gpTRAC
Great Plains Telehealth
Resource & Assistance Center

NATIONAL COUNCIL for Mental Wellbeing

HEALTHY MINDS
STRONG COMMUNITIES

Emerging Best Practices in Telebehavioral Health for Safety Net Providers

Great Plains Telehealth Resource & Assistance Center
Annual Conference
May 24-25, 2022

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About the National Council for Mental Wellbeing



We are the **National Council for Mental Wellbeing**, a thought leader with 53 years of experience and a commanding voice on Capitol Hill. More than a nonprofit, we are a:

- **Driver** of industry-advancing policy
- **Solutions provider** for the field
- **Convener** of national influencers
- **Partner** in practice improvement
- **Vehicle** for creating local change

From our trainings and events to our strategic consulting and Mental Health First Aid training program, we are *advancing mental health and substance use treatment* nationwide.

Impact by the Numbers

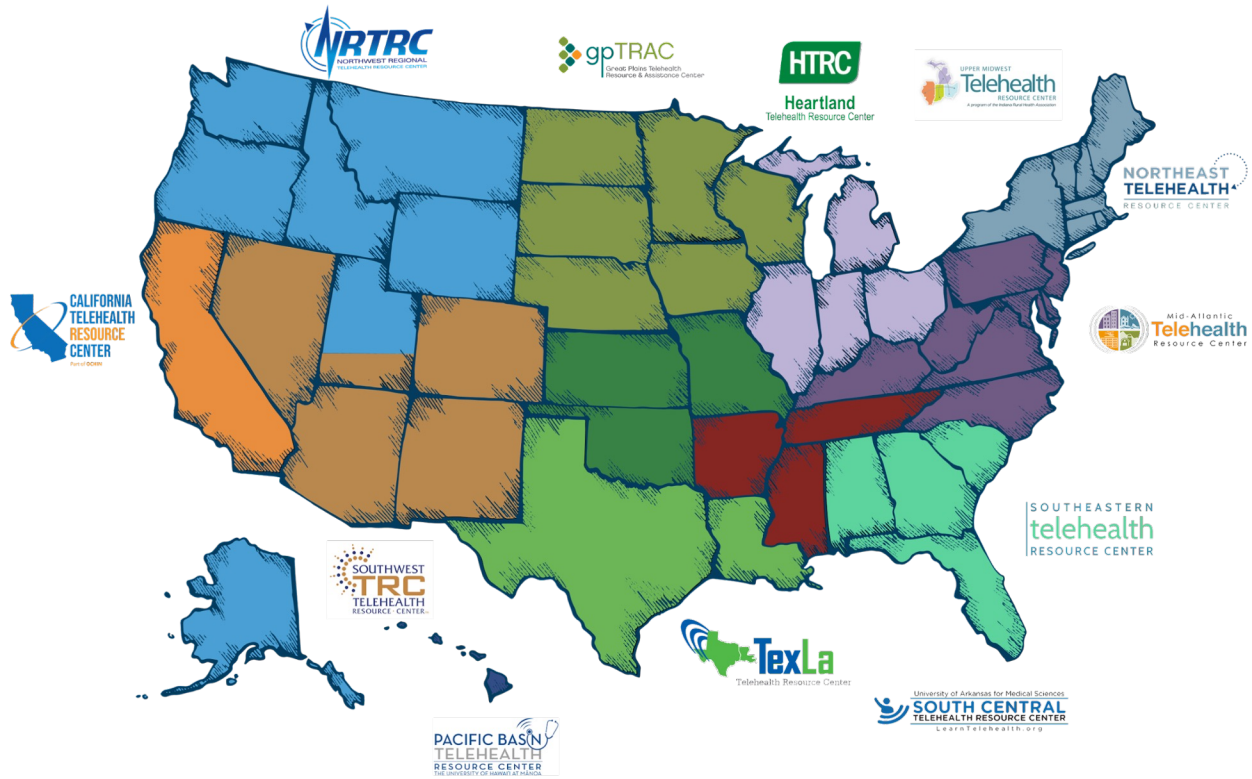
- 3,100+ members
- 2.5+ million First Aiders
- 15,000+ MHFA Instructors
- 440+ national CCBHCs

Innovations in Telehealth in Mental Health and Substance Use During COVID-19

- The COVID-19 pandemic intensified mental health and substance use needs in the United States, disproportionately and negatively impacting certain populations.
- The National Council for Mental Wellbeing, in partnership with the California Health Care Foundation, explored the use of telehealth for mental health and substance use services from the perspective of Community Mental Health Centers and Certified Community Behavioral Health Clinics across the country.
- Innovations in Telehealth in Mental Health and Substance Use During Covid-19 - National Council for Mental Wellbeing (thenationalcouncil.org)

HRSA Funded Telehealth Resource Centers

www.telehealthresourcecenter.org



12 REGIONAL RESOURCE CENTERS		
NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 NATIONAL RESOURCE CENTERS

TTAC TelehealthTechnology.org

Center for Connected Health Policy

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NATIONAL CONSORTIUM OF TELEHEALTH RESOURCE CENTERS

Clinic Telehealth Adoption Studies

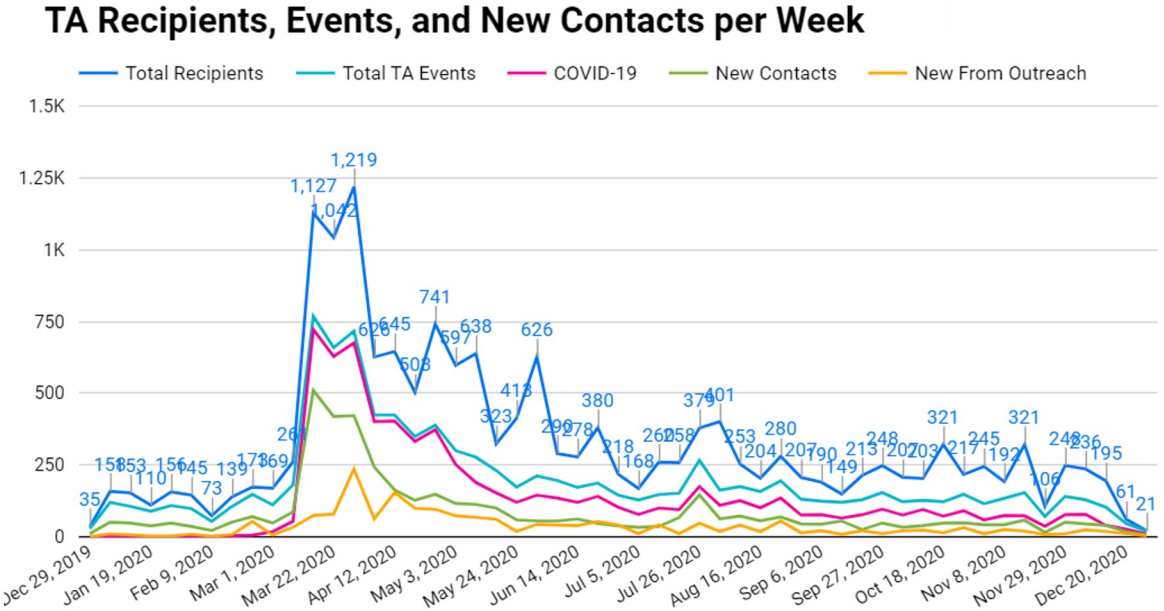
TRCs partnered with NACHC and specific FQHCs in 2020 to explore health centers' TA needs and responses to the pandemic. Projects included both a convening of representatives (TA Providers' Roundtable) and a survey (Subject Matter Experts Survey)

- Report on the Roundtable convening is here: https://www.nachc.org/trainings-and-conferences/national-fqhc-telehealth-tta-partners-roundtable/
- Report on the Subject Matter Experts Survey is here: https://www.caltrc.org/featured/fqhc-and-rhc-best-practices/

Outline

- Wins and Challenges - How the Pandemic Changed Us
- A Guiding Vision for Telebehavioral Health in the Safety Net - Person-Centered Care
- Emerging Best Practices - Technology, Training, and Procedures
- Innovations in Workforce and Workflow

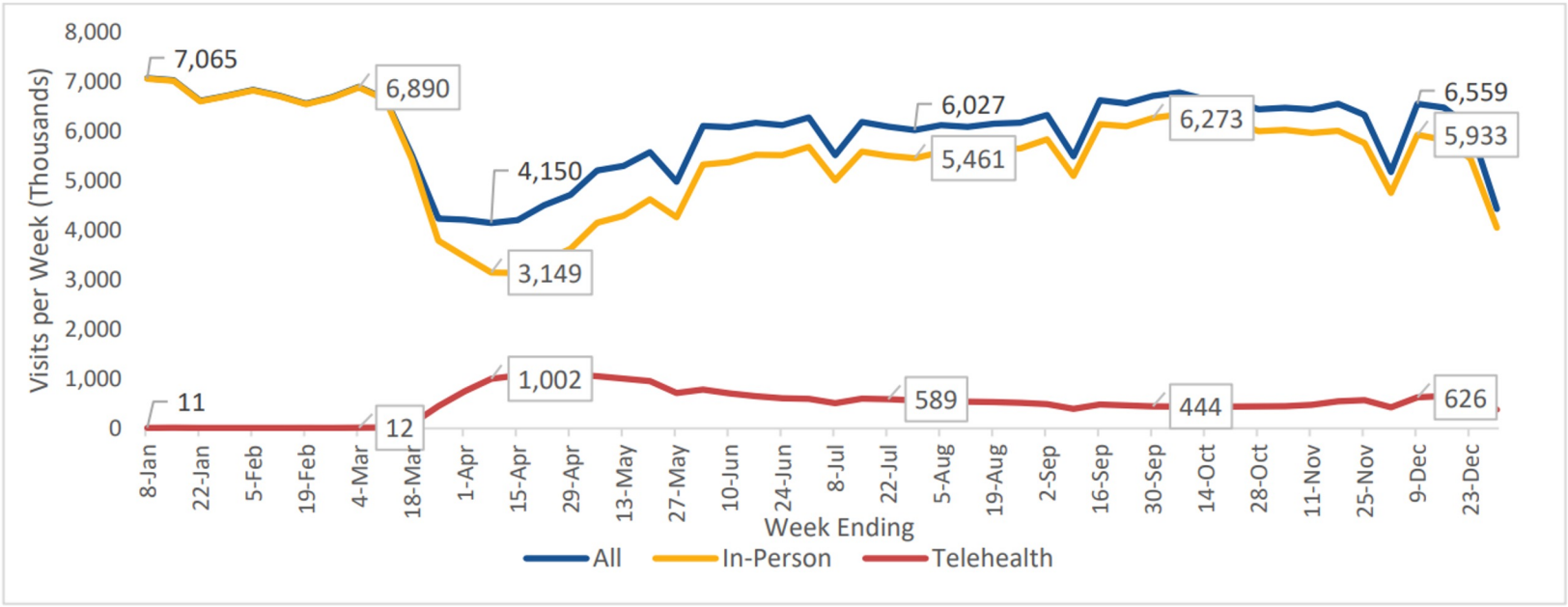
Telehealth Launched Explosively in 2020





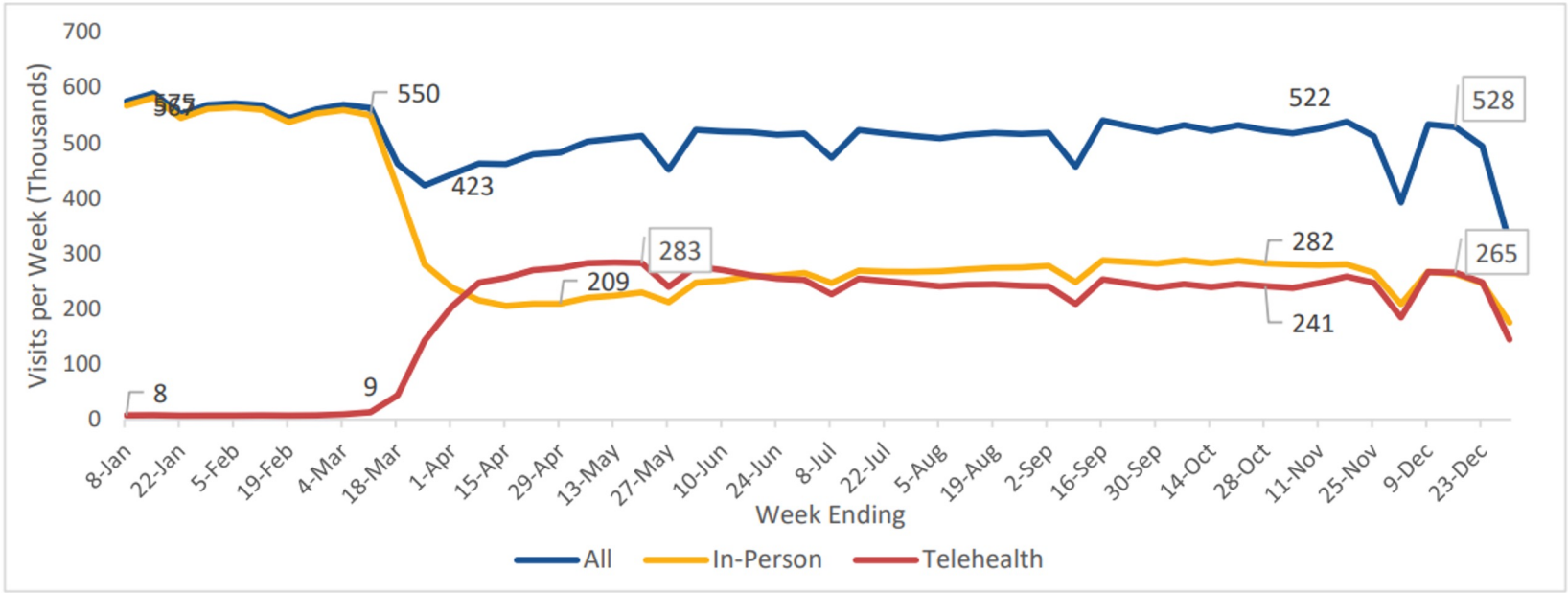
In Primary Care, Telehealth is Supplemental

Medicare FFS Primary Care Visits in 2020



In Behavioral Health, Telehealth is Standard

Medicare FFS Behavioral Health Visits in 2020



The Future is "Hybrid"



"*This* trail we blaze..."

How do we design workflows to make the most of virtual formats and encounters?

- Responding to acute needs
- Managing chronic conditions
- Expanding outreach opportunities
- Bridging care between in-person appointments

Wins and Challenges

How the pandemic changed us

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Telebehavioral Health: Successes

- **Expanded access to care**
  - Removing barriers to in-person visits such as rural and frontier locations, transportation, childcare, and limited time off
  - Reduced no-show rates

"I have a client who is 66 years-old with a lot of chronic medical conditions, including chronic obstructive pulmonary disease. She's dependent upon an oxygen tank to get around and has limited English proficiency. She must budget out her oxygen supply, which she prefers to use to go to church, go grocery shopping, and attend medical appointments with her rheumatologist and cardiologist. For her to not have to spend her limited oxygen supply to receive behavioral health services has made a huge difference in accessibility [of behavioral health services]. She now regularly attends group sessions with our peer specialist and therapy sessions with me, all via telehealth."

Telebehavioral Health: Successes

- **Offered unique benefits to people with certain diagnoses:**
  - People with social anxiety could avoid leaving home or being in public spaces
  - Increase in engagement for people with substance use disorders
  - Reduced stigma of being seen at treatment program
  - Allowed for passive engagement

"In our suboxone program, we highly recommend that clients also see a behavioral health therapist at the same time they are receiving medications [to treat opioid use disorder]. In the past, these people rarely showed up for their in-person appointments. With telehealth, we can just call them up on the phone, and generally speaking, they pick up and say 'Yeah, I'll talk' and we can engage them that way; it's been very useful for increasing access to care for that population." **-- A Licensed Clinical Social Worker and Behavioral Health Manager**

Telebehavioral Health: Successes

- **Offered unique benefits for some children and families**
  - Parent engagement in child sessions
  - Separated parents could be “on screen” together
  - Dialing in teachers or other providers during session
  - Real time coaching

“I see one mother, in part to address her mental health condition but also to support the parent-child relationship. Prior to COVID-19 and expanded use of telehealth, she was very inconsistent in attending her in-person appointments; then, in the transition to telehealth, she preferred telephone-only sessions. It’s been valuable to be able to support not only her mental health symptoms, but because she’s a single parent and often responding to the children, I’m in her ear coaching her on how to respond to her children. She also had an infant during COVID-19, and I was able to help her meet the needs of the baby and help her to not be angry with the baby and not see her as purposely trying to keep her up all night. It’s been helping her meet one of her key goals – to be a more responsive versus reactive mother.”
--A Licensed Clinical Social Worker and Early Childhood Specialist

Telebehavioral Health: Successes

- **Created new pathways to better address health disparities**
  - Access to more diverse providers from outside geographic area
  - Telephone access for those with broadband limitations
  - Reduced stigma
  - Increased utilization by young adults
  - Avoidance of culturally insensitive modes of transportation

"Although I live in New York, temporary state licensure programs under COVID-19 enabled me to treat clients across the country. I have a background in working with members of the LGBTQ community, especially trans- and nonbinary folks. By nature of that experience, I attracted a number of different transgender, non-conforming clients during COVID-19; it was especially important for these people to receive care because they historically had trouble finding providers who are very explicitly gender affirming and who've had experience helping to navigate everything from [gender] transition to just gender expression in everyday life. Over the course of almost 2 years, I was able to help such clients establish coping mechanisms and ways to escape feelings of shame, and better manage family dynamics, including processing past traumas. One client in particular is experiencing greater stability than they ever had before, accepting a stable housing situation, advancing their education, making decisions about eventual career prospects, and finding stable relationships." -- A PhD Psychologist

Telebehavioral Health: Successes

- **Resulted in a wide range of ancillary benefits**
  - Better understanding of clients' home environments
  - Seeing facial expressions without masks
  - Shifting burden of engagement from person served to provider
  - Calling "no-shows" during appointment time
  - Sense of distance allowing for increased vulnerability

One provider reported observing that a client with severe depression had a large, framed photograph of a spouse who had passed away hanging directly across from her bed. This provider was able to suggest that the client move the photograph to a less visible spot in the house to assist in the healing process from the person's grief.

Telebehavioral Health: Challenges and Barriers

- **Service disruptions related to technology**
  - Slow or unreliable internet connectivity
  - Lack of experience with video platforms
  - Reduced productivity during start-up
- **Lack of private space where clients receive services**

Telebehavioral Health: Challenges and Barriers

- **Difficulty assessing client safety**
  - Others attending session without clinician's knowledge
  - Domestic violence
  - Connecting people feeling suicidal with crisis services
  - Creating a private, healing space in the therapeutic environment

Telebehavioral Health: Challenges and Barriers

- **Exacerbation of behavioral health provider burnout**
  - Increased productivity
  - “Zoom fatigue”
  - Increased concern for client safety
- **Increased challenges working with certain situations**
  - Language differences (interpreters)
  - Deaf and hard of hearing or speaking challenges
  - Paranoia about being recorded
  - Assessing physical health indicators

Telebehavioral Health: Challenges and Barriers

- **Rapidly changing and complex policy environment**
  - Public Health Emergency declared 1/27/20 extended to 7/15/22
  - Flexibility to use everyday technology (e.g., Zoom, Google Hangouts)
  - Delivery of telehealth services across state lines
  - Prescribing controlled substances via telehealth, without the need for an in-person medical evaluation up front

"There are many, many layers of complexity in terms of maintaining legal compliance, that includes, at the federal level, waiting for guidance in terms of what modalities you can use, then confirming that with your state. If you're licensed in multiple states, it adds more complexity. With the pending end of these [temporary interstate licensure] measures, my clients and I are struggling to find someone in their state with expertise treating the LGBTQ population and will need to end the relationship after nearly two years of work together, simply because of a regulatory pen stroke versus a change in clinical competencies or client need." – A PhD Psychologist

A Vision for Telebehavioral Health in the Safety Net

Person-centered Care as a Guiding Principle

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Person-Centered Care

- Providing care in a way that sees people being served as **experts and equal partners** in the planning and provision of their care
- Decision-making responsibility is **shared**
- Flexible processes and systems **focused on individual needs**

This extends to decisions about how to use telehealth

Applying PCC to Telebehavioral Health

- How does a clinic, provider, or person served decide when to engage in services in-person, over video, or over the phone?
- Providers and people served utilize shared decision-making to determine best approach **on a session-by-session basis**
- Person centered clinic **policies and structures support this flexibility**

PCC Example

- A Psychiatrist began to see the burden of responsibility for engagement switch to the provider and realized it should have always been that way
- Improved care outcomes that resulted from engaging clients in new ways, such as texting or calling in between appointments to check in and proactively calling all “no-shows.”

“I had one patient with serious mental illness on a long-acting anti-psychotic who gained lots of weight during COVID-19. Rather than engage him in telehealth, I asked him and other high-risk clients to come to the back door of my office at the clinic, where they could still receive face-to-face care in a socially distant way without being exposed to other patients or employees in other parts of the clinic. After getting his laboratory results, I had to get him on insulin; he had full-blown diabetes and his hemoglobin A1c (HbA1c) was off the charts. If I hadn’t asked him to show up at the back door, he could have gone into ketoacidosis and died.” – A Psychiatrist

Emerging Innovations and Promising Practices

- Make space for **self-care** and remote work options
  - Build **staff wellness** and self-care into supervision meetings
  - Build in **breaks** – the optimal "work-to-rest" ratio is a 10-minute break for every 60 minutes in front of a computer
  - **Hybrid work schedules** (home and in clinic)
- Monitor **client satisfaction** with telebehavioral health care
  - **Assess** specific to telehealth
  - Administer **electronic surveys**
  - Jumping off point to having **data-driven programming**

Emerging Innovations and Promising Practices

- **Invest in necessary equipment** to enhance “tele-presence” or “webside manner”
  - High quality lighting, microphones, cameras, noise-cancelling headphones, multiple monitors **for providers**
  - Tablets, applications, high quality equipment **for people served**
- Incorporate **telehealth assessment** and **client education** tools into session
  - Ability to **share handouts during session** or as homework
  - **Integrate digital self-assessments** (such as PHQ-9) incorporated into the session and in EHR
- **Establish protocol** to determine the best modality for each session (in-person, video, telephone)
  - Symptom severity, broadband availability, private space, interpreter, level of engagement, safety, etc.

Emerging Best Practices

Technology, Training, Policies & Procedures

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Technology

- Patient & Provider Support
    - Rapid access to support, information, and training
    - “Tech Checks” before sessions
- Access via the Full Range of Technologies
- Technology Use is Responsive to Participant Needs

Training

- Professionals Examine, Monitor, and Update Their Skill Sets
  - “Webside manner” is now part of the toolkit
- Participants Have Access to Digital Literacy Tools
  - Examples…
- Administration Maintains Support for a Range of Services & Technologies
  - Policies, billing, etc.

Policies & Procedures

- Informed Consent
- Participant Safety & Emergency Procedures
- Screening & Identification
- Patient Location
- Use of Scripts
- Workflow

Examples of Innovation

- **Getting creative**
    - Engage a child by having them use a toy car to drive the phone around the entire house using Facetime with the therapist, “in the driver’s seat,” to describe home life
    - Engage a young person or gamer by jointly logging into online games such as Minecraft or Roblox and sharing their virtual worlds

Examples of Innovation

- **Experiment with digital therapeutics**
    - Integrate applications for mindfulness, meditation, substance use disorder treatment, mood tracking, and digital cognitive behavioral therapy into a treatment plan

Other Promising Practices

Findings from FQHC Qualitative Survey

- Keep telehealth access in place (don't go backwards)
- Provide training resources for providers and participants
- Explore/monitor emerging technologies for remote visits
- Provide equipment and private spaces for those who need it

Innovations in Workforce and Workflow

Peers, Community Health Workers and Collaborative Care Management

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Workforce Challenges



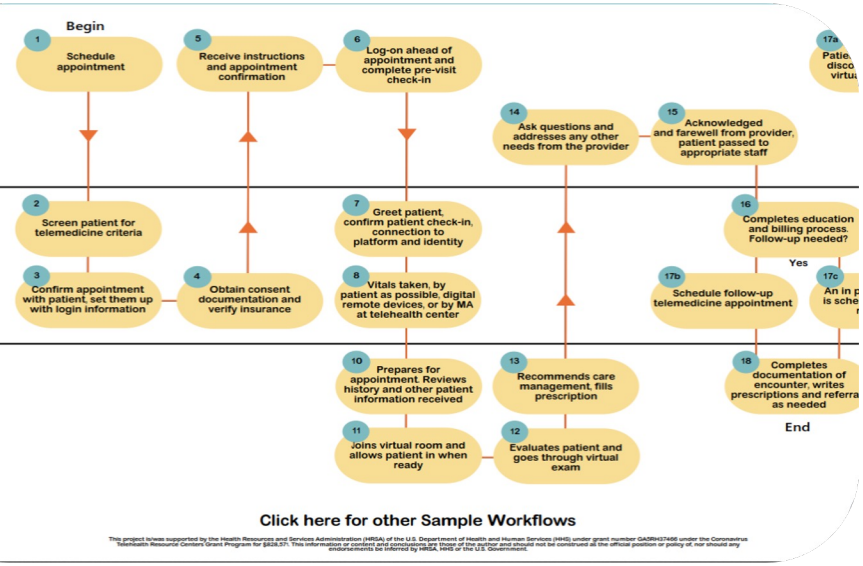
Increased need

Increase in retirements

Movement to private practice

BURNOUT

Standardized Workflows



Workflows vary by site, service, provider preference, and multiple other factors.

Examples are available:

https://www.umtrc.org/clientuploads/Patient_&_Doctor_Resources/telehealth_workflow.pdf

https://telehealthresourcecenter.org/resources/fact-sheets/telehealth-workflow/

Peers/CHWs as Digital Literacy Guides

- **Leverage peer workforce as digital navigators**
  - Digital Peer Support® is dedicated to co-producing peer support trainings and technologies to address the health and recovery needs of people with a lived experience
  - Painted Brain creates lasting community-based solutions to mental health challenges and the impact of social injustice through arts, advocacy, and enterprise

Peers/CHWs as Digital Literacy Guides

Los Angeles County Department of Mental Health: Peer-Developed Digital Health Literacy Curriculum

Starting in 2019, the Los Angeles County Department of Mental Health (LACMDH) partnered with a local peer run organization, The Painted Brain, to better understand what people wanted out of technology related to mental health and wellbeing.

This research culminated in the development of a Digital Health Literacy Curriculum, created by a core team of seven peers, plus several peer artists, with support from the Digital Psychiatry Program at Harvard. The initial focus was on the more practical aspects of technology, such as helping clients set up email accounts, download apps, and think critically about digital privacy and footprint. With the onset of COVID-19 and the rapid adoption of telehealth, providers expressed concern that they did not have time to help people understand how to get set up to do telebehavioral health. As a result, the Digital Health Literacy Curriculum was updated to cover how to use the telehealth app, along with telehealth etiquette tips (including things like ensuring clients are in a private location and refraining from driving or engaging in other activities that require your full attention during a telehealth session). People can access the information in the curriculum in many ways: tip sheets, one-pagers, animated videos, and infographics.

According to Keris Myrick, former Chief of Peer and Allied Health Professions with LACDMH, this work resulted in "a different way of thinking about the goal of technology and mental wellbeing; the target shouldn't necessarily be creating something really 'mental health-y,' but rather something 'life-y' that impacts mental health.

Peers/CHWs as Digital Literacy Guides

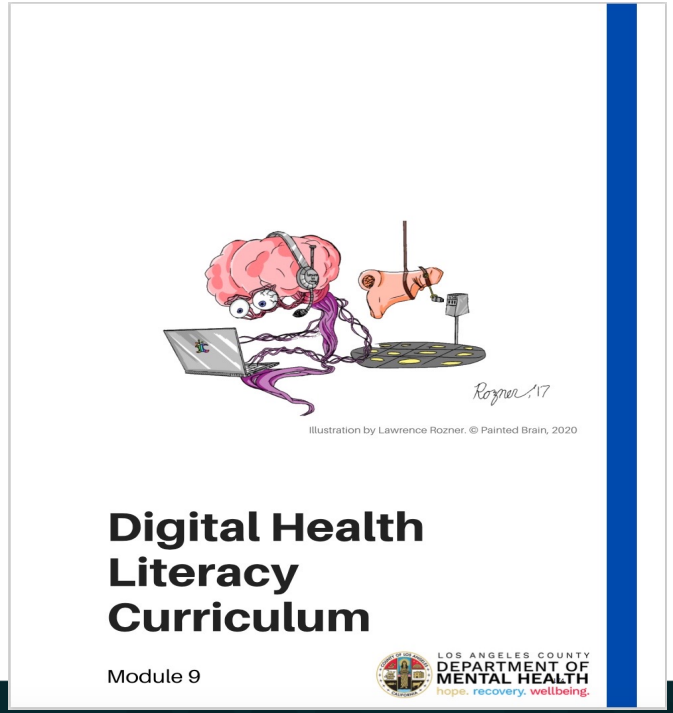
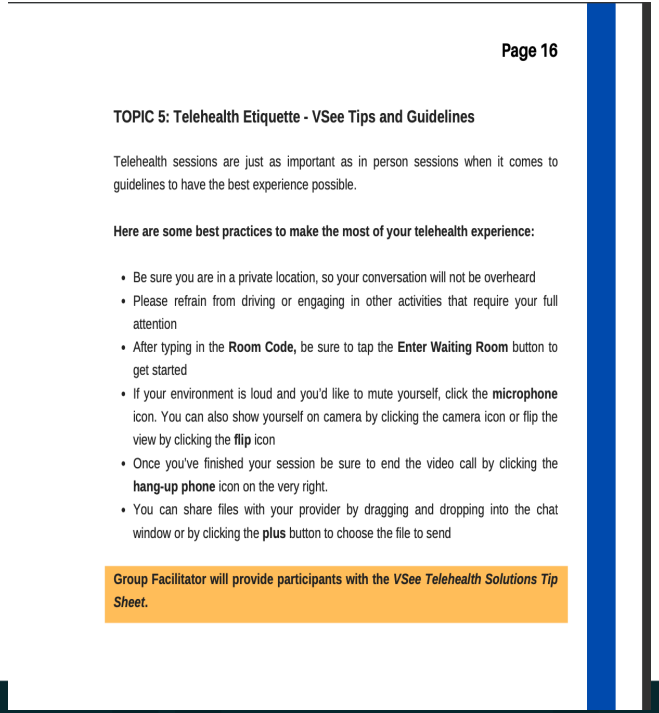


Illustration by Lawrence Rozner. © Painted Brain, 2020

Digital Health Literacy Curriculum

Module 9

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.



TOPIC 5: Telehealth Etiquette - VSee Tips and Guidelines

Telehealth sessions are just as important as in person sessions when it comes to guidelines to have the best experience possible.

Here are some best practices to make the most of your telehealth experience:

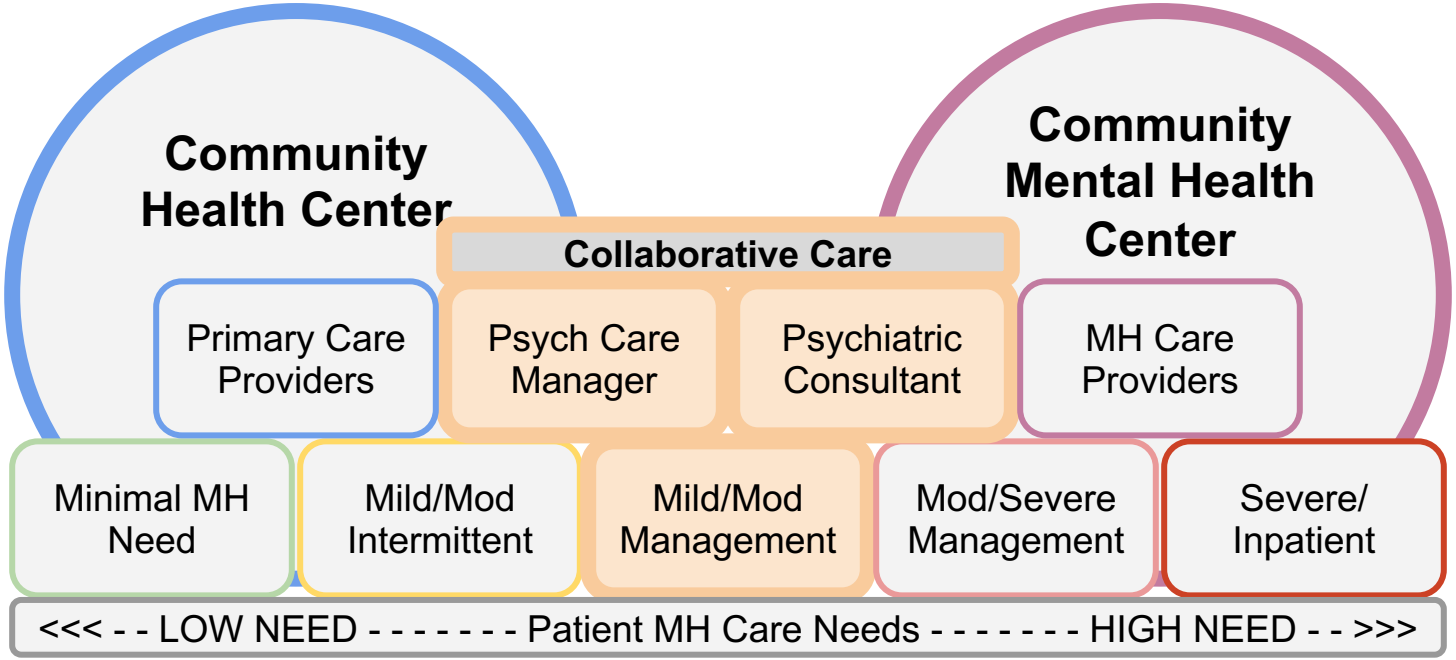
- Be sure you are in a private location, so your conversation will not be overheard
- Please refrain from driving or engaging in other activities that require your full attention
- After typing in the **Room Code,** be sure to tap the **Enter Waiting Room** button to get started
- If your environment is loud and you'd like to mute yourself, click the **microphone** icon. You can also show yourself on camera by clicking the camera icon or flip the view by clicking the **flip** icon
- Once you've finished your session be sure to end the video call by clicking the **hang-up phone** icon on the very right.
- You can share files with your provider by dragging and dropping into the chat window or by clicking the **plus** button to choose the file to send

Group Facilitator will provide participants with the *VSee Telehealth Solutions Tip Sheet.*

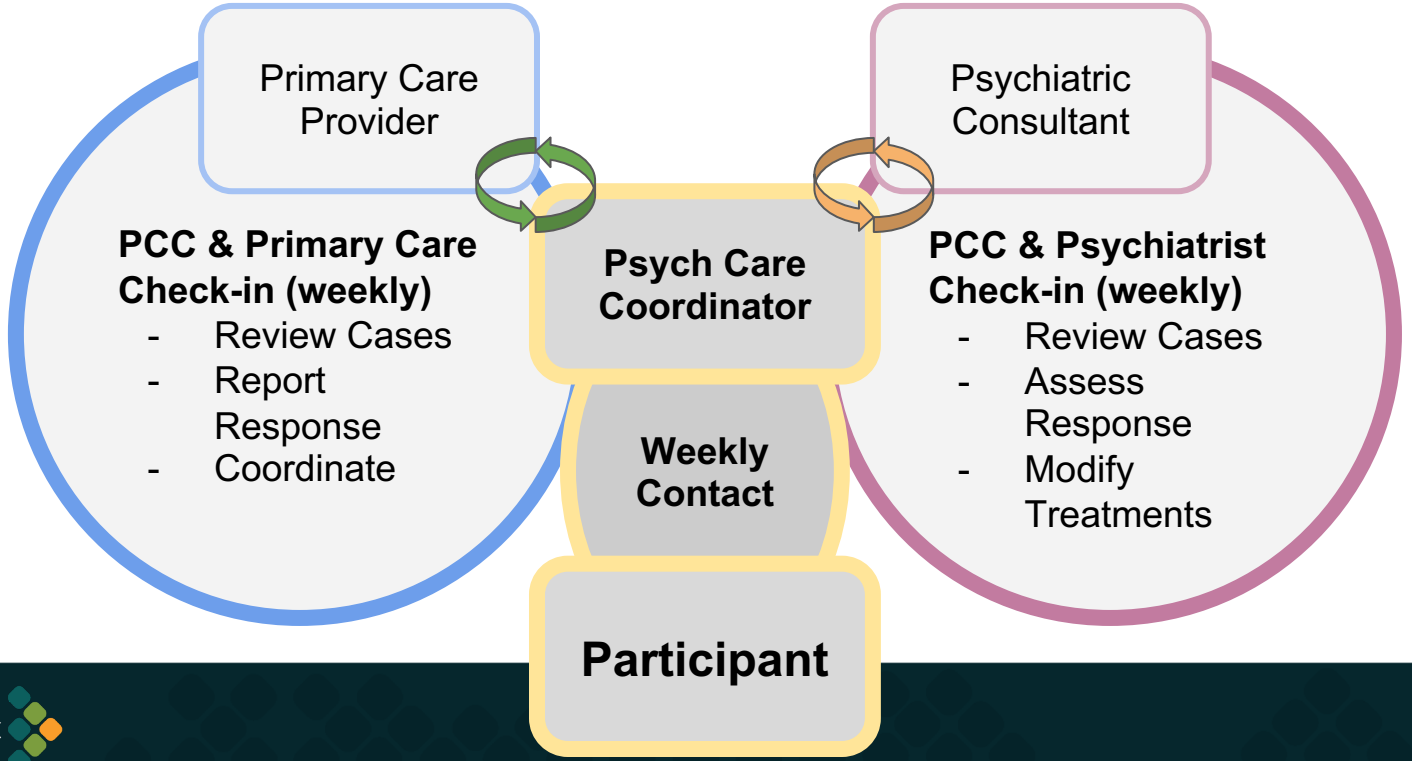
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Team-based Care (CoCM)



Team-based Care (CoCM)



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CCBHC Success Center - National Council for Mental Wellbeing (thenationalcouncil.org)