Technical Assistance Summary Report

First Choice Services, Inc.
Charleston, West Virginia
TI 023798

Dates Technical Assistance Delivered: July 7–October 15, 2014

◆ Targeted Capacity Expansion, Technology-Assisted Care ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Table of Contents

Technical Assistance Summary Report 1
Attachment 1. Technical Assistance Action Plan: Considerations for Action 5
Attachment 2. Agenda 8
Attachment 3. Meeting Summary 10
Attachment 4. Highlights of FCS' Distance Counseling Program 19
Attachment 5. Presentation on Distance Counseling Platform System 21
Attachment 6. Trends in Telemental Health 36

SAMHSA/CSAT Division of Services Improvement

Clinical Technical Assistance Project
Technical Assistance Summary Report

SAIS NUMBER (TA NUMBER)	GRANTEE (NAME OF ORGANIZATION THAT RECEIVED THE AWARD)	GRANTEE CSAT ID (OR TI) NUMBER	PROJECT DIRECTOR
4103	First Choice Services, Inc.	TI 023798	Susie Mullens, M.S., LPC, ALPS, AADC-S, SAP, DCC

ADDRESS	ADDRESS WHERE TA PROVIDED (IF DIFFERENT FROM THE AWARDEE ADDRESS)
First Choice Services, Inc. 601 Morris Street, Suite 401 Charleston, WV 25301	University of Charleston 2300 MacCorkle Avenue SE Charleston, WV 25304

TELEPHONE NUMBER	FAX NUMBER	EMAIL ADDRESS
304-614-7177		susie@1stchs.com

CSAT PROGRAM AREA LEAD (PAL/GPO)	PROGRAM AREA	RELEVANT ENQUIRY FACTOR
Danielle Tarino, M.P.P.	TCE-TAC	Sustainability Planning

NUMBER OF HOURS DEVOTED TO DELIVERING THIS TA	DATE REPORT SUBMITTED TO CSAT
50	10/27/2014

CHOOSE UP TO THREE TYPES OF TA AND SHOW DATE OF DELIVERY OF EACH

Type of TA: Program Infrastructure	**Date of TA Delivery:** 7/7/2014–10/15/2014
Type of TA: Knowledge Dissemination	**Date of TA Delivery:** 7/7/2014–10/15/2014
Type of TA: Partnerships (Systems Development)	**Date of TA Delivery:** 7/7/2014–10/15/2014

CHOOSE UP TO THREE MODES OF TA AND SHOW DATE OF DELIVERY OF EACH

Mode of TA: Telephone Consultation	**Date of TA Delivery:** 7/3/2014–10/6/2014
Mode of TA: Meeting	**Date of TA Delivery:** 10/15/2014–10/15/2014

CHOOSE ONE INTENSITY OF TA

☒ Intensive ☐ Targeted ☐ Universal

CSAT staff participating in the TA (include name[s] and title[s])	Contractor staff participating in the TA (include contractor name[s], staff name[s], and position[s])
Danielle Tarino	Dave Wanser, Ph.D., Technical Expert Lead Leslie McElligott, M.P.A., Technical Assistance Manager
TA provider(s) participating in the TA (include name[s] and title[s])	**Grantee staff participating in the TA (include name[s] and title[s])** Susie Mullens, M.S., LPC, ALPS, AADC-S, SAP, DCC, Project Director

Other participants (include participants' names, titles, and affiliations)

First Choice Services' (FCS) program staff

- Steven Burton, Chief Executive Officer
- Kay Goff, Office Manager
- Carmen Raynes, Program Evaluator
- Stephanie Southall, Director of Prescription Drug Abuse Solutions
- Teresa Warner, Program Assistant

Partner agencies and other representatives

- Marty Boone, WV Psychological Association
- Chris Budig, WV Telehealth Alliance
- Mark Drennan, WV Behavioral Healthcare Providers
- Robert Fockle, Seneca Health Services, Inc.
- Sam Hickman, National Association of Social Workers, WV Chapter
- Mark Hove, WV Army National Guard
- Sally Hurst, WV School of Osteopathic Medicine
- Heather Julian, WV Army National Guard
- Brock Malcom, Community Care WV
- Sandy Mallor, Highland Hospital
- Anne Matics, Charleston Area Medical Center Health System
- James Matney, WV Bureau for Behavioral Health and Health Facilities
- Glenn Miller, Highmark Blue Cross Blue Shield
- Rachel Mos, WV Bureau for Behavioral Health and Health Facilities
- Jay Ostrowski, Behavioral Health Innovations
- Cynthia Parsons, WV Bureau for Behavioral Health and Health Facilities (Medicaid)
- Joann Powell, Westbrook Health Services
- Karen Schimmel, Westbrook Health Services
- Jesse Tackett, WV Army National Guard
- Jim Van Halderen, Beacon Health Strategies
- Randy Venable, WV Association of Professional Psychologists
- Lisa Zappia, Prestera Center for Mental Health Services, Inc.

TA PURPOSE AND OBJECTIVES

A. Provide the TA purpose as extracted from the TA request (one or two sentences).

FCS wished to schedule an onsite meeting to assist the organization in developing a health information technology (HIT) sustainability plan to guide the organization's overall technology goals and objectives and to support successful TCE-TAC grant implementation/sustainability considerations for its distance counseling network.

B. Describe in detail the objectives as determined before and/or during the TA (identify the needs to be addressed during the TA).

Susie Mullens (FCS) requested that Dr. Dave Wanser (JBS) facilitate an onsite meeting with members of FCS' advisory committee and other statewide behavioral health leaders (composed of a consortium of behavioral health organizations and community-based providers from throughout West Virginia), many of whom are familiar with technology and attended the technology summit delivered by FCS in December 2013. The meeting was intended to develop a telehealth roadmap to support technology adoption and reimbursement issues (broadly) and to promote use of FCS' distance counseling network. The goal was to engage a wider network of behavioral health organizations on the topic of HIT and sustainability.

C. Describe whether these objectives were met. If the objectives changed during the course of the TA, describe the outcomes that were met.

The TA successfully met the objectives. JBS was able to facilitate a conversation and engage in meaningful dialogue with internal and external leadership about implementing a plan for ongoing program sustainability. Momentum spurred from this discussion will likely result in more dynamic statewide partnerships and increased opportunities for technology expansion/integration and reimbursement for telehealth services.

ISSUES RELATED TO TA

Describe in detail the elements of TA directly provided.

The purpose of the TA was to assemble leaders to discuss the importance of adopting telehealth services and to consider short- and long-term goals of implementing FCS' distance counseling platform. To accomplish this, JBS arranged for a telephone consultation and an onsite meeting with FCS' technology-assisted care team and with the organization's leadership and partners.

Attendees discussed the policy, clinical, and financial implications of technology adoption, including (1) changes required under the Affordable Care Act (ACA), (2) the value of collecting quality data metrics, and (3) technology's return on investment.

Discuss in detail the issues and/or questions identified during the TA, and indicate whether these issues require additional followup.

To develop a successful HIT sustainability plan, Dr. Wanser recommended that FCS' partners consider the following questions:

- Why does telehealth matter?
- How prepared are organizations to meet ACA requirements? Where are there gaps, and how can they be fixed?
- What capacity do organizations have to collect information to develop reports and analyze data?
- What is the financial landscape, and how can providers partner together to form purchasing consortiums to reduce cost?

The TA was intended to bring FCS' leadership team together to understand the vision and capacity to support technology adoption and to provide guidance to support program sustainability.

Were any TA products/materials developed or modified to deliver this TA? If so, briefly describe each and provide copies in an attachment.

The meeting agenda appears in attachment 2. Summary notes from the onsite sustainability planning session appear in attachment 3. Other materials shared with participants during the event follow:

- Highlights of FCS' distance counseling program (see attachment 4)
- A presentation of the distance counseling platform system (see attachment 5)
- Trends in telemental health (see attachment 6)

Describe the impact of the TA. This section should describe the accomplishments, changes, outcomes, new learnings or insights emerging or resulting from the TA.

The TA was successful in shaping stakeholder perspectives and expectations around broader technology adoption and financing implications.

The TA convened key leadership and provided the impetus to spur meaningful activity from those in a position to support change within and outside of the organization, including major payers in the State.

Additional comments or concerns

More intensive sustainability planning support may be necessary as FCS moves forward with drafting its plan. JBS will continue to follow FCS' activity and provide assistance as needed.

First Choice Services' Chief Executive Officer Steve Burton (standing) welcomes attendees to the Telehealth and Distance Counseling Implementation and Sustainability event October 15, 2014, at the University of Charleston. The day-long meeting included statewide representatives with an interest in expanding telehealth services in West Virginia.

Attachment 1
Technical Assistance
Action Plan: Considerations for Action

Grantee Name	First Choice Services, Inc.
Grantee Address	601 Morris Street, Suite 401 Charleston, WV 25301
Grantee Phone Number	304-614-7177
Date(s) of TA	7/7/2014–10/15/2014
SAIS Number (TA Number)	4103
Grantee Contact Person	Susie Mullens, M.S., LPC, ALPS, AADC-S, SAP, DCC
Government Project Officer	Danielle Tarino, M.P.P.
TA Provider(s)	Dave Wanser, Ph.D.

Current TA Reality/Need

FCS launched a distance counseling platform and requested assistance with developing a strategy for the statewide expansion, reimbursement, and long-term sustainability of this service, including the addition of a training component.

TA Vision/Goal

FCS needed guidance on how to encourage the adoption of telehealth services more broadly throughout West Virginia. The goal was to convene leadership from among provider and payer groups to lay the foundation for why telehealth matters and to demonstrate how FCS' distance counseling platform can meet the needs of behavioral health organizations.

Implementation Steps[1] (Describe what needs to be done to achieve the goal)

1. Introductory call to determine FCS' specific needs and to provide preliminary guidance
2. Followup call to assess targeted TA strategies
3. Planning calls to prepare for the onsite meeting
4. Completion of the onsite planning session
5. Launch followup workgroup discussions (FCS' task)
6. Begin drafting telehealth plan (FCS' task)

Responsible Person (Who will implement the steps?)

- Guidance provided by Dr. Wanser (with technical support from Leslie McElligott)
- Sustainability planning development completed by FCS (Susie Mullens and leadership team)

Timeline (When [date/month] will implementation begin? When [date/month] will it be completed?)

October 2015–April 2015

Sustainability planning will require ongoing conversations with partners, providers, and payers. It is expected to be completed prior to the end of FCS' TCE-TAC grant (June 2015).

[1]If the implementation steps, responsible person, timeline, resources, challenges, changes to look for, and evidence of success apply to more than one goal, clearly distinguish the goal(s) to which they apply.

Resources (people, time, and materials available and needed)

- Phone consultation time (conference line)
- Travel coordination
- Onsite meeting space and materials

Potential challenges (What potential challenges may impede completion? How will these challenges be overcome?)

Engaging and retaining leadership support across partner agencies is of the utmost importance and is perhaps the most challenging component of the sustainability planning process. Maintaining communication and reinforcing the importance of having a technology-focused solution to meet client access, integrated care, and reimbursement policy requirements will be essential.

FCS will need to explore internal and external capacity to support sustainability planning aims. This means involving partners from various agencies and establishing a governance process to guide and advocate for needed changes.

Changes to look for (What are the benchmarks for knowing progress is being made?)

Sustainability planning is a time- and labor-intensive process that will require extensive coordination by FCS' leadership and partners. Progress benchmarks include the following:

- Continued engagement from FCS' leadership team and partners (beyond convening members for the October 15, 2014, onsite meeting)
- Completion of outreach/recruitment activities to local provider associations, trade organizations, and other partner groups
- Development, review, and revision (as needed) of draft sections of the plan
- Generation of questions/requests for assistance by FCS' staff to support any of the above-mentioned items

Evidence of success (How will the grantee know the goal has been achieved?)

Success will be achieved when the grantee has finalized and implemented its sustainability plan.

Attachment 2
Agenda

Agenda for Telehealth and Distance Counseling Implementation and Sustainability Meeting
October 15, 2015

Morning: Information seeking and advocacy session with provider and payer groups

8:30 am: Introduction by Dave Wanser (JBS) Room 205 on the Second Floor

- Dave will set the stage on the health information technology landscape, including an overview of why meaningful use matters, why action is necessary, the timeline to meet compliance targets, and additional updates.
- At the Federal level, there is a focus on developing technology and reimbursement infrastructure. Some groups (e.g., JBS, the National Council) are working to develop readiness strategies that support process change and behavioral health expansion opportunities. The message is clear for many organizations – if you are not part of an integrated network, you will be left behind.

9:00 am – 10:15 am: Roundtable exchange between providers and payer organizations

10:15 am – 10:30 am: Brief break

10:30 am – 11:45 am: Roundtable exchange between providers and payer organizations (continued)

11:45 am – 12:00 pm: Brief Break and Transition to Room 105 on the First Floor

Afternoon: Planning and marketing session with providers

12:00 pm – 1:00pm: Working lunch

- Jay Ostrowski will share the distance technology platform with providers and will include an overview of policies/procedures, trends from across the country, and sustainability considerations.
- Providers will have an opportunity to assess the platform's features and functionalities and to ask questions.

1:00 pm – 2:45 pm: Discussion on platform adoption

- The group will discuss how technology - as part of providers' menu of services - is a value add that will improve patient engagement and their marketability to payers. Additional discussion topics include:
  - How technology can build capacity
  - How adoption at a collaborative level can boost economies of scale
  - How to incorporate technology into an organization-wide plan
- FCS can offer to provide an onsite capacity assessment to determine if provider organizations are prepared to use the platform.

2:45 pm – 3:00 pm: Closing comments

Please complete the pre-session survey: https://www.surveymonkey.com/s/F5GNN2B
We look forward to your participation!! For any questions contact Susie 304-614-7177 or Susie@1stchs.com

Attachment 3
Meeting Summary

Technical Assistance Request 4103

First Choice Services

Telehealth and Distance Counseling Implementation and Sustainability Event

October 15, 2014 • Charleston, West Virginia

Participants

Name	Affiliation
Marty Boone	WV Psychological Association
Chris Budig	WV Telehealth Alliance
Mark Drennan	WV Behavioral Healthcare Providers
Robert Fockler	Seneca Health Services, Inc.
Sam Hickman	National Association of Social Workers - WV Chapter
Mark Hovee	WV Army National Guard
Sally Hurst	WV School of Osteopathic Medicine
Heather Julian	WV Army National Guard
Brock Malcom	Community Care WV
Sandy Mallory	Highland Hospital
Anne Matics	Charleston Area Medical Center Health System
James Matney	WV Bureau for Behavioral Health and Health Facilities
Glenn Miller	Highmark Blue Cross Blue Shield
Rachel Moss	WV Bureau for Behavioral Health and Health Facilities
Jay Ostrowski	Behavioral Health Innovations
Cynthia Parsons	WV Bureau for Behavioral Health and Health Facilities
Joann Powell	Westbrook Health Services
Karen Schimmel	Westbrook Health Services
Jesse Tackett	WV Army National Guard
Jim Van Halderen	Beacon Health Strategies
Randy Venable	WV Association of Professional Psychologists
Lisa Zappia	Prestera Center for Mental Health Services, Inc.
Steve Burton	FSC
Carmen Combs	FCS
Kay Goff	FCS
Susie Mullens	FCS
Stephanie Southall	FCS
Teresa Warner	FCS
Leslie McElligiott	JBS International, Inc.
Dave Wanser	JBS International, Inc.

Overview

JBS International helped to facilitate a health information technology (HIT) sustainability planning session on behalf of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Targeted Capacity Expansion, Technology-Assisted Care grantee First Choice Services (FCS) in Charleston, West Virginia. The day-long event entitled *Telehealth and Distance Counseling Implementation and Sustainability* was held Wednesday, October 15, 2014 at the University of Charleston. Approximately 30 individuals attended—among them representatives from health care systems, payer networks, and provider groups.

The purpose of the planning session was to discuss ways to integrate, implement, and sustain HIT in West Virginia. Participants were assembled to share ideas, view the distance counseling platform developed for FCS by Behavioral Health Innovations, and identify facilitators and challenges to adopting HIT.

Below is an overview of the discussion points generated during the event.

Morning Session

The Policy Landscape

The incentive for and opportunity to use technology platforms increased in 2009 with the Health Information Technology for Economic and Clinical Health Act (known as HITECH), which authorizes incentive payments through Medicare and Medicaid to clinicians and hospitals when they use electronic health records (EHRs) to achieve specified improvements in care delivery for the following purposes referred to as meaningful use:

- Improve the quality, safety, efficiency of systems
- Reduce health disparities
- Engage patients and families in their health care
- Improve care coordination
- Improve population and public health, while maintaining privacy and security.

Meaningful use stage 1 focused on data capturing and sharing capabilities, stage 2 focuses on advanced clinical processes, and stage 3 will focus on improving patient outcomes. A key feature of meaningful use is that patients must have the ability to electronically exchange health-related information with their providers. To do so, providers must adopt a suite of tools (beyond an EHR) to support patient engagement, including personal health records, portals, mobile applications, and in-home monitoring tools.

The five elements of change influenced by meaningful use incentives follow:

- Payment reform
- Delivery of care
- Data access and analysis
- Sharing information
- Culture change

Developing a Plan for Technology Adoption

It can be challenging for the client to travel to meet with a provider in a traditional office setting. Telehealth helps to overcome the barriers that make access to traditional treatment difficult (e.g., transportation, child care, employment). Most payers and some provider agencies require patients to be seen by the provider in person for an initial diagnostic visit before engaging in telehealth appointments.

It is important to note that telehealth is not intended to completely replace in-person treatment, and it may not be suitable for everyone. Providers must use their judgment to discern the individuals for whom this service is appropriate.

Telehealth will continue to evolve over time. The challenge is to build momentum across the behavioral health field to transform clinical, administrative, and technological barriers. This begins with developing a readiness assessment and a strategic plan to define where the organization and its partners are now and where they intend to be in the coming years.

The goal is to move toward an interoperable technology platform that can share information reliably across primary care and behavioral health systems. Technology adoption is centered on finance and policy considerations and should not be relegated to the IT department. Leaders may benefit from adopting new partnership agreements and collaborative/consortium models to assist with economies of scale when purchasing technology.

Truly integrated care involves the fundamental restructuring of how behavioral health services are delivered. Evaluation concepts—efficacy, dosage, and impact—are important to consider when building a sustainable technology program that addresses client and organizational capacity.

Leadership Support

There is an innate level of resistance to change associated with any new development—spurred largely by ignorance. Sustainability depends on champions, such as those assembled for the event, to spearhead adoption on a broader level. Leadership buy-in is critical to generate initial support/interest among colleagues and to promote continued momentum throughout the

adoption and maintenance phases. Westbrook Health Services, for example, has actively championed telehealth within its organization to serve a variety of client services.

Susie Mullens (FCS) has met with representatives from the West Virginia Public Employees Insurance Agency (known as PEIA) and reported they are ready to adopt telehealth for their sites. Another major payer group—Blue Cross Blue Shield (BCBS)—is willing to explore telehealth access and expansion opportunities. BCBS's ability to support telehealth adoption will depend on a better understanding of the cost structure associated with this delivery mechanism.

A representative from the Army National Guard reported there are approximately 6,500 National Guard and Reserve members, respectively, in the State. They are desperate for a mechanism to help service men and women deal with behavioral health issues (e.g., suicide). It is essential for members to feel connected to care outside of routine clinic hours. There are, however, several approval channels, data compliance features, and security layers that must be met before the Guard can begin using the platform.

Medicaid Reimbursement Considerations

Few State Medicaid offices have behavioral health specialists and advocates. It was encouraging that Cynthia Parsons (West Virginia Bureau for Behavioral Health and Health Facilities) joined the discussion to share the progress that has been made by the State's Medicaid Office to promote telehealth adoption.

Cynthia reported that the State's Medicaid policy will cover any tool that adheres to Health Insurance Portability and Accountability Act (HIPAA) compliance standards. Clients can engage in telehealth sessions with and without a formal behavioral health diagnosis. Many of the State's traditional Medicaid billing codes (approximately 80 percent) are equipped to support telehealth services.

Cynthia is shaping the State's telehealth policy framework to include the minimum standards that organizations can build from to support their own policies. She is helping to rewrite the State's psychology policy manual to include telehealth services but is facing resistance from providers, many of whom call into question the efficacy of telehealth sessions (compared to in-person visits). However, the individuals serving on the current Psychology Board of Examiners have terms that are ending, and the new board may be more amenable to using telehealth services.

Cynthia is interested in working with schools to help staff use telehealth to address situations that are beyond their scope of expertise.

Clients are permitted to participate in telehealth sessions from nonclinic sites. A recent policy change impacts group sessions in which multiple clients are together in a location that is

separate from their provider. In this case, a staff member trained in deescalation tactics must be on site to handle any issues that may emerge.

Telehealth privileges may be revoked if used incorrectly.

Workforce Considerations

It is imperative for providers to reengineer existing workflows and engage in systems change to make current client engagement processes more effective and efficient. This is not a small task, especially as providers are being forced to consider an increased focus on quality measurement.

Regardless of an organization's capacity to implement telehealth, the State is experiencing a significant workforce shortage of qualified health professionals to deliver services. Licensure standards allow for some practitioners outside of West Virginia to be recruited to provide telehealth services, particularly in specialties with extremely limited in-State availability.

Providers will be challenged with transitioning from a fee-for-service model to a value-based purchasing model. Telehealth is a mechanism to promote cost-effectiveness, although it is the upfront work involved in developing an implementation and maintenance plan that will ultimately dictate the cost benefit. Data derived from technology implementation and use will help to inform enhancements for future service delivery and reimbursement opportunities. Data will also demonstrate the impact of care. The data may even reflect some unintended consequences, such as improved appointment adherence.

With regard to workforce development, there are several important questions to consider: How can organizations bring on appropriate staff, ensure supervision requirements are met, and seek reimbursement? How can the next generation of professionals get appropriate experience? It is fundamental to re-engineer workflow in a way that staff are working at the top end of their credentials. Peer and recovery coaches, for example, are a stepping stone to building a qualified workforce when individuals seeking licensure can still provide a range of services to agency clients.

Appalachian Technology-Assisted Recovery Innovations

As part of the SAMHSA TCE-TAC grant, FCS launched the Appalachian Technology-Assisted Recovery Innovations (ATARI) project, which uses the Addiction-Comprehensive Health Enhancement Support System (known as A-CHESS) mobile application developed by the University of Wisconsin. The program provides smartphones with 6 months of unlimited talk, text, and data to participants (as needed). The phones are also preloaded with other recovery-oriented mobile applications.

To date, nearly 300 phones (loaded with the ATARI program) have been distributed to clients and staff. Fifteen agencies throughout the State (e.g., criminal justice programs, mental health

centers, federally qualified health centers) are using the model at a cost of about $100 per client per year (for the A-CHESS license). Data show that ATARI has helped to support continuity of client care, and nearly 80 percent of ATARI participants report success in sustaining their recovery.

ATARI is not separate from the distance treatment platform (described below). The technologies will fuse over time. ATARI features, such as instant messaging and a discussion board, are among the functions that have been incorporated into the distance counseling platform thus far.

ATARI was recently spotlighted on the *Road to Recovery* video produced by SAMHSA.

Afternoon Session

Distance Counseling Platform Demonstration

FCS collaborated in the development of a distance counseling platform, as demonstrated to the group by Jay Ostrowski (Behavioral Health Innovations). This HIT solution is an opportunity to engage clients in treatment outside of traditional brick-and-mortar settings. Below are details shared during the discussion.

Many HIT platforms do not adequately meet the 84 standards required to achieve HIPAA compliance. Jay has developed a HIPAA-compliant distance counseling tool that offers a variety of secure functions, including messaging, resource sharing, appointment scheduling, and other health management tools. Videoconferencing services are provided by Zoom, a universally reliable and HIPAA-compliant product to connect providers and patients.

Staff perform a practice run with clients when first setting up the system to familiarize clients with the technology and to optimize device functionality. Connectivity is always a concern when videoconferencing systems. Reception can be unreliable, which is why technicians test the technology to make sure it is an appropriate solution for the client. Rural-access grants have been awarded in some locations throughout the country to expand rural broadband connectivity in remote areas.

Patient information collected through this platform can be stored on external servers. Data entered into the system are compliant with Health Level 7 International standards (known as HL7) and can be pushed through an interoperable link to the organization's EHR. A major consideration is ensuring that data are accessible to support billing. The platform is not a replacement for a billing system; however, it has the capacity to inform the billing system about services rendered.

The platform's sign-up and log-in processes are simple and secure. The therapist dashboard shares details about client activities (e.g., messages sent, log-in history) and includes alerts and

notifications. The system's current framework is streamlined, but additional functions can be added, including—

- Clinically moderated forums
- Geolocation
- Automatic legal compliance (e.g., auto documentation, auto-emergency service documents, auto-prompts for other requirements)
- Self-assessments (e.g., National Institute of Health's Patient Reported Outcomes Measurement Information System)
- Topical programs
- Goal tracker
- Research portal

FCS anticipates launching the distance counseling platform by the end of 2014. They will be responsible for maintaining the system, mitigating risk, and troubleshooting user issues. FCS is currently developing a fee structure.

FCS has identified 20 credentialed counselors to use the platform. Westbrook Health Services will be the first pilot site to use the system. Other agencies, including some private practices, are expected to begin piloting the platform in the near future.

Action Items

Consortium Purchasing and Strategic Planning

The distance counseling platform is adaptable; however, costs will be better contained if FCS can assemble a group to agree on common data elements. A consortium approach to purchasing and customizing a technology solution saves time and money when decisions are made efficiently and collectively.

It is also necessary for interested parties to develop a HIT strategic plan that addresses important purchasing decisions. A plan will help to further prioritize needs and shape the budget to support platform adoption. Leadership engagement is essential to the planning process.

Chris Budig (WV Telehealth Alliance) is building a readiness survey instrument to help assess where organizations are in their journey with technology adoption.

Workgroup Considerations

Participants agreed it has been a long time since providers and payers have been in the same room to discuss how to make telehealth work. The question that needs to be addressed is how to keep costs down and expand services sufficiently to meet stakeholder needs. It was suggested that attendees form a workgroup that meets on a quarterly basis to work through implementation and integration considerations, including—

- Developing a standard for distance counseling services
- Formulating a cost/reimbursement schedule
- Seeking external support to offset technology costs (e.g., foundations)
- Engaging champions from the business community, hospital emergency departments, and primary care settings
- Predicting and managing barriers
- Reengineering/scaling the workforce to keep up with demand
- Integrating technology into the workflow (e.g., cultural and operational shifts)
- Adapting State policies and procedures to support technology adoption
- Using nontraditional settings to engage in counseling sessions (e.g., libraries, schools)
- Increasing communication and outreach to specialty populations (e.g., service men, women, families)
- Incorporating telehealth into provider education
- Cross-training other fields to know how to address behavioral health issues and how to refer clients when the need arises

Next Steps

FCS will share all contact information and meeting resources with attendees.

FCS will participate in upcoming association meetings for psychologists and other behavioral health professionals to share details about telehealth services.

FCS will conduct outreach with attendees to continue the momentum generated from the meeting.

Attachment 4
Highlights of FCS' Distance Counseling Program

Distance Counseling

Distance counseling uses online communication to offer treatment to underserved populations. Just as many college students obtain a degree without stepping onto a campus, many people in need of mental health services are finding help without traveling to a clinician's office. The primary challenge in distance counseling is making sure the services are credible and secure. First Choice Services, using its current network of clinicians, has partnered with SAMSHA to to develop a digital distance counseling platform. Core features of our program include:

Accessibility

Many people in need of mental health treatment face barriers which stop them from getting help. This is especially true in a rural state like West Virginia. Lack of qualified clinicians in some areas, transportation issues, and general reluctance to seek face-to-face help are a few of the issues for which distance counseling provides a solution.

Confidence

Many people are already seeking health information and counseling online. Our platform ensures that clients get help they can trust. We have a network of master's level clinicians in place. Our providers are professionally licensed, insured, and credentialed in distance counseling.

Security

Our platform was developed with client privacy and security in mind. Our safety features include:

- Dedicated HIPAA-compliant firewall
- 256 bit encryption in transit and integrity controls
- Data encryption at rest
- Unique user ID
- Emergency access procedure
- Automated log out after 10 minutes of inactivity
- Dual factor VPN

Convenience

Our platform offers easy-to-use dashboards for the client and the clinician. Secure messaging, electronic signature/consenting, and electronic health record integration that meets HL7 Data Standards make this a practical and efficient way to provide and receive services.

FIRST CHOICE SERVICES

TARI APPALACHIAN TECHNOLOGY ASSISTED RECOVERY INNOVATIONS

Attachment 5
Presentation on Distance Counseling Platform System

Distance Counseling Platform

Distance counseling over a HIPAA compliant system.

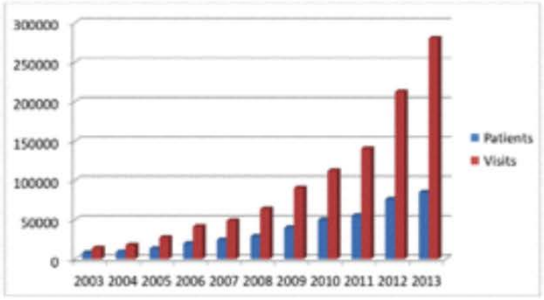
Why Online Counseling?

- Reach rural areas
- Reduce hospitalizations
- High efficacy rates

VA-High Volume

Dr. Linda Godleski presentation slides at the American Telemedicine Association Conference 2014

WHERE WE ARE NOW:
VA TMH Services FY 2003-2013



Great Outcomes

Patient Satisfaction Outcomes

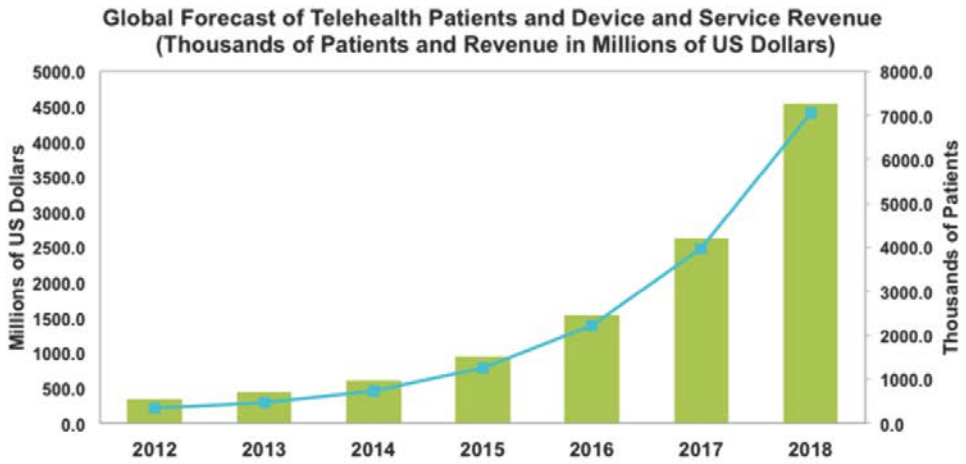
- 30,000 surveys mailed to teleheatlh patients
- >60% return rate
- 8000 completed for TMH
- 94% overall patient satisfaction
- Each survey had 13 satisfaction questions and the 94% represents the cumulative total of questions answered with satisfaction scores of 4-5 on a 5-point Likert scale.

TMH CVT Implementation Measures in VA Since 2002

- >1,200,000 = Telemental Health encounters
- >250,000 = Telemental Health patients
- 2013 = Approximately 280,000 TMH encounters to 85,000 patients
- >20-fold = Increase in Telemental Health *annual* encounters
- >10-fold = Increase in Telemental Health *annual* unique patients
- >150 Medical Centers and 530 clinics

Growth Projections in Telehealth

	2012	2013	2014	2015	2016	2017	2018
Device & Service (in Millions of US Dollars)	349.2	440.6	611.2	943.3	1539.9	2637.7	4548.0
Total Patients (in Thousands)	344.3	482.7	725.0	1255.5	2230.3	3968.8	7057.3



Source: IHS Technology, January 2014 *http://www.mhealthtalk.com/2014/01/global-telehealth-market-to-expand-10x-by-2018/*

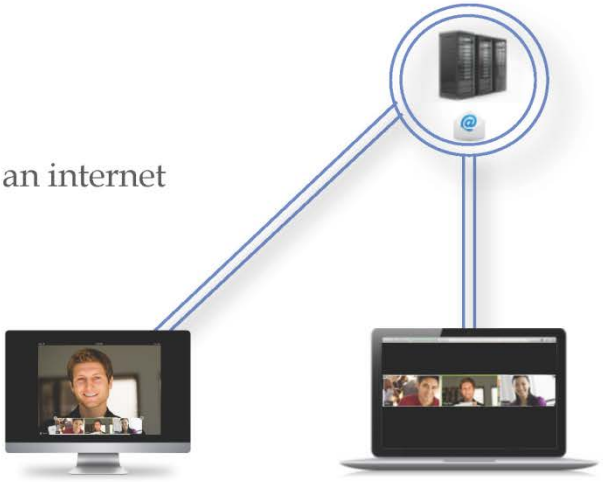
Support

White House
NIH
HHS
SAMHSA
HRSA
CMS

AMA
APA
NASW
ACA
NBCC
AAMFT

Distance counseling over a HIPAA compliant system.

- Clinical expertise
- Accessible anywhere there is an internet connection



Distance counseling over a HIPAA compliant system.

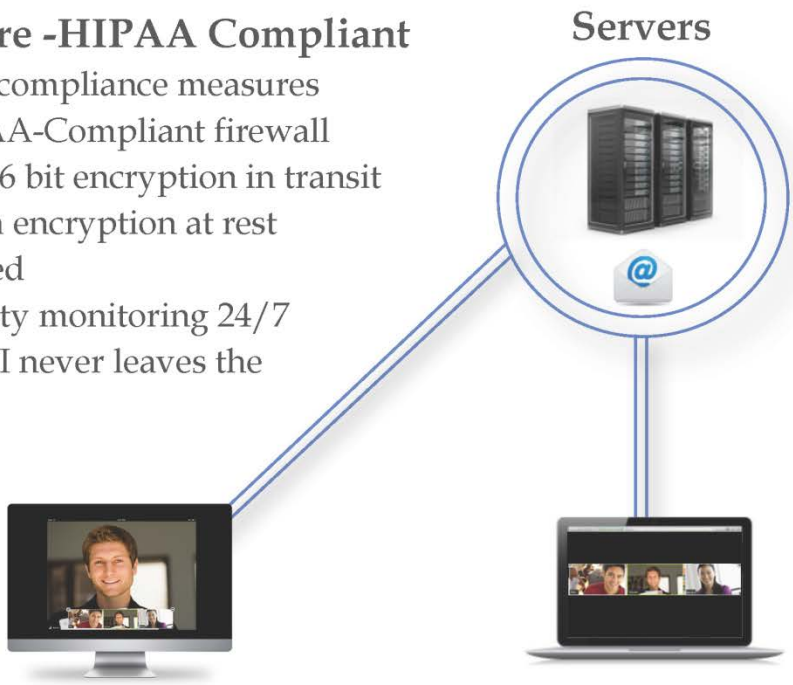
About the Counselors

- Credentialed in distance counseling
- Masters and PhD level
- Professionally licensed
- Liability insured

Distance counseling over a HIPAA compliant system.

Servers - Secure -HIPAA Compliant

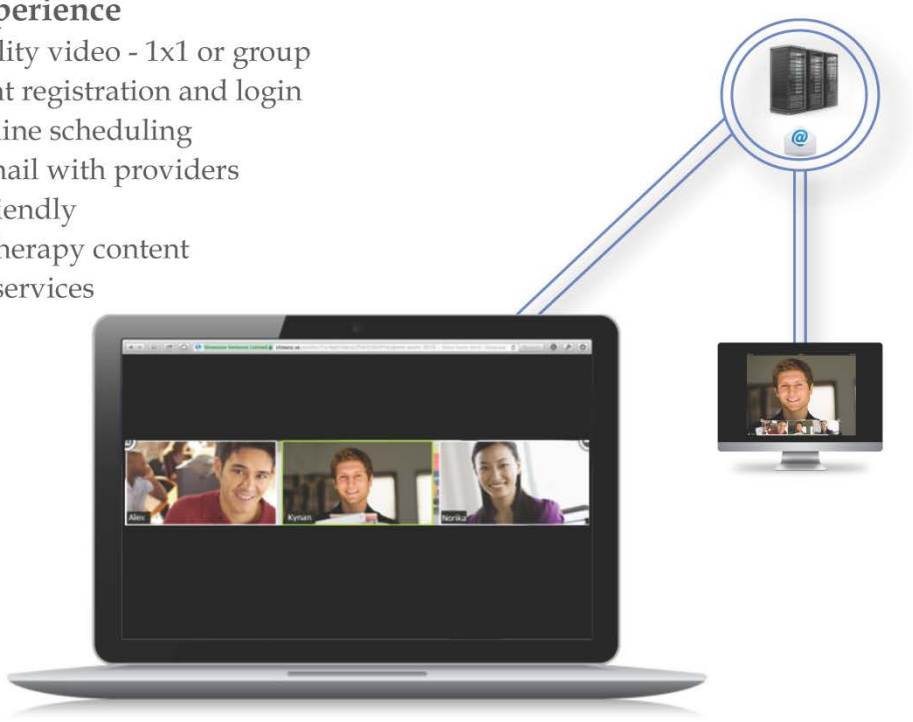
- 84 total HIPAA compliance measures
- Dedicated HIPAA-Compliant firewall
- Encryption - 256 bit encryption in transit
  - Data encryption at rest
- 3rd party audited
- Live vulnerability monitoring 24/7
- Email with ePHI never leaves the secure server



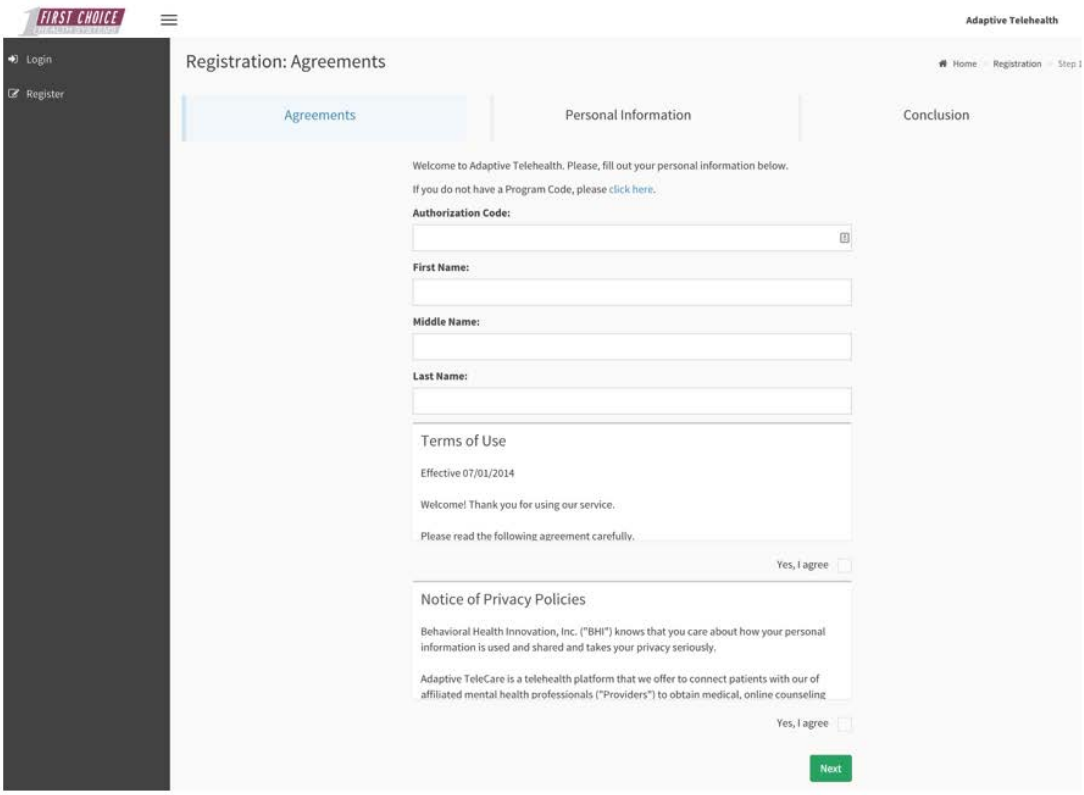
Distance counseling over a HIPAA compliant system.

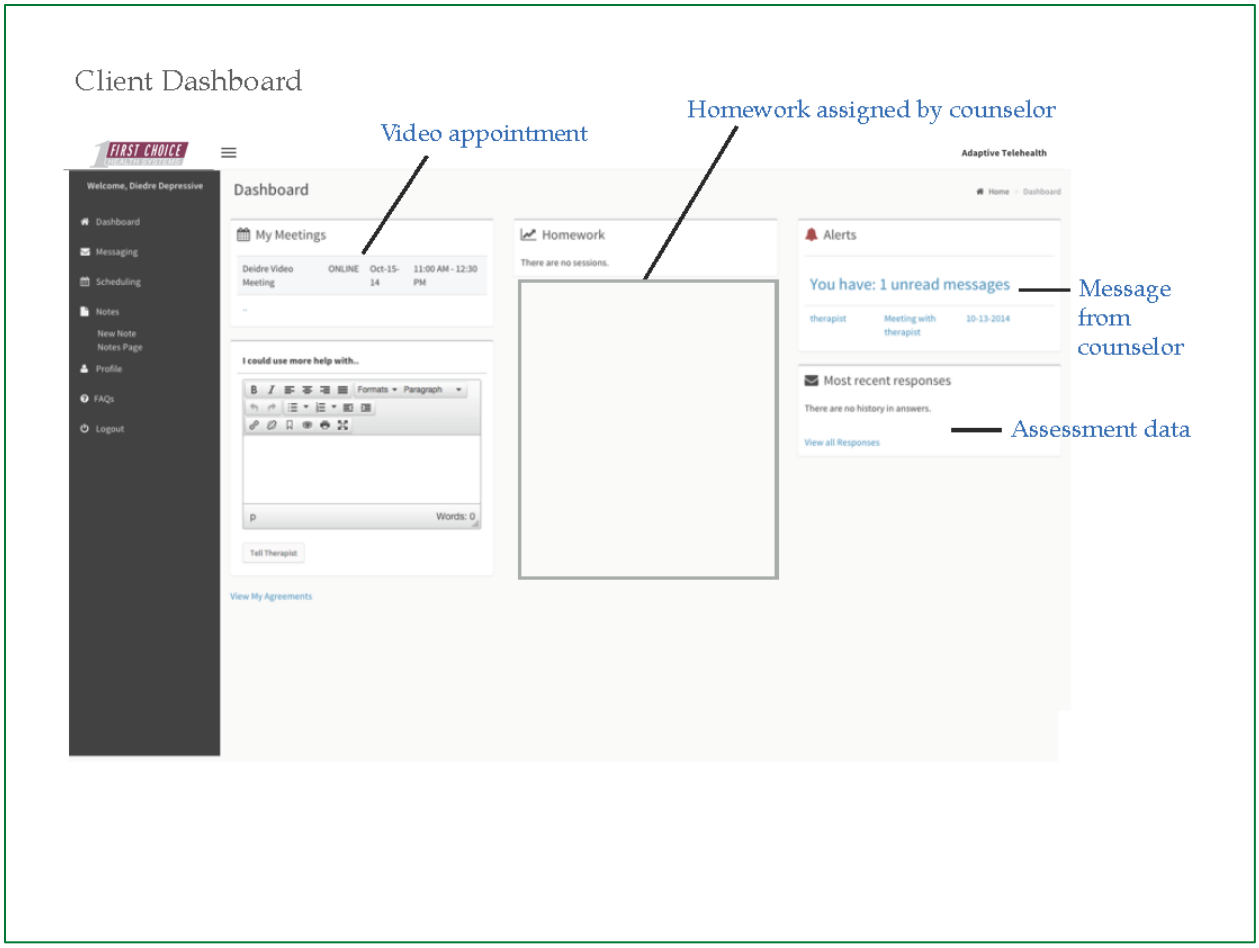
Client Experience

- High quality video - 1x1 or group
- Easy client registration and login
- Client online scheduling
- Secure email with providers
- Mobile friendly
- Custom therapy content
- In-home services

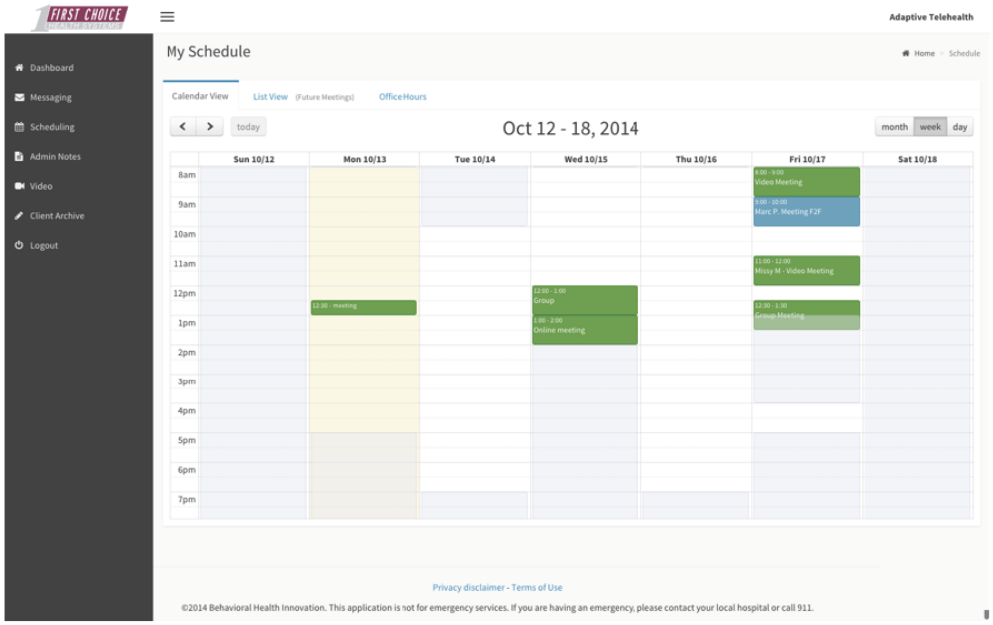


Simple Sign Up Process



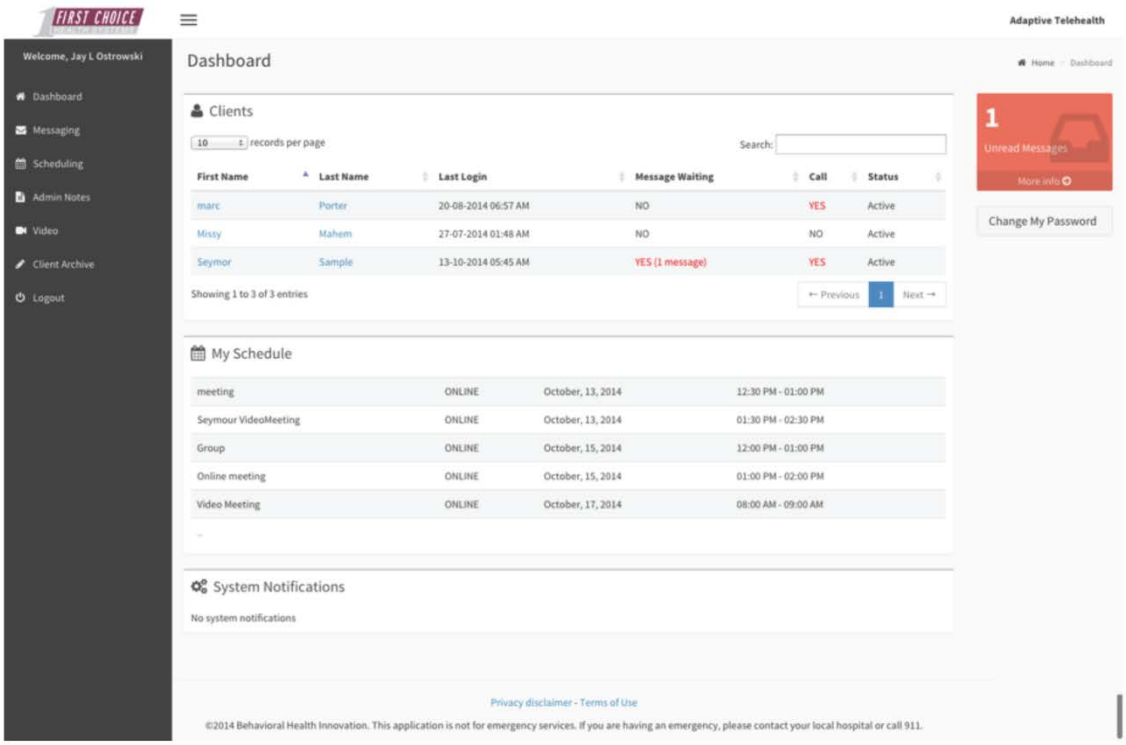

Client Dashboard
Video appointment
Homework assigned by counselor
Message from counselor
Assessment data
FIRST CHOICE
Adaptive Telehealth
Welcome, Diedre Depressive
Dashboard
Messaging
Scheduling
Notes
New Note
Notes Page
Profile
FAQs
Logout
Dashboard
Home
Dashboard
My Meetings
Deidre Video Meeting
ONLINE
Oct-15-14
11:00 AM - 12:30 PM
Homework
There are no sessions.
Alerts
You have: 1 unread messages
therapist
Meeting with therapist
10-13-2014
I could use more help with..
Formats
Paragraph
p
Words: 0
Tell Therapist
Most recent responses
There are no history in answers.
View all Responses
View My Agreements

Online Scheduling



- Counselors set their own schedules
- Clients choose their own appointment times

Therapist Dashboard



Distance counseling over a HIPAA compliant system.

Why Online Counseling?

Because…
It's easy.
It's safe.
It's effective.
It's here.

Susie Mullens, MS, LPC, ALPS, AADC-S
Licensed Psychologist
(304) 614-7177
susie@1stchs.com

Attachment 6
Trends in Telemental Health

Trends in Telemental Health

Research & Forecast

- There are over 2,000 peer reviewed articles that support telemental health services.
- A meta analysis of 92 studies on online mental health found no difference in outcomes from face to face care.[1]
- A 2014 Mayo Clinic study: 66% of patients were "somewhat very likely" to have a video in home telehealth visit.[2]
- HRSA study shows shortage in mental health care providers across the nation.[3]
- Telehealth is projected to rapidly grow in the next few years. Global telehealth market is expected to expand tenfold by 2018 (from 350k in 2013 to 4m in 2018).[5,6] As all of telehealth increases, so will telemental health.

Funding

- 25 states now mandate payment for telehealth services[4]
- Third Party Payers are increasingly paying for service and developing their own.
- The Federal government has supported telehealth through the Accountable Care Act[3]

Federal Support

- SAMHSA produced 2 reports supporting telemental health[8]
- 14 Federally funded agencies support telehealth[16]
  - 2 national agencies and 12 regional Telehealth Resource Centers

Laws and Ethics

- 7 major mental health associations have created ethical policies supporting the safe use of telemental health. AMA, APA, ACA, AAMFT, NASW, NBCC[11]
- 50 of the 127 state legal bodies have laws for telemental health[12]
- State compacts under development to support telehealth services across state lines: Physicians[13]; Psychologists

Endorsements

- Federal Government: Accountable Care Act, and funding laws, Telehealth Resource Centers, and more
- All major mental health organizations support telemental health through policies
- Supported by: HRSA[14]; DOD[15]; Office of Rural Health[16]

Ease

- 1000's technologies used for telemental health[17]
- Encrypted, HIPAA compliant video services are available in client's home.
- Many services are available through mobile devices with low bandwidth.

Precursors, Momentum & Forecast

- EHRs and government incentives for "Meaningful Use" are bringing the medical industry into the digital age. This establishes much of the technological infrastructure and workflow to accepting telehealth services.
- Integration of telemental health and primary care[10]
- The VA has performed 1.3 million telemental health cases since 2008, 280,000 in 2013 alone.[18]

References

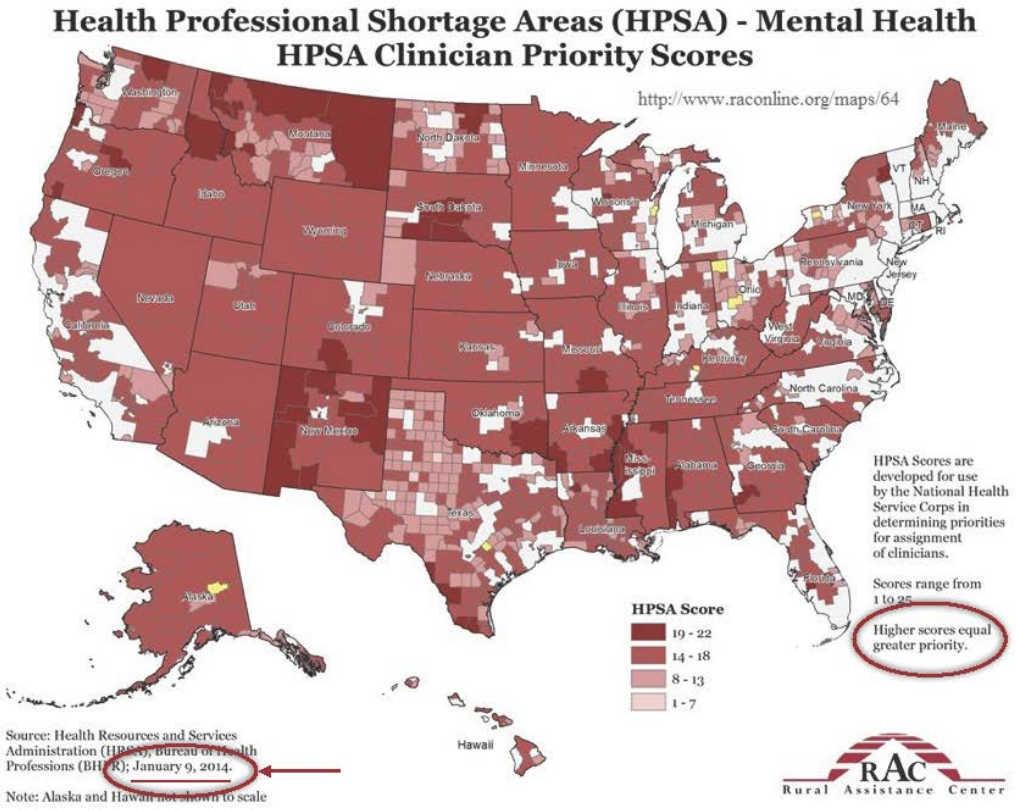
1. *Clinical Psychology: Science and Practice*, Vol. 16, No. 3
2. http://online.liebertpub.com/doi/pdfplus/10.1089/tmj.2014.0037
3. http://datawarehouse.hrsa.gov/topics/shortageAreas.aspx, http://www.raconline.org/maps/topic_details.php?topic=46
4. Includes adults (htt://1.usa.gov/MPYzPQ , http://1.usa.gov/N5kwH4) and children (http://1.usa.gov/N5kDma, http://1.usa.gov/LDRbU6, http://bit.ly/RwQkaW
5. http://info.imsresearch.com/lz/Instances/lz/documents/InMedica/Brochures/Abstract%20-%20World%20Market%20for%20Telehealth%202014%20Edition.pdf
6. Telemedicine and M-Health Convergence: Market Shares, Strategies, and Forecasts, Worldwide, 2013 to 2019. http://www.researchmoz.us/telemedicine-and-m-health-convergence-market-shares-strategies-and-forecasts-worldwide-2013-to-2019-report.html
7. http://www.americantelemed.org/docs/default-source/policy/50-state-telemedicine-gaps-analysis---coverage-and-reimbursement.pdf?sfvrsn=6, see chart below.
8. http://www.ncbi.nlm.nih.gov/pubmed/24384059
9. http://store.samhsa.gov/shin/content/SMA09-4450/SMA09-4450.pdf, There will also be a Treatment Improvement Protocol (TIP) on this topic (Using Technology-Based Therapeutic Tools in Behavioral Health Services) coming in the near future (currently in editing).
10. http://www.telehealthresourcecenter.org/
11. AAMFT - American Association of Marriage and Family Therapists -Code of Ethics, ACA - American Counseling Association -Code of Ethics, AMA - American Medical Association - Resolution 317 in favor of quality telemedicine policies, APA - American Psychological Association -Guidelines for Ethical Practice of Telepsychology, ATA - American Telemedicine Association - Guidelines for Video Telemental Health, NASW - Standards for Technology and Social Work Practice, NBCC - National Board for Certified Counselors - Code of ethics for distance services
12. Presentation of research at the American Telemedicine Association conference 2014. State License Laws in Telemental Health 2014: Requirements, Restrictions and Opportunities by Jay Ostrowski
13. http://www.fsmb.org/state-medical-boards/interstate-model-compact/.
14. http://www.hrsa.gov/publichealth/clinical/BehavioralHealth/behavioralhealthcareaccess.pdf
15. http://t2health.dcoe.mil/sites/default/files/cth/guidebook/tmh-guidebook_06-11.pdf
16. http://www.ruralhealth.va.gov/native/programs/telemental-services.asp, http://www.ruralhealth.va.gov/docs/MOUs-and-MCMs-for-telemental-clinics.pdf
17. www.telementalhealthcomparisons.com
18. http://www.slideshare.net/katwibb/marcy-rosenbaum, http://www.ncbi.nlm.nih.gov/pubmed/23611641,
19. Dr. Linda Godleski presentation slides from the American Telemedicine Association Conference 2014

Jurisdictions with mandatory reimbursement for telehealth

Arizona (2013)	Georgia (2006)	Maine (2006)	Missouri (2013)	Oklahoma (1997)	Virginia (2010)
California (1996)	Hawaii (1999)	Maryland (2012)	Montana (2013)	Oregon (2009)	
Colorado (2001)	Kentucky (2000)	Michigan (2012)	New Hampshire (2009)	Texas (1997)	
District of Columbia	Louisiana (1995)	Mississippi (2013)	New Mexico (2013)	Vermont (2012)	

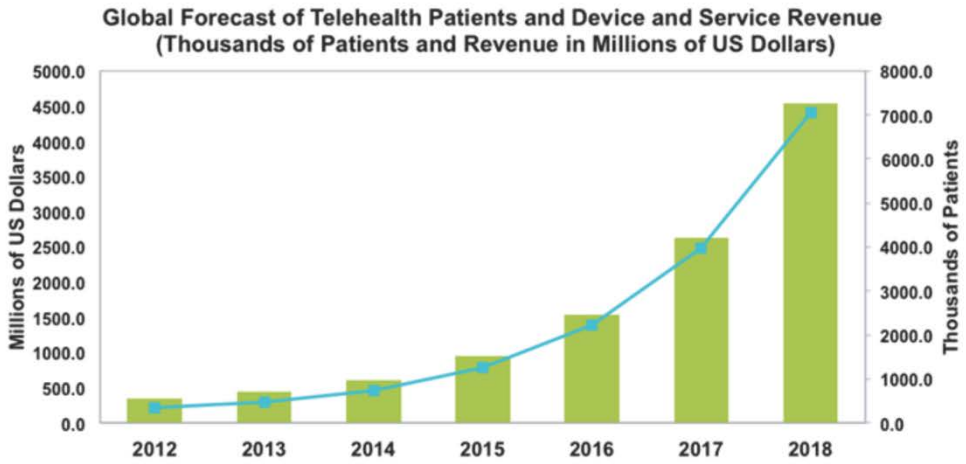
In 2013, bills were introduced in **Arizona (ENACTED)****, Connecticut, Florida, Illinois, Massachusetts, **Mississippi (ENACTED)**, **Missouri (ENACTED)**, **Montana (ENACTED)**, **New Mexico (ENACTED)**, New York, Pennsylvania, South Carolina, Tennessee, Washington and the **District of Columbia (ENACTED)**. (9 in process) In general, the state laws say-- A health benefit plan may not deny coverage on the basis that the coverage is provided through telemedicine if the health care service would be covered were it provided in-person. Coverage for health care services provided through telemedicine must be determined in a manner consistent with coverage for health care services provided in-person.

Shortage of Mental Health Providers



Growth Projections in Telehealth

	2012	2013	2014	2015	2016	2017	2018
Device & Service (in Millions of US Dollars)	349.2	440.6	611.2	943.3	1539.9	2637.7	4548.0
Total Patients (in Thousands)	344.3	482.7	725.0	1255.5	2230.3	3968.8	7057.3



Source: IHS Technology, January 2014 *http://www.mhealthtalk.com/2014/01/global-telehealth-market-to-expand-10x-by-2018/*