**TUCC Continuity of Care Plan during COVID-19 Pandemic**

Plan for Telework: No staff reporting, and no students on campus

NOTE: This is our current model of operations, as of 3/16/2020

PROTOCOL FOR CLINICIANS

* Overview:
  1. Clinicians will be working remotely from home.
  2. They may be providing some ongoing care/risk management via telehealth platforms
  3. Clinicians will be rotating through a coverage schedule where they will field incoming voice messages, emails and requests.
  4. New clients **will be NOT admitted in to the system** through the duration of the telework model (no intakes, etc.), but clinicians will provide brief consultation, recommendations, crisis resources, and referrals.
  5. Clinicians will need to have a plan for initiating well-checks on students who are deemed to be at risk of harming themselves or others.
  6. TELEMENTAL HEALTH:
     + Reach out to clients who are Maryland residents to make a plan for resumption of care at TUCC via telehealth or to provide them with referrals for treatment in their communities
     + \* DO NOT ENGAGE IN TELETHERAPY, UNTIL YOU HAVRE COMPLETED THE APA TRAINING MODULES
  7. Reach out to clients who are out-of-state residents to provide them with referrals for treatment in their communities

**Steps for Case Management and Treatment Planning**

1. All counselors will review their ENTIRE caseload and **identify which clients are at-risk** 
   1. What constitutes at-risk
      1. At-risk for suicide, homicide, grave self-injury
      2. At-risk for decompensation (e.g., have serious mental health condition or severe situational stressors that could worsen w/o follow-up)
      3. Or have other risk factors that need management:
         1. Significant substance abuse
         2. Severe academic risk
         3. Etc.
2. Therapists will following the following protocol for **at-risk clients**
   1. Determine an appropriate plan for following up with at-risk clients. For example:
      1. Conduct WebEx audio check-ins
      2. Conduct teletherapy (if client resides in Maryland ) as long as needed to manage risk and transfer care to appropriate community provider
      3. Provide referrals to assist client in accessing community MH in their location, etc.
   2. **Therapists must do the following for all at-risk clients:**
      1. Ensure they have a current crisis plan and are provided with emergency resources local to the student or available by phone or web to the student
      2. Inform clients who will be coming in for in-person sessions or engaging in telemental health session that b/c the situation is fluid/evolving:
         1. There may be changes/interruptions to the plan.
         2. That you will keep in touch about changes to plans.
         3. That they should utilize crisis resources if necessary.
         4. That they should not come in if they are experiencing any symptoms of illness

* Reach out to all at-risk clients by WebEx audio “Where are you located currently?”
* **Current concerns and risk evaluation**
* “What are your current (clinical) needs?”
* “Do you have any safety concerns currently?”  Any risk factors need assessed here.  List protective factors.
* “Who can you lean on for support?” “What coping skills are you utilizing currently?”
* “Let’s talk through your next steps”.
* “I’ll follow up with an e-mail with some additional resources for you to review”.
  1. to discuss this plan, send them the Telehealth informed consent if needed, schedule appointments/WebEx audio check-ins if needed, provide resources if needed

1. **For clients not at-risk but who need ongoing interim care**
   1. Therapists will decide which, if any, need a plan for ongoing care in the event they cannot continue to keep in-person appointments at the center.
   2. For clients determined to be in need of ongoing care while during the partial closure:
      1. Therapists will contact each of these clients by WebEx audio to share their recommendations and make a plan
      2. Plans could include:
         1. Conduct WebEx audio check-ins
         2. Conduct teletherapy if client resides in Maryland and teletherapy is deemed by you as the appropriate level and type of care need to meet the client’s concerns
         3. Provide referrals to assist client in accessing community MH in their location, etc.

PROTOCOL FOR PSYCHIATRIC PROVIDERS

1. All psychiatric providers will review their ENTIRE caseload and **identify which clients need follow-up care to manage/refill medications**
   * + - Psychiatrists will reach out to each of these clients to determine the next steps.

Plan for Partial Closure: When classes are canceled, residence halls closed but TU offices and TUCC remain open

IMPORTANT: Students must be told that if they are experiencing any flu- or cold-symptoms, they should NOT present in person for services. They can reach out to you or the center by email or phone to determine a plan

Short-Term (≤ 3 weeks) Class Cancelation

Currently, classes will be canceled for the next 3 weeks (with Spring break week being one of those 3) resuming April 6.

PROTOCOL FOR CLINICIANS

1. All counselors will review their ENTIRE caseload and **identify which clients are at-risk** 
   1. What constitutes at-risk
      1. At-risk for suicide, homicide, grave self-injury
      2. At-risk for decompensation (e.g., have serious mental health condition or severe situational stressors that could worsen w/o follow-up)
      3. Or have other risk factors that need management:
         1. Significant substance abuse
         2. Severe academic risk
         3. Etc.
2. Therapists will following the following protocol for **at-risk clients**
   1. Determine an appropriate plan for following up with at-risk clients. For example:
      1. Continue meeting at TU if they can come in (AND ARE ASYMPTOMATIC!)
      2. Conduct WebEx audio check-ins,
      3. Conduct video sessions,
      4. Provide referrals to assist client in accessing community MH in their location, etc.
   2. **Therapists must do the following for all at-risk clients:**
      1. Ensure they have a current crisis plan and are provided with emergency resources local to the student or available by phone or web to the student
      2. Inform clients who will be coming in for in-person sessions or engaging in telemental health session that b/c the situation is fluid/evolving:
         1. There may be changes/interruptions to the plan.
         2. That you will keep in touch about changes to plans.
         3. That they should utilize crisis resources if necessary.
         4. That they should not come in if they are experiencing any symptoms of illness
   3. Reach out to all at-risk clients by WebEx audio to discuss this plan, send them the Telehealth informed consent if needed, schedule appointments/ WebEx audio check-ins if needed, provide resources if needed
3. **For clients not at-risk but who need ongoing interim care**
   1. Therapists will decide which, if any, need a plan for ongoing care in the event they cannot continue to keep in-person appointments at the center.
   2. For clients determined to be in need of ongoing care while during the partial closure:
      1. Therapists will contact each of these clients by WebEx audio to share their recommendations and make a plan
      2. Plans could include:
         1. Continue meeting at TU if they can come in and are physically asymptomatic
         2. Conduct WebEx audio check-ins,
         3. Conduct video sessions,
         4. Provide referrals to assist client in accessing community MH in their location, etc.
4. For **clients who are determined able to tolerate a 3-week care disruption** during the partial closure:
   1. Starting Thursday, 3/11, therapists will reaching out to clients 2-3 days in advance of their upcoming appointment to inform students that we are open and encourage them to keep the appointment if they can and are well.
      * Reason for this contact schedule is that the situation is changing rapidly and there could come a time the university closes.
   2. If students cannot come to campus, therapists should reschedule them for an in-person appointment on 4/6 or after
   3. Therapists can determine in collaboration with these students if they need/want local mental health or crisis resources.
      * See “COVID\_19 At-home MH and Crisis Plan” on the O-drive: O:\Administration (GNR)\COVID-19
   4. NOTE: No fees will be charged to students who no-show or late cancel.
5. For clients with whom you have been out of contact and have no scheduled appointments:
   1. At-risk clients (as defined above) send them crisis resources for their community and close the file
   2. All other clients: close their file

PROTOCOL FOR PSYCHIATRIC PROVIDERS

1. All psychiatric providers will review their ENTIRE caseload and **identify which clients need follow-up care in the next 3 weeks to manage/refill medications**
   * + 1. Psychiatrists will reach out to each of these clients to determine the next steps.
2. Psychiatrists will contact all clients scheduled between now and April 6 to determine which students will be able to keep their in-person appointments
3. Psychiatrists will continue seeing students for med checks if students are able to come to the appointments
4. For students who will not be able to attend their appointments during the partial closure, psychiatrists will determine and enact an appropriate plan for that students. Plans can include:
   1. Rescheduling for a date after 4/6 when the university will presumable resume normal operations
   2. WebEx audio or telehealth check-ins
   3. Medication refills