



Supporting WA State Behavioral Health Providers to Optimize Telehealth in Response to COVID-19

Q&A from BHI Telehealth Training Session #4 May 1, 2020:

Introduction to Digital Health: Getting Started and Safety Planning

Presenter: *Brad Felker, MD. VA Puget Sound Health Care System; Professor, University of Washington Department of Psychiatry & Behavioral Sciences*

Q: Do you have any recommendations on how to obtain a consent for services or ROI when providing telehealth (i.e., when doing an intake assessment via telehealth)? Is verbal consent sufficient? Would an electronic signature via Adobe be permissible?

A: Ideally, a signed consent is best. However, we found trying to get one became problematic and delayed initiating care. Are process evolved to where we complete the Informed Consent at the first session verbally and then properly document in the first note. That said, I would check with your administrated leadership to see how they want to proceed.

Q: Could you accept a ROI via text that you witnessed them sign on CVT?

A: If you went though a thorough Informed Consent verbally and they agreed, then yes, I think a text accepting CVT treatment would suffice. Once again, be sure your leadership supports this innovative idea.

Q: Why would a telemedicine provider not record the session?

A: Typically, most sessions are NOT recorded. Most providers and patients would prefer that sessions NOT be recorded. So, typically a session is only recorded for training purposes. For example, a trainee doing CVT may want to review the session with their supervisor at a later date.

Should someone decide to record the session, they will need to be especially clear with the patient how the session will be recorded, who will have access to it, how it will be securely stored, and how long it will be securely stored before being destroyed. If you plan to record, I would recommend an Informed Consent just around this topic and be sure your administrative leadership concurs.

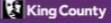
Q: Can you describe some strategies to manage safety planning with telegroup therapy - getting updated info from patients on location, emergency contact info, at each session when you have 8 patients logged on.

A: This detail remains important and can be accomplished prior to the start of a session. Some providers start the session early to address this detail. Others have the members email in their current address so there is a record. I would recommend you attend the upcoming session on tele-group.

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For more information, please see:

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Behavioral Health Training, Workforce and Policy Innovation Center

Behavioral Health Providers across Washington State are on the front lines providing critical mental health and substance use treatment during an unprecedented public health emergency. State and federal guidelines continue to evolve so that more providers may use telehealth during the COVID-19 pandemic. Organizations from across the state have responded in amazing fashion to assure that providers across the continuum and age spectrum have access to information and resources necessary to help you begin or expand your use of telehealth.

<https://bhi-telehealthresource.uwmedicine.org/Pages/About-Us.aspx>



Northwest (HHS Region 10)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

We provide training and technical assistance (TA) in evidence-based practices (EBPs) in SAMHSA's Region 10 (Alaska, Idaho, Oregon, and Washington). Our target workforce includes behavioral health and primary care providers, school and social service staff, and others whose work has the potential to improve behavioral health outcomes for individuals with or at risk of developing serious mental illnesses.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office. This work is supported by grant SM 081721 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.