

## CHAPTER 3

### Mental Health Services

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This section provides specific protocols and clinic information on mental health services available through the Telemedicine Services Program. As mental health services are added, additional guidelines will be added to this manual.

Many mental health services can be provided via telemedicine. The Sacramento Telemedicine Services Center was developed in large part to address the ongoing need for mental health services created by field vacancies. The Telemedicine Services Center has psychiatrists available to provide ongoing services to the field when on-site staff are insufficient to keep up with required visit schedules.

As a general guideline, your institution should contact the Office of Telemedicine Services (OTS) anytime you experience backlogs in mental health services. OTS may be able to arrange for telemedicine services from the Telemedicine Services Center, another CDC institution, or an outside provider.

Your institution's clinical staff may initially be concerned about the use of telemedicine for mental health visits and services. The American Psychiatric Association (APA) issued a *Position Statement on The Ethical Use of Telemedicine* in which the APA "supports the use of Telemedicine as a legitimate component of a mental health delivery system to the extent that these services facilitate or complement traditional clinical care in a cost or time effective manner."

#### *Psychiatry Services*

This section provides specific information and clinical protocols on psychiatry services via telemedicine. Refer to the General Information section of the Telemedicine Service Guidelines for additional clinic requirements.

#### **Services Available**

A variety of psychiatric services are available via telemedicine, including but not limited to:

- Outpatient Psychiatric Services
  - medication reviews – regular routine reviews and medication problems;
  - diagnostic evaluations and consultations;
  - urgent psychiatric care
- Inpatient (Crisis Bed) Psychiatric Services

**Standards of Care**

Services provided by the Telemedicine Services Center comply with CDC's *Mental Health Services Delivery System Program Guidelines*. This includes all treatment protocols and confidentiality requirements.

**Participation in Interdisciplinary Treatment Teams**

The telemedicine psychiatrist will participate in the receiving institutions Interdisciplinary Treatment Teams (IDTT). The receiving institution may be required to modify their IDTT schedule to allow the telemedicine psychiatrist to participate in the IDTT of all the receiving institutions.

The IDTT is an important part of the provision of psychiatry services by telemedicine. The IDTT should be prepared to review all patients between psychiatric visits and to discuss behavior and progress of the patient based on the patient's treatment plan and the *Mental Health Services Delivery System Program Guide*. During the IDTT meetings the patient's psychologist, custodial staff supervising the patient, and other mental health staff treating the patient will provide the telemedicine psychiatrist with input on the patient's progress and behavior.

***Outpatient Psychiatric Services*****Required Clinical Information**

At a minimum, the following information must be mailed or faxed to the Telemedicine Coordinator at the telemedicine service site prior to the patient visit:

- *Mental Health Treatment Plans, Updates, Rejustification* (MH 2)
- *Mental Health Interdisciplinary Progress Notes* (MH 3) for the past 30 days
- *Condensed Mental Health Assessment & Treatment Setting Transfer & Parole/Discharge Form* (MH 4)
- *Mental Health Assessment: Reception Center Mental Health Evaluation Form* (MH 7)
- *Mental Health Physicians Orders forms* for the last 30 days (CDC 7221)
- Medication Monitoring Record
- Latest Laboratory Results
- Current Medication Profile - a listing of all current medications, psychiatric as well as medical
- *Mental Health AIMS Examination for Tardive Dyskinesia* (MH 9)

The telemedicine clinician may request additional information, including information from the Correctional Case Record (C – File) which the Telemedicine Coordinator will fax or mail to the telemedicine psychiatrist.

Should any information be updated between the sending date and the date of the visit, current information must be provided prior to the visit.

**Documentation of Telemedicine Consultation**

At the end of the clinic, the provider site will fax to the receiving institution copies of the Physicians Order Forms, Progress Notes, and any Consultants recommendations. These copies should be filed in the patient's chart as part of the patient's permanent medical record.

***Inpatient (Crisis Bed) Psychiatric Services***

The Sacramento Telemedicine Services Center can provide daily psychiatric visits for Crisis Bed patients. These services are provided from the Telemedicine Services Center in Sacramento. Due to the inpatient setting, the acute nature of the patient's mental health status and the need for daily visits, the record keeping needs are greater than required for outpatient psychiatric services. The required protocol is described below.

**Medical Record Information Required Prior To First Visit**

At a minimum, the following information must be mailed or faxed to the Telemedicine Coordinator at the telemedicine service site prior to the patient visit. This information includes both inpatient and outpatient chart material. In the case of Crisis Bed Services, this material *must be received the day before* the scheduled visit to allow the psychiatrist time to review the chart.

- *Mental Health Treatment Plans, Updates, Rejustification* (MH 2)
- *Mental Health Interdisciplinary Progress Notes* (MH 3) for the past six (6) months – Inpatient and Outpatient
- *Condensed Mental Health Assessment & Treatment Setting Transfer & Parole/Discharge Form* (MH 4)
- *Mental Health Assessment: Reception Center Mental Health Evaluation Form* (MH 7)
- *Mental Health AIMS Examination for Tardive Dyskinesia* (MH 9)
- *Mental Health Physicians Orders forms* for the last six (6) months (CDC 7221) – both Inpatient and Outpatient
- *Inpatient Physician Progress Notes* (CDC 7230) – for current hospitalization
- *Inpatient Nursing Care Record* (CDC 7212) – for current hospitalization
- *Report of Unusual Occurrence* (CDC 7219) – for current hospitalization
- *Admitting Record* (CDC 7201) – for current hospitalization
- *Admission Assessment* (CDC 7202) – for current hospitalization
- *Inpatient Medication Record* (CDC 7231)
- *Laboratory Test Results* – last six (6) months
- *Current Medication Profile* – a listing of all current medications, psychiatric as well as medical, provided by institution's pharmacy.
- *Current Statement of Informed Consent* (CDC 7276)

**Daily Medical Record Updates**

Each day the receiving site will provide any of the following information that was added to the chart during the last 24 hours by on-site clinical staff.

- *Inpatient Physician Progress Notes* (CDC 7230)
- *Inpatient Nursing Care Record* (CDC 7212)

- *Physicians Orders* forms (CDC 7221)
- *Report of Unusual Occurrence* (CDC 7219)
- Laboratory Test Results
- Current Medication Profile
- Any updated Mental Health Form

**Daily Census Updates**

Each day a daily census needs to be transmitted to the Telemedicine Services Center. Submit the following:

- Current Daily Inpatient Report. This report should contain Patient Name, CDC Number, Admission Date, Length of Stay, IDTT dates, Level of Care, Security Level, Updated Diagnosis.
- List of all discharges in the last 24 hours. Please note discharge location.

**Patient Informing**

As in all telemedicine services, it is the responsibility of the receiving institution to orient the patient prior to the visit about telemedicine services. Given the mental health status of the Crisis Bed patient, staff may need to provide additional verbal support to assure that the patient is comfortable with telemedicine. All parties in both rooms should be introduced before the visit begins. The patient should be informed:

- that the physician or consultant is located in Sacramento,
- that services are confidential,
- that the visit is not being taped, and
- that the physician or consultant can provide the same services as an on-site doctor.

The telemedicine psychiatrist should also briefly cover these points with the patient prior to the beginning of the clinical service.

During the patient informing, the camera should be focused out on the entire room so the patient can see the Sacramento telemedicine room. When the clinical visit begins, the camera should then be focused on the clinician.

Patients on repeat telemedicine visits should have a brief re-orientation prior to the beginning of the visit.

**Documentation of Telemedicine Consultation**

At the end of the clinic, the Telemedicine Services Center will fax to the receiving institution copies of the Physicians Order Forms, Progress Notes, and any Consultants recommendations. These copies should be filed in the patient's chart as part of the patient's permanent medical record.

The Telemedicine Coordinator or assigned Clinical Presenter is responsible for reviewing the faxed information to assure that all materials have been received. The Clinical Presenter is responsible for telephoning the Telemedicine Services Center to confirm that all materials have been received or notify the Center of anything that is missing.

