

Virginia Department of Behavioral Health & Developmental Services

Guidelines for Providers of Behavioral Health and Developmental Services **Following the Issuance of Executive Order 53 on March 23, 2020**

1) Behavioral health and developmental services and facilities are essential health services.

Providers of behavioral health and developmental services and their workforce are essential infrastructure that should remain operational during this emergency period to the extent possible. Public and private providers in Virginia's behavioral health and developmental services system ensure the health and safety of some of the Commonwealth's most vulnerable people. The state medical system would be quickly overwhelmed in this pandemic without efforts from public and private providers in our system to prevent crises and skillfully handle emergencies when they arise.

2) Essential services include providing services to individuals already receiving services and individuals newly in need of services.

As providers of essential services, behavioral health and developmental service providers are expected to provide continuity of care for individuals already receiving services as well as maintain a point of entry to services for individuals who may need to begin or resume services.

3) Services should be provided using alternate means such as telehealth, when possible.

The Centers for Disease Control and Prevention ("CDC") and Virginia Department of Health ("VDH"), as well as local health departments have issued guidance to limit the spread of COVID-19. Guidance most notable for behavioral health and developmental services providers include utilizing telehealth and telephonic intervention when possible. If in person contact is required, maintain a 6 feet distance between people, avoid group gatherings unless absolutely necessary and if absolutely necessary adhere to group limit guidelines, use personal protective equipment (PPE) if available when face-to-face contact is required to complete essential job duties, and screen for COVID-19 symptoms prior to face-to-face contact.

4) Vulnerable individuals and critical needs should be prioritized, and routine visits should be limited.

Continuity of care for individuals with serious mental illness, developmental disabilities, substance use disorder, serious emotional disturbance, and individuals who are being discharged or have recently been discharged from an inpatient or residential level of care is a

priority. Ensuring that individuals have access to their necessary medications, including Medication Assisted Treatment (“MAT”) and behavioral supports as needed is a priority. It is also a priority that individuals receive communication about their services and changes to their services and know what to do if a behavioral health crisis occurs. Routine appointments (e.g., weekly scheduled appointments, routine group based supports) and supports for stable individuals can be rescheduled or replaced with brief “check-ins” based on the preference of the individual and availability of providers or use of telehealth, phone check ins, etc.

5) Local emergency services (pre-screening function) and REACH services provided through Community Services Boards (CSBs) will remain the point of contact for emergent needs/prescreens.

Service disruptions and changes (e.g., services provided via telehealth, appointments rescheduled, locations changed due to quarantine) are to be expected during the course of the pandemic. The local emergency services phone number remains the point of contact for emergent needs and prescreens. Individuals can also be directed to call 9-1-1 or go to the nearest emergency room in a crisis situation.

Thank you for your commitment to providing services to Virginians with mental health, substance use disorders, and developmental disabilities during the course of the COVID-19 pandemic. Your efforts are a critical aspect of the statewide response to keep Virginians safe and healthy in their communities.

Listed below are recommended minimum operations for behavioral health and developmental services following [Executive Order 53](#) announcement on March 23, 2020. “Recommended alternate means” refers to use of telehealth or telephonic services, minimization of face-to-face contact to only when necessary (e.g., for injections) and utilizing social distancing (maintaining a 6 foot distance between people, personal protective equipment, and other service adaptations to meet federal CDC and VDH recommendations to decrease the transmission of COVID-19.

<http://www.vdh.virginia.gov/coronavirus/>

Service	Recommended Minimum Operations
Outpatient Psychiatric Services, Outpatient Individual Therapy Services, Outpatient Group Therapy Services, Medication Assisted Treatment (non-OTP or OBOT)	Prioritize needs of the individuals, with specific attention to individuals who are recently discharged from a State Psychiatric Facility or Training Center or other inpatient level of care. Ensure that individuals have access to needed medications, including LAIs. Provide brief counseling to individuals receiving outpatient services. Ensure linkage to essential services if needed. Group sessions should be cancelled or provided using recommended alternate means; ensure group members are informed of and have access to essential services if needed.

**Psychosocial Rehabilitation
Services, Mental Health Skill
Building Services,
Therapeutic Day Treatment,**

Group day programs should not continue in typical format (i.e., groups from different households congregating together).

<p>Intensive In Home Therapy, Mental Health Peer Support Services, Day Support Programs, Employment Programs</p>	<p>If a service closes, ensure individuals are informed of changes and know how to access essential services if needed. If the service is discontinued ensure crisis plan is in place. Check-in with individuals on a regular basis via alternative means to provide brief support and ensure linkages to essential services. If receiving case management services, this contact can be made via case manager (i.e., program staff do not need to check-in with each individual).</p>
<p>Case Management Services</p>	<p>Continue provision of <u>basic</u> case management services utilizing recommended alternate means, including linking to resources, helping individuals obtain replacements or refills for needed medications, providing information about changes/closing of routine services. <i>Note:</i> For Developmental Services, CM should continue to provide monthly/quarterly visits, annual plan meetings, SIS assessments, and VIDES screening via recommended alternate methods.</p>
<p>“Same Day Access” at CSBs</p>	<p>Conduct basic screenings (full intake assessment is not essential) and triage to other essential functions, utilizing recommended alternate means. Maintaining a point of entry to services is critical (recommended alternate means when possible), continuing SDA procedures is not.</p>
<p>Emergency Services (CSB pre-screening role)</p>	<p>Continue provision of emergency services utilizing recommended alternate means. Additional DBHDS recommendations available: DBHDS Emergency Services- COVID-19</p>
<p>Crisis Stabilization Units</p>	<p>Continue to provide service for individuals not meeting discharge criteria. Continue intake and discharge procedures and accepting new individuals. Provide crisis stabilization, medications and supportive counseling, essential case management to continue to prepare for discharge. Continue to admit new patients in accordance with DBHDS CSU guidance. DBHDS Residential Crisis Stabilization Unit Recommendations COVID-19.</p>
<p>REACH Services</p>	<p>Continue to provide Crisis Assessments, Mobile Crisis (to people in active crisis), and access to the Crisis Therapeutic Homes.</p>
<p>Mobile Crisis Response</p>	<p>Keep existing mobile crisis response points of contact open. Provide the service utilizing recommended alternate means to the extent possible. Can provide emergency services only for mobile crisis calls if no alternate means or workforce for mobile crisis response is available.</p>
<p>Program of Assertive Community Treatment</p>	<p>Continue provision of basic functions, ACT specific recommendations are available: DBHDS ACT Recommendations- COVID-19</p>
<p>Permanent Supportive Housing</p>	<p>Check-in with individuals on a regular basis via alternative means to provide brief support and ensure linkages to essential services. If receiving case management services, this contact can be made via case manager (i.e., program staff do not need to check-in with each individual). Essential visits may include those related to increased needs of the individual; to facilitate in discharge from a congregate setting such as jail, shelter, or state psychiatric facility; or to assist with transitioning from an unsheltered living situation. DBHDS PSH Recommendations-COVID-19</p>

Residential Type Services (Group Homes, Assisted Living Facilities, Intermediate Care Facilities, Supported Living, In-Home,	Continue to support service recipients in residential programs. Continue to provide service for service recipients not meeting discharge criteria; including basic intake and discharge procedures, medications and supportive counseling, and essential case management to continue to prepare for discharge.
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Shared Living, Sponsored Residential, Supported Living, Respite, Companion, Personal Care, Nursing)	For GH, ALF, REACH, CSU and other residential facilities contracted through the State Hospitals or DBHDS, continue to receive discharges from state facilities while utilizing criteria for infection precautions aligned with CDC and VDH guidance
Opioid Treatment Programs	Conference calls with State Opioid Treatment Authority (SOTA) Diane Oehl are held daily at 9 am. If you need any additional information, e-mail diane.oehl@dbhds.virginia.gov
OBOT	Ensure medication access
SUD IOP and SUD PHP	Group day programs should not continue in typical format (i.e., groups from different households congregating together). If a service closes, ensure individuals are informed of changes and know how to access essential services if needed. If the service is discontinued ensure crisis plan is in place. Provide essential case management to ensure access to needed medications and brief counseling or other supports via alternate means.
SUD ASAM 3.1-3.5	Group programming should not continue in typical format (i.e., groups from different households congregating together). Community outings should not occur unless necessary for discharge purposes. Provide essential case management, continuity in medication, and individual counseling and supports.
SUD ASAM 3.7-4.0	Follow established medically managed detoxification protocols, medically stabilize patients. Closely monitor patients' withdrawal symptoms. Transfer patients who require a higher level of medical care than the program can provide to an appropriate facility. Provide residential care for patients who remain at the facility.
Other Services: Home Visits Jail Visits Homeless Services Discharge Planning Meetings	Non-essential visits should be minimized. Essential visits may include those related to increased needs of the individual or facilitate in discharge from a congregate setting such as jail or state psychiatric facility or to assist with transitioning from an unsheltered living situation. Essential visits must adhere to public health standards (i.e. maintaining a 6 feet distance between people, use of PPE as advised by public health guidelines).