



CITY OF PHILADELPHIA

*Department of Behavioral Health and Intellectual disAbility Services
Promoting Recovery, Resilience & Self Determination*

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DBHIDS Guidance on Maximizing Community-Based Services for Addiction Treatment During COVID

As part of the City of Philadelphia's ongoing response to the COVID-19 Crisis, the Department of Behavioral Health and Intellectual disability Services (DBHIDS) continues to adapt operations to ensure that Philadelphians can access the highest quality behavioral health services available safely and effectively.

Currently, many congregate settings (including [residential treatment units](#)) are experiencing COVID outbreaks. Increasing numbers of participants and front-line staff are testing positive and/or exhibiting symptoms of COVID infection. PPE supplies to front line staff in these facilities and testing resources are improving but still limited. In this context, physical distancing remains a key strategy to mitigate transmission of the virus. Fortunately, Philadelphia has ample community-based behavioral health treatment capacity.

Background:

- In response to the pandemic, [OMHSAS and federal authorities have issued guidelines](#) that facilitate increased flexibility with regards to treatment and the use of teleconferencing to deliver treatment. The Pennsylvania Dept. of Drug and Alcohol Programs has issues similar guidelines around [telehealth](#) and [MAT dosing](#).
- The National Council for Behavioral Health has issued extensive [guidelines](#) for Behavioral Health treatment settings.
- See additional guidelines from the Philadelphia Dept. of Public Health (PDPH) for Behavioral Health and Congregate settings [here](#).
- Please see updated [PDPH guidelines on COVID testing](#).

In response to the evolving situation, DBHIDS is issuing additional guidelines to providers and Philadelphians seeking addiction treatment. Please note that guidelines are constantly being updated given the evolving situation.⁵

1. Implement PDPH COVID-19 [guidance](#) for Behavioral Health and Homeless Service Providers.
2. Maximize the use of telemedicine for accessing behavioral health treatment to the extent possible under the current federal and state guidelines.
3. To the extent possible, maximize treatment within [ambulatory behavioral health treatment settings](#)¹.

These levels of care include:

- a. Partial Hospital Programs
- b. Intensive Outpatient programs
- c. Outpatient Treatment.
- d. Case Management.

4. During the COVID crisis, bed-based addiction treatment should be primarily reserved for individuals who cannot be safely treated outside of medically managed/medically monitored settings i.e. those [broadly meeting criteria for ASAM levels 3.7 and 4.](#) In general, those individuals would meet one or more of the following criteria:

- Have complex behavioral health needs including co-occurring psychiatric and addiction needs.
- Have advanced/severe addiction.
- Be at risk for or have a history of complicated withdrawals.
- Have significant medical co-morbidity.
- Be unable to adhere to outpatient treatment, including ambulatory detoxification.
- Cannot be safely treated at a lower level of care.

5. For assistance determining best level of care during this period and getting connected to addiction treatment during this period, the following steps are recommended (including for PAD/ARU program navigators).

- For assistance with navigating the referrals process, call the PES line at 215-413-7171.
- **AR2 and PAD:** continue to call **215-413-7185 for bed availability.**
- **All others** (including if unsure what services you require OR do not have medical insurance): **call the Behavioral Health Special Initiative (BHSI) at 215-546-1200, Monday through Friday, between the hours of 8:30 a.m. and 5 p.m.**

6. For facilities accepting admissions please see PDPH guidelines for [essential businesses](#) and for [behavioral health congregate settings](#). See also PDPH guidelines for [discontinuing quarantine and isolation](#)^{i, iii}.

- It is expected that providers will accept COVID positive clients based on bed capacity and ability to isolate those individuals.
 - i. Admissions should only be closed if a provider is at bed capacity.
 - ii. While reasonable service reductions can be anticipated (e.g. due to staff or PPE shortages) DBHIDS encourages providers to make all efforts to continue to accept admissions.
- Providers are encouraged to implement PDPH recommendations on maximizing bed capacity while observing physical distancing.

7. **New Admission FAQs**

- All admissions should be screened for symptoms of, or exposure to a known case of COVID-19.

A. Testing on Admission

- Continue to follow PDPH Guidance on Testing as above.
 - i. ***No laboratory testing is required at admission if the patient is asymptomatic.***
 - ii. ***In most cases, a negative test is not required to confirm resolution of infection and remove isolation precautions.***

B. Screening on Admission

- All patients should have their temperature taken at the time of admission.
- For patients that are symptomatic at the time of admission (fever ≥ 100.4 , cough, shortness of breath, or fatigue), should have a NP swab conducted for SARS-CoV-2 and placed on isolation until results have returned.
- Patients with known COVID-19 infection should be isolated upon admission. Isolation can be discontinued if a repeat NP swab is negative for SARS-CoV-2; or a minimum of 7 days after onset of symptoms and 3 days after resolution of fever (off antipyretics) and improvement in respiratory symptoms.
- For persons who have a known exposure to COVID-19, quarantine may be discontinued 7 days after the last exposure. Generally, this will be 7 days after the case has been released from isolation.
- Ongoing screening for symptoms should occur daily and screening for fever at least twice a day in bed-based patients.

C. Question: Can prospective admissions coming from psychiatric hospitals be tested if there are positive cases (patients or staff) at the hospital?

Answer: Currently, only patients with symptoms meet criteria for testing. A negative test does not mean that a patient is not infected so testing asymptomatic individuals may only provide a false sense of security and lead to transmission.

D. Question: Can we get an update on where things are with the current solutions for staff and clients who are either sick or test positive?

Answer: Please see the [guidance](#) on the City's Health Information Portal. Sites should decide where they are in terms of workforce capacity.