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SECTION 1: PROGRAM BACKGROUND

MISSION

The overall mission of the Home Based Telemental Health pilot program is to meet Veterans where they're at. The goal is to create a patient-centric / provider-empowered program aimed at serving the mental health needs of Veterans whose access to care is restricted by geography, limited resources or who are home bound due to psychiatric and/or medical conditions.

The Home Based Telemental Health Pilot Program is a system designed for trained and/or certified mental health providers to deliver Evidence Based Psychotherapies (EBP) in unsupervised clinical settings (i.e homes, care facilities, remote locations) or where the Veteran is situated. Providers also are also encouraged to deliver such mental health services as medication management in conjunction with supportive psychotherapy, general supportive psychotherapy, vocational rehabilitation, homelessness case management, case management for wellness checks and intensive case management follow up care.

Reaching Veterans in remote areas, increasing access to care while decreasing barriers is critical to Secretary Erik K. Shinseki’s T21 initiatives. For more information regarding how Home Based Telemental Health’s mission is consistent with the T21’s initiatives, please visit: http://vaww.telehealth.va.gov/key/t21.asp

PURPOSE

The Home Based Telemental Health pilot program is described as a computer-to-computer or video teleconference technology-to-personal support computer utilizing an external or internal webcam for viewing on patient side with Federal Information Processing Standards (FIPS) secure and encrypted software technology.

Although not currently in use, HBTHMH aspires to include Remote Mobile Access Clinics (R-MAC). R-MAC is described as a video teleconference technology-to-mobile device (i.e. Tablet, Smart Phone, Netbook that has two-way camera capability). Software on any R-MAC device must comply with and utilize Federal Information Processing Standards (FIPS) secure and encrypted software technology.

The purpose of this document is to provide standard operating procedures and clinical standards of practice to implement the pilot program at a designated VA facility within VISN. In addition, this document provides established clinical practice guidelines to help ensure patient safety in the event of a behavioral or medical emergency while engaged in HBTHMH or via Remote Access end points.

SHARE POINT

All of the information contained in this manual can be found on the VISN20 HBTHMH Share Point at the following address: http://moss.v20.med.va.gov/VSites/CS/BH/HBTMH/default.aspx
SECTION 2: ESTABLISHING AN IMPLEMENTATION TEAM

PERMISSIONS

Each facility is expected to receive appropriate approvals at the local level. This may be via your facility Mental Health Clinical Director, Facility Administrative Officer, and/or Facility Director. Once you have received local approvals, please submit written request to VISN 20 Telehealth Coordinator. At this time, no business plans are required to establish the program rollout at the facility level. Historically, the individual who serves as the point of contact for HBTMH at their local facility is also the Clinical Champion and Phase I provider.

THREE PHASE MODEL

The program structure is based three phases utilizing a “Train the Trainer” model.

Phase I: 10 unique Veterans per Provider, 60 total encounters.*

Phase II: 10 unique Veterans per Provider, 500 total encounters.*

Phase III: Facility determines staffing/workload expectation. Minimum requirement per facility is 1 active Provider and 3 active unique Veterans.

*Currently, there is no timeline to complete Phase I or Phase II.

NEW PROVIDER ENROLLMENT

Once a facility has identified an interested Provider, the local Telehealth Coordinator should submit Provider’s name, contact information to the VISN 20 Telehealth Coordinator. The VISN 20 Telehealth Coordinator will identify an appropriate trainer to provide training, new provider package dissemination, and patient vetting procedure overview.

STAFFING

In its current configuration, this pilot program does not require additional staffing at the local facility level. However, there are several staffing scenarios to consider when creating an infrastructure to the program.

- **Clinical Champion/Provider:** The CC/Provider is the Phase I Provider and will be responsible for their MOVI installations and patient appointment scheduling. Once a Phase II Provider, they will oversee training of incoming Phase I Providers.

- **Telehealth Coordinator:** The Telehealth Coordinator may assist the Provider in maintaining quality control and/or provide any needed programmatic support. The Telehealth Coordinator may also serve as the liaison between VISN and local facility.

- **Telehealth Clinical Technician:** In some cases, the facility will have a Telehealth Clinical Technician (TCT). In such cases, the TCT should be responsible for MOVI installation and any relevant technical matters.
Peer Support Person – Technology (PSP-T): A certified VA Volunteer (WOC) who provides telephonic technical support to Veterans regarding their personal computer.

CBOC/LOCAL OUTREACH CLINIC AS POINT OF CONTACT

Each Veteran enrolled in the pilot program must have been enrolled in the VA healthcare system, with established VA healthcare providers. It is recommended that the HBTMH Provider add the Veteran’s primary provider as co-signer for the first and last session notes of their treatment in this program.

PATIENT SUPPORT PERSON (PSP)

A Veteran’s safety is the pilot program's highest priority. A Patient Support Person (PSP) is an individual identified by the patient who has agreed to be available during the patient’s session in case of an emergency. The PSP does not have to reside with the Veteran, nor does the PSP have to be in the Veteran's home during the session. This individual may be a significant other, caregiver, neighbor, etc.

It is strongly recommended that each Veteran seeking home based telemental health care register a Patient Support Person (PSP) with their HBTMH Provider. A PSP is especially important for Veterans who present with complex medical and/or psychiatric conditions and/or histories or Veterans who live in highly remote areas regardless of their medical and/or psychiatric disposition. Please note: VISN 20 facilities initiating this pilot program for the first time must utilize a PSP for Veterans being treated by Phase I providers. As the facility and providers gain more experience, it is recommended local Behavioral Health leadership determine necessity of mandating the utilization of a PSP on a case by case basis. Currently, an assessment tool is being developed to provide assist in making decisions on whether to require or recommend the enrollment of a PSP on a particular case. (A Structured Guide for the Assessment of Suitability for Home Based Telemental Health ASH-25, Shore, 2011).

Prior to treatment commencing HBTMH Providers are encouraged to provide the Patient Support Person (PSP) brief psychoeducation regarding basic suicide prevention training. Such education may include reviewing Operation S.A.V.E. brochure information, power point slides and additional educational materials furnished by the Suicide Prevention Coordinator team at the local facility. Suicide prevention psychoeducational materials are available on the share point located in the shared documents section under "PSP Educational Materials."

In the case of an emergency, the PSP does not engage in any clinical interventions nor do they transport the patient. Only in cases of extreme emergency would a PSP potentially transport the Veteran to the hospital. In such case, the PSP is encouraged to take instructions from Emergency Personnel while on the call to 9-1-1. The PSP is otherwise not involved in any way with the Veteran’s treatment plan and/or health care delivered via HBTMH. It is expected that in all circumstances of an emergency the HBTMH Provider will exercise good clinical judgment when interacting with the PSP. The fundamental expectation for the PSP is be the "eyes and ears" for the provider and to activate a call to 911 in case of an emergency. For further information regarding the role of a PSP during an Emergency, please refer to the Emergency Management section of this manual.

TELEWORK

Telework is defined as a Provider working outside of their facility, preferably in the privacy of their own home. This pilot program can accommodate Telework as an option. Note: Each Telework Provider must receive prior approval from their local facility and supervisor in order to Telework. It is recommended that such Providers
utilize VA issued laptops for Telework. (Using MOVI on a government issued laptop requires a VPN account to ensure additional security). All other programmatic procedures for Telework are contained in this manual with the following additional procedures:

1. Technical checks done before the beginning of each session.
2. The Telework Provider work from a closed and reasonably soundproofed room.
3. Telework Provider should ensure that minimal/no intrusion from family members, doorbell, etc. occur.
4. Telework Provider has a working telephone accessible.
5. Emergency and Telemental Health help numbers readily available.

**SECTION 3: CLINICAL SERVICES**

**NEW PROVIDER PACKAGE**

The following documents provide essential program information and can be accessed at the VISN20 HBTMH Share Point.

2. Patient Contact Information Sheet.
3. Release of Information.
5. HBTMH Standard Operating Procedure Manual
6. Program outcome measures.
   a. Telehealth Satisfaction Survey (administered after final session).
   b. Participant Rated Safety Questionnaire (administered after final session).
   c. Mood inventories (as clinically indicated).
      i. Depression: BDI (Beck Depression Inventory).
      ii. Chronic Pain: (see SharePoint for list of measures).
      iii. Anxiety Disorders: BAI (Beck Anxiety Inventory, PCL-C).
   d. Pre-addressed/pre-paid envelopes for surveys.

Provider will mail the following items to the patient prior to first appointment:

- [ ] Release of Information.
- [ ] Operation S.A.V.E. and A.C.E. pamphlets.
- [ ] Program Surveys.
- [ ] Pre-addressed/pre-paid envelopes.

**ADMISSION CRITERIA**

Home Based Telemental Health is not suitable for all Veterans. Selecting an appropriate patient is a critical component to this pilot program and requires careful consideration. When evaluating suitable Veterans for this program, there are three main areas to consider: Technology, Psychiatric and suitable for home care.
If accessing Veteran in their home via personal computer and webcam, the Veteran’s personal computer must meet the minimum technical requirements. If the Veteran does not have a personal computer and/or broadband access and the facility does not loan an alternative device (R-MAC), then they would not be eligible to enroll in the pilot. Please refer to Minimum Technical Requirements document in Section 7 of this manual to evaluate whether a Veteran's personal computer meets the minimum requirements.

In addition to having a working personal computer that meets technical requirements, the following are initial admission criteria:

- Veterans with established mental health diagnosis.
- Veteran is willing to participate in Telemental Health Services.
- Veteran acknowledges and accepts limits of confidentiality.
- Veteran has adequate sensory abilities to participate.
- Veteran has no active suicidal or homicidal ideation with or without high lethality.
- Veteran has established primary care provider or mental health point of contact at local CBOC.
- Veteran able to enlist support from a Patient Support Person (PSP) as needed.

The *Structured Guide for the Assessment of Suitability for Home Based Telemental Health (ASH-25)* is designed to assist with the decision process on whether a Veteran is a suitable fit for home care. The ASH-25 can be located on the HBTMH Share Point.

**PHASE I PATIENTS**

**Please note: Phase I Providers are expected to meet requirements of 60 encounters with approximately 10 unique Veterans.**

At this time, Phase I Providers in this pilot are not permitted to provide PTSD Treatment via webcam/personal computer and/or mobile device to Veterans.

Phase I Providers typically identify suitable Veterans who are within the following areas:

- Without current course of untreated psychosis.
- Without current untreated substance use disorder.
- Individual who may benefit from time-limited Cognitive Behavior Therapy for uncomplicated depression.
- Individuals without current significant mental health issues without support.
- Psychoeducation topics such as: Anger Management, Healthy living strategies, Tobacco use cessation, Weight loss management, Chronic Disease education, Medication compliance education, Sleep hygiene, Promoting self-management interventions.
- Medication management/follow up in conjunction with supportive psychotherapy.
- General supportive psychotherapy.
- Vocational rehabilitation.
- Case Management: homelessness, wellness checks and intensive case management follow up care.
**PHASE II PATIENTS**

Please note: Phase II Providers are those who have achieved 60 encounters with approximately 10 unique Veterans.

Patients to be considered for Phase II by providers are typically in more psychiatric distress and affectively dysregulated than Phase I patients.

**PTSD Treatment In The Home**

At this time providing PTSD exposure based treatment is limited to Cognitive Processing Therapy (CPT or CPT-C) and may only be delivered by Phase II Providers with Veterans who have met all admission criteria for inclusion into the program. In addition to CPT, other forms of PTSD treatment (CBT, Skills Management, etc) are also permitted. Prolonged Exposure Therapy (PE) has not been made available to date in the pilot program. However, there is no evidence to suggest that it would be unsafe to provide Prolonged Exposure Therapy using the home based telemental health modality.

The following steps are recommended for clinicians doing CPT.

1. A PTSD Symptom Management course (or something similar) be delivered prior to commencing CPT.
2. Cognitive Processing Therapy (CPT-C) should be considered as first offering. If CPT-C not appropriate, CPT may be considered in cases where the Veteran has a strong support system and/or is followed closely by multiple providers.
3. It is recommended that those patients approved for CPT follow a hybrid model of delivery:
   a. The first four-five sessions of CPT/CPT-C delivered in the CBOC via VTEL or face-to-face.
   b. Upon completion of four-five sessions, a re-evaluation of their response to treatment will be considered. (Home practice compliant, distress related to treatment, PCL scores, etc).
   c. Determination by provider whether the Veteran may be transitioned into home and/or remote access care.

**EXCLUSION CRITERIA**

Criteria for exclusion, suspension and/or discharge is as follows:

- Veterans who do not have a personal computer and/or broadband access.
- Veterans who reject telehealth in the informed consent process.
- Veterans who are acutely violent or unstable patients with poor impulse control with immediate need for hospitalization.
- Veterans with active suicidal or homicidal ideation with immediate need for hospitalization.
- Veterans who are severely decompensated with immediate need for hospitalization.
- Veterans with dementia: confusion or mild cognitive decline.
- Veterans electing voluntary psychiatric hospitalization.
- Veterans requiring involuntary commitment. (Please be aware of all state laws regarding commitment).
- Veterans requiring essential medical monitoring that is unavailable on site.
- Veterans to whom news may be more appropriately delivered in person.
• Veterans who are actively psychotic and unable to participate using the telehealth modality of care due to the nature of the illness
• Veterans with psychotic disorders that may be exacerbated by telemental health (e.g. ideas of reference regarding television).
• Veterans who incomplete (or complete) treatment as outlined in initial and/or ongoing treatment plan.
• Veterans who have untreated substance abuse/dependence (current, recent and/or extensive history with elongated relapse patterns).
• Veterans who have significant history of medication non-compliance and/or prescription abuse.
• Veterans with significant sensory deficits, especially visual and auditory.
• Veterans with multiple and/or significant medical problems, of which may significantly affect cognitive/behavioral states.
• Veterans who experience medical emergencies that require hospitalization.
• Environmental emergencies in telehealth room/area that necessitate evacuation.

**ENROLLING A PATIENT (STEP-BY-STEP)**

The following is a step-by-step process to enroll a patient into the Home-Based Telemental Health pilot program:

1) Receive a referral from a provider requesting that the Veteran be considered for mental health treatment in the home via webcam/computer or R-MAC device. The referring provider has evaluated the patient’s mental health needs prior to further evaluation. The referring provider should also communicate to HBTMH whether Veteran has a personal computer and broadband access. If referring provider learns the Veteran does not have a personal computer and/or broadband access, the referral process should stop. If they do:

2) Identify whether the Veteran is ruled out due to exclusion criteria.

3) Identify whether the Veteran has geographical restrictions, transportation restrictions and/or medical conditions that make traveling difficult and/or present with noticeable access/barriers to care issues.

4) Determine if the Veteran qualifies to receive mental health treatment via fee basis provider in their local community or at their local Vet Center. If Veteran qualifies, determine which pathway would better serve the Veteran’s Mental Health needs.

5) Identify whether the Veteran has an existing mental health provider and/or mental health medication prescriber at their local CBOC or medical center. If the Veteran does not, a primary care physician will suffice. *If the Veteran does not have either a mental health provider or a primary care physician they will not be eligible for this pilot program.*
   a. If the HBTMH Provider is a prescriber and will be providing Medication Management, please proceed to step 6 and continue with following steps.
      i. Please be aware of the Ryan Haight Act law to ensure medication prescriber is acting within current laws.

6) The HBTMH Provider contacts Veteran via telephone and introduces the pilot program. During this introductory phone call:
   a. Further solidify whether the Veteran has a computer with high-speed internet access (DSL, Cable, and Satellite).
   b. Identify whether the Veteran’s computer meets minimum computer system requirements.
      i. Please refer to section: “Technical Requirements” at the end of this manual.
   c. Identify whether the Veteran has/does not have a webcam. If they do not, the facility may furnish.
d. Identify whether the Veteran has a working knowledge or familiarity of their computer hardware and operating system.

e. The HBTMH Provider will schedule an intake to be conducted either:
   i. In person.
   ii. At Veteran’s closest CBOC via VTEL.
   iii. Via telephone.

7) Prior to enrolling the Veteran into the pilot program, the HBTMH Provider is recommended conduct a comprehensive mental health intake (if one has not been conducted).

8) Prior to enrolling the Veteran into the pilot program, the HBTMH Provider should complete the ASH-25.
   a. The *Structured Guide for the Assessment of Suitability for Home Based Telemental Health (ASH-25)*. The ASH-25 can be located on the HBTMH Share Point.
   b. Clinicians should complete an ASH-25 on each potential enrollee prior to enrolling Veteran into the program.
   c. In conjunction with the ASH-25, a thorough chart review is highly recommended.

9) Upon receiving the ASH-25, Peter Shore will contact you to review the case.

10) IF YOU ARE A PHASE II PROVIDER YOU MAY REVIEW ASH-25 and GRANT RECOMMENDATIONS, APPROVALS and DENIALS.

11) Upon collaborative decision to include Veteran in the pilot program, HBTMH Provider contacts the Veteran to discuss arrangements to conduct installation and initial treatment planning and/or treatment goals.
   a. It is recommended that the first 2-3 sessions occur via VTEL at the Veteran’s nearest CBOC. Consider scheduling these around the Veteran’s other appointments at their CBOC for other services. A Veteran with a lengthy, well established and stable relationship with their provider will typically increase suitability for this program.

12) Schedule installation of MOVI.

13) Install MOVI. (Please refer to the MOVI installation section of this manual for step-by-step instructions). During installation session:
   a. Send Release of Information via email.
   b. Verify all emergency contact
   c. Provide psychoeducation to Patient Support Person.
   d. Schedule first HBTMH appointment.

**ELECTRONIC COMMUNICATION WITH PATIENT**

DO NOT SEND ANY PORTION OF THIS DOCUMENT TO A VETERAN. In the event you feel it would be more efficient to send the patient psychoeducational materials via email, please consider the following.

1) Consult with VISN Information Security Officer.
2) Consult with your local facility Information Security Officer and describe the context in which you’d like to send the patient non-clinical information via email.
3) Consult with your local Release of Information Officer and describe the context in which you’d like to send the patient non-clinical information via email.
4) At the Portland VAMC, ISO and ROI officers have agreed to the following guidelines:
   i. Any material sent to the patient via email must be de-identified.
   ii. Any material sent to the patient via email must not contain treatment planning.
   iii. Do not include content in the subject header of the email being sent to the patient.
iv. Remove provider’s signature in the body of the email.
v. Instruct the patient not to send you (the provider) any emails in reply.
vi. It is recommended providers include a disclaimer at the bottom of their email indicating that the message is of a confidential nature.

Please consult with your local Privacy Office or General Counsel for guidance regarding above. In addition, please consult your local Privacy Office/General Counsel regarding disclaimer language.

**SCHEDULING CLINICS**

HBTMH providers schedule their own clinic and the patient’s time. In addition, HBTMH Providers ensure accessibility of the Patient Support Person during the scheduled appointment.

**SESSION LENGTH**

It is recommended to account an additional 10 minutes per session. There may be disruptions due to dropped connection or difficulty making a clean connection. With that said, it is advised to schedule a 60-minute appointment for a session that would typically be scheduled for 50 minutes.

**SESSION PROCEDURES**

1) During Pre-Treatment / Session 1 create a simulated technology run-through by creating a technological malfunction with the Veteran. The purpose is to evaluate their knowledge and frustration tolerance and provide some prediction towards a response style during a real technological problem. This run-through is a collaboration between patient and provider and is designed to provide both Provider and Veteran with baseline knowledge of Veteran’s level of comfort with their own computer.

2) Open up emergency contact information sheet.

3) Patient initiates the call/connection. (This mirrors them coming to their appointment at your clinic).

4) If patient does not initiate call within 5 minutes of appointment time, provider should call patient.

5) Prior to beginning of session, remind patient that in case of a session disruption due to technical difficulty, the patient should initiate the callback. If patient does not call back within 3-5 minutes, the provider should contact the patient via telephone.

   a. The majority of time disruptions to session are due to a weak WIFI signal. You may consider having them relocate to be closer to their router.

6) At the end of the session, ask the patient to end call by clicking on red button on screen. (The patient is leaving your clinic). They should also sign out of MOVI by clicking on their name located at the upper left corner. Place cursor on green button and a pull down menu appears. Click on “sign out.”

7) Provider signs out of MOVI by following same instructions.

It is critical that the patient completely sign out of MOVI upon completion of the session. If the patient remains logged in the provider will be unable to utilize their username designated for their other patients.

*CLINICIAN’S NOTE:* Periodically, it may be beneficial to move the patient and their computer to different rooms in their setting. This recommendation has clinical implications and therefore it is solely based on the
clinical judgment of the provider. If clinician encourages this, it may provide additional information as other
vantages of their home setting are revealed to the clinician.

CODING / CLINIC NOTE TITLES

HBTMH clinics are created with a primary stop code in the 500 series with a secondary stop code of 179.

These clinics are Telehealth clinics but the service origination point is the VA Provider via VTC (179) and the
Termination point is the patient in their home with no second clinic needed. This is instead of 690/692/693
clinics where the service origination point is the patient in a VA Clinic (690) and the Distant Site (693) is the
provider via VTC. These clinics are equal for Telehealth credit and once activated these will be tracked in the
VISN Telehealth Scorecard and reported monthly to the VISN Telehealth Committee.

Recommended clinic name is MH(x) – Clinician Last Name-HB-TMH.

Typically, telehealth clinic visits require two encounters (one on provider side and one on the patient/clinic
side). The patient/clinic side requires provider to enter “Telehealth Originating Site” with second encounter.
Appointments in HBTMH require only one encounter.

CHARTING EXAMPLE

Under the Procedures tab:

- Procedure Section:
  - Psychotherapy only
- Section Name:
  - 75-80 Minutes
- Modifiers for 75-80 Minutes
  - Via Interactive A/V Telecommunications
CPRS – PRE-TREATMENT NOTE TEMPLATE

HOME-BASED TELEMENTAL HEALTH (HBTMH) – VISN20 PILOT PROGRAM

PRE-TREATMENT SESSION – VIA WEBCAM – 60 MINUTES

RATIONALE

This was the pre-treatment session of the Home-Based Telemental Health service for this Veteran. In response to a request by (REFERRING PROVIDER), this provider met with Veteran to evaluate appropriateness for the HBTMH on xx/xx/xx. Per REFERRRING PROVIDER xx/xx/xx note, “Exact language in reason for referral.”

Example: Provider X, NP has been the Veteran’s MH PCP since XX/XX/XX. Please refer to Provider X’s note of same date for a complete biopsychosocial. Veteran was diagnosed Month/Year with medical condition X of the X and is experiencing significant discomfort and associated hardships due to severity of condition. Veteran would benefit a great deal from increased contact by his MH provider in addition to convenience of being seen in his home. (See MILES SAVED/TRAVEL TIME section below for further access to care issues). This Provider will provide supportive psychotherapy in conjunction with medication management.

[Insert Veteran’s specific barriers to care here]. For example:

- Veteran has physical limitations and does not have means to provide own transportation.
- Veteran residence presents significant geographic distance to nearest CBOC/Medical Center.
- Veteran does not qualify for travel reimbursement and traveling to CBOC/Medical Center presents a financial hardship.
- Veteran does not qualify for fee basis provider services in their community and has limited access to transportation.
- Veteran does not qualify for Vet Center services.
- Veteran has chronic pain with mobility limitations.
- Veteran is “VA treatment resistant” – has history of refusing treatment at VA.
- Veteran has significant perceived stigma associated with Mental Health issue.

MILES SAVED / TRAVEL TIME

Note: Please indicate at the header of first clinic visit: Miles Saved For This Visit: #

Miles are calculated by entering location of nearest CBOC to the Veterans home. This can be simply achieved via Google Maps, or another internet based map.

Veteran lives approximately XX miles from the Medical Center, which takes approximately X hour and XX minutes of travel time each way. Once enrolled in the HBTMH program, Veteran will save approximately a total XXX miles and X hours of travel time per visit with their MH provider.

If Veteran receives travel reimbursement for his visits, please consult with travel for dollars saved this facility per visit.
INSTALLATION

As such, the following steps occurred during today’s pre-treatment session:

1. Via telephone limits of confidentiality were discussed, including the additional risk of not having a medical and/or health professional within the same physical proximity. The patient verbally consented and agreed to proceed.

2. Via telephone this provider verbally reviewed the waiver of liability for the third party software (MOVI) with the patient. The patient verbally consented to assume risk. During installation process, the patient was able to accept or decline the license agreement. The patient accepted.

3. Via telephone and prior to the installation of the MOVI software, patient granted this writer permission to speak with Patient Support Person (PSP) for the purposes of assisting with the installation of the MOVI software. [A Patient Support Person (PSP) is an individual identified by the patient as a person who has agreed to be available during the patient’s session in the case of a medical and/or behavioral emergency. They will be available to assist the patient and Home Based Telemental Health Provider in transitioning patient to safety. A PSP can be a significant other, friend, neighbor, etc. – someone who will have easy access to the patient during the session.]

4. The patient identified Ms./Mr. X, an individual, as their designated PSP. Ms./Mr. X identifies as the patient’s XYZ who currently resides with the patient.

5. Ms.or Mr. X provided the following telephone contact number in case of an emergency: (XXX) XXX-XXXX. [If Veteran and PSP share the same cell phone, please verify that the PSP is in possession of cell phone during appointment. If Veteran utilizes the cell phone as the only phone for household, then make alternate communication arrangements with PSP.]

6. Via telephone this provider and the Patient Support Person installed the MOVI software and discussed technical troubleshooting as needed.

7. During this session, the installation was completed without interruption and without any technical difficulty. [If technical difficulties occurred, please document here.]

POST INSTALLATION

The patient granted permission to this provider to speak with the Patient Support Person regarding the patient’s treatment and safety planning measures. The patient further agreed to sign a Release of Information naming the Patient Support Person as individual having access to medical and/or behavioral diagnostic information.

The Patient Support Person (PSP) was introduced and oriented to the program and agreed to participate in the capacity of the PSP. This provider verified all emergency contact information with the patient and the Patient Support Person. This provider reviewed all safety plan procedures with the patient and the Patient Support Person.

This provider provided suicide prevention education to the Patient Support Person by reviewing information contained in the Operation S.A.V.E. and ACE program brochures, both of which are VA sanctioned programs for suicide and safety planning. This provider will send the patient an ROI.
PLAN

Veteran has met initial admission criteria and is voluntarily agreeing to participate in the Home-Based Telemental Health program. Upon receiving signed ROI, this provider will contact patient to schedule an appointment for in-home treatment. Continue/commence the XYZ treatment.

SECTION 4: TECHNICAL SERVICES

* Providers, Telehealth Clinical Technicians and/or Peer Support Persons may email and/or mail MOVI Installation for Veterans. A copy of the "MOVI Installation for Veterans" document instructions is available in Section 8: Supporting Documents of this manual and also located on the HBTMH SharePoint.

TECHNOLOGY

Currently, this pilot program uses a software called Cisco TelePresence, also known as "MOVI." The encryption algorithm on MOVI is compliant with the Federal Information Processing Standard 140-2 ("FIPS") and has been submitted for formal certification. MOVI software has been used safely within the VA system by providers for business related videoteleconferencing for a few years. The provider should be trained to oversee the installation process of the MOVI software on the patient’s home computer. (Please see next section for step-by-step installation instructions). For a provider with little or no computer technology experience, it is recommended that a designated IT Technician serve as point of contact for technology trouble-shooting for Phase I patients only. The provider will serve as point of contact for technology trouble shooting for Phase II and Phase III patients. If the facility has a dedicated Telehealth Clinical Technician (TCT) then it is recommended they oversee all installations and ongoing technical support.

Please note that MOVI is a third party software program and any significant technical difficulties can be addressed directly to a MOVI representative. MOVI technical support phone number is (866) 826-3237. The webcam utilized by patient will also be a third party product. Any technical difficulties can be addressed directly to product’s technical support. The VA has a VTC Help Desk to provide support for providers conducting telehealth endeavors. They can be reached at (877) 406-4773 or via email at: VACOVC@va.gov

In case of technical disruptions during a session, the provider should contact the patient via telephone. Secondarily, the provider should contact MOVI/webcam product tech support for trouble shooting.

It is at the discretion of the HBTMH team to negotiate directly with IT to determine what capacity or level of involvement they will have with the HBTMH program. As a point of reference, Portland VAMC HBTMH did not place a single call into the help desk since program inception (February 2010 to time of writing). Local VTC help desk was called on one occasion during network broadband related issues.

WEBCAM

We have used several makes and models of consumer based Web Cam (HD and non-HD) and have found good results across varying brands. If Veteran does not have a webcam Provider or support staff will oversee distribution of webcam equipment. In most cases, there is no need to download software that
accompanies webcam. It is recommended provider or support staff keep all information in a spreadsheet with following information:

1. Patient Last Name/Last Four SS, Address, Phone, Date Sent, and Webcam ID. (Portland labels their units as “Rural 001, Rural 002,” etc.)
2. PSA, clerk or provider mails out webcam and box to return webcam.
3. Upon completion of treatment, patient mails back webcam and it’s checked in by support staff. If a Veteran has a diagnosis of a contagious disorder(s) it is required to take necessary precautions when receiving the webcam back from the Veteran. If viable, it is recommended that the Veteran not return the equipment.

**MOVI INSTALLATION (FOR INSTALLERS ONLY)**

NOTE: Providers/TCTs: please contact Peter Shore, Psy.D. (peter.shore@va.gov) for provider unique username. Providers, then in turn, will assign that same username to each of their Veterans. For example, Dr. Shore's username is: V20.Pilot1. Thus, each of Dr. Shore's Veterans use V20.Pilot.

It is recommended that provider have a prior working knowledge of MOVI prior to installing it on a patient’s computer. Please make sure that your MOVI is in working order prior to installing it on a patient’s computer.

As of this writing MOVI 4.2 has known issues and it is not recommended at this time. The Tandberg MOVI 4.1.1 software can be downloaded free of charge. You may email the Veteran a copy of the link which points to the download site.

Do not mail, email or transmit electronically the IP addresses indicated in this manual as this information is considered confidential and cannot be transmitted electronically outside of the network.


### Index of /pub/software/endpoints/movi/movi4

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Apache/2.0.52 (CentOS) Server at ftp.tandberg.com Port 80

2) Click on middle hyperlink “S85000MCX4_1_1_9724.zip” to download zip file.
3) Save file to the desktop.
4) Below is a screenshot of a completed download.
5) **For PC:** Click on “CISCO Telepresence MOVI” icon to launch program.
6) **For MAC:** Click on “Movi 4.1 dmg.” icon to launch program.
7) During installation the following prompts will occur: “Run” – “Next” – “Connect” – “Install” – “Launch”
8) The following screen will appear on your desktop:

![Screen 1](image)

**SCREEN 1 (Main Screen)**

1. **Username:** V20.PilotX *(The number will be assigned to each provider for their panel and username will be same for each of that provider’s patient. For example, Dr. Shore’s Username is: V20.Pilot1. All of Dr. Shore’s patients that he sees in the program is given V20.Pilot1 as their username).*
   a. In rare cases, you may have difficulty in establishing connection/registration with a particular username. In these cases, please try: John.Public2 as a temporary username to rule out whether the issue is isolated to username or whether it’s a more complex issue.
2. **Password:** 6789
3. Click button on “Remember my Username”
4. Click button on “Remember my Password”
5. *Do not* click button on “Sign in automatically”
6. Click on “Advanced” link on the lower left hand corner of the screen and a new window will open:
SCREEN 2 “Advanced”
1. Internal VCS field, enter the following IP Address: 10.104.54.206
2. External VCS field, enter the following IP Address: 205.215.204.147
3. SIP Domain field, enter the following: evn.va.gov
4. Click “OK.”

SCREEN 1 (Main Screen)
5. Click “Sign in.”
6. MOVI will initiate the program (but not the connection to the Provider). Once program is launched, the following screen will appear:

7. In order to make a call to the Provider you will have to add a contact. Click on “Add new contact” which is located in the lower right hand corner.
   a. In the “Name” field put the Provider’s name. For example, “Dr. Shore.”
   b. In the URI field put the Provider’s address. For example, SIP:peter.shore@evn.va.gov
   c. Click on “Save”
   d. The Provider’s name will appear in My Contacts.
9. The following screen should like this:

10. To initiate the call, click on the green telephone handle icon located to the right of the Provider’s name.
Note: Computer systems typically will default MOVI and AUDIO settings to *Mute*. You will need to review settings with patient to insure their computer’s control panel mute selections have been unchecked.

**MULTI-SITE CONNECTIONS VIA MOVI/DESKTOP UNIT TO MOVI**

In some cases, HBTMH Providers may wish to conduct group interventions with Veterans at their homes and/or remote sites. In order to connect up to 9 end-point users, please follow these instructions:

**Conferencing more than 2 webcams/locations:**

**Moderator / 1st caller**

- ✓ Dial 9902000 to create a new conference
- ✓ Pick a number to be your conference number then enter #
- ✓ Pick a pin if appropriate then enter # (If you don’t enter a pin all users will be allowed who know the conference number)

**2nd – 8th Caller(s)**

- ✓ Dial 9902000
- ✓ Enter conference number then #
- ✓ Enter pin then # if needed

**Calling Tandberg from MOVI:**

- ✓ Populate the MOVI directory with desired endpoint addresses
- ✓ Access the online endpoints directory
- ✓ Can use the alias or IP address.

**Calling MOVI from a Tandberg: Will need SIP alias or IP address of MOVI user.**

**How to get the SIP alias:**

- ✓ Tandberg user gives alias to the MOVI user (not IP), located on the upper right corner of the Tandberg desktop unit.
- ✓ Ask the MOVI user to call the Tandberg alias by entering the alias number into the MOVI address field.

**The Tandberg user follows these steps:**

- ✓ Go to “Received Calls”
- ✓ Highlight the call from the MOVI user
- ✓ Go to the second icon down on the left side of the screen (Copy to my Contacts)
- ✓ Hit OK; this saves the SIP address to the contact list on the Tandberg.
Joining a bridge call using MOVI:

Contact the bridge operator ahead of time and get the alias for the “audio only” number. Use this number to call.

**ENROLLEE CONNECTIVITY**

For optimal quality, it is recommended the patient’s connection be hard wired into their router. If patient is utilizing WIFI, it is recommended the patient’s computer not be more than fifty feet from the router. If during the session, you have multiple dropped connections, it may be due to a weak WIFI signal. It is recommended to have patient either hard line into the router or place computer closer to the router to receive a stronger signal.

**SECTION 5: EMERGENCY MANAGEMENT**

**EMERGENCY PLAN**

Pre-treatment/pre-session procedures

1) Verify that the PSP is accessible during the session either by asking Veteran or speaking with the PSP. The PSP does not have to be in same physical location as the Veteran during the session.
2) Provider will need a Release of Information (ROI) is on file to allow Patient Support Person contact in case of emergency.
3) If appropriate, Veteran to add Patient Support Person as Emergency Contact through enrollment.
4) All Local Emergency contact information (local ER, local ambulance, local, police and fire) will be readily accessible to the provider.
5) Provider has Emergency contact information open and available before and during each session.
6) The Veteran and/or PSP has the Provider's Emergency contact information in the event the Provider experiences an emergency.

If Patient is at imminent behavioral health emergency risk, the following procedures should be completed. The order of action is based on CLINICAL DISCRETION in response to severity of risk:

1) If Patient becomes unconscious and disappears from site of the provider:
   a. Provider to contact Patient Support Person (PSP) to provide visual assistance and evaluation of circumstances. For example, “Veteran is on the ground, they are unconscious, Veteran is having a seizure.”
   b. Provider instructs PSP to contact 9-1-1 from their home phone.
2) If Patient at imminent behavior or medical emergency risk, Provider contacts local 9-1-1/emergency personnel. This action will typically be in response to active suicide intent and/or medical emergency and/or when PSP is unavailable.
3) Once Emergency Personnel have arrived and has patient under care and have vacated the home, the Home Based Telemental Health Provider will contact the Local VA/CBOC Provider and be notified of the emergency. **HBTMH Provider to remain as point of contact until the Veteran's PCP confirms coverage.**
4) Only in extreme circumstances should PSP transport patient to the hospital and may follow instructions from Emergency Personnel during 9-1-1 call. (i.e. if emergency personnel indicates a delay in responding, request guidance for transportation).
5) In some cases, the provider will have to make decisions in the moment. As always, use good clinical judgment.

**ADDITIONAL RECOMMENDATIONS REGARDING EMERGENCY PLAN**

- Please consult with State Law regarding Police holds for suicide, voluntary, and involuntary commitments.
- Please consult with your local CBOC facility policies on responding to emergencies while seeing the Veteran via VTEL. In most cases, each facility has their own policies and procedures.
  - If one does not exist, please contact your local Telemental Health Coordinator or VISN Telemental Health Coordinator.
- In some cases of extreme risk, email, phone and/or page your local privacy officer so that they may initiate contact with local emergency personnel.
  - In the event your privacy officer is unreachable via email or phone, activate the *text paging terminal* and SMS a message to your privacy officer’s pager.
- During stabilization period, the patient’s primary provider becomes the patient’s VA point of contact. In rare cases, when patients are being treated by their originating MH provider who is also their HBTMH provider, then the patient does not require a shift in coverage.

**SECTION 6: EDUCATION AND TRAINING**

**TRAINING**

It is recommended that the HBTMH Provider install MOVI on their computer and utilize it for videoteleconferencing meetings with colleagues prior to utilizing it for seeing Veterans. This has been very helpful in acculturating providers to the technology and beneficial when trouble shooting in session with a patient.

*Clinical Video Telehealth (CVT)*

All providers providing telemental health services should have completed the necessary education and training as outlined by Clinical Video Telehealth (CVT) through the Office of Telehealth Services. It is further recommended that all providers remain current on training as outlined by a VHA approved CVT Training Center. For general information regarding CVT information and trainings and Telemental Health (TMH), please visit:

http://vaww.telehealth.va.gov/training/rmttc/index.asp OR  

**Additional Ongoing Training**

All HBTMH Providers may also receive education and ongoing training on suicide risk management and other common and uncommon behavioral emergencies. This training should be made readily accessible by their local facility.

Two programs, which can be located in LMS, are recommended: Telemental Health Suicide Prevention and Emergency Care and Evidence Based Intervention for Suicidal Persons.
It may also be helpful that each Provider receive one additional hour of live training as set forth by their local Suicide Prevention Coordinator.

**Home Based Telemental Health Training**

Once Provider has completed all CVT required trainings, they will receive training in Home Based Telemental Health. Please note the following procedure:

1. Email Peter Shore, PsyD, (peter.shore@va.gov) indicating an interest in receiving training.
2. Dr. Shore will contact you to schedule a one-on-one 90-minute training to be conducted via MOVI.
3. If a facility is interested in organizing a group training, please contact Joseph Ronzio, VISN 20 Telehealth Coordinator. Dr. Ronzio will help facilitate and coordinate the ½ day training.
4. Once you have completed Phase I and are a Phase II Provider, you may provide HBTMH training.

**SECTION 7: IMPLEMENTATION**

Training is available to interested providers designated and approved by their local Telemental Health Coordinator. The following Consultation & Liaison Services are available:

- Orientation and program overview.
- Provider training. Areas covered: technology installation, identifying good candidates, building an HBTMH infrastructure.
- Support staff training.
- Potential research collaboration.
- Ongoing & monthly case consultation.

Requests for facility implementation should be directed toward VISN 20 Telehealth Coordinator:

Joseph Ronzio via email: joseph.ronzio@va.gov

**IMPLEMENTATION**

The primary goal of expanding this program VISN wide is to increase access to care to Veterans. Many of our Veterans experience a range of barriers in receiving care, some quite obvious and others rather unique. The initial goal for VISN wide program is for providers to identify existing patients who may potentially benefit from accessing their care in the home or via remote access. Overall, care would be made available to selected VISN 20 Veterans receiving established VA care who are not currently suicidal, homicidal or actively psychotic.

The VISN Home Based Telemental Health expansion will be established by the following:

- It is recommended that each VISN 20 facility follow VISN 20 SOP.
- The VISN HBMTH lead may identify a facility Champion (Phase I Provider) at each of the 30 selected facilities. The Champion is the first Phase I Provider at said facility.
The Champion is encouraged to identify pre-existing patients on his or her panel who have current barriers to coming in for in-person appointments.

Each Champion may train in Basic Clinical Video Telehealth Training and Telemental Health Training via the Rocky Mountain Telehealth Training Center. Upon completion of this initial training, they will complete training specific to HBTMH as discussed earlier in this manual in the training section.

Phase I:

- The Clinical Champion (Provider #1) sees up to 10 unique Veterans during their Phase I status.
- Each Phase I Provider is required to complete 60 clinical encounters.
- Upon completion of Phase I, the Provider identifies up to 5 additional Providers within their site to train for Phase I.
- Upon completion of training of one Phase I Provider, they formally become a Phase II Provider.
- As each Phase I Provider completes 60 total encounters (with up to 10 unique Veterans) and train a new Phase I Provider, they transition into Phase II Provider status.

Phase II:

- Each Phase II Provider sees a minimum of 10 unique Veterans during their Phase II status.
- Each Phase II Provider completes 500 clinical encounters.
- Phase II Providers is expected to provide HBTMH training to all incoming Phase I Providers.
- It is recommended that a facility maintain a minimum of 1 HBTMH Provider during Phase II.
- In order for a facility to transition into Phase III, the facility should meet a minimum of 1000 total clinical encounters across all HBTMH Providers.
- Phase I and II Providers are encouraged to attend consultation calls.

Phase III:

- Maintain 2 HBTMH Providers.
- A facility to complete a minimum of 1000 total clinical encounters across all HBTMH Providers.
- A facility completing Phase III does not remove pilot status from the program. This program will remain in Pilot status until otherwise notified.
- Phase III Providers may serve as advanced consultants at their own discretion.
SECTION 8: SUPPORTING DOCUMENTS

ASH-25
A Structured Guide for the Assessment of Suitability for Home Based Telemental Health

EXAMINER: ___________________ DATE: __________

There are several variables that comprise a goodness of fit between patient, provider and this pilot program. Please fill out spaces according to your direct knowledge, either by way of medical records review, interview with patient, their previous and/or current and/or former providers.

Background

REFERRAL SOURCE: ___________________

LAST NAME: _______________ LAST FOUR: __________

AGE _____ SC DISABILITY _____ % __________

PCP _______________ MHP _______________

CBOC_____________ MILES TO CBOC______ MILES TO MED CENTER ______

Would Veteran have received your mental health services if they were not offered in the home? YES NO

Does Veteran have access to additional resources for MH treatment in their community? (i.e. Vet Center, transportation to CBOC despite hardship, Military One, Private). YES NO Please list: __________________________________________

What is the Veteran's primary reason for seeking MH treatment in the home? __________________________________________

If stigma a concern for Veteran, please indicate: __________________________________________

Please circle the response that best represents your interpretation and objective information pertaining to each variable. Please note: active substance abuse/dependence, active suicide ideation with intent and untreated thought disorders are exclusion factors.

Factor I: Mental Health

1. PRIMARY MENTAL HEALTH DIAGNOSIS: __________________________________________

0 Thought disorder (untreated or difficult to manage). Substance use/abuse dependence (current, recent), PTSD (chronic, MST, untreated/or minimal tx hx).

1 Axis II disorder and/or traits; PTSD (moderate); Substance use dependence (non-alcohol); Bipolar disorder (untreated, not well-treated); Serious Mental Illness (untreated, not well-treated)

2 PTSD (not chronic); substance use disorders (in remission).

3 Depressive disorders / Anxiety disorders.

If substance use present, please describe type, frequency, etc: __________________________________________

2. PSYCHIATRIC HOSPITALIZATIONS

0 Hospitalization within last 30 days.

1 Hospitalization 31 days to previous 6 months.

2 Remote history of hospitalization.

3 No history
3. **MOTIVATION FOR MENTAL HEALTH TREATMENT (CURRENT)**
   0 Ambivalent.
   1 Pre-contemplative.
   2 Contemplative (provider recommended treatment and home based program).
   3 Action (Veteran requested treatment).
   4 Maintenance (transfer from current MH provider).

4. **PREVIOUS MENTAL HEALTH TREATMENT COMPLIANCE**
   0 Multiple cancellations / no-shows.
   1 Variable no-shows / cancellations (difficult to determine pattern).
   2 Relatively compliant (pattern consistent with good compliance, but occasional).
   3 Compliant.

5. **PREVIOUS MENTAL HEALTH TREATMENT SUCCESS / FAILURE**
   0 Multiple drop outs of time limited treatments.
   1 Majority of failures/incomplete treatments.
   2 Variable successes/failures to complete.
   3 Majority of successes/completion of treatments.

6. **PATIENT’S SUBJECTIVE PERSPECTIVE ON STIGMA**
   0 Perceived stigmas correlated with no interest in receiving MH treatment.
   1 Perceived stigma, but Veteran would only receive MH treatment in home.
   2 Perceived stigma, but Veteran comfortable with receiving MH treatment at VA facility.
   3 No perceived stigma.

7. **MOOD INVENTORY SCORES: MOST RECENT PCL/DATE: __________ MOST RECENT BDI/DATE: __________**
   0 BDI, PCL or other measures significantly elevated within last 30 days.
   1 BDI, PCL or other measures significantly elevated 31-days to 6 months.
   2 BDI, PCL or other measures mild to moderately elevated within last 30 days.
   3 BDI, PCL or other measures within normal range.

8. **COGNITIVE FUNCTIONING**
   0 Significant deficits.
   1 Moderate deficits.
   2 Mild deficits.
   3 Within normal range.

9. **SUICIDE HISTORY**
   0 Recent active ideation / attempt. High risk: YES / NO
   1 Remote ideation / attempt.
   2 Passive ideation / low lethality.
   3 Denies ideation (remote).
   4 Denies ideation (current, recent).

10. **COORDINATED CARE (DBB, DSB, CCRB)**
    0 Category II Flag. Disruptive Behavior Flag.
    1 Prior flag for disruptive behavior (removed during last review).
    2 Prior flag for disruptive behavior (removed 2> reviews).
    3 No history of behavior flags.

11. **NEW MENTAL HEALTH DIAGNOSIS (within 60 days): __________________________**

12. **INITIAL MENTAL HEALTH TREATMENT PLAN: __________________________**
Factor II: Medical

13. CURRENT MEDICAL STATUS
0  Medically compromised, requires assistance with daily functioning.
1  Medically compromised, requires partial assistance with daily functioning.
2  Medical conditions well treated/managed; patient independent.
3  Medically clear, no secondary interventions.

Please note if any contagious disorders/conditions: YES  NO

14. PREVIOUS MEDICATION COMPLIANCE
0  Multiple records of non-compliance.
1  Variable compliance (due to extraneous factors such as complicated medical).
2  Relatively compliant (pattern consistent with good compliance, but occasional miss).
3  Compliant.

15. MEDICAL COMPLICATIONS (within 60 days): __________________________

Factor III: Access to Care

16. BARRIERS TO CARE
0  Financial limitations (can't afford gasoline).
1  Without transportation, limited resources for childcare.
2  Geographic hardship (Approximately 60+ miles to closest CBOC, difficult travel terrain).
3  Physical limitations, chronic medical and/or psychiatric conditions.
4  Home bound.

17. COMFORT WITH PERSONAL COMPUTER / TECHNOLOGY
0  Doesn't feel comfortable.
1  Rarely uses computer/technology.
2  Some comfort level with computer/technology, but relies on others.
3  Checks email regularly, surfs internet, working knowledge of personal computer.
4  Sophisticated understanding of computer / technology; uses it daily and integrates into routine.

Factor IV: Systems

18. FAMILY
0  No family contact.
1  Family geographically diverse, not physically close.
2  Family located locally.
3  Lives with family.

19. SOCIAL NETWORK
0  Avoidant, isolates, unemployed.
1  No current relationship.
2  Some friends, passive relationships
3  Friends, deeper/meaningful relationships.
4  Friends, wide network, active in community.

20. CURRENT LIVING SITUATION
0  Alone.
1  Roommate (non-relationship, family member in negative standing).
2  Roommate (non-sexual relationship, family member in positive standing).
3  Significant other (relatively unstable).
4  Partnered, married (stable relationship).
21. **STABILITY OF SYSTEM**
0  Family and/or social network unreliable; fractured
1  Individual family member and/or social network moderately reliable/stable.
2  Multiple family members and/or social network moderately reliable/stable.
3  Individual family member and/or social network reliable/stable.
4  Multiple family members and/or social network reliable/stable.

22. **MILES TO EMERGENCY PERSONNEL (Fire, Paramedic, Police, Sheriff) ____ 0-1-2-3**

23. **PSP RELATIONSHIP STATUS**
0  Acquaintance.
1  Neighbor (not regular social contact).
2  Friends/Family (stable relationship).
3  Significant other (stable relationship).

24. **PSP DISTANCE IN MILES/TIME TO PATIENT ____/ ____ 0-1-2-3**

25. **PSP EXPERIENCE WITH CRISIS**
0  No experience.
1  Some experience (non life-threatening).
2  Some experience (life-threatening).
3  Numerous experiences (life-threatening).

**EXAMINER COMMENTS:**
____________________________________________________________________________

**FINDINGS:**

Total Score: ______

Approved ____

Approved (conditional) ____

Conditions of approval________________________________________________________

Temporary Denial____

Denial____

Supervisor/Date: ______________________

When complete, please send to:
Peter Shore, Psy.D.
peter.shore@va.gov  • Fax (503) 402-2830
Portland VA Emergency Safety Plan for Telemental Health

General procedures:
1. Clinical Video Teleconferencing distant site providers must have a current copy of “Telemental Health Help Numbers” readily available when conducting telehealth encounters, in the event of an emergency or technical disruption. For home-based telemental health services, providers will have access to the patient’s designated support person, and the patient’s primary care or primary mental health provider, in addition to local city or county emergency contact numbers.
2. The patient site needs to have staff on-site (though not necessarily in the room) during telemental health appointments.
3. All staff local to the patient should be versed with local emergency plans and be ready to act on those plans in the event of an emergency that occurs with a patient engaged in a clinical video teleconferencing appointment.
4. Prior to the start of a telemental health program, the Portland VA Police chief will be informed about sites involved. The Portland VA police chief will be available for consultation on any site-specific security concerns that may arise.
5. For home based telemental health services, there will not be staff on-site. The provider will access emergency contacts should the need arise.

In the event of a technical disruption:
1. If there is no contact from the remote provider, patients will be instructed to notify staff at the front desk. If there are technical difficulties, but a remote provider is in contact, patients should wait for the remote provider to contact local staff or do other troubleshooting. Patients should not operate videoconferencing equipment.
2. If the patient is not present, but has checked in, the provider should contact the clinic to help locate him or her. If the patient has not checked in, the provider should contact the patient directly.
3. If the provider is not present, patient site staff can try to contact the provider or staff at the provider site to help locate the provider.
4. For home based telemental health services, the provider, a member of the IT staff, or other staff may be designated as the patient’s primary point of contact for technical problems. At the time of the appointment, the provider should establish telephone contact with the patient in the event of a technical disruption.

In the event of a medical or psychiatric emergency:
1. The provider will activate emergency services and alert clinic staff. Once patient site staff are alerted, they would help carry out patient site emergency protocols, including calling 911 if needed.
2. If in the remote provider’s judgment this is a life threatening emergency and the facility does not have an emergency department, or if police involvement will be needed, the provider may contact local emergency services before contacting the Clinic, CBOC or Outreach Clinic to expedite the response. The provider would contact the patient site’s local police non-emergency number (at www.policedepartments.com) or sheriff’s dispatch number (Emergency Dispatch Numbers) and ask to be transferred to 911.
   a. If there is a problem locating or contacting the correct police jurisdiction, the provider can contact Portland Release of Information – 51023 or 55196 - to make the call.
b. Providers will give the minimum essential patient information needed to police/911. *Do not provide sensitive information to the police or 911 on HIV status, alcohol/substance abuse, or sickle cell anemia unless absolutely necessary.*

c. For home based telemental health services, the provider will also attempt to contact the designated patient support person.

3. The remote provider should remain present to assist until the situation is resolved.

4. For home-based telehealth, the provider will also contact the patient’s primary care provider or primary mental health provider to transfer care after the patient’s safety has been established. The remote provider will serve as the point of contact until coverage by a local provider has been confirmed.

5. If 911 has been called by either site, Release of Information needs to be contacted via phone (55196 or 51023) or encrypted email (*Brian.Roth@va.gov*) stating what information has been given about the patient, and to whom.

**If you aren’t sure whether or not to do a welfare check:**

6. ED Psychiatry (on duty) is available for nurse to nurse consultation. Not to take over the case, but to consult about the best course of action.

**If the issue doesn’t need to be dealt with right away:**

7. Contact Portland Suicide Prevention Coordinators who can do outreach calls the next day and assist the person with connecting to care.

8. Robert Tell  503-220-8262 x56198
TECHNICAL REQUIREMENTS

MINIMUM TECHNICAL REQUIREMENTS for MOVI 4.1

The following are minimum requirements. It is not recommended to proceed with installation unless these are met.

Infrastructure requirements
Movi requires the Provisioning option on the Cisco VCS and in Cisco TMS to be enabled.

Product Version
- Cisco TelePresence Management Suite (Cisco TMS) 12.6 or later recommended.
- Cisco Video Communication Server (Cisco VCS) X5.2 or later recommended.

IP Network Connection
- DSL is preferred.
- Cable is known to have significant compatibility issues.
- Satellite is known to have significant compatibility issues and is not recommended.

Browser
- Internet Explorer is preferred when downloading and throughout installation process.
- Google Chrome is known to have compatibility issues.
- Firefox and Safari are compatible, but not preferred.

PC requirements
- Processor A processor supporting SSE3 (such as Pentium 4 Prescott) or better.
- For business-quality HD video, Cisco recommends using the Cisco Precision HD™ USB camera and a 2 GHz Core 2
- Duo processor or better.
- Memory 512MB RAM or more.
- Operating system: Windows XP SP2 or later
- Windows Vista SP1 or later
- Windows 7
- Connection IP network connection (broadband, LAN, wireless).
- At least 24 kbps is required for an audio connection.
- For a video connection, the recommended minimum is 128 kbps.
- Graphics card: OpenGL version 1.2 or higher. Hardware support for DirectX 8 or higher.
- Sound card: any standard sound card (full-duplex, 16-bit or better) should work with Movi.

Mac requirements
- Processor All Intel processors.
- For business-quality HD video, Cisco recommends using the Cisco PrecisionHD™ USB camera and a 2 GHz Core 2 Duo processor or better.
- Operating system:
  - Mac OS X 10.6 or later is recommended. Make sure to have the latest security updates installed.
Connection IP network connection (broadband, LAN, wireless).
  - At least 24 kbps is required for an audio connection.
  - For a video connection, the recommended minimum is 128 kbps.

Which cameras have been tested with Movi?

Quoted directly from Cisco TelePresence Movi Administrator Guide (4.1):

A large number of cameras have been tested with several versions of Movi. While Movi should work with every camera, the cameras that the Movi team are using on a regular basis and are guaranteed to perform well are, as of Movi version 4.0:

- Cisco TelePresence PrecisionHD USB Camera
- Logitech QuickCam Pro 9000 v11.5.0.1145 or later
- Logitech QuickCam Pro for Notebooks v11.90.1262.0 or later
- Logitech QuickCam 5000 v11.1.0.2016 or later
- Microsoft LifeCam VX-7000 v1.2.2.612 or later
- Microsoft LifeCam Cinema
- Creative Live! Cam Optia AF v1.2.2.612 or later
- Creative Live! Cam Socialize HD

Movi is known to have issues with the following cameras:

- HP Premium Starter Pack C18
- Winbook WB-7140
- Movi 2.x only: Microsoft LifeCam VX-5000 v2.07. (Fixed in Movi 3.)
MOVI / WEBCAM AUDIO SETTINGS

MOVI has been known to reset audio setting upon restarting your computer. Here are step-by-step instructions to reset audio settings:

Check Audio settings on the computer.

First, double L. click on the Volume setting icon on the bottom right-hand corner of the task bar on the computer.

Verify the volume settings for both Audio (speaker) and microphone are appropriately set.

“Playback” allows for the configuration and adjustment of the speaker function of the device.
  a. C-Media Headphone Set – headphone
  b. Logitech Mic (Pro 9000) – webcam
  c. SoundMAX HD Audio – preinstalled device(s)
Once playback is selected, click ok to reveal the settings for each control type, illustrated on next slide.

Ensure all playback settings are un-muted and set at an appropriate volume.

“Recording” allows for the configuration and adjustment of the speaker/microphone function of the device.
C-Media Headphone Set – headphone

Logitech Mic (Pro 9000) – webcam

SoundMAX HD Audio – preinstalled device(s)

Once recording is selected, click ok to reveal the settings for each control type, illustrated below:

Ensure all recording settings are un-muted and set at an appropriate volume.

Before a scheduled appointment, ensure all Playback and Recording settings are appropriate for the configuration of the computer, i.e. headset, external microphone or speakers, etc…
Before a scheduled appointment, ensure you have available contact information, i.e. phone numbers, etc… of the location you wish to connect to in the event of a technical problems.
MOVI INSTALLATION FOR VETERANS

Dear Veteran,

Please do not install the software without the assistance (via telephone) from one our Telehealth Clinical Technicians or one of our Peer Support Specialists.

Installer: Please make sure that your MOVI is in working order prior to installing it on a Veteran’s computer. As of this writing MOVI 4.2 has known issues and it is not recommended at this time. The Tandberg MOVI 4.1.1 software can be downloaded free of charge.

Instructions:

1. Email the Veteran a copy of the link which points to the download site.

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<th>Last Modified</th>
<th>Size</th>
<th>Description</th>
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<tr>
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<td>20-Sep-2010 08:50</td>
<td>31M</td>
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</table>

Apache/2.0.52 (CentOS) Server at ftp.tandberg.com Port 80

3. Click on middle hyperlink “S85000MCX4_1_1_9724.zip” to download zip file.
4. Save file to the desktop.
5. Below is a screenshot of a completed download.

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<td>Portab... (PDF)</td>
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<td>8 KB</td>
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<td>Movisetup4.1.exe</td>
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<td>11.4 MB</td>
<td>Document</td>
</tr>
<tr>
<td>ReadMe.txt</td>
<td>Dec 9, 2010 1:46 PM</td>
<td>4 KB</td>
<td>Plain Text</td>
</tr>
</tbody>
</table>

6. For PC: Click on “CISCO Telepresence MOVI” icon to launch program.
7. For MAC: Click on “Movi 4.1 dmg.” icon to launch program.
8. During installation the following prompts will occur: “Run” – “Next” – “Connect” – “Install” – “Launch”
9. The following screen will appear on your desktop:

SCREEN 1 (Main Screen)
10. Username: V20.PilotX (The number will be assigned to each provider for their panel and username will be same for each of that provider’s patient. For example, Dr. Smith’s Username is: V20.Pilot1. All of Dr. Smith’s patients that he sees in the program is given V20.Pilot1 as their username).
   i. In rare cases, you may have difficulty establishing connection/registration with a particular username. In these cases, please try: John.Public2 as a temporary username to rule out whether the issue is isolated to username or whether it’s a more complex issue.
11. Password: 6789
12. Click button on “Remember my Username”
13. Click button on “Remember my Password”
14. Do not click button on “Sign in automatically”
15. Click on “Advanced” link on the lower left hand corner of the screen and a new window will open:

SCREEN 2 “Advanced”
16. Internal VCS field, enter the IP address your installer provides.
17. External VCS field, enter the IP address your installer provides.
18. SIP Domain field, enter the following: evn.va.gov
19. Click “OK.”

SCREEN 1 (Main Screen)
20. Click “Sign in.”
21. MOVI will initiate the program (but not the connection to the Provider). Once program is launched, the following screen will appear:
22. In order to make a call to the Provider you will have to add a contact. Click on “Add new contact” which is located in the lower right hand corner.

   a. In the “Name” field put the Provider’s name. For example, “Dr. Smith.”
   b. In the URI field put the Provider’s address. For example, SIP:john.smith@evn.va.gov
   c. Click on “Save”
   d. The Provider’s name will appear in My Contacts.

24. The following screen should like this:

25. To initiate the call, click on the green telephone handle icon located to the right of the Provider’s name.

Note: Computer systems typically will default MOVI and AUDIO settings to Mute. You will need to review settings with patient to insure their computer’s control panel mute selections have been unchecked.
PROVIDER ACKNOWLEDGEMENTS

Initialing and signing does not constitute a binding legal agreement. Non-compliance does not necessitate punitive and/or disciplinary action.

Provider Name: ______________________  Provider Signature: ______________________

Provider Facility: _____________________  Today’s Date: _________________

INITIAL

Provider has read the Standard Operating Procedure Manual. __________

Provider agrees to complete the necessary training as outlined in this manual. __________

Provider will participate in ongoing consultation relevant to HBTMH. __________

Provider agrees to comply with clinical practice guidelines as outlined in this manual. __________

Provider will utilize the Patient Support Person as outlined in this manual. __________

Provider agrees to report emergency incidents to VISN 20 Telehealth Coordinator. __________

When complete, please send to:
   Peter Shore, Psy.D.
   peter.shore@va.gov
   Fax (503) 402-2830
ACKNOWLEDGEMENTS

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Network Telehealth Director
VA Northwest Health Network Office

References
