




To: Assertive Community Treatment (ACT) and Mobile Treatment Services (MTS) Teams

FROM: Aliya Jones, M.D., M.B.A. 
Deputy Secretary, Behavioral Health

DATE: March 31, 2020

RE: Guidance for Assertive Community Treatment (ACT) and Mobile Treatment Services Teams

The purpose of this communication is to provide guidance to Assertive Community Treatment (ACT) and Mobile Treatment Service (MTS) providers. This guidance is based on what is currently known [about the Coronavirus Disease 2019 \(COVID-19\)](#) from the The Centers for Disease Control and Prevention (CDC). All information is as updated as for time of issuance and federal and state mandates and regulations supersede any previous information. **Please continue to look at resources on [CDC's website](#) as information is updated daily as the circumstances change daily.**

On March 5, 2020, a state of emergency and a catastrophic health emergency was proclaimed in Maryland. Please see below for guidance regarding the operations of the Behavioral Health Administration's fidelity process for EBP ACT and MTS programs. Please note that as of March 18, 2020, all fidelity assessment site visits have been postponed and will be rescheduled.

Patient Care:

1. ACT/MTS teams know their clients and their families well – including any travel plans those individuals would have had. Teams should review at least weekly at the team meeting whether any individual served or individuals cohabitating with the individual served are known to have traveled to an area that is identified as higher-risk: China, Iran, Italy, Japan or South Korea or King or Snohomish Counties in Washington State (Seattle area) or is known to have had close contact with a person with confirmed or suspected Covid-19: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

2. For individuals identified as being at elevated risk, all efforts should be made to reach them by phone when possible (though this is often not possible with this population) prior to any home or community visits in order to inquire about any current fever or respiratory symptoms. If these individuals cannot be reached prior to a visit, then staff should ask about current symptoms upon arrival before engaging in the rest of the planned visit. If fever/respiratory symptoms are present, limit face-to-face contact as much as possible. If an individual has symptoms and has traveled to high risk areas or has had close contact with someone known to have or suspected to have COVID-19 infection, do not continue face to face contact.
3. Identify alternatives to transporting individuals with flu-like symptoms in staff cars. First step should be supporting individuals in reaching out to primary care about whether they need to be seen in person or might manage symptoms at home.

Infection Control and Prevention:

1. Nursing staff – who are the team members most likely to engage in activities that require close physical proximity to the client – will complete fit testing in the event that in the future N95 respirators are deemed necessary. Other staff may be fitted in the future, although given that their role responsibilities are less likely to involve close contact as an essential part of those responsibilities, other strategies would likely be preferable to limit exposure.
2. Teams will assess their supply of sanitizer, soap and wipes to attempt to assure adequate supply, seek additional cleaning supplies for the office and to deliver to clients in need.
3. Teams will establish a protocol for wiping down any car that was used for transport, even if individuals transported were not displaying any symptoms. If not transporting clients in staff vehicles, arrange alternate transport for necessary appointments and reschedule any appointments that are not needed at this time. Reschedule all elective procedures.

Planning:

1. Teams should review plans for how they would continue to serve their clients if multiple staff members were absent.
2. Teams should review their client lists for the most medically vulnerable clients/patients served by the team (immunocompromised, elderly, multiple medical comorbidities) and those who live in congregate living settings (Assisted Living Facilities, elderly living communities, Recovery Residences, RRP, rooming houses).

- a. Consider limiting staff member contact with this group if the staff member has age > 60 or pulmonary comorbidities or is immunocompromised. Staff with concerns about whether their health conditions require modifications in this context should reach out to their organization's management team for guidance.
 - b. Consider prioritizing this group for education about best hygiene practices.
3. Teams should touch base with pharmacy routinely to assure that there is no anticipated disruption in medication delivery to individuals served.
4. Anticipate coordination with a local Health Department/Division of Public Health for guidance around supporting access to food, medications and other essentials for individuals who are quarantined. Although this plan will not likely be fully formed without input from public health authorities and/or guidance from MDH, teams should discuss how they might continue to serve an individual who is suspected or confirmed to be infected with COVID-19 including:
 - a. What supports could be delivered via telephone or other means without face-to-face contact
 - b. How medication delivery might be supported for an individual who is quarantined
 - c. How long-acting injectable medications might be administered to an individual with suspected or confirmed COVID-19 or whether oral medications might be substituted
5. Teams should be looking at plans that limit risk of staff-to-staff transmission or reduce risk of need for staff to self-quarantine because of exposure to an infected staff member. This includes exploration of moving team meetings to virtual meetings and limiting other situations in which there are a large number of staff congregating in the same place.

Practice Good Personal Health Habits and Plan for Home-based Actions:

- **Practice everyday preventive actions now.** Remind everyone in your household of the importance of practicing everyday preventive actions that can help prevent the spread of respiratory illnesses:
 - Avoid close contact with people who are sick
 - Stay home when you are sick, except to get medical care
 - Cover your coughs and sneezes with a tissue
 - Clean frequently touched surfaces and objects daily (e.g., tables, countertops, light switches, doorknobs, and cabinet handles) using a regular household detergent and water
 - If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection. For disinfection, a list of products with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims, maintained by the

American Chemistry Council Center for Biocide Chemistries (CBC), is available at [Novel Coronavirus \(COVID-19\) Fighting Products](#)

- Always follow the manufacturer's instructions for all cleaning and disinfection products.
- **Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.** If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Always wash your hands with soap and water if your hands are visibly dirty.
- [Learn how to care for someone with COVID-19 at home](#)

Prevention Steps for People Confirmed or Suspected COVID Who Do Not Need to be Hospitalized:

- Consult with the health care provider and public health staff (local health departments) to evaluate whether the person can be cared for at home/residence.
- Call ahead before visiting a health care provider
- If determined the individual has been exposed, the individual should wear facemask when around people sharing a room and before you enter a health care provider's office
- Cover coughs and sneezes with a tissue and then discard tissue
- Avoid sharing personal household items and bathrooms
- Clean all high touch surfaces every day
- Individuals with confirmed COVID 19 should remain under home isolation precautions and separated from others
- Prohibit visitors who do not have an essential need to be in the home
- Throw out disposable face masks and gloves after using. Do not reuse.

Additional Resources:

Senior Call Check **1-866-50-CHECK** or register online at aging.maryland.gov

Centers for Disease Control and Prevention (CDC):

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/get-your-household-ready-for-COVID-19.html>

Households with Suspected/Confirmed Coronavirus Disease 2019:

<https://www.cdc.gov/coronavirus/2019-ncov/community/home/get-your-household-ready-for-COVID-19.html>

Household Checklist:

<https://www.cdc.gov/coronavirus/2019-ncov/community/home/checklist-household-ready.html>

The recommendations include General Recommendations for Cleaning and Disinfection in Housing with People Isolated in Home Care: <https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html>

Maryland Department of Health:
<https://coronavirus.maryland.gov>

UNC Institute for Best Practices:
<https://www.institutebestpractices.org/>

CDC: Mental Health and Coping with COVID-19:
<https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>

CDC: Taking Care of Your Emotional Health:
<https://emergency.cdc.gov/coping/selfcare.asp>

SAMHSA: Warning Signs and Risk Factors for Emotional Distress:
<https://www.samhsa.gov/find-help/disaster-distress-helpline/warning-signs-risk-factors>

The Center for the Study of Traumatic Stress: Coronavirus and Emerging Infectious Disease Outbreaks Response: <https://www.cstsonline.org/resources/resource-master-list/coronavirus-and-emerging-infectiousdisease-outbreaks-response>

CDC: Strategies to Help Children Cope With a Disaster:
<https://www.cdc.gov/childrenindisasters/helping-children-cope.html>

SAMHSA's: Coping With Stress During Infection Disease Outbreaks:
<https://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/sma14-4885>

SAMHSA: Taking Care of Your Behavioral Health: Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak
<https://store.samhsa.gov/product/Taking-Care-of-Your-Behavioral-Health-During-an-Infectious-Disease-Outbreak/sma14-4894>

SAMHSA: Talking with Children: Tips for Caregivers, Parents, and Teachers during Infectious Disease Outbreaks
<https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks/PEP20-01-01-006>

HRSA-funded Telehealth Resource Centers (TRCs):

Their mission is to provide assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance. Their purpose is to assist in expanding the availability of health care to rural and underserved populations. Because they are federally funded, the assistance they provide is generally free of charge.

Here is the link to their general website:

<https://www.telehealthresourcecenter.org/>

To find the TRC in your team's specific region, click on the map here:

<https://www.telehealthresourcecenter.org/who-your-trc/>