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Recommendations for Virginia Non-Clinic Based Community Behavioral Health Service Providers:
Re-Opening Face-to-Face Services

In line with the phased re-opening of Virginia per the Governor's orders, community-based treatment providers are moving toward the re-opening of face-to-face services. These services cover diverse populations, areas, needs, and placements. As such, the recommendations in this document will cover non-clinic-based behavioral health services. There is another document found HERE that address clinic-based services. All providers should communicate with their locality administration in order to ensure their individual plans are reflective of the needs and re-opening plans of their own communities.

For the purpose of this document non-clinic based behavioral health services are defined as any services to be provided in the community or home environment. This may include, but is not limited to, case management, peer supports, psychosocial rehab, PACT services, and in-home services.

Referencing CDC guidance and the *Forward Virginia Guidelines*, providers must prepare COVID-19 mitigation plans for reopening, as even in Phases II and III of the Forward Virginia Blueprint, it is likely that outbreaks of COVID-19 will continue. Therefore, the plans outlined in this section should consider various contingencies for continuing operations in the event of an outbreak. Providers must report cases and outbreaks to their local health department, and consult with their respective local health department regarding management of outbreaks.

Guiding Principles

The more people a student or staff member interacts with, and the longer that interaction lasts, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in clinic settings as follows:

- Lowest Risk: Individuals and providers engage in virtual-only service delivery and participation.
- More Risk: Individual or small, in-person service delivery. Groups of individuals stay together and with the same provider throughout/across service days/hours and groups do not mix. Individuals remain at least 6 feet apart and do not share objects. Any items shared between staff and individuals should be cleaned and disinfected post each use.
- Highest Risk: Full-sized, in-person service delivery where providers and individuals are performing services as they would prior to the COVID-19 outbreak, without social distancing, face coverings, or enhanced cleaning and disinfection of items (e.g., chairs, signature pads).

Strategies that will assist in successful planning should center on promoting behaviors that reduce the spread of COVID-19, maintaining healthy environments and operations, and preparing for and acting when someone presents with symptoms. Additionally, planning for possible exposure scenarios is also suggested. Further information related to this topic is available from the CDC and VDH.

The following should be included in plans for non-clinic-based providers for service delivery:

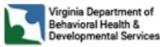1) **Planning to reopen face-to-face service delivery**
   a. Establish a COVID-19 team within the provider agency. Designate a staff member as the primary contact for ease of information sharing/concerns.
   b. Know the contact information and procedures for reaching the local health department.
   c. Plan for health and absenteeism monitoring/approaches (e.g. how will symptoms be monitored (please note there are specific requirements related to this topic from OSHA), COVID-19 positive tests, disclosures to staff, members and families, how confidentiality will be maintained.)
   d. Develop a communications strategy that includes:
      i. Orientation and training for staff, individuals and supports specific to new COVID-19 mitigation strategies;
      ii. Plans for communication with staff, individuals and supports of new policies;
      iii. Plans for how to communicate an outbreak or positive cases detected at the program.
   e. Assure provision of medical-grade PPE for providers;
   f. Develop and implement an updated informed consent document in order to ensure individuals and family understand things that may happen such as:
      i. How they will be informed if a staff member that works with them has tested positive.(Confidentiality of the staff and individual served should be addressed.)
      ii. The importance of contact tracing in exposure reduction.
      iii. How these changes affect their privacy.
      iv. Who they can contact should they have any concerns or questions.

2) **Promoting Behaviors That Reduce Spread of COVID-19**
   a. Create a training plan for staff, members and families. Consider COVID-19 prevention education (hand hygiene, staying home if ill, etc.). Education should be part of staff and member re-entry to services and should be sent to all parties before reopening face-to-face services. Education should be provided on:
      i. Hand hygiene and respiratory etiquette,
      ii. Use of cloth face coverings required for service delivery in non-clinic based services,
      iii. Staying home when sick, and
      iv. Encouraging physical distancing.
   b. Provide signs and messaging to promote healthy hygiene.
   c. Promote physical distancing by:
      i. Providing services outside, if this is an option,
      ii. Considering the layout of an individual's home and other spaces in ensuring safety and limiting exposure when in-home services are provided, and
      iii. Limiting the size of gatherings consistent with Executive Orders and imposing strict physical distancing in areas where groups may gather.

3) **Maintaining Healthy Environments**
   a. Plan for daily health screening questions of staff and individuals.

b. Staff providing services in the home should discuss with individuals and the families their level of comfort in transitioning back to face-to-face services. Their wishes regarding telehealth or face-to-face should be respected as much as possible.

c. Hygiene Practices:

   i. Create cleaning and disinfection protocols that address frequently touched surfaces; transport vehicles; schedules for increased cleaning, routine cleaning, and disinfection; and ensuring adequate supplies of EPA-approved disinfectants and correct use/storage of all cleaning agents.

   ii. Provide sufficient supplies of hand sanitizer and cleaning/disinfecting items for staff in the field.

   iii. Define protocols for individual transportation to include the size of the vehicle, where individuals should sit, how many individuals can sit per row, the need for face coverings, and a policy related to whether or not to transport if the individual appears symptomatic.

      (1) At a minimum, clean and disinfect frequently touched surfaces in the vehicle at the beginning and end of each shift, and between transporting passengers.

4) Maintaining Healthy Operations

a. Implement protections for staff and individuals at higher risk for severe illness from COVID-19.

b. Implement sick leave policies and practices that enable staff and individuals to stay home or self-isolate when they are sick or have been exposed.

c. Please note, telehealth will be available as an ongoing treatment option. Staff should discuss with individuals whether an in-person visit or telehealth is safest for their needs/preferences and proceed accordingly.

d. Train back-up staff to ensure continuity of operations.

e. Develop a plan for addressing high-need individuals should their provider become ill and provide introductions to back-up staff members, as needed.

5) Protecting vulnerable individuals (e.g., 65+, underlying health conditions):

a. Create policy options to support those at higher risk for severe illness to limit their exposure risk (e.g., telework, modified job duties, virtual service opportunities).

b. Implement flexible sick leave policies and practices that enable staff to stay home or self-isolate when they are sick or have been exposed.

c. Develop policies for return to service delivery after COVID-19 illness. (Further information related to this topic has been provided by the CDC and VDH.)

6) Preparing for When Someone Gets Sick

a. Separate and isolate those who present with symptoms.

b. Facilitate safe transportation of those of who are sick to home or a healthcare facility.

c. Plan for continued services through the use of telehealth should that be required.

d. Implement cleansing and disinfection procedures of areas used by sick individuals.

e. Develop a communications plan with the local health department to initiate public health investigation, contact tracing and consultation on next steps.

7) Planning to close down if necessary, due to severe conditions.
   a. Determine which conditions will trigger movement to telehealth delivery of services only.
   b. Determine which conditions will trigger complete program closure.