk but not currently clinically assessed to be at the highest risk for requiring inpatient services or immediate risk in the community.
- Clients who only meet criteria for services listed under Tier 3 (and not the higher intensity Tier 1 or Tier 2 services) are the least at risk in our community.

Should resources become constrained due to staff shortages or other factors, resources at the provider and community level should be directed towards the higher-risk clients who meet clinical criteria for Tier 1 services.

*Example.* Using this population-based approach means that adults meeting clinical criteria for Assertive Community Treatment (ACT) services (a Tier 1 group) should be prioritized over clients who only meet clinical criteria for Level A Mental Health services (a Tier 3 group). The exact service array and modality for Tier 1 clients may need to shift (e.g., to telehealth) to continue meeting their support needs.

## Core services for all clients

In addition to using clinical criteria to prioritize populations most at risk, these guidelines include a core set of services that should be made available across the spectrum of clinical needs. One example of a core service is medication management. While the exact modality and frequency of services may vary, a core, essential service that should remain available to consumers across the

system is medication access, regardless of whether or not they only meet clinical criteria for the Tier 3 group.

The intent of this tiered approach is to provide guidance if/when services must be shifted or reallocated due to pandemic progression affecting staffing levels and other services contingencies.

**Please note:**

- These guidelines should not be interpreted as recommendations to discontinue or eliminate services under Tier 3. All services, including outpatient services, are essential services that will need to be creatively leveraged in order to meet the needs of highest risk client populations;
- Peer-delivered services are embedded in many of these services and therefore are not called out specifically.
- The tiers were developed with consideration for redeployment of staff from lower to higher tiers, where possible.

**Definitions for levels of care**

- **Mental health:** See CareOregon's [Behavioral Health Utilization Management Procedure Handbook](#) for programmatic definitions, including definitions of mental health Levels A-D. Youth criteria begins on page 14, and adult criteria begins on page 26.
- **Substance use disorders:** See the [ASAM Continuum](#) for ASAM level of care definitions.

**Tier 1 services and proxy for clinical priority**

Core services across the spectrum of clinical needs:

- Crisis response: Crisis line and mobile crisis services
- Crisis stabilization
- Medication management: Adult (including clozapine and long-acting injectable medications)
- Medication management: Youth
- I/DD medication management: Adult and youth
- Culturally specific services
- High-risk care coordination
- Telephonic care coordination: Health and safety screenings

Facility-based services:

- Eating disorder partial hospital/IOP: Adult and youth
- Eating disorder residential: Adult and youth
- Inpatient electroconvulsive therapy (ECT): Adult
- Outpatient electroconvulsive therapy (ECT): Adult

- Inpatient psychiatric hospitalization: Adult and youth
- Psychiatric residential treatment services: Youth
- Sub-acute: Adult and youth
- MH partial hospitalization program: Adult and adolescent
- SUD high-intensity medically monitored res Tx: Adult (3.7)
- SUD withdrawal management, including ambulatory detox: Adult
- Residential SUD and MH care facilities

**Community-based services:**

- Community-based intensive treatment: Youth
- Assertive community treatment (ACT): Adult
- Early assessment and support alliance (EASA)
- Level D MH outpatient: Adult and transition-aged youth (TAY)
- Wraparound
- SUD MAT: OTP

Caring contacts post-acute/emergency department discharge: Senior, adult and youth

**Tier 2 services**

**Facility-based services:**

- Psychiatric day treatment services: Child and youth
- Respite services: Adult and youth

**Community-based services:**

- MH and SUD intensive outpatient (IOP): Adult and youth
- Level C MH outpatient: Adult and youth
- Enhanced day treatment services: Youth

**Tier 3 services**

**Community-based services:**

- DBT: Adult
- DBT: Youth
- Family search and engagement
- Applied behavioral analysis: Youth
- Level A mental health outpatient: Adult
- Level A mental health outpatient: Youth
- Level B mental health outpatient: Adult
- Level B mental health outpatient: Youth
- Psychological testing: Adult

- Psychological testing: Youth
- SUD outpatient (Level 1, not including OBOT which is in Tier 1): Adult
- SUD outpatient (Level 1): Youth

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