



Guidance on Resuming Full Operations –Assertive Community Treatment **March 11, 2021**

One of the fundamental components of Assertive Community Treatment (ACT) is the delivery of face-to-face services and therapeutic interventions at a high level of intensity and frequency.

ACT is specifically designed to serve vulnerable, high-risk individuals who have not been able to engage in traditional outpatient services. These individuals are at high risk of disengaging from care when there are wide spread changes to the service delivery modality, and also have higher rates of medical comorbidities that place them at significant risk if they become ill.

In addition to the extensive infection control measures that are practiced, a critical aspect of mitigating the risk of COVID-19 is access to an effective vaccine. ACT staff across the Commonwealth now have either received or had access to the COVID-19 vaccine. With public health guidance on maintaining safe operations during the COVID-19 pandemic coupled with priority for frontline healthcare workers, including ACT providers, for the vaccine, it is the expectation of DBHDS that all ACT teams (PACT and ICT) begin to resume full operations, including but not limited to face-to-face services in the homes of individuals served.

This applies to all staff who are fully vaccinated (i.e. two doses of the Moderna or Pfizer vaccine, or a single dose of Janssen (Johnson & Johnson) vaccine) and are at least two weeks since completion of the required vaccines, as well as those who have been offered vaccine but have declined. All staff, regardless of vaccination status should continue to provide all required services as safely as possible in accordance with all local, state, and federal public health guidelines.

Staff should take the following precautions to protect staff and clients from possible infection during home and off-site visits:

- Whenever possible, staff should call ahead and inform clients they will be wearing PPE, and verify if client has their own face covering. Staff should also use these pre-visit calls to screen clients for COVID-19 symptoms and recent travel.
- Staff must always wear a surgical mask or cloth face covering when interacting with clients or family members. Staff should wear eye-shields if they are available.
- Clients should be educated to wear a face covering. If supplies are available, the program can offer to give clients face coverings or facemasks at each encounter.
- If the client's home is crowded or the client lives with elderly or other vulnerable individuals, staff should use clinical judgment on pros and cons of entering the home. An acceptable alternative is providing services outside, if and where, this is an option.
- Staff should consider the layout of an individual's home and other spaces to ensure safety and limit exposure when providing services in the home. If the staff member encounters clients or family members who refuse to observe physical distancing (or if for whatever other reason the

staff member feels unsafe), it is acceptable for the staff member to disengage from the contact and determine if the client's needs can be met in an alternative way.

In addition, COVID-19 prevention education should continue to be part of the ACT team's focus for both staff and individuals served. Areas of focus and mitigation efforts should include:

- Education on and assistance with linking to vaccine for both staff and individuals served,
- Recognizing signs and symptoms of COVID-19 and staying home when sick,
- Hand hygiene and respiratory etiquette,
- Minimizing risks of exposure by limiting unnecessary travel and maintaining 6 feet of physical distance to the extent possible.

Staff providing services in the home should discuss with individuals and the families their level of comfort with face-to-face services. ACT and ICT providers must meet with each client and conduct an informed analysis to review each client's risk and capacity to engage in and benefit from telehealth to determine when telehealth encounters are an acceptable alternative to in-person encounters. If telehealth is utilized, the individual should also provide informed consent regarding the use of this platform, and staff should maintain documentation of this consent. Ultimately, the individual's wishes regarding telehealth or face-to-face should be respected, with consideration regarding the need to meet the treatment goals.