Program Title: Community Connections: A Direct Link to Care

Organization: Jefferson Center for Mental Health

Program Abstract *(50 words max, please):*

The Jefferson Center aimed to increase our clients' access to quality behavioral health services through the use of telehealth kiosks. Through collaboration with ten community partners, we were able to reduce clients' barriers to treatment through providing on-demand virtual housing/benefits and crisis services in confidential spaces within the community.

Program Description (*Include program development, program information, staffing requirements, pertinent data and start-up costs.): *Please limit to 2 pages, and remember to address all criteria specified.*

What if a client could meet with their provider from anywhere in the community? That is what our behavioral health kiosks aimed to provide as we entered a new digital age in care for our clients.

As the adoption of telehealth services increased during the COVID-19 pandemic, Jefferson Center strove to expand our clients' access to affordable quality behavioral health services. Telehealth has been shown to be an efficient and cost-effective way to deliver and access quality health care services and outcomes (Gajarawala & Pelkowski, 2021). More specifically, telehealth services allow clients greater access to resources that they may not have had before, while also reducing the additional barriers (e.g., travel time, wait time) that may have arisen while using traditional in-person services (Balestra, 2018; Cascella, 2018).

While telehealth service use increased in general due to the pandemic, we also recognized that some of our most vulnerable populations (e.g., our clients that lived in rural settings, clients that were homeless, clients with limited technology availability) still did not have access to these services. In fact, after surveying over two thousand persons in service, it became clear that approximately 10% of our client population either had no device for telehealth or was uncomfortable using these technologies. Thus, we collaborated with ten community partners to create "telehealth kiosks" as one way to address this issue. Our goal was to create access points in the community where community members could use the technology and get the support needed to access care right away. The infrastructure of these telehealth kiosks consisted of a telehealth ready device (e.g., tablet, desktop computer) hosted in a private room at one of our community partners that had virtual access to our crisis center and our resources (e.g., housing and benefits) department.

For example, a client was able to walk in to one of our community partners' offices and log in to our virtual waiting room through a quick click of a button since the application was pre-programmed into the tablet. Once the client had entered the "virtual front desk," they were greeted by our administration staff who then ascertained what services the client was seeking. After learning which services the client was looking for our administration staff would then connect this client with the appropriate clinical staff via a direct warm handoff. If a client was seeking services related to housing/benefits they were able to virtually meet with one of our licensed clinicians in our resources department. Similarly, if our client was in distress, they were able to meet and be evaluated by our crisis clinicians. All of this was done with little to no wait time (e.g., an average wait time of approximately two minutes).

To establish and create these telehealth kiosks, multiple steps were taken to create a thorough and expandable infrastructure. Related to the technological aspects of these telehealth kiosks, research was done to establish a technological platform (e.g., Zoom) that would be easy to use for both clients and staff. Our information systems department identified and set up the technology hardware and software that we provided to our community partners.

Related to our Center's staffing of these kiosks, all administration and clinical staff were trained on how to use the virtual platform for both clinical services and communication between staff. More specifically, our administration staff was trained on how to use the virtual waiting room and to move clients into a virtual exam "room" (e.g., Zoom breakout room) where they meet with the provider. Furthermore, all clinical staff were trained on how they would receive pertinent clinical information, how to enter the virtual room with a client, and how to complete any necessary administrative paperwork.

For our community partners, prior to implementation we conducted human-centered design interviews to gain a better understanding of their technological, clinical, and marketing needs. Once these areas were identified, the appropriate instruction guides, technology, and trainings (e.g., the structure of the kiosk process, how an M1 hold is performed virtually) were provided to each site. As previously noted, we currently have telehealth kiosks established with ten community partners (two homeless shelters, two domestic violence shelters, four assisted care facilities, and two resource centers that serve our mountain population and those within the justice system) and are still looking to expand these networks (e.g., school-based clients, integrated care facilities, libraries).

Throughout the process we sought feedback from clients, community partners, and our own staff to gain a better understanding of the dissemination and implementation challenges and benefits to these telehealth kiosks. Upon reviewing the data, it appears that sites are very satisfied and excited about this opportunity for their clients' increased access to care. In fact, four out of four community partners surveyed indicated that they are satisfied with the telehealth services and are very likely to recommend the telehealth services to others. Moreover, one site noted "having the kiosk available onsite ongoing during our open hours has been incredibly important for our client base of homeless individuals. We are extremely grateful and appreciative." Additionally, our staff (n = 16) who have used the telehealth kiosks have also indicated that they find the process of conducting services with clients via the kiosks effective and noted that they look forward to using the kiosks in the future. One staff member mentioned "this is a great alternative for clients who do not have access to our locations. When we all work together without hesitation, we can accomplish so much for a person using the kiosk." Lastly, we have received positive feedback from the clients served. One client who received on-demand crisis services through one of our kiosks stated, "I was so relieved that I could access your services this way."

In addition to creating wide satisfaction with our partners, clients, and staff within this initiative, we also identified some important lessons to carry forward as our program expanded as well as how it might be replicated elsewhere. The finding most important to highlight is regarding the necessity for collaboration between Jefferson Center and our community partners. As might be expected, at the beginning of our implementation, we found that simply setting up a computer in a community space and informing clients that services are available did not make a meaningful impact. **Only when Jefferson Center and our community partners worked closely to weave the kiosks services into the partner's existing programming did we see the volume, impact, and satisfaction with services that warranted ongoing investment and expansion.** Despite the role that technology played in this project, we found that very simple and available technology was needed to make the program a success – so long as both Jefferson Center and our partners invested in the collaboration,

which included a careful look at how the program could be improved week over week. To that end, replicating the successes of this program within other centers can be done cheaply, quickly, and within any service network where community partnerships are an important part of the community need.

Overall, through our experience using telehealth kiosks as a way to increase our clients' access to affordable, efficient, quality behavioral health care, it has shown us the great opportunity that we have to better serve our community. Through flexibility and adaptability of our clients, staff, and community, we were able to reduce client barriers to treatment and expand their access to services. We hope that our center is just the first of many to adopt and implement similar platforms.