

Reopening Face-to-Face Clinical Services

After closure/conversion due to COVID-19

Tammy Freeberg, Vice President, Strategy and Planning

Hector Glynn, Chief Operating Officer



Principles and Priorities

- Phased approach
- Higher-to-lower acuity
- Healthy and safety first
- Accommodations for high-risk employees



Where real change happens



Phase 1 - June

- In-home programs
- Clinical necessity
- Tele-visits continue
- 30-day assessment

Phase 2 - July

- Clinic and Community
- Consumer readiness
- Staff scheduling
- Facility modifications

Where real change happens



In-Home Matrix

- Differentiated according to acuity
- Criteria for in-home visits
- Screening and social distancing protocols
- PPE allocations

Masks required for staff and clients.

Where real change happens

IN-HOME PROGRAMS			
Programs	High Acuity	Moderate Acuity	Low Acuity
	FBR	CSF	PAT
	IICAPS	RTFT	Words Count
	MST	Child First	Fatherhood
	TFC/TFC	LYNC	ABC
	ICP	JRB	PALS
		Rapid Response	
Criteria for In-Person Sessions	<u>Intakes</u> <ul style="list-style-type: none"> An in-person intake should be offered to the family within the 30 day assessment phase. 	<u>Families who are struggling with technology</u> <ul style="list-style-type: none"> If a family is not able to make use of an audio or telehealth session, we should be offering an in-home session (or sessions) to help get them up and running with audio or telehealth. 	<u>Crisis Management or Other Risk Monitoring (model specific)</u> <ul style="list-style-type: none"> If a family is in some type of urgent crisis that is best handled by an in-person visit, we should offer an in-person session. <ul style="list-style-type: none"> Issues of risk include abuse or neglect that require in-person assessment. Re-engagement of families who have dropped out of treatment AND are at high risk.
	<u>Families who are struggling with technology</u> <ul style="list-style-type: none"> If a family is not able to make use of an audio or telehealth session, we should be offering an in-home session (or sessions) to help get them up and running with audio or telehealth. 	<u>Crisis Management or Other Risk Monitoring (model specific)</u> <ul style="list-style-type: none"> If a family is in some type of urgent crisis that is best handled by an in-person visit, we should offer an in-person session. <ul style="list-style-type: none"> Suicidal client or family member. Issues of risk including abuse or neglect that require in-person assessment. Psychiatric emergencies that can be de-escalated by an in-person session. Re-engagement of families who have dropped out of treatment AND are at high risk. 	
	<u>Crisis Management or other Risk Monitoring (model specific)</u> <ul style="list-style-type: none"> If a family is in some type of urgent crisis that is best handled by an in-person visit, we should offer an in-person session. <ul style="list-style-type: none"> Suicidal client or family member Issues of risk including abuse or neglect that require in-person assessment. Psychiatric emergencies that can be de-escalated by an in-person session. Re-engagement of families who have dropped out of treatment AND are at high risk. 		
PPE Allocation (per employee)	One cloth mask		
	N95 Mask - one per month		
	Box of Gloves - up to one per month		
	Container of Hand Sanitizer - up to one per month		
	Disinfectant Wipes and/or Spray		
	Box of Procedure Masks for clients		



www.thevillage.org

Where real change happens

