



# COMMONWEALTH of VIRGINIA

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DEPARTMENT OF  
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Dear CSB Executive Directors and REACH Staff:

I am writing to provide you with DBHDS guidance for REACH staff related to COVID-19, inclusive of information on REACH service provision, the potential for staff shortages that the REACH teams may experience, and to provide source information on limiting exposure in the time of COVID-19. This guidance includes information from frequently asked questions on REACH services and is subject to change as the impact of COVID-19 becomes more known. Any subsequent updates to this guidance will be tracked with a "last date of update" for each guidance section.

Limiting Exposure to COVID-19 (last date of update **3/19/2020**):

REACH is a program designed to mitigate the risk of psychiatric and psychological crisis. As such, this is a critical service to ensure the safety of the individuals supported particularly during a pandemic that has the potential to increase anxiety of the individuals we serve, their families, and staff. Staff should take all precautions outlined through the Virginia Department of Health (VDH) and the Centers for Disease Control (CDC) when responding to individuals in crisis to mitigate risk of contracting any communicable disease and should always engage in behaviors that are indicative of training related to universal precautions. Additionally, staff should adhere to any protocols established by the programs or emergency rooms/hospitals that they are responding to ensure that they do not inadvertently spread a communicable disease. To the fullest extent possible, staff should utilize recommended personal protective equipment (PPE), as well as receive training on how to properly use the equipment. This is especially important in situations in which REACH staff may be in environments where there are suspected or confirmed cases of COVID-19.

Sources:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

<http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

<https://www.cdc.gov/coronavirus/2019-ncov/about/index.html>

Use of Alternative Sites or Telehealth for Crisis Responses, Services at Hospitals (last date of update **3/19/2020**):

Crisis intervention/stabilization are core functions of the REACH program and critical to ensuring that individuals are supported through increased anxiety as a result of altered schedules and pandemic

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related fears. All staff should follow the precautions outlined through the CDC, VDH and the place where they are responding (hospitals, etc.). Staff may utilize telehealth for crisis assessments in locations where this is an available option. Please coordinate with your local hospitals and Emergency Services staff to provide telehealth responses for individuals experiencing crises.

If telehealth is not possible or appropriate given the clinical context, REACH should follow VDH and CDC guidelines to limit exposure to COVID-19 during a face to face crisis response. Any telehealth crisis responses must be clearly indicated as such in the client's record and all services delivered during this emergency should be clearly indicated with COVID-19. If a crisis call comes into REACH for a voluntary hospitalization, REACH should follow through with the private hospital's current policies and requirements related to COVID-19.

Local hospital emergency departments have put COVID-19 screening protocols into place. Our state hospitals are following similar screening procedures for current patients and hospital staff. This also includes a COVID-19 screening questionnaire as part of the medical clearance process for each individual referred to a state hospital for admission. As of 3/14/2020, state hospitals have adapted a policy prohibiting visitors from entering state facilities, with the exception of CCCA, which will allow limited visitation. The health and safety of our mental health workforce in Virginia is a top priority. Staff who provide crisis care in both the community and our state hospitals are potentially placed at higher risk of exposure to COVID-19, due to the nature of their work. Information from the Virginia Department of Health regarding facts about COVID-19 and ways to reduce the chance of exposure and transmission is included here for reference.

For services that REACH typically delivers at hospitals that are not crisis related and are non-essential, these should be delivered via telehealth or telephonic communication (e.g. participation in discharge planning meetings).

For crisis responses outside of hospital settings, REACH should still target face to face crisis responses, after conducting COVID 19 screenings to assure that a face to face response with appropriate PPE would be appropriate.

Source: [http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/COVID-19-FAQ\\_3.6.2020.pdf](http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/COVID-19-FAQ_3.6.2020.pdf)

Essential REACH services (last date of update **3/19/2020**):

Crisis services are essential services. Prevention services are not essential at this time and should be completed telephonically or through secure video chat. Comprehensive assessments that are completed as a part of full intake may be completed telephonically or through secure video chat.

Providing services in homes where people are presenting with symptoms (last date of update **3/19/2020**):

REACH should follow best practice guidelines for screening related to COVID-19 and if appropriate provide support via telehealth.

Staffing (last date of update **3/19/2020**):

Each REACH program should review its emergency preparedness and response plan to ensure it addresses staffing of its team. The plan should include policies regarding coverage of crisis responses in the community as well as coverage in the Crisis Therapeutic Homes, should scheduled REACH staff not be able to attend work due to their own sickness or care of a dependent. The emergency preparedness

and response plan should include specific steps that REACH will take if it is no longer able to meet the requirements regarding timely crisis response in the community based on a region's designation as urban or rural in Exhibit D, and specify the circumstances that would trigger the implementation of each action step. Implementation of action steps should be communicated to DBHDS. It is recommended that the action steps be shared with local partners, DBHDS, and the emergency services teams you support.

Crisis Therapeutic Homes (last date of update **3/19/2020**):

CTH programs should utilize best practices strategies as outlined for residential type providers on mitigating and containing the spread of communicable diseases. This includes staff remaining at home if they are ill or have been exposed to coronavirus. Specific information that is applicable to residential providers, and also applicable to the CTH programs, is available within the DBHDS FAQ on COVID-19 and is located here: <http://www.dbhds.virginia.gov/covid19>

At this time, we will not be capping admissions to the CTH programs but can discuss and review this as needed depending on the status at the home. The REACH programs should take measures as indicated by the CDC to protect both guests and staff, as well as follow internal procedures on infectious diseases within crisis therapeutic homes.

CTH programs should limit visitation to the home and provide telehealth and telephonic visitation (see licensing recommendations).

Sources:

<http://www.dbhds.virginia.gov/covid19>

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

Adherence to REACH Program Guidelines, specifically timelines for non-crisis intakes, CEPP development (last date of update **3/19/2020**):

During this emergency period, the REACH programs should each evaluate their ability based on staffing patterns and the unique needs of the consumers in their own geographical region to ensure that critical crisis services are operational. Any deviation from typical timelines on non-crisis intakes and Crisis Education and Prevention Plan (CEPP) development that is a result of the larger COVID-19 public health emergency should be documented as such in the consumer's record. It is important to note that a key component of REACH services is individualized crisis prevention planning through the CEPP, so to the greatest extent possible CEPPs that need updates should be updated, even if timelines within REACH Program Guidelines are not fully achieved during this period of emergency. Intakes and crisis plan documents can be created or updated using telehealth.

Behavioral health implications for REACH staff and REACH consumers (last date of update **3/19/2020**):

As the front line of crisis response and crisis care for the DD population in Virginia, REACH staff are fluent in a variety of behavioral health and wellness interventions to promote stability during times of personal stress and challenge. Day to day, and outside of the context of COVID-19, it takes a uniquely driven and empathetic individual to provide crisis services to a vulnerable population. Within the context of COVID-19, it is important (to the greatest extent possible) to maintain a sense of normalcy for the population that REACH serves and for REACH staff themselves. Guidance on behavioral health implications that may be helpful to REACH staff in the delivery of services can be found here: [http://www.dbhds.virginia.gov/assets/doc/EI/behavioral-health-implications\\_covid-19\\_early.pdf](http://www.dbhds.virginia.gov/assets/doc/EI/behavioral-health-implications_covid-19_early.pdf)

Additional information on behavioral health wellbeing during COVID-19 that may be a resource for REACH staff, as it relates both to service delivery and to the roles they hold as within their own families and communities, can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

As the COVID-19 public health emergency is a fluid situation, this guidance is subject to change.

Sincerely,

*Heather A. Norton*

Heather A. Norton  
Acting Deputy Commissioner  
Division of Developmental Services  
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