

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department of Public Safety
Prisons

SECTION: Care and Treatment of Patient -
Access to Services

POLICY # TX I-12

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SUBJECT: Outpatient Services – Tele-Psychiatry &
Behavioral Health Tele-Conferencing

EFFECTIVE DATE: April 2018
SUPERSEDES DATE: April 2012

References **Related ACA Standard 4th edition Standards for Adult Correctional Institutions 4-4368. See also North Carolina Division of Prisons (NC DOP) TX I-3 Mental Health Outpatient Services.**

PURPOSE

To outline the manner in which video-conferencing equipment is to be used within the North Carolina Department of Public Safety (DPS)/Prisons, Health Services, to safely, effectively, and ethically provide mental and behavioral health services remotely through video-conferencing.

POLICY

Tele-psychiatry clinics are arranged for those facilities at which psychiatric coverage is not available on-site. Tele-psychiatry is viewed as another avenue by which outpatient mental health services may be provided within the prison system based on the most efficient allocation of available resources. Other tele-conferencing such as behavioral health services (i.e. tele-psychology) may be used to extend outpatient services by psychologists and Clinical Social Workers to remote facilities. Whenever possible, offenders requiring on-going behavioral health services should be housed at facilities where on site psychology or clinical social work services are available.

PROCEDURE

Any prison facility requiring tele-conferencing services shall have the necessary operational computer hardware and software in place on site before clinics can operate.

- I. Behavioral health staff (psychologist & clinical social worker) shall:
 - A. Ensure staff at the facility receiving tele-conferencing services have been trained in the operation of the computer hardware and software before clinics provide mental and behavioral health services through video-conferencing;
 - B. Ensure that the video-conferencing hardware is located in a room that affords privacy for offenders during the clinic while also attending to custody concerns;
 - C. Require that staff coordinating tele-psychiatry clinics work in conjunction with DPS's Administrative Assistant for the Director of Behavioral Health Services (or designee) to coordinate the scheduling of clinics;
 - D. Explain limits of confidentiality to offenders;
 - E. Require behavioral health staff to coordinate with on-site healthcare staff to obtain completion of the Confidentiality and Privileged Information form (DC-945), and scan form into offenders' electronic healthcare records; and
 - F. In the event of an extended breakdown or malfunction of the electronic healthcare record system, coordinate with on-site healthcare staff and the tele-behavioral health clinician to provide any available documents and information to facilitate services to avoid unnecessary delays in care.

- II. Mental health staff (psychiatric) shall:
 - A. Connect with offenders using approved video-conferencing equipment in Prisons facilities at the appointed time;

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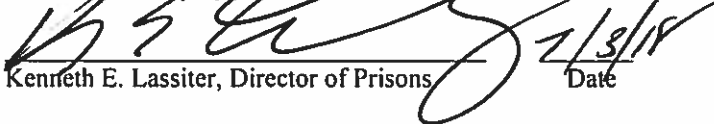
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- B. Perform clinical duties in the same manner, including, but not limited to, thorough review of the healthcare record, thorough documentation, and ordering medication and labs, as applicable, in the electronic healthcare record as though the psychiatrist were physically on-site;
 - C. Maintain the same standard of care as in an in-person visit;
 - D. Follow up, as indicated, regarding any testing (e.g. blood work, AIMS) that has been ordered; and
 - E. Schedule follow-up appointments through the electronic health care record when required.
- III. Utilization of tele-conferencing and the electronic healthcare record shall not inhibit or prevent the on-going effective dialogue and communication between disciplines. If a clinician observes an emergent event or crisis during a tele-psychiatry clinic or tele-behavioral health service with the psychologist or clinical social worker, the clinician shall make verbal contact with the applicable discipline (e.g. nursing, psychology, psychiatry, or custody) and document accordingly.
- IV. Same day documentation is required for all encounters except where extenuating circumstances cause a necessary delay. In such cases, documentation shall be initiated on the day of the encounter and completed at the earliest possible time. In the event of an emergency or a crisis event, documentation shall be initiated and completed at the time of the encounter.


Terri Catlett, Deputy Director Health Services 7/3/18
Date


Kenneth E. Lassiter, Director of Prisons 7/3/18
Date

SOR: Director of Behavioral Health Services
Chief Psychiatrist