Question/Answer for ATTC NFAR Telehealth Tuesday Podcast Portal Virtual Services

March 2014

Organizational:

1. **Who is Preferred Family Healthcare, Inc.**
   Preferred Family Healthcare is a dynamic and caring comprehensive behavioral health non-profit organization established in 1979. We provide substance abuse treatment/prevention and mental health services throughout Kansas and Missouri. As our mission states, "Preferred Family Healthcare continually strives to be a dynamic, caring organization united to assist others in achieving their potential." As a part of our mission, we strive to be an industry-leader, incorporating innovative techniques, as well as emerging technologies in our services.

2. **What is the purpose of Portal Virtual Services?**
   To state it in the simplest terms possible. The purpose of Preferred Family Healthcare's Portal program is to Remove Barriers.

3. **Why did PFH decide to get started using Virtual Services.**
   PFH began using Portal in 2008 with a grant to provide services to adolescents that were leaving residential treatment AND had barriers to returning to the treatment center to participate in aftercare. Most of us know that research tells us that the continued contact with a treatment provider is a strong indicator to the individual's long term success; however there are multiple reasons consumers drop out of treatment. In our rural communities distance and availability of transportation are two of the biggest reasons for not completing treatment. With Portal we proposed to remove those barriers.

4. **What is Portal?**
   Portal is the name PFH developed to describe our virtual services. We use a server company to purchase our blank platform and then we develop that into a therapeutic environment in which our clinicians provide services to our consumers. We decided on the name Portal because it denotes an entrance or a means of access and is particularly used in technology references. Our virtual services are a means to access treatment or needed services through technology. Our goal is to remove barriers and provide access for individuals in need but have difficulty utilizing traditional resources. Providing an effective alternative or supplement to traditional treatment through the use of technology seemed like a good way to try that and the outcomes from our various programs are showing that we were right.

5. **What types of outcomes have been generated by Preferred Family Healthcare's Portal programs?**

Portal I participants 97% had longer episodes of care than similar traditional outpatient programs.

> Portal I – program for adolescent consumers successfully transitioning from residential programs that had barriers to participating in traditional outpatient services.
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> > -participants engaged in treatment activities at a higher rate than those involved in a similar outpatient program.
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> Portal II – program for transition age youth/young adults (18 to 28)
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> > -83% of participants had longer episodes of care than similar traditional drug court participants
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> > -81% of Portal II participants reported reduction in substance or abstinence at 6 month follow-up
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> > -Portal II an overwhelming majority of the participants reported being satisfied or very satisfied with the program especially in the area of to the questions gauging respect demonstrated by counselors and safe environment Portal II created
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> Portal Plus – Program serving drug court participants, in rural drug court programs where treatment services were limited or unavailable.
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> > -99% of participants report abstinence from Alcohol and drug use during the 6 month period after enrollment
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> > -nearly all participant report satisfied or very satisfied with the program. And satisfaction increases from the initial survey to the 6 month survey and again areas with the highest satisfaction is
> >
> > -The retention rate for Portal Plus since the inception of the program is 90% higher than the "in-house" outpatient Drug court consumer.
> >
> > -The average length of stay for a Portal consumer is 309 days as compared to 162 days for the traditional "in-house" outpatient Drug Court consumer.

Technical & Security questions:

1. **What is a 3D Portal?**

A portal is a gateway or an entrance to something, in this case, to an online virtual world to access treatment services. 3D means this online virtual environment is 3-dimensional, so you can move and look around similar to real life. You can walk, run, sit, and talk with others. So a goal of a 3D virtual world is to make it feel realistic when you're inside of it. This helps with emersion, meaning the technology starts to fade away as the user feels the real presence of others in the environment.

2. **What equipment would a client need to use Portal?**
   The equipment needed to participate in the Portal program is fairly basic. A user would need a relatively modern computer running Windows, and be equipped with a webcam, and have access to high-speed internet. We also recommend, and in some cases require, speakers and a microphone, but that equipment comes standard with any modern computer system. We also ask each user install either the Chrome or Firefox web browser, because the virtual world software is designed to run best in either one of those.

3. **Is Portal secure, HIPAA Compliant and confidential?**
   Portal is HIPAA compliant. There are different levels of security needed depending on the type of information stored or used in world Portal stores no information and our participants do not use identifying information. As we grow we have experienced different type's uses for Portal and some of those may be best served by the ability for consumers to use their real names or identifying information. So we are working to take the next steps for security and encryption that would allow us to use some PHI in world and still maintain HIPAA compliance.

4. **How do you verify that the person behind the avatar is who it should be?**
   This is a popular question, and a great one to ask. We have created a procedure to verify the identity of our consumers with two video-call check-ins. The first check-in takes place when the user initiates a video call with the facilitator prior to any service, whether that service be an individual counseling session or a group. The second check-in takes place when the facilitator initiates a video call with the use, and this happens at a varying time during that service so it cannot be forecasted. This assures not only that we know who is behind an avatar, but that person remains behind that avatar for the duration of the service provided.

5. **What are your options if a user "client" becomes problematic in a group?**
   Our software allows us to temporarily or permanently disable any user login. Of course, as clinicians, we do well at keeping interactions between users productive, and so far have not felt the need to force a logout for a user, but the ability is there if we ever need it.

Functional:

1. **What are the possibilities for using Portal at this point?**
   We like to say the possibilities are endless. The software not only holds the potential to be evolved through adding additional features, but can also be interconnected with other software systems, such as EHR systems, information databases, multimedia materials, digital signatures, audio/video conferencing, interactive treatment plans, etc. Furthermore, Portal allows us to reach consumers anywhere in the world with an established high speed internet connection, so the almost uncountable number of consumers in need that were once unable to benefit from traditional treatment possibly have a new avenue.

2. **How does a client get into Portal?**
    We control the creation of logins for our virtual worlds, so when we begin virtual services with a new or existing consumer, we create a custom login for them, based on their chosen username and password, and we teach them how to access Portal online, and orientate them to the environment, controls and general functions of the virtual world. Using Portal is so easy that we have quickly trained consumers that report never having used a computer in their entire lives.

3. **How does a client create their avatar and what choices do they get?**
    Once a client logs in to Portal, they are prompted to enter what we call "The Dressing Room" where they choose a same-gender avatar of their choice, and pick from several clothing options, and in the case of a female avatar, even hair color can be changed.

4. **Can users access Portal any time they want?**
    Yes. Portal is up and running 24/7. A user can login and move about the virtual environment freely any time they desire. Services, such as individual counseling sessions and group session are scheduled, and with our flexible staff of clinicians, we can accommodate most schedules, beyond the ability of most traditional treatment programs. We have provided many counseling sessions at 7am as well as 9pm.

5. **What do you take into account when creating the Portal environment?**
    We first take into consideration the needs and wants of our consumers. There are aspects of our virtual environment that have been influenced by our consumers telling us what additions they would like to see. We also have the ability to recreate structures that are familiar to our consumers, such as virtual look-alike of our residential campus. A benefit to a virtual environment is we can create variety and make it fun! Most of our meeting areas take place outdoors. We also have virtual buildings to represent group rooms, information areas, and clinician offices. We allow our consumers to choose in which area they wish to meet with their counselor. We have areas that are very practical, and areas that are more fantasy-based or magical. We add animations to our environment for realism, such as campfires, waterfalls, and moving lights.

6. **How do users communicate in Portal?**
    At this time, there are two ways to communicate in Portal. The primary mode we use is text chatting. This allows a scrolling list of all discussion as it takes place, therefor nothing is missed. The second mode is voice chat. When this mode is activated, all users that are present can simply talk through their microphone for the others to hear.

7. **Can you see the person you are talking with?**
    You can see their avatar, the virtual representation of them. In many of our programs, we have included the ability to engage the consumer via video chat if the clinician feels the need, whether this is for identity verification purposes, or if the clinician wishes to examine a consumer's affect.

8. **Are clients free to socialize or communicate with one another?**
    Yes. In fact, this is encouraged, as long as it's not during a service. Similar to traditional treatment, where you will typically find common areas for consumers to gather and socialize, they can do the same in Portal.

9. **What are the hours of operation for Portal Virtual Services?**
   We are committed to removing barriers to treatment for our consumers. Often times, consumers have commitments and responsibilities that make it hard for them to access services outside of the traditional hours of operation. We allow early morning, late evening, and even weekend appointment times.

Clinical:

1. **What is the difference between Portal counseling and traditional counseling?**
   That is an interesting question I think some people try to envision what Portal is have a hard time realizing that the actual service is very much like if not just like the service a consumer would get if they came to a traditional bricks and mortar program. We provide individual counseling and groups. We develop a treatment plan and maintain records that are identical to a consumer record you would find in a traditional program. The difference is how the service is provided. With traditional treatment a person would go to a building whether that was across the street or across the county to gain access to their counselor or group with Portal they gain access by logging onto a computer. They are represented in a virtual counseling space via an avatar. They control the avatar and communicate typically through text/chat room type of format (Although communicating verbally is an option). …..So after providing that long answer the short answer is there is little difference other than the means by which the treatment is accessed.

2. **What populations do you currently serve with Portal technology?**
   Adolescent substance treatment and drug court participants, Adult substance treatment and drug court participants. Non felony DWI offenders, those in need of anger management; we are developing a program for MIP offenders and offenders of college campus substance use rules. Also getting ready to launch a wellness program and virtual programming for alumni programs. Currently, we provide treatment for drug court programs in four different circuits in Missouri through our Portal Plus program funded by SAMHSA, a pilot program with the Missouri Department of Behavioral Health providing treatment to a very rural adolescent drug court, and adult and adolescent substance treatment. In additional, we provide educational programs online, such as Portal DWI and Portal Anger Management. In the past, we have provided treatment for adolescents funded by Missouri Foundation for Health, as well as young adults in transition from residential treatment funded by SAMHSA. We are developing a program for MIP offenders and offenders of college campus substance use rules. Also, we are getting ready to launch an online wellness program and Portal Alumni Programs.

3. **How do you decide who is appropriate for Portal counseling?**
   We screen referrals to see if they have an interest in using this technology for treatment, if we can provide the level of treatment that is therapeutic for them, and to ensure they have access to a computer and high speed internet. We then discuss their engagement during clinical staff meetings to ensure they are engaging in treatment appropriately, and that the technology is removing barriers for them. It has been exceedingly rare for a consumer to be considered inappropriate for Portal.

4. **How do you manage clinician availability?**
   Each clinician manages their own schedule, which allows them to be more flexible and adjust their schedule around the needs of their consumers. If a clinician is absolutely unable to accommodate a consumer's schedule, we consider other options, such as transitioning a consumer to another Portal clinician that can accommodate their schedule.

5. **Can you deliver both group and individual counseling services virtually?**
   Yes we can, and we do. In fact, we have the space in our virtual world to hold multiple groups and individual counseling sessions simultaneously and in completely separate areas.

6. **What therapeutic tools are available in Portal?**
   Some tools we use in therapy are private chat, group chat, our multimedia screen that allows us to display pictures, PowerPoint slides, and other multimedia, in a virtual amphitheater, as well hyperlinks within our virtual world that can display a wide variety of content in an area on the webpage just to the side of our virtual world…this gives us the ability to connect our consumers and group facilitators with limitless resources at the click of a button.

7. **During a virtual session, how would a clinician read body language or other non-verbal cues?**
   A clinician would not read body language, and here's the beauty of that. Our consumers express their thoughts and feelings in real language, developing a set of skills which the need for might be overlooked in traditional counseling. In addition our counselors have found that they develop the ability to read other cues, such as the way a consumer expresses things or the length of time it takes them to respond. Our clinicians know their consumers and can tell when something is not right.

8. **How do you obtain Informed Consent and other documents that require signatures?**
   That's a great question. This has been a challenge for us. We are doing a few different things to stay compliant with consents. At times, we are able to meet physically in-person with a new consumer and get signatures at that time. We also use a system of sending documents to our consumers via traditional and electronic mail, which allows them to review, sign, and return the documents to us. We are moving toward e-signatures, which will allow our consumers to view and digitally sign documents online.

9. **How is cross-talk managed?**
   One great benefit to text chatting is that consumers cannot talk over one another. All discussion can be re-read at a glance. Consumers that address one another in a way that distracts from the group are redirected by the facilitator similar to traditional treatment.

10. **How do you handle a suicidal client?**
    The exact same way we handle suicidal clients in our traditional programs. It's not any different than when a consumer calls our traditional program with thoughts of harm. We would utilize any supports we could, such as local law enforcement agencies, community crisis response, and personal supports such as family and friends, just like we do when we have an off-site consumer expressing a crisis situation.

11. **So if you're my counselor and I'm video conferencing with you from my home computer then you/the counselor doesn't have any control of any confidentiality breach, it would be the client who takes on that liability?**

Correct. Consumers sign agreements during intake regarding confidentiality, as well as their part in keeping information private. If they have someone sitting in the background listening to their session, it would be the same as if they had their speaker phone on in their pocket while meeting with a traditional counselor, or bringing a friend or family member into session.

Outlook:

1. **If further developed, in what ways can Portal Virtual Services serve clients in the future?**
   We have found that Portal or our virtual services is growing and evolving at a rapid pace. We started with 1 small grant program in 2008 now we are providing treatment services for multiple populations including adolescents, adults, and specific program for drug court participants. We are or have provided education services in the area of DWI prevention, tobacco cessation and anger management. We are in the process of developing programing for MIP programs and alumni programs for our own participants and other agencies. In addition we are developing health and wellness programs that will take us out of the avatar based interaction and we hope include mobile applications, text messaging programs and other monitoring application. In the technology field the options are changing and improving at a fast pace and we hope to take advantage of any advancements that will benefit our consumers and remove access barriers.

2. **What funding streams currently reimburse for Portal Virtual Services?   Do you see this "stream" expanding?**
   To this point an overwhelming majority of the funding for Portal has been various grants predominately SAMHSA and Missouri Foundation for Health. We have moved into private pay sources such as insurance and consumer purchased services. Recently OSCA in Missouri has expanded their approved services to include virtual services. Other public funding sources are aware and examining options to include reimbursement for virtual services. I believe that traditional funding services will come to recognize virtual services as a viable option to provide needed services to the underserved and will include reimbursement options for virtual services within their funding streams.
   We have received funding from SAMHSA, Missouri Institute for Mental Health, Missouri Department of Behavioral Health, private insurance, Missouri Office of State Courts Administrator, community tax initiative, and self-pay. Yes, we see the streams expanding. In fact, we're watching them expand right now. Traditional funding streams are seeing the benefits of the Portal program, how we are able to access the inaccessible, and the quality of our treatment program evidenced by our outcomes.

3. **Where do you see Portal Virtual Services in 5 years?**

   The glib answer would "where ever there is a need" and reality that is the truth. Many of our programs; Portal for drug courts, Portal DWI, Portal anger management, and the programs we are developing MIP, alumni, collage campus etc. have all come from needs outside entities have identified and asked for assistance with. If Portal services can be of benefit to individuals or agencies we are willing to see what we can do to make it happen for them.

   I see Portal Virtual Services being a fully integrated online treatment center, combining and streamlining a full spectrum of tools, such as 3D virtual environments, an interactive EHR system with a cooperative treatment planning, audio/video conferencing module, in-world webinars and special events, online/offline messaging, calendar with real-time scheduling, automatic appointment reminders, digital surveys, integrated peer support, social areas designated for consumers only, various self-help recovery meetings, all linked and tied together using an online dashboard, suited with an inbox, reminders, announcements, and consumer-specific info feeds, that operates as their own personal control center they can access with a simple, secure login.