



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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Dear CSB Executive Directors and Emergency Services staff:

I am writing to provide you with DBHDS guidance for emergency services staff in regards to COVID-19, specifically regarding staff shortages that CSBs may experience. This guidance was written in collaboration with the Virginia Attorney General's office. This is initial guidance and is subject to change as the impact of COVID-19 becomes more known.

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:

http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/COVID-19-FAQ_3.6.2020.pdf

The following is guidance for CSBs in preparing for possible shortages of preadmission screening staff due to COVID-19.

- CSBs should, to the fullest extent possible, provide emergency services staff with recommended personal protective equipment (PPE), as well as training on how to properly use the equipment. This is especially important in situations in which emergency services staff may be in environments where there are suspected or confirmed cases of COVID-19. Below is a link to CDC PPE recommendations:

- Each CSB should review its emergency preparedness and response plan to ensure it addresses staffing of its emergency services team. The plan should include policies regarding coverage of preadmission screening responsibilities, should scheduled preadmission screening staff not be able to attend work due to sickness. The emergency preparedness and response plan should include specific steps that the CSB will take if it is no longer able to meet the requirements regarding preadmission screenings that are set forth in state law and/or the Community Services Performance Contract, and specify the circumstances that would trigger the implementation of each action step. It is recommended that the action steps be shared with local partners, including local hospitals, local health department(s), law enforcement, magistrates, and other local entities that may be affected.
- CSBs should speak to their local magistrates regarding Virginia Code § 37.2-809(D) in order to ascertain when a magistrate may find that a prescreening evaluation is not needed, and what information the magistrate would need presented to him/her in order to make that determination. Please note: If a magistrate chooses to issue a TDO without a preadmission screening evaluation, the CSB is still responsible for completing the preadmission screening evaluation, including the preadmission screening form, prior to the commitment hearing that occurs at the end of the TDO period.
- It is recommended that CSBs form partnerships with other CSBs in their regions to plan for sharing of certified preadmission screening staff. Magistrates should be notified if staff from other CSBs that they are not familiar with will be performing preadmission screenings. If a CSB decides to partner to ensure coverage of preadmission screening responsibilities, please notify DBHDS Crisis Services Coordinator: mary.begor@dbhds.virginia.gov and DBHDS Director of Community Integration: suzanne.mayo@dbhds.virginia.gov
- For CSBs that experience a shortage of preadmission screening staff due to COVID-19 and notify DBHDS, the requirement that emergency services face to face response time is 1 hour in urban areas and 2 hours in rural areas will not be enforced by DBHDS. In such circumstances, preadmission screening evaluations should be conducted as soon as possible.
- Conducting prescreening evaluations through the use of a secure two-way video and audio communication system, as authorized in Virginia Code § 37.2-804.1, is permissible under Virginia Code § 37.2-809B. DBHDS will temporarily not enforce the Performance Contract requirement that preadmission screenings be conducted face to face for CSBs who have executed their emergency plan. CSBs

should engage in conversations with their local emergency departments to develop procedures to enable conducting preadmission screening evaluations through electronic means where available, as well as notify local magistrates about the use of this technology.

- If a CSB implements an action step that would constitute an exception to the Performance Contract or other regulations, please include this information on any CSB operational changes reporting that is being submitted to DBHDS.

Impacts of the actions described in this guidance, including any impact on state hospital admissions, will be reviewed by DBHDS. This guidance is subject to change.

Sincerely,

Suzanne Mayo

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DBHDS