

Telehealth Guidelines for Clinicians during COVID-19

Please find the following guidelines for providing telehealth services for case managers, social workers, psychologists, and social work and psychology students. It is important to note that all providers are expected to continue with face-to-face sessions during their scheduled days on campus. However, there are several considerations in which individuals are permitted to use telehealth and are described below:

* All home visits and contacts for youth on trial discharge are to be conducted via telehealth for the time being.
* All students working remotely are permitted to engage in telehealth services, regardless of whether a youth is on campus.
* If youth are off-campus for extended home visits, clinicians are expected to provide telehealth services.
* If a clinician is unable to meet with a youth in person during their scheduled days on campus, they will be permitted to provide telehealth services remotely. This decision will be made on a case by case basis in consultation with the assigned supervisor.

\*The frequency of sessions should be discussed with supervisors. While the agency recognizes that it is not ideal to provide telehealth services to the following clients: highly anxious, depressed, psychotic, chemically dependent and individuals with a propensity to act out; given limitations during the COVID-19 pandemic exceptions have been made. Therefore, consideration to provide high risk clients with sessions two times a week should be discussed with the provider’s supervisor.\*

**Technology**

* Campus youth were provided with chrome books for educational purposes that may also be used to provide telehealth services, if warranted.
* Currently, the agency is using Zoom to provide video telehealth services.
* If the youth would prefer to use telephone communication via cell phone, those without an agency cell phone should create a Google Voice. Text messaging should be disabled.
* Please note that sessions should not be conducted via text messaging or email.

**Steps to Take Prior to the Initial Session**

* Provider should obtain the best number to reach the youth, as well as the name of the caregiver and the address where the youth is currently residing.
* Provider should identify the contact information for caregiver or cottage and safety staff or local police authorities, should a crisis arise. This information should be documented and reviewed on an ongoing basis.
* Provider is also expected to review the youth’s Individual Crisis Management Plan (ICMP) prior to the initial session.
* For youth on campus, consult with the cottage team to explore the location in which the service will be provided.
* Provider should discuss with youth his/her preferred means of conducting telehealth. For example, if the youth would prefer to use telephonic communication or video sessions via use of Chrome Books. At this time, provider should assess the youth’s comfort in using equipment while providing as much support as possible.

**Initial Session**

* Inform the youth and family of the use of the Google Phone Number and discuss boundaries surrounding phone use. For example, contact will be made at the time of the scheduled session and the hours in which the clinician is able to be contacted by phone.
* Providers should also inform the youth and caregiver of the processes they can expect in the ongoing sessions (standard questions), as well as what to expect should an emergency arise.
* The first session should also be used to determine and discuss an emergency plan, should a crisis arise. This plan includes obtaining contact information for caregiver, if the provider does not already have this information.
* If a youth is on campus and a clinician must conduct a session remotely, as discussed with his/her supervisor, they must work with the team to identify if the youth would like to conduct sessions via the youth’s chrome book, cell phone, or cottage phone. The provider should also inquire about the staff member currently on campus providing cottage coverage, and discuss and emergency plan, should a crisis arise. This plan includes ensuring necessary contact information for the cottage staff member and/or safety staff has been obtained, if the provider does not already have this information.

**Ongoing Sessions**

* The provider should ask “where are you?” as the first questions at the start of every session. Next, providers should ask, “is anyone in your room/around you?” Then, providers should inquire if there were any emergencies in the environment today, if there are any safety concerns or if there is anything that the provider should be aware of before beginning the session.
* Provider should also ask where the caregiver or cottage staff member is should they need to be contacted.

**Telepresence of Youth**

* Be mindful of noises heard, changes in lighting, and eye gaze, and be sure to ask appropriate follow up questions. For example, “has someone entered the room?” Think about what is occurring in the environment and what may not be explicitly communicated based on observations.

**Telepresence of Staff**

* Providers should ensure that sessions are conducted in a private space with minimal noise as a means to present as professional and to optimally maintain confidentiality. Sounds from applications and notifications should be turned off.
* Eye contact is important and providers should be sure that their eye gaze is directed at the camera. Be sure that the room is well lit and the youth is able to adequately see the provider (eliminating shadows, etc.). In addition, ensure that the youth’s phone/microphone is working correctly, and that they are able to hear the provider well.
* When using video, providers need to remain aware of their surroundings including what is in the clear line of vision of the camera, as to minimize distractions and personal information that might be included in the picture. Providers should continue to dress in appropriate attire, as if they were in the office.
* Providers should minimize interruptions/intrusions and may wish to provide a sign on the door indicating that the provider is occupied when engaging in telehealth services. minimizing opportunities for interruptions.

**Documentation**

* The documentation for the first session should indicate that informed consent was obtained, preferences for technology, procedures for engagement in telehealth services, and responses to crises was discussed.
* The impact of dropped connections, intrusions/interruptions, adaptive equipment, and how technology helped/hindered goals as it relates to each session should be noted.
* All notes should address progress towards goal, and a statement about suicidal/homicidal ideation, and audio/visual hallucinations. For example, no evidence of SI/HI or A/V hallucinations.
* Every note should also include the following statement: Due to the COVID19 Pandemic this face to face contact took place utilizing (put skype/zoom/phone contact/ or whichever forum was utilized)
* If a youth does not attend their scheduled appointment, this no-show will be document in Evolv and indicate that the provider will follow up with the cottage staff or caregiver.