



Temporary Modifications to Clinical Protocols for COVID-19 (rev2, 3/31/20)

In response to the current COVID-19 public health situation, the Department of Mental Health will be making the following modifications to standard clinical operations, as outlined below. Our hope is to reduce risk and maintain the health and safety of our clients, staff, and communities. These modified protocols apply to clients of **all ages across the life span**.

1. Clinic Services

- All in-person nonessential services will be suspended at this time
 - Examples of nonessential services: groups, individual therapy, non-urgent intakes
 - Examples of essential or urgent services: clients on Clozaril or injectables; assessments for possible DTS, DTO, or GD; hospital discharges; clients in crisis
 - If unsure about whether a client's needs are essential, urgent, or nonessential, consult with a supervisor or OD
 - Call all clients with existing appointments to screen (Attachment I) and notify of change in protocol → nonessential/non-urgent appts will be handled by phone
- Phone-based services will be offered to address non-urgent needs
- Clinics will identify physical areas, to provide essential/urgent services, which comply with social distancing recommendations (>6ft apart)
- Routine medication refills may be extended or handled by phone, pending MD review (detailed prescriber issues will be addressed in a separate protocol from Dr. Curley Bonds, CMO)
- All in-person meetings (staff, team, etc.) will be suspended, unless essential, and staff are able to sit at appropriate distance (>6ft apart)
- Homebound clients may receive field services to address essential or urgent needs
 - Clients will be screened ahead when possible
 - All recommended precautions will be observed

2. Screening

- Phone
 - Greet as per agency protocol, then use brief screener to ask if client has been symptomatic or has had exposure to someone who tested positive for COVID-19 (Attachment I)
 - If there is an urgent need, refer to supervisor or OD
 - If the service need can be taken care of by phone, schedule a call-back session
- Walk-ins
 - Screen at door using brief screener (Attachment I)
 - If there is an urgent need, refer to supervisor or OD
 - If the service need can be taken care of by phone, schedule a call-back session

3. Individuals Presenting with Symptoms (fever, cough, difficulty breathing).

- Follow CDC guidelines or your agency's COVID-19 specific procedures.

4. Providing Specialty Mental Health Services During the COVID-19 Crisis

- Please refer to Quality Assurance Bulletin No. 20-01, distributed March 18, 2020 (Attachment II) for guidance on ensuring beneficiaries' access to medically necessary specialty mental health services (SM-IS) during COVID-19 Pandemic.



COVID-19 SCREENING QUESTIONS:

1. In the last 72 hours, has the client or any family member had any signs or symptoms of fever, cough, or shortness of breath?

NO

YES

2. Has the client or any family member been in contact with anyone who has tested positive for COVID-19 or is suspected of having COVID 19?

NO

YES

1. ¿En las últimas 72 horas, usted o un miembro de su familia ha tenido síntomas de fiebre, toz, o falta de respiración?

NO

SI

2. ¿Usted o un miembro de su familia ha tenido contacto con alguien que ha sido diagnosticado positivo con el Corona virus o sospecha que está infectado(a) con el Corona Virus?

NO

SI