Virginia Department of Behavioral Health & Developmental Services

**Role of the Community Services Boards and Behavioral Health Authorities during COVID-19**
(Adapted from SAMHSA)

March 19, 2020

*The COVID-19 pandemic is an evolving situation; DBHDS will regularly review this guidance and revise as needed based on best available information. The guidance is not intended as a substitute for extensive health-related information available on COVID-19.*

Community Services Boards and Behavioral Health Authorities across the Commonwealth serve in a distinct capacity as the safety net providers in the public community mental health system of care. The 3 pillars of their critical role are:

1) Essential Partners in Statewide Preparedness and Prevention in the spread of COVID-19
2) Providers of Essential Behavioral Health and Developmental Services
3) Partners in Community Preparedness and Response

## 1. Essential Partners in Statewide Preparedness and Prevention in the Spread of COVID-19

- To the extent that behavioral health treatment programs exist in the community and serve the community, they are essential partners in statewide preparedness and prevention.
- This includes dissemination of public health guidance, prevention of continued spread within communities through modification and addition of personal protections against COVID-19, and aiding in the critical prevention of potential spread within State Facilities Operated by DBHDS.

## 2. Providers of Essential Behavioral Health and Developmental Services

- CSBs have a special role in the Commonwealth because it provides essential services during a pandemic:
    - Emergency Support Function
    - Recovery Support Function (Not covered in this document)
- CSBs have a critical role in facilitating discharges from the State Psychiatric Facilities, which are vital to the Commonwealth, and cannot continue to safely accept admissions without continued services for individuals upon discharge.
- CSBs should take into consideration that there can be a significant demand for behavioral health services as a result of COVID-19 and significant consequences if a program suddenly closes or is forced to reduce services.

- Factors that contribute to this demand related to COVID-19 include: restricted movement (ie. Quarantine, shelter stays, limited visitation of family and friends receiving mental health or medical care); limited resources (including denial, limitation, or suspended access to care); exposure to trauma (ie. Direct and indirect); limited information (ie. insufficient or inaccurate information); perceived personal or family risk.)
- Essential behavioral health services include continuation of providing services to ***existing clients***, however service delivery intensity or modality may be modified or temporarily suspended, including:
    - *Stable clients* (ie. Clients who receive routine behavioral health services at the CSB which aid to maintain mental health stability and wellness)
    - *De-stabilized clients* (ie. Clients who have experienced stability in their behavioral health condition and instability has been triggered by COVID-19 or other recent event)
    - *Unstable clients* (ie. Clients receiving active, intensive treatment due to an exacerbation of a known psychiatric illness, clients known to the CSB and are in active crisis)
    - *Fragile clients* (ie. Clients in recent recovery, recently discharged from the hospital, clients who rely on intensive community services to prevent immediate decompensation in health)
    - *At risk clients* (ie. Clients uniquely impacted by COVID-19 such as first responders
- Provide behavioral health services to ***new clients:***
    - CBSs may anticipate a surge in demand for service for which COVID-19 has created a need for assessment or treatment
    - CSBs may anticipate a surge in demand for services for individuals previously treated at other programs which have closed due to COVID-19
    - CSBs that may have specific resources and/or services may be called on to provide aid to other CSBs (e.g. treating guest clients, sharing medication supplies, staff, and resources)
    - CSB Staff may be asked, based on their training, to provide critical and emergent behavioral health services (e.g. prescreening, crisis counseling, crisis intervention, psychological first aid, assessments and referrals)

**3. Partners in Community Preparedness and Response**

- Community engagement: CSBs may collaborate with community planners to put into place the structures and process that support people's adaptive and appropriate responses to COVID-19.
- Advocacy: CSBs have a role in advocating for the needs of people with behavioral health disorders, people with new-onset disorders triggered by the COVID-19, and people who have substance dependence.

- Training: CSBs may also advocate for training of emergency responders to recognize severe psychological trauma, cognitive incapacity, or a substance use disorder and how to route people to appropriate services.

**General Expectations Related to Planning**

All-Hazards Planning

- Preparation for response to a full range of COVID-19 related threats with a focus on those most likely to occur in their area
- Includes risk assessment based on probabilities of anticipated events occurring
- Based on risks identified, program addresses capabilities needed to respond

Mandates for Emergency Preparedness and Response Planning

- Per The Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services (Licensing Regulations) including 12 VAC 35-105-530.

Continuity Planning

- COOP plan per DBHDS licensing regulations

**Program Specific Guidance**

Below is an outline of specific CSB service and DBHDS input on decision making regarding operations during COVID-19. Individual COOP plans do not need to be changed to reflect these specifics; rather, these are provided for consideration based on the specifics of COVID-19 (i.e., if COOP plans do not reflect specific needs in a pandemic).

**General Recommendations**:

- Where available and feasible for the provider and client, utilizing telehealth (video and telephonic) modalities are recommended methods of service delivery.
- Telephonic visits may be utilized when video telehealth platforms are not available.
- Center operations should aim to minimize congregating in groups, and if congregation is deemed necessary, that they should not be over 10 individuals, including waiting areas, group based services, conferences, meetings, or team meetings.
- Policies should be in place related to screening of visitors and staff for residential based service settings.
- PPE should be utilized in services delivered in higher risk settings where face-to-face contact is expected such as emergency departments. To be clear, reserve the use of PPE for situations as advised by state public health or national health guidelines indicate.
- Where feasible, use of teleworking or alternate scheduling, is recommended to minimize number of staff on site at a center daily.

- CDC and VDH Guidance is available and updated near daily related to precautions for the general public and healthcare workers in preventing continued spread of COVID-19.
- *Additional guidance from CMS, SAMHSA, HHR-Office of Civil Rights, etc. is published daily to allow increased flexibility in service delivery, reimbursement, and should be referenced prior to closure or modification of a service/program.*
- Continue to monitor the DBHDS COVID-19 webpage, which is updated daily with important information and guidance related to COVID-19: http://www.dbhds.virginia.gov/covid19.

**Essential Functions of All Programs:**

- Provide for the physical safety of all clients and visitors at the facility.
- Provide behavioral health emergency services.
- Conduct basic screening, intake, and discharge procedures.
- Track clients affected by dispersal and evacuation to ensure they continue to receive needed behavioral health services.
- Provide crisis and relapse prevention counseling; ensure that some support is available to clients.
- Assist clients in accessing needed medications.
- Conduct drug testing for mandated clients.
- Adhere to applicable DBHDS licensing requirements.
- Maintain treatment and billing records in accordance with payer and regulatory requirements.
- Document transfer of clients and their records to another provider.
- Protect client rights and privacy, including the integrity of protected health information records.
- As resources are available and based on mandates, provide disaster mental health services to the community as requested by the Emergency Operations Center or Emergency Support Function #8 Coordinator.
- Provide prevention guidance specific to the present disaster to reduce the likelihood of traumatic stress in the program's clientele and other members of the local community (can occur in immediate aftermath of pandemic if not possible in early stages).

| CSB Service | Type | Recommended Minimum Operations | Recommended Alternative Means |
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| **Outpatient Psychiatric Services, Outpatient Individual Therapy Services, Outpatient Group Therapy Services, Medication Assisted Treatment (non-OTP or OBOT)** | Essential for high risk individuals/ Routine for stable individuals | Prioritize needs of the clients, with specific attention to individuals who are recently discharged from a State Psychiatric Facility or other inpatient level of care.<br>Ensure that clients have access to needed medications, including LAIs.<br>Provide brief counseling to outpatient clients, ensure linkage to essential services if needed. | In-house or contracted Teleheath, Web-based, telephonic,<br>Use of screening for COVID-19 and use of PPE may be used for in-person visits with at risk clients.<br>Limit congregating in waiting rooms, offer scheduled visits within same day, waiting in vehicles until assessment |

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| | | Groups may be cancelled; ensure group members are aware and have access to essential services if needed. | occurs (if in-person necessary). |
| **Psychosocial Rehabilitation Services, Mental Health Skill Building Services, Therapeutic Day Treatment, Intensive In Home Therapy, Mental Health Peer Support Services, Day Support Programs, Employment Program** | Routine | Group day programs should not continue in typical format (i.e., groups from different households congregating together). If services close, ensure clients are aware of changes and know how to access essential services if needed.<br><br>Check-in with clients 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 client). | Tele-health, telephonic, web-based, offering individual supports as needed. |
| **Case Management Services** | Essential | Continue provision of basic case management services utilizing alternate means, including linking to resources, helping clients obtain replacements or refills for needed medications, providing information about changes/closing of routine services.<br>Note: For Developmental Services, CM should continue to provide monthly/quarterly visits, annual plan meetings, SIS assessments, and VIDES screening via alternate methods. | Telehealth, Web-based, telephonic, Use of screening for COVID-19 and use of PPE may be used for in-person visits |
| **Same Day Access** | Routine/ but essential to maintain point of entry to CSB services | Conduct basic screenings (full intake assessment is not essential) and triage to other essential functions.<br>Limit congregating in waiting rooms, offer scheduled visits within same day, waiting in vehicles until assessment occurs. | In-house or contracted telehealth, Web-based, telephonic visits. If completing in person, utilize COVID-19 screening procedures upon facility entry. Consider web-based or telephonic between two rooms if done in the facility and PPE or protective distancing is not available/possible. |
| **Emergency Services** | Essential | Continue provision of emergency services utilizing alternate means.<br>Additional DBHDS recommendations available:<br>DBHDS Emergency Services- COVID-19 | Telehealth, Web-based, telephonic. Utilize COVID-19 screening procedures, utilizing PPE if available and according to public health |

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| | | | guidelines. Support a 9-1-1 response to the emergency unless alternate means are available |
| **Crisis Stabilization Units** | Essential | Continue to provide service for individuals not meeting discharge criteria, including basic intake and discharge procedures, accepting new clients, a crisis stabilization, medications and supportive counseling, essential case management to continue to prepare for discharge Continue to admit new patients. **DBHDS will be issuing specific guidance for Residential CSUs soon.** | Limit group gathering, consider opportunities/need to allow for individual rooms based on best practice and public health guidelines, utilize social distancing for all activities. Limit visitors and support telephonic or web-based visitation. |
| **REACH Services** | Essential except for prevention services | Continue to provide Crisis Assessments Mobile Crisis (to people in active crisis), and access to the Crisis Therapeutic Homes. | **Crisis Assessment**: Provide services in person if appropriate or via telehealth or telephonic.<br>**Mobile Crisis**: Utilize COVID-19 screening measures prior to any community response. Support a 9-1-1 response if an individual screens positive. Utilize PPE if available and according to public health guidelines.<br>**CTH:** Limit group gathering, consider opportunities/need to allow for individual rooms based on best practice and public health guidelines, utilize social distancing for all activities. Limit visitors and support telephonic or web-based visitation. |
| **Mobile Crisis Response** | Essential to maintain point of entry in behavioral health crisis | Keep existing mobile crisis response points of contact open. Provide the service utilizing alternate means to the extent possible. Under shelter-in-place requirement, can provide emergency services only for mobile crisis calls. | Utilize COVID-19 screening measures prior to any community response. Support a 9-1-1 response if an individual screens positive. Provide services via telehealth or telephonic. Utilize PPE if available for any community response. |
| **Program of Assertive Community Treatment** | Essential | Continue provision of basic functions, ACT specific recommendations are available: | Telephonic, utilizing PPE when available, utilizing |

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| | | ACT DBHDS Recommendations- COVID-19 | social distancing when possible |
| **Permanent Supportive Housing** | Routine/ Essential | Check-in with clients 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 client). 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. PSH DBHDS Recommendations | Telephonic, web-based, offering individual supports as needed and coordinating with collateral contacts. |
| **Residential Programs, Group Homes, Assisted Living Facilities, Intermediate Care Facilities** | Essential | Continue to support service recipients in residential programs for whom the CSB is the residential provider<br>Continue to provide service for service recipients not meeting discharge criteria, including basic intake and discharge procedures, medications and supportive counseling, essential case management to continue to prepare for discharge<br>For GH, ALF, REACH, 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 | In person using appropriate screening and PPE as available and according to best practice.<br>Limit group gathering, consider opportunities/need to allow for individual rooms based on best practice and public health guidelines, utilize social distancing for all activities. Limit visitors and support telephonic or web-based visitation. |
| **Opioid Treatment Programs** | Essential | Conference calls with State Opioid Treatment Authority (SOTA) Diane Oehl are held daily at 9 am. If you need any additional information, email diane.oehl@dbhds.virginia.gov | In-house or contracted telehealth/video visits |
| **OBOT** | Routine | Ensure medication access | In-house or contracted telehealth/video visits |
| **SUD IOP** | Routine | Group day programs should not continue in typical format (i.e., groups from different households congregating together). If services close, ensure clients are aware of changes and know | Telehealth, web-based, telephonic |

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| | | how to access essential services if needed.<br>Provide essential case management to ensure access to needed medications and brief counseling or other support via alternate means. | |
| **SUD PHP** | Routine | Group day programs should not continue in typical format (i.e., groups from different households congregating together). If services close, ensure clients are aware of changes and know how to access essential services if needed.<br>Provide essential case management to ensure access to needed medications and brief counseling or other support via alternate means. | Tele-health, web-based, telephonic |
| **SUD ASAM 3.1-3.5** | Routine | 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.<br>Provide essential case management, continuity in medication, and individual counseling and supports. | Limit group gathering, consider opportunities/need to allow for individual rooms based on best practice and public health guidelines, utilize social distancing for all activities. Limit visitors and support telephonic or web-based visitation. |
| **SUD ASAM 3.7-4.0** | Essential | Follow established medically managed detoxification protocols, medically stabilize patients; closely monitor patients' withdrawal symptoms.<br>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. | Limit group gathering, consider opportunities/need to allow for individual rooms based on best practice and public health guidelines, utilize social distancing for all activities. Limit visitors and support telephonic or web-based visitation. |
| **Other Services:**<br>**Home Visits**<br>**Jail Visits**<br>**Homeless services**<br>**Discharge planning meetings** | Routine/ Essential | Non-essential visits should be minimized<br>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. | Telehealth, Web-based, telephonic, Use of screening for COVID-19 and use of PPE may be used for in-person visits according to public health guidelines/availability |