

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

TeleBehavioral Health 301 Training Series

Behavioral Health Telehealth Resource

Website: <https://bhinstitute.uw.edu>

Email: bhinstitute@uw.edu

February 18, 2022

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment. BHI established initial priority programs which include:

- Improving care for youth and young adults with early psychosis
- Behavioral Health Urgent Care Walk in Clinic
- Behavioral Health Training, Workforce and Policy Innovation Center
- Expanded Digital and Telehealth Services

WEBINAR LOGISTICS

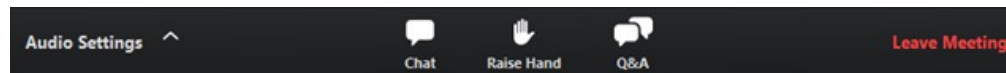
CHAT Box

- We'll share info about logistics
- Let us know if you are having tech issues
- To you: from our training team
- From you: only visible to hosts/panelists
- NOT for content-related questions (see next slide)

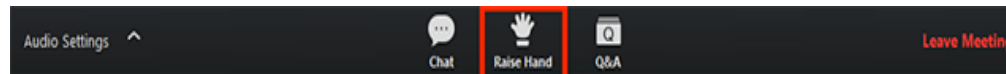
WEBINAR LOGISTICS

Q & A

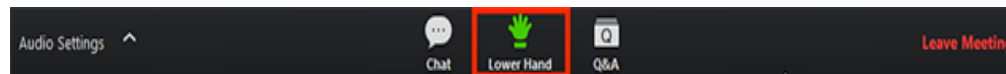
1. Type question into Q&A Window
2. Raise hand (will be called on/unmuted)
 - Click Raise Hand in the Webinar Controls



- The host will be notified that you've raised your hand.



- Click Lower Hand to lower it if needed



Speaker Disclosures

None of the series speakers have any relevant conflicts of interest to disclose.

Planner disclosures

The following series planners have no relevant conflicts of interest to disclose:

Brad Felker MD
Cara Towle MSN RN
Melody McKee SUDP MS

Michele Patience Staal
Rande Gray
Topher Jerome

DISCLAIMER

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

We gratefully acknowledge the support from



BUILDING TELEHEALTH CAPACITY for BEHAVIORAL HEALTH

TeleBehavioral Health 301

TeleBehavioral Health: Crisis Management & Risk Assessment

JENNIFER M. ERICKSON, DO
ASSISTANT PROFESSOR
UNIVERSITY OF WASHINGTON

FEBRUARY, 18, 2022

HARBORVIEW
MEDICAL CENTER

Learning Objectives:

1. List the component you need to add to your workflow to prepare for crisis management.
2. Discuss 3 crisis situations that can occur during an appointment.
3. List 2 things you should have available during a crisis.

A provider shall support
access to care for all people

Principles of Medical Ethics 2013 Edition

Telepsychiatry

- Current Tele-BH
 - More diagnoses seen remotely
 - More complex symptoms presentations
 - More encounter locations
 - More potential encounter variables
 - More chances for crisis situations

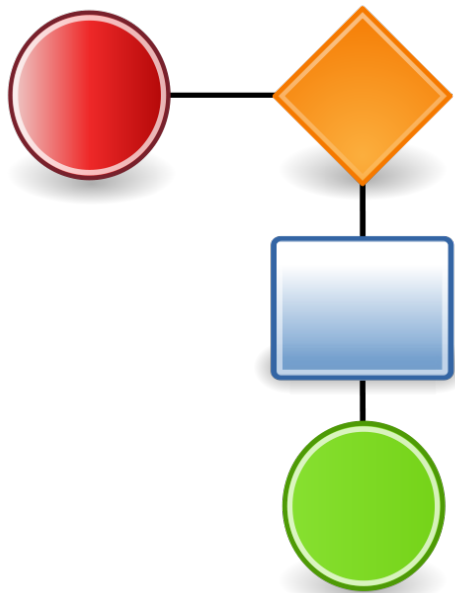


Crisis situations

- Medical emergencies
- Psychiatric Emergencies
 - Decompensation
 - Suicidal Ideation
 - Homicidal Ideation
- Domestic Violence



Clinic Workflow



- Emergencies happen
- ANY appointment can become an emergency/crisis
- Planning for them is allowed
- Plans should be adjusted:
 - BEFORE/AFTER
 - DURING
 - THE UNEXPECTED

Before/After appointments

- Anyone interacting with a patient should have access to the clinic's safety plans
 - Handoff protocols for calls
 - Emergency contact numbers for EMS
 - Protocols for all emergency situations
 - Providers should have access to stand appointment checklist

During appointments

- All appointments should start with basic safety planning:
 - Patient's physical location
 - Patient's best contact number
 - Patient's emergency contact
 - Anyone else is in the room/house/location
 - Permission to contact those people in case of an emergency
 - General emergency plan

During appointments

- This standard information matters
 - People panic in emergencies & may not be able to talk us through where they are at that moment
 - Knowing where they are is key to sending emergency services
 - Knowing who they are with/their emergency contact allows us to know their support structure and a person to contact to help someone through a crisis
 - All this information can be used to support a patient in crisis
 - APA, ATA, NRTRC, AMA all consider this information as a standard part of a telemedicine encounter

During appointments - model conversation

- As part of a tele-appointment, I need to confirm some information.
 - What is your name/ date of birth?
 - Where are you physically located right now?
 - Is anyone there with you?
 - Is there a good number to contact you if we get disconnected?
 - Do you have someone I can contact if there is an emergency?
 - If there is an emergency, the 1st thing I would have you do is call 911. If you cannot, I will contact 911 and send them to you at that location. If possible, I will try to stay connected on this call throughout the process.

The unexpected - medical emergencies

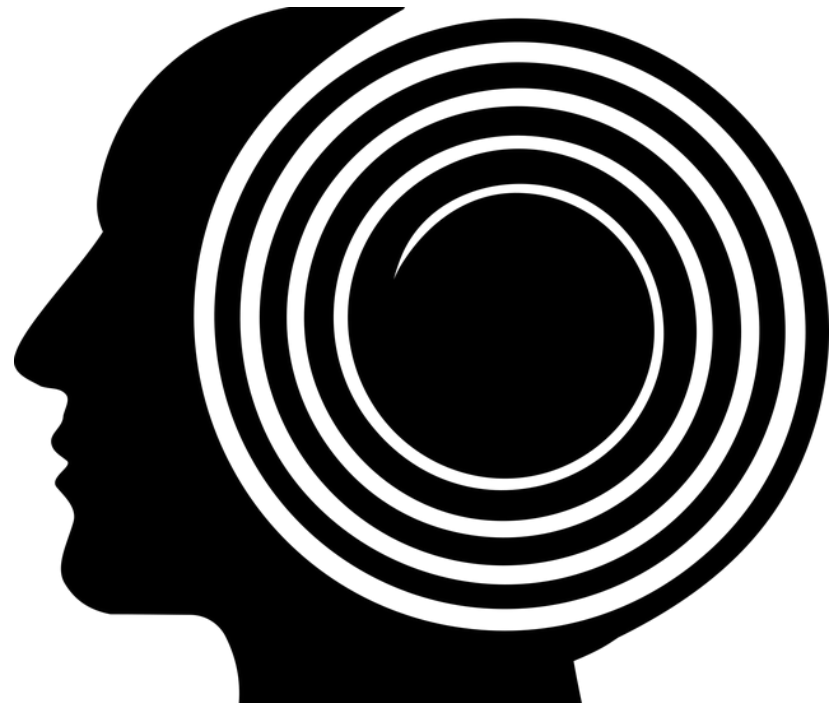
- Medical emergencies
 - Where is the patient?
 - What are their symptoms?
 - Are they with someone who can take them to urgent care or the emergency department?
 - Can they call 911?

The unexpected - medical emergencies - model conversations

- I have noticed _____ during the appointment. I want to take a few minutes to check in about this to make sure we can continue this appointment safely
- Are you ok?
- What are you experiencing right now?
- Can we call _____ into the room?
- Let's create a next-step plan

The unexpected - psychiatric emergencies

- Decompensation, Suicidal Ideation, Homicidal Ideation
 - Standard patient location/support structure questions at the beginning
 - Follow clinic guidelines and state guidelines about reporting
 - Additional safety planning



The unexpected - psychiatric emergencies - additional safety planning

- Additional safety planning questions:
 - Whom could you call if you were distressed?
 - Do you have access to your regional crisis number?
 - Do you have access to firearms or pills?
 - Is there someone or someplace those can be moved so there is less immediate access?



The unexpected - psychiatric emergencies - additional safety planning

- What do you do to relax?
- Can we try something right now?
 - Distraction
 - Replacement
 - Self-soothing techniques
- How frequently should we check in?



The unexpected - domestic violence

- In addition to patient location, number & who is with them inquire:
 - Is it safe for you/are you able to talk right now?
 - What information can I safely leave on a phone call to you?
 - Are there times or places I should not call you?
 - Are you able to clear your call/browsers history?



Before/after appointments -Revisited!

- Anyone interacting with a patient should have access to the clinic's UPDATED safety plans
 - Handoff protocols for calls
 - Emergency contact numbers for EMS
 - Protocols for all emergency situations
 - Providers should have access to stand appointment checklists

References

1. The American Psychiatric Association and The American Telehealth Association: Best Practices in Videoconferencing-Based Telemental Health (April 2018), accessed on May 9, 2020, available from APA-and-ata-release-new-telemental-health-guide
2. Tools for Behavioral Health Professionals During a Public Health Crisis.pdf <https://mhttcnetwork.org/sites/default/files/2020-03/Tools%20for%20Behavioral%20Health%20Professionals%20During%20a%20Public%20Health%20Crisis.pdf>
3. American Psychiatric Association: The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry <https://www.psychiatry.org/psychiatrists/practice/ethics>
4. Best Practices in Videoconferencing-Based Telemental Health (April 2018) <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>
5. Bree collaborative: Telehealth. <https://www.qualityhealth.org/bree/topic-areas/telehealth/>
6. APA Telepsychiatry tool kit. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>
7. Recupero, P., & Fisher, J. C. E. (2014). Resource Document on Telemental health and Related Technologies in Clinical Psychiatry.
8. Turvey C, Yellowlees P, Shore JH, Shore P. Delivering Online Video Based Mental Health Services. American Telemedicine Association Learning Center, 2014. (<http://learn.americantelemed.org/diweb/catalog/item/id/241193;jsessionid=811FB256406248FFC1A45D3835DF3A99.worker1>)

Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

Additional Information & Resources

After today's session:

Slides & resources will be posted after the session

<https://bhinstitute.uw.edu/>

Please complete the evaluation survey:

- LINK will be shared in the chat box & also emailed
- Helps the presenters plan future sessions
- Required for Certificate of Completion and CEUs

After today's session:

- Complete evaluation
- Certificate of Completion - no cost.
 - May be able to use Certificate of Completion to meet CE requirements.
- CME credit – nominal cost.
- NASW CEU – no cost

Continuing Medical Education Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour webinar is 1.0 credits).

*Note: accreditation includes additional webinar and online series offerings.

4026 NE 55th St., Suite E-245, Seattle, WA 98105
206.706.7084 » nasw-wa.org



This workshop has been approved for 1 CEU by the Washington Chapter, National Association of Social Workers (NASW) for Licensed Social Workers, Licensed Marriage & Family Therapists & Licensed Mental Health Counselors.

Our Provider number is #1975-433.



TELEBEHAVIORAL HEALTH 101

Online Self-Study

<https://NRTRC.catalog.instructure.com/programs/telebehavioral-health-101-series>

- Introduction to TeleBehavioral Health and Policy Overview
 - *Meets telehealth training requirement as established by Washington SB6061.
- Getting started: Facts & Myths, and Security & Privacy
- Digital Health Do's & Don't's, Workflows, and Safety planning
- Billing and Reimbursement for TeleBehavioral Health
- Clinical Engagement over Telehealth
- Clinical Supervision in Telehealth

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

NASW accredited: provider #1975-433.

CME Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this enduring material for a maximum 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Learners have the opportunity to complete up to 6 modules, with each module accredited for 1 AMA PRA Category 1 Credit™.

TELEBEHAVIORAL HEALTH 201

- Telehealth Policy – the changing federal and state landscape
- Preparing Patients & Technology for Telehealth
- Doing Groups over Telehealth
- Mobile Health (mHealth) for Serious Mental Illness
- Provider Self-Care & Wellness in the Era of Telehealth and Covid
- Behavioral Health Apps
- Children & TeleBehavioral Health
- Applying Telehealth SUD Treatment in Community-based Settings
- Cultural Competence & Humility in TeleBehavioral Health
- Applying Telehealth to Measurement-based Care
- Suicide Risk Assessment over Telehealth
- Couples & Family Therapy over Telehealth

Online Self-Study
coming soon!

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

NASW accredited: provider #1975-433.

CME Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour module is 1.0 credits).

*Note: accreditation includes additional webinar and online series offerings.

TELEBEHAVIORAL HEALTH 301

Jan 21, 2022:	Bree Collaborative Telehealth Guide & Hybrid Models
Feb 18, 2022:	Crisis Management & Risk Assessment
Mar 18, 2022:	Safety & Consent Planning
Apr 15, 2022:	Substance Use Disorder Treatment over Telehealth
May 20, 2022:	Whole Health & Telehealth
Jun 17, 2022:	TeleSupervision
Jul 15, 2022:	TeleBehavioral Health & Groups: lessons from Dialectical Behavioral Therapy
Aug 19, 2022:	Children & Adolescents
Sep 16, 2022:	Trauma-Informed Care
Oct 21, 2022:	A Legal Update
Nov 18, 2022:	Linguistic & Cultural Differences
Dec 16, 2022:	TeleBehavioral Health in Rural Communities

A CERTIFICATE OF COMPLETION WILL BE ISSUED FOR EACH MODULE COMPLETED

NASW accredited: provider #1975-433.

CME Accreditation

Accreditation with Commendation: The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The University of Washington School of Medicine designates this Other Activity for a maximum of 36 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each 1 hour module is 1.0 credits).

*Note: accreditation includes additional webinar and online series offerings.

Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- UW TelePain series

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- PAL for Moms (perinatal psychiatry)

