



Tele-Justice: *Reaching Justice Involved Veterans through Telehealth*

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Department of Veterans Affairs

2014 Vet Court Con

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Veterans Health Affairs (VHA)

- 151 Hospitals
- 300 Vet Centers
- 827 Community-based Outpatient Clinics
- 135 Community Living Centers
- 6 Independent Outpatient Clinics
- 103 Residential Rehabilitation Centers
- Over 270k Employees
- Over 120k Students and Residents receive medical training

6,418,439 veterans received healthcare in FY13

- 1.3% increase over the previous year

51,920 veterans seen in Veterans Justice Programs in FY13 (includes HCRV & VJO)

- 32% increase over the previous

Telehealth in VHA

- ***Home Telehealth***
 - Use department owned equipment to exchange veteran biometrics data between a veteran at home to clinical staff.
- ***Store and Forward Telehealth***
 - Share information from clinical location or veterans with medical staff to diagnose or advance the treatment of a medical condition.
- ***Clinical Video Telehealth***
 - Conduct a patient visit from a clinical location or veteran at home to diagnose or advance treatment of a medical condition.
- 603,532 Veterans used Telehealth services in FY13
- 1,787,181 Health Appointments in FY13
- Over a 20% Expansion between FY12 and FY13

Future Capabilities - Connected Health

- The Veteran has the ability to send as much health information as they desire
 - Items Veterans may already use such as Sensors can have a wealth of information
 - Activity monitors
 - Biometric data monitors
 - Blood pressure cuff, Wifi/Bluetooth scales, ECG
- Smart Phones and Tablets can facilitate medical care
 - Sensor data exchange
 - Patient data input for non-connected devices and information
 - Voice / Video
 - Capability to have a visit with expert clinical staff from any location at any time.

Telemental Health (TMH)

Telemental Health – Clinic- Based (National)

- Implemented in VA 2003. To date, over 500,000 encounters.
- Clinic based settings
- Virtually every DSM
- Virtually every treatment modality
- The Veteran has the ability to send as much health information as they desire

CVT into the Home - Non-clinic based (National)

- Clinical Video into the Home (CVT-IH)
- Implemented February 2013
- Total Uniques: FY12=1,371, FY13=2,207, FY14 (through Feb)=1,801
- Total Encounters: FY12 = 6,934; FY13 = 11,002; FY (through Feb) = 6,802

Portland VA HBTMH Pilot (2009-2012)

- Implemented December 2009 - Dr. Peter Shore, staff psychologist.
- First pilot in VA to establish mental health services into homes via webcam, personal computer.
- First to pilot in VA the use of 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.
 - PC + Broadband + Webcam = just like Skype
- **Focus was on unsupervised, non-clinic based** settings.
- To date, 250 Veterans via approximately 800 clinical encounters.
- CPT for PTSD, Behavioral Activation for Depression, ACT for Chronic Pain, Anger Management, Cognitive Remediation (CogSmart), Chronic Disease Management, Medication Management, Assessment

Portland Pilot: Key Features (and Limitations)

Key Features

- Standard Operating Procedure Manual (SOP) approved as VISN 20 Telehealth policy November 2011. Pre CVT-IH, SOP was widely used as practice guidelines.
- Patient Support Person
- Peer Technical Consultant
- Train the Trainer
- *ASH-25* – A Structured Guide for the Assessment of Suitability for Home Based Telemental Health (Shore, 2011). Risk Management and Suitability Measure

Key Limitations

- Financial bias – if a veteran didn't own a computer, they couldn't participate.
- The VTC software was unstable at times, no alternatives available.
- Highly rural veterans were out of reach (literally).
- Needed an "air traffic" model to access decentralized providers.

Portland Pilot - Benefits

- Increased access to MH services / decreased barriers to treatment
- 80% of all enrolled would not have rec'd MH
- Less Veteran stress associated with travel
- Less potential for passing on sickness with clinic visits
- Flexibility in scheduling
- Lower cost per encounter (Provider clinic space, miles saved, travel reimbursement saved)
- Inherent environmental benefits with reduced transportation requirements

No Shows(s)

	TMH	HBMTH
FY 10	127 (455 encounters, 27.9%)	2 (64 encounters, 3.1%)
FY 11 (thru 8/10/11)	97 (680 encounters, 14.3%)	1 (290 encounters, 0.03%)

2012 VHA Employee Innovation Competition

Then along came a spider... VHA Innovation Program: Situated in Office of Health Information.

Idea: ***Home Based Telemental Health (HBTMH)***

Expand Portland based pilot across VISN 20 utilizing a centralized scheduling and referral system and establishing a viable model for R-MAC (Remote Mobile Access Clinics).

Based on number of votes

Total Rank: 19 out of 3,841 ideas

- *Patient Centered Care* ranked **6 out of 1,651.**
- *Access* ranked **5 out of 349**
- *Telehealth* ranked **2 out of 83.**
- *Mental Health*: **16 out of 1,054.**

VHA Innovation #669

- Project addresses There are two significant challenges facing the Veterans Health Administration (VHA): 1) **Access** for Veterans to mental health treatment; and 2) **Timeliness** for Veterans to receive mental health treatment
- Goals:
 - Improve Access / Timeliness. Think Same Day Access to care
 - Improve Efficiency / Timeliness. Think “Air Traffic Control”
 - Establish new points of access to services otherwise not available. Think VJO!
 - Bring bona-fide alternative videoteleconferencing software onto the VA network.
 - Establish a centralized scheduling and referral system to access a registry of decentralized providers.
 - Use iPads for patient care on wide deployment scale.

Telehealth Implementation: Phase Approach

- **Planning**
- **Development**
 - Technology issues resolved, test calls successful
 - Documentation complete
- **Implementation**
 - Field testing
 - Iterative feedback loop
 - Modify practice guidelines
- **Analysis**

Structured Evidence Review (2013)¹

- Identify Treatment Needs of Justice-Involved Veterans and Associated Psychological Interventions.
- General findings / recommendations:
 - Needs and Issues
 - As with other justice involved adults, very high MH and SUD Tx needs
 - Need to address criminogenic issues
 - Increased issues with trauma
 - Of incarcerated Veterans, higher incidence of violent crimes; DUI/driving issues
 - Treatment
 - Assessment for treatment matching while in the justice system
 - Linkage with VJP Specialists – engagement in treatment
 - Addition of treatment in VA to address criminogenic issues
 - VA model projects and evaluation of outcomes

VJO via Telehealth in the VA (2014)¹

Clinical Video Telehealth, (592) Veterans Justice Outreach encounters: FY12: 161; FY13: 347²

Site(s)	Service	Phase
Marion VAMC, CBOC (Dungan) South Bend CBOC (Dungan) Indianapolis VAMC (Dungan) Fort Wayne VAMC (Dungan) Battle Creek VAMC (Dungan) Muncie CBOC (Dungan)	Veteran court appearances/assessments	Implementation (FY12, 13)
White City VAMC (Skinner)	Veteran court appearances/assessments	Implementation (11/10)
Portland VAMC (Maddy)	Jail outreach, follow up, program screens	Implementation (11/12)
Portland VAMC (Shore)	Mental Health C&P Exams	Development
Lyons, NJ VAMC (Correale) ³	Jail outreach, follow up, program screens	Development*
Palo Alto VAMC (Kennedy & Danze)	Mental Health C&P Exams (state prison incarcerated Veterans)	Planning
VISN 16 (Webb)	Prison outreach, follow up, program screens	Planning

VJO via Telehealth workload (2011-present)

YEAR	FACILITIES	UNIQUES	ENCOUNTERS
2011	1	8	18
2012	5	47	161
2013	8	78	347
2014 ¹	8	63	188

VJO via HBTMH (Brief History in 60 seconds or less)

2009: Portland pilot started. Blueprint developed.

2010: Belinda Maddy, VJO Specialist, contacted Shore. "162 miles each way. Help!"

2011: Joel Rosenthal, VJP National Training Director met Shore. "The traffic in SF is terrible!"

2011: Rosenthal and Shore identified two potential jails in No. Cal.

1. Jail leadership in support.
2. Shore's team deployed.
3. Technology evaluated. Quasi-viable.
4. Providers trained by Shore.
5. Jail unable to purchase needed computer equipment.
6. Site ruled out.

2012: Maddy identified one potential jail in southern Oregon. See steps 1-4 above.

5. Jail had appropriate equipment.
6. First visit November 12, 2012 with Maddy in Vancouver, WA and veteran inside Deschutes County Jail!

VJO via Innovation #669 becomes “VISN 20 Tele-Justice”

- CVT-IH was about to become national program
- Portland VA HBTMH Pilot obsolete?
- Innovation #669 was designed to implement a series of new points of access.

Operationally

- 1) Memo of Understanding between VHA Innovation #669 and Deschutes County Jail established.
- 2) Maddy establishes a weekly clinic. *Standards of practice only slightly modified to accommodate seat and greet portion.*
- 3) Peer Technical Consultant deployed to VJO clinic for weekly monitoring.
- 4) Maddy collects data on ongoing basis.
- 5) Shore continues to modify practice guidelines.

VISN 20 Tele-Justice (2012-present)

Demographics

- Approximately 25 veterans served.
- Age range: 24-69
- 50% has SCD of 40% or more.
- All male; 50% Army, 50% Navy
- Predominant diagnosis': Alcohol dependence 70%, PTSD 60%

What they've said

“This saved my life, now I have a chance to get treatment instead of prison.”

“I need to not live in this area to be able to learn how to be sober. Going to a long term treatment program will help me learn how to live sober so I can stay out of trouble.”

VISN 20 Tele-Justice (Example outcomes)

- Made contact with VA to set up mental health care.
- Engaged in primary care services at the Bend Clinic for medical care to include care for liver cancer. Continues to stay connected to VA services, cancer is in remission and has stable housing in the community.
- Completed 60 days PTSD treatment.
- Engaged in treatment to include mental health treatment with medication management for Schizoaffective Disorder.
- Actively engaged in services at White City which include substance abuse treatment, trauma groups. He has started receiving dental care. He is employed in a job on campus.
- VJO alerted his HUD/VASH case manager who was able to start the process to work with updating his VA provided hearing aids.
- Veteran's family was at risk of being homeless as he was primary breadwinner and they have no additional income and a special needs teenager. Was able to make connection with VSO and OEF/OIF case manager to assist the family as Veteran's release/trial date is not in the near future.

Tele-Justice: Implementation Guidelines

- ✓ Determine internal need.
- ✓ Evaluate feasibility. Do you have the right “buy-in?”
- ✓ Identify jail (or prison) that has interest from jail/prison leadership.
- ✓ Identify staff member within jail/prison who would be willing to seat and greet the veteran.
- ✓ Contact Facility Telehealth Coordinator (FTC) to discuss VJO services via telehealth.
- ✓ Will the FTC support project within national CVT-IH parameters?
- ✓ Evaluate, along with FTC and jail/prison staff, whether the jail technology is viable. *Do they have a computer with internet access? Is traversing” required?*
- ✓ If personal computer in jail not an option, consider desktop solutions (i.e. Tandberg 1000, EX90, etc).
- ✓ Complete appropriate telehealth documentation (TSA, MOU)
- ✓ Build telehealth clinics.
- ✓ Scheduling.
- ✓ Protocols for emergency management
- ✓ Protocols for continual monitoring of technology impact

Future Directions

- May 2014, 1st veteran to receive Comp & Pen Mental Health Examination via Tele-Justice. Examiner → Veteran in Deschutes County Jail
 - Establish protocol to successfully expand MH C&P to other sites.
 - Once successful, expand to other appropriate C&P medical exams.
- Paper in progress: *Tele-Justice: Veterans Justice Outreach via Home Based Telemental Health: Guidelines for Implementation* (Shore, Maddy & Rosenthal, 2014).
- Expansion: 3 additional jails identified in Oregon. Washington DOC for prison access for VJO.
- Data Collection & Analysis: Systematic methodology for data collection and analysis. Publish results on ongoing basis.
- Consultation: sharing best practices to assist other facilities interested in collaborating, implementing.
- Practice Guidelines: Finalize Tele-Justice Practice Guidelines for national dissemination.
- Community of Practice (COP): robust COP for Tele-Justice implementation, expansion and ongoing program evaluation. Targets TBD

Handouts

- Sample Emergency Management Protocol (Jails/Prisons)
- Sample Memo of Understanding (Jails/Prisons)
- Press Release

Thank you.

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MEDIA RELEASE
December 2, 2013

MEDIA CONTACT:
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DA's Office to Launch Veterans Intervention Strategy (VIS) Program

As the nation's first conference dedicated to Veterans Treatment Courts and justice-involved veterans gets underway in Washington, DC, Deschutes County District Attorney Patrick J. Flaherty announced today his intention to launch a program to assist those veterans who have become entangled in the criminal justice system. Mr. Flaherty will put into motion the Deschutes County DA's Office Veterans Intervention Strategy (VIS) to appropriately address the combat related conditions of veterans who are reintegrating into their Central Oregon communities.

"Most veterans are strengthened by their military service but combat exposure has left many of them with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and severe depression. One in five veterans return home with a mental health disorder or cognitive impairment. One in six veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom suffer from a substance abuse problem. Research now corroborates a long suspected causal link between substance abuse and combat-related mental illness. Left untreated, these mental health conditions often lead to a combat veteran's involvement with the criminal justice system."

Veterans Treatment Courts (VTCs) provide the best way forward for those veterans with diagnosed combat exposure conditions who find themselves charged with a criminal offense and since 2010 the DA has encouraged and supported local efforts to establish a Deschutes County VTC and will continue to do so until it becomes a reality. Further, the Deschutes County DA's Office joins the Oregon House of Representatives and Senate in our lawmakers' strong support of judicial initiatives to create VTCs in Deschutes County and throughout the State of Oregon.¹

The Oregon legislature recently modified Oregon law, directing that courts consider a veteran defendant's service when a criminal sentence is imposed.² VIS acknowledges the Legislature's trajectory and takes a proactive step by affording combat veterans an opportunity to contemporaneously resolve their pending criminal matters and address underlying diagnoses, like PTSD or TBI, that exist as a result of their service. For certain lower-level person and non-

¹ House Concurrent Resolution 24, May 20, 2013.

² Oregon Senate Bill 124 included the following amendment to ORS 137.090 (1)(a): "In determining aggravation or mitigation, the court shall consider...Any evidence received during the proceeding, *including evidence regarding the defendant's status as a servicemember as defined in ORS 135.881.*"

The primary responsibility of the District Attorney is to seek justice, which can only be achieved through the representation and presentation of the truth.

For more information, please go to www.deschutesda.org or like us on Facebook: www.facebook.com/deschutesDA

person crimes, the DA's Office will work in collaboration with its law enforcement partners, the Veterans Administration and local and national associations like Central Oregon Vet Center, Central Oregon Veterans Outreach (<http://www.covo-us.org/>) and Justice for Vets (<http://www.justiceforvets.org>) to identify a wide array of presently available assets and direct the implementation of those assets.³ Mr. Flaherty will tailor VIS to the individual veteran's need but the intervention strategy would typically include the coordination of (i) VA sponsored treatment programs, (ii) a partnership between a VIS participant and a veteran mentor and (iii) re-employment opportunities. The ultimate objective of VIS is to return service members to their communities with a framework to address combat-induced conditions and without a criminal conviction.

Today, Deputy District Attorney Eric Marvin is in Washington, DC representing the DA's Office at the inaugural Veterans Treatment Court Conference. DA Flaherty said "I expect DDA Marvin will bring back a wealth of current knowledge on VTCs that will advance our efforts to establish a Deschutes County VTC."

To learn more about Vet Court Con visit <http://www.justiceforvets.org/vet-court-con> and visit our Facebook page at www.facebook.com/deschutesDA to follow DDA Marvin this week at the conference.

³ This policy is in accord with the Oregon Senate Bill 999, modifying ORS 135.881 and 135.886.

Veterans Health Administration Innovation #669: Home Based Telemental Health

Emergency Management for Specialty Clinic: *Veterans Justice Outreach (VJO)*

"Emergency may be defined as a behavioral and/or medical event or incident that a Veteran experiences which requires intervention." This protocol is based upon fundamental components of the VA Northwest Health Network Office (VISN 20) *Home Based Telemental Health (HBTMH) Standard Operating Procedures Manual* (Shore, 2011). All emergency management protocols contained in the VISN 20 SOP have been approved for implementation for HBTMH within VISN 20 (Alaska, Washington, Idaho and Oregon). Although the protocols contained in this document may be replicated at another jail / prison setting, this document will describe procedures specific to:

Deschutes County Adult Jail
63333 Hwy 20
Bend, OR
Administration - 541-388-6661
Booking - 541-388-6682
Shift Supervisor - 541-388-6687
Deputy Scott Edwards-541-617-3305

Clinicians

Belinda Maddy, LCSW and Adam Watkins, LCSW have been approved by appropriate authorities to conduct their services and have completed all the necessary and relevant telehealth related training.

Clinic Location

Each session will occur Tuesdays at 1300 and will be located in the library section within the jail. The clinic will be monitored via internal security camera at all times and monitored by main control at the Deschutes County Adult Jail.

Veteran Screening Process (pre-treatment)

Veterans currently enrolled in the Veterans Justice Outreach (VJO) program are eligible to participate in this program. As part of the standard VJO contact, the Veteran will be screened for suicidal and homicidal ideation or intent. If a positive response is received:

- VA protocol will be followed which will be to develop a suicide safety plan and make an entry in the VA medical chart.
- VJO will notify Charity Creech, jail mental health and if she is not available notify Nancy Wolf psychiatric nurse practitioner in jail medical (541) 388-6682.
- If neither Charity Creech or Nancy Wolf are available, then contact will be made in the following order until someone has been contacted: Deputy Edwards (541) 617-3305, Lt. Lutz (541) 322-4805 shift supervisor (541) 388-6687 or Booking 541-388-6682.

If Veteran has been approved to participate, the clinician shall:

- 1) Be responsible for identifying an individual within the jail setting who will serve as the *Veteran Support Person (VSP)*. The VSP is an individual that the clinician will contact directly in case of a behavior and/or medical emergency.

[The Veteran Support Person will be the person on duty in Booking].

- 2) Identify a working telephone number within the jail for the VSP.

[The telephone number for Booking is (541) 388-6682].

- 3) Identify a working telephone number within the jail that will serve as a "contingency" phone number in case the VSP is unreachable.

[The contingency telephone number is for the Shift Supervisor on duty (541) 388-6687].

Pre-Session Procedures

- 1) The clinician shall verify the Veteran Support Person (Booking) telephone is in working condition.
- 2) If the clinician is unable to contact the VSP, the clinician shall verify the contingency number is working and communicate that a session will be occurring and they are designated backup Veteran Support Person.
- 3) Clinician shall inform the Veteran of the Emergency Management procedure **verbally at the beginning of the session.**
- 4) Clinician shall follow any additional Emergency Management protocols as designated by jail administration.
- 5) Clinician shall indicate to Veteran that, in the event of a technical disruption, the clinician will be asking for technical assistance.
- 6) Clinician shall instruct the Veteran to make certain he/she signs off of Jabber software correctly. (Veteran shall not simply close the MOVI screen, but rather sign off).

Technical Disruption

In the event there is a technical disruption during the session (on either side): the clinician shall hold up (with their hands) the "telephone sign" or show the telephone to the Veteran. This will let the Veteran know that the clinician will be contacting Technical support. The Technical points of contact are as follows:

- Sheriff's Office IT Help Desk: (541) 550-4889 [_SOHelpdesk@deschutes.org]
- VHA Innovation Peer Support Specialist-Technology: Mr. Bear Cannon (503) 440-0340 [868wbc@gmail.com]

The clinician shall telephone the Sheriff IT Help desk first, then Mr. Cannon. If there is no answer at either telephone number, the clinician shall email the Sheriff Office IT Help Desk first, then Mr. Cannon.

In Case of Emergency – Behavior and/or Medical

In the event a Veteran either endorses suicidal ideation, homicidal ideation, or medical-related emergency, the clinician shall:

- 1) Immediately contact the Veteran Support Person (Booking) at (541) 388-6682 and inform them of the nature of the emergency. Per Lt. Scott Lutz, someone will always be available in booking.
- 2) The clinician shall remain in contact with the Veteran-until the VSP appears to assist.
- 3) The clinician shall document all incidents in the clinic note related to the appointment.
- 4) The clinician shall document all incidents per VJO regulations.

VETERANS HEALTH ADMINISTRATION

2012 INNOVATION PROGRAM

INNOVATION #669: HOME BASED TELEMENTAL HEALTH

This Memorandum of Understanding (MOU) Between: Veterans Health Administration Innovation #669: Home Based Telemental Health (HBTMH), Portland VA Medical Center based Veterans Justice Outreach Program (VJO), and the Deschutes County Adult Jail (DCAJ).

This memorandum of understanding delineates the agreement between the Veterans Health Administration Innovation #669: Home Based Telemental Health, the Portland VA Medical Center (PVAMC) based Veterans Justice Outreach Program and the Deschutes County Jail for the provision of telehealth services between the PVAMC and incarcerated Veterans in preparation of their release.

This MOU only constitutes an agreement between above referenced parties and does not constitute an agreement with the entire Department of Veterans Affairs.

Background

VHA Innovation #669: Home Based Telemental Health (HBTMH)

The Veterans Health Administration Innovation #669: Home Based Telemental Health is a one-year funded grant whose mission is to expand the previously established Portland VA Medical Center clinical demonstration project across VISN 20 (Alaska, Washington, Idaho and Oregon). This MOU reflects only the VJO being demonstrated in this Innovation. This MOU shall expire upon completion of the Home Based Telemental Health-Innovation no later than June 1, 2014. However, all parties will make an effort to sustain this clinical service beyond the expiration of the Innovation grant.

Veterans' Justice Outreach Program (VJO)

The Veterans' Justice Outreach Program (VJO) is a mandated program for the Portland VA Medical Center. All documentation regarding the VJO and its pre-existing agreement with DCAJ shall remain unchanged.

The Bureau of Justice estimated that approximately 9.2 % of incarcerated persons are Veterans (2008). Deschutes County, Oregon has a Veteran population of approximately 15,683 (2010 census). There is a VA Outpatient Clinic in Bend and a Veteran's Center as well as a strong, connected and supported Veteran community, which includes fee basis providers, and the Oregon National Guard Reintegration Team. Bend is located approximately 4 hours from the Portland VA Medical Center over the Cascade Mountain Range. Bend has started the process to develop a Veterans Docket with the goal of having a dedicated Veterans Docket in place by the end of 2013. A Veterans Docket is a dedicated portion of an existing docket for Veteran defendants. The Veterans Administration participates in the docket to provide information to the Court on specific Veteran services available. Other Veteran supportive providers may be part of the docket to include Veteran Service Officer, local Veterans Agencies (COVO), the Oregon National Guard, etc. The jail has started a system where a survey is done at classification, which

identifies Veterans who are booked into jail. The implementation of a program that permits a VJO provider to visit with a Veteran via webcam, personal computer and secure and encrypted software will allow the VJO to be responsive to the incarcerated Veteran population and to potentially increase the efficiencies of the providers. This specific telehealth modality, currently only available via the VHA Innovation #669: Home Based Telemental Health will allow the VJO to meet with the Veteran remotely, complete an assessment which may include a biopsychosocial assessment for substance abuse treatment (inpatient/outpatient) as well as a determination of other VA services available that would benefit the Veteran. The VJO will then be able to communicate with the Veteran's attorney and/or probation officer who can advise the Court of a transition plan and services available. In many cases, the Court will be able to release the Veteran so they can engage in the VA services they need. Without this program, the VJO is not able to visit Veterans incarcerated in the jail on a regular basis, possibly one to two times a year. VJO will physically be in the Bend area one, possibly two, times a year and will only be able to meet with a Veteran during that time.

The process for participation, as outlined in previously established VJO procedures, is as follows:

- 1) Classification – all booked inmates are screened for veteran status. If they answer positive that they have served in the military, the Veteran is contacted by Ms. Charity Creech and the Veteran signs a waiver, which allows for the sharing of information.
- 2) The VJO point of contact (POC) is then notified of the Veteran's name and makes initial contact with them in the jail. POC will triage and advise the Portland VJO team (currently Belinda Maddy and Adam Watkins) if the Veteran needs to be connected to services, i.e. substance abuse treatment, mental health treatment, etc. If Veteran has not previously engaged in VHA care, POC will have the Veteran complete a 1010EZ and fax to the VJO team to get eligibility determined and have the Veteran entered into the system.
- 3) As of this writing, a clinic time has been set up for every Tuesday at 13:00. When the PVAMC VJO team receives notice from POC that a Veteran has been identified for them to talk with, they will be scheduled for the Tuesday appointment. The Deschutes County Jail mental health personnel will be notified of the appointment.
- 4) DCAJ has agreed to furnish the Veteran with a desktop computer, webcam and a secure room. The PVAMC VJO team will furnish the software needed to conduct the session.
- 5) The Veteran will be placed in a secure environment (library). During the session, the Veteran will be given a packet which includes a biopsychosocial assessment, admission to Substance Abuse Treatment Program (SATP), treatment consent, release of information for attorney, probation, Deschutes County Sheriff's Office, Oregon National Guard Joint Transition Assistance Program (JTAP) and any other releases needed. The Veteran will complete these forms and they will be faxed by Charity Creech or her designee to the PVAMC VJO team at (360) 750-5373 prior to the Tuesday appointment.
- 6) The PVAMC VJO team will advise the Veteran the next steps to be taken (i.e. letter to attorney/probation officer referral to inpatient treatment).
- 7) The PVAMC VJO team will advise POC and Ms. Charity Creech (or other appropriate personnel) plan for transition.

- 8) POC will follow up with the Veteran at release to assist in the transition plan. **Depending on the transition plan, the POC may make contact with the Veteran before his release or the Veteran will be provided the POC contact information to call after his release.**
- 9) The Deschutes County Jail psychiatric nurse practitioner will provide a "warm handoff." A "warm handoff" is considered **information either in writing or by telephone to the VJO or if appropriate to the Veteran's medical provider which will include information on the Veteran's care while in the Deschutes County Jail** (i.e. meds) to help with continuity of care at transition from custody.

An *Emergency Management protocol* is attached as an addendum to this MOU.

Peter Shore, Psy.D.
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VHA Innovation #669: Home Based Telemental Health

DATE: _____

Daniela Hugelshofer, Ph.D.
Supervisor
Portland VAMC Veterans Justice Outreach

DATE: _____

Larry Blanton
Deschutes County Sheriff
Deschutes County Sheriff's Office

DATE: _____

Tom Anderson
Deschutes County Administrator

DATE: _____