



NATIONAL
COUNCIL
for Mental
Wellbeing



California
Health Care
Foundation

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

The National Council for Mental Wellbeing
in partnership with the California Health Care Foundation

Today's Presenters



Jane King, PsyD, LP
Senior Consultant,
National Council for Mental Wellbeing



Keris Jän Myrick, MBA, MS, CPMC
Co-Director, Strategic Impact Initiative for Mental Health (S2i);
Board member and policy liaison for the National Association of
Peer Supporters (N.A.P.S.)



Today's Objectives

- Hear takeaways from providers on their major successes during the shift to telehealth
- Learn creative innovations to common barriers in care
- Examine how the efficacy of telehealth services for behavioral health has differed among various populations
- Explore future considerations, including health equity, technology challenges, needs of special populations, and rising provider burnout



California Health Care Foundation

The California Health Care Foundation (CHCF) is an independent philanthropy dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to Californians, particularly those with low incomes. Among CHCF's areas of focus are telehealth, behavioral health, and the intersection of the two, and how improvements in behavioral telehealth can help people receive responsive, comprehensive, and coordinated care that supports their health and well-being and reduces inequities.

The National Council is so grateful for the support of CHCF for this important work!



Overview

The COVID-19 pandemic intensified mental health and substance use needs in the United States, disproportionately and negatively impacting certain populations. While the swift and unexpected pivot to telehealth services for treatment of mental illness and substance use disorder filled gaps in care, providers have continued to grapple with the implications.

CHCF and the National Council 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.



Methodology

- Structured Literature Review
- Technical Expert Panel
- Roundtable Discussions
- Individual Interviews with Clinics and Clinicians
- Technical Writer
- Policy Team Review



Telebehavioral Health: Background

Background

- Behavioral health needs in the United States, already on the rise prior to the coronavirus pandemic of 2019 (COVID-19), have skyrocketed in the face of the pandemic
- State and federal lawmakers significantly relaxed regulations related to telehealth under the public health emergency, such as:
 - Using non-public facing virtual platforms to treat their patients (e.g., Zoom, Google Hangouts)
 - Eliminating requirements that people served have an established, pre-existing relationship with a provider
 - Reimbursing telehealth at the same rates as in-person-services
 - Allowing payment for audio-only (i.e., telephone) services
- According to a national study, telehealth accounted for fewer than 3 percent of behavioral health visits prior to 2020, but grew to nearly two-thirds by June 2020
- Telehealth could help enable broader access to services given a limited and “maldistributed” workforce



Telebehavioral Health: Successes

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.”

--A Licensed Clinical Social Worker

NATIONAL
COUNCIL
for Mental
Wellbeing



Telebehavioral Health: Successes

- **Largely maintained or improved quality of care**
 - Research shows similar and even improved quality for some populations over video
 - Telephone could be more effective for people in precontemplation and contemplation
 - Treatments such as Behavioral Activation Therapy, Cognitive Processing Therapy, Eating Disorder Treatments, Family Therapy, Medication Assisted Treatment, Prolonged Exposure Therapy, Telepsychiatry



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

NATIONAL
COUNCIL
for Mental
Wellbeing



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

NATIONAL
COUNCIL
for Mental
Wellbeing



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

NATIONAL
COUNCIL
for Mental
Wellbeing



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

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 1/31/20 extended to 4/16/22
 - 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



NATIONAL
COUNCIL
for Mental
Wellbeing



Telebehavioral Health: Emerging Innovations and Promising Practices

Emerging Innovations and Promising Practices

- Leverage existing resources, trainings, and best practices
 - The National Council has published:
 - [Telehealth best practices during COVID-19](#)
 - [Resource guide for supporting telehealth and technology-assisted services for people who use drugs](#)
 - [Telebehavioral Health Institute](#)
 - [*“An Interprofessional Framework for Telebehavioral Health Competencies”*](#)



Emerging Innovations and Promising Practices

- **Be mindful of disparities and assess digital literacy**
 - Assess digital literacy according to [Telemental Health Through Racial Justice and Health Equity Lens](#)
 - Create “telehealth rooms” within the clinic for use by people served
 - Create mobile telehealth teams to help connect people at home

Telebehavioral Health Innovation: Wilder Clinic’s Mobile Telehealth Team

Wilder Community Mental Health & Wellness Clinic (“Wilder”), based in Saint Paul, Minnesota, developed a mobile telehealth team, repurposing existing staff to avoid layoffs at the beginning of the pandemic. The mobile telehealth team delivers loaner devices (e.g., electronic tablets or laptops) and teaches both clients and staff how to use Wilder’s telehealth platform. This was essential for clients who did not have access to technology, and helpful to clients who do not speak English as their primary language, as well as some of their elderly and low-literacy clients.

As a result of the mobile telehealth team, many of Wilder’s clients can access not only behavioral health services via telehealth, but also primary care or other needed physical health services because they have access to the necessary hardware/software and comfort to connect with providers remotely. Wilder also has clients who figured out how to access family and friends via Facebook, which has benefited many patients, including elders, who felt isolated prior to and/or as a result of the pandemic; this has opened a new world of reconnection with clients’ natural supports.

Wilder staff reported “while technology has underscored the huge inequities in our society, if we can provide people with the right tools, supports, and access, it can also be a huge equalizer.”



NATIONAL
COUNCIL
for Mental
Wellbeing



Emerging Innovations and Promising Practices

- **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

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 LACMDH, 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.



NATIONAL
COUNCIL
for Mental
Wellbeing

Emerging Innovations and Promising Practices

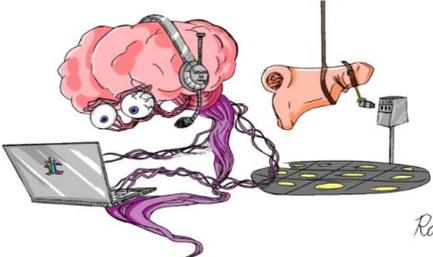


Illustration by Lawrence Rozner. © Painted Brain, 2020

Digital Health Literacy Curriculum

Module 9



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

Page 16

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*.



NATIONAL
COUNCIL
for Mental
Wellbeing



Emerging Innovations and Promising Practices



Illustration by Kate Alkarni. © Painted Brain, 2020

Digital Health Literacy Curriculum

Module 2



Illustration by Ashley Leon. © Painted Brain, 2020

Digital Health Literacy Curriculum

Module 5



NATIONAL
COUNCIL
for Mental
Wellbeing



Emerging Innovations and Promising Practices

- Assess and help to ensure client safety in a telehealth environment

Safety Planning During Telebehavioral Health Sessions

- Request the client's location at the start of every telebehavioral health session
- Understand who else, if anyone, is in the home (or location where telehealth services are being received), and confirm whether it is a safe time to talk
- Recommend that the client use a headset or headphones if available when others are in the home (or location where services are being received)
- Document the client's local emergency medical response team, emergency contacts, and social supports, and obtain necessary authorization for release of health information to these individuals, if needed
- Develop a plan for how to stay in contact with a client while arranging emergency rescue, if needed
- Use alternative means to communicate if needed, such as e-mail, text, chat function embedded within the telehealth platform and/or the international sign for violence at home
- Ask directly about recent suicidal ideation using a tool like Columbia Suicide Severity Scale (C-SSRS); recognize that suicidal feelings can be exacerbated by COVID-19 due to social distancing, grief, job loss, substance use, etc.
- Work with clients to develop an ongoing safety plan that can help clients manage suicide risk on their own, if needed (e.g., see Brown Stanley Safety Plan)
- Inquire about access to lethal means (e.g., firearms or stockpiles of Tylenol or other medications)
- Provide crisis hotline (1-800-273-8255), crisis text (Text "HOME" to 741741), and National Domestic Violence Hotline (1-800-799-7233)
- Acknowledge that virtual contact may feel different from other means of communication and determine which methods of remote contact best suit client needs (e.g., texting, videoconferencing, phone calls)
- If risk becomes imminent and cannot be managed remotely, arrange for the client to go to the nearest crisis center or emergency department (if a crisis center is not available).



Emerging Innovations and Promising Practices

- **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



Emerging Innovations and Promising Practices

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



Emerging Innovations and Promising Practices

Kaiser Permanente's Mental Health and Wellness Digital Ecosystem

In 2017, Kaiser Permanente leveraged human-centered design principles to solicit stakeholder feedback and inform development of a mental health and wellness digital ecosystem, comprised of a network of interconnected and interacting elements that included:

- A curated portfolio of recommended apps with evidence of clinical efficacy and user satisfaction
- The ability for clinicians to recommend apps to patients and to document this in the electronic health record (EHR) and to easily send patients secure text messages containing links to download apps
- Clinician training and support materials developed by Kaiser Permanente's national team with frontline clinicians
- Robust user-friendly audio and video information and activities on a new organization-wide mental health and wellness hub on [kp.org](https://www.kp.org) (Kaiser Permanente's member-facing website)

Kaiser Permanente leveraged the [American Psychiatric Association \(APA\) app evaluation model](#) and an expert clinical review team to evaluate and select apps. The APA evaluation model addresses accessibility, privacy and security, clinical foundation, engagement, and interoperability. Kaiser Permanente recommends avoiding use of free apps when possible, as their revenue models can be based on selling patient data, and they may not have the ongoing support needed for future iteration and development.

In early deployment, 58% downloaded and enrolled in an app, 40% actively used an app at least once, and 27% used an app more than three times. Kaiser Permanente reported a steep increase in monthly visits to self-care tools and resources in April 2020, a 900% increase from the previous year.

Early qualitative data also suggest that patients who used these tools experienced symptom relief, and clinicians reported that having these tools integrated into their approach to care delivery expands and modernizes the capabilities of their practice. Moving forward, Kaiser Permanente plans to embed screening tools like the Patient Health Questionnaire 9 (PHQ-9 for depression) and General Anxiety Disorder 7 (GAD-7) to track reduction of symptoms at the individual- and population levels.

According to Dr. Trina Histon, Senior Principal Consultant with Kaiser Permanente: "Use of digital therapeutics can be destigmatizing, educating, and normalizing. They help someone know they're not their depression, they're not their anxiety; they help to build awareness and enable clients to start their next sessions at a 'deeper level'."

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
 - Ability to review self-assessments (such as PHQ-9) are digital and 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.



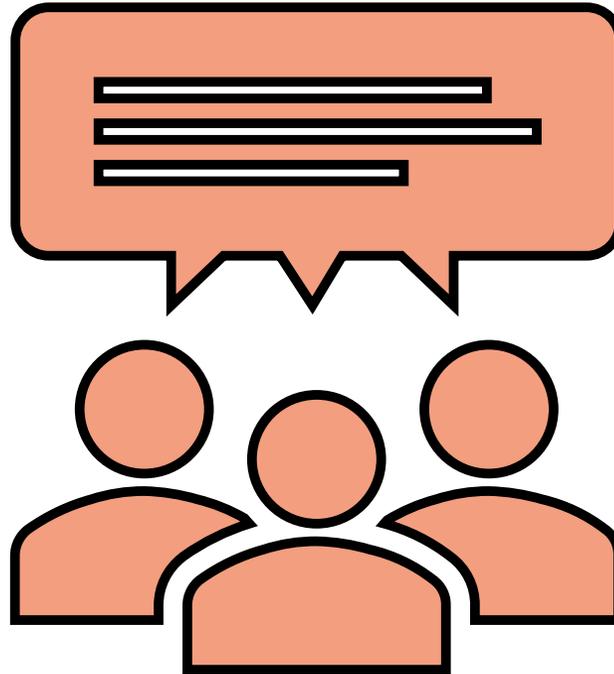
Looking Forward: Future Considerations for Telebehavioral Health Policy and Practice

Future Considerations

- Need for clear guidelines about when to provide audio-only, video or in-person
- Interstate licensure compacts enabled expanded access to care and a more diverse pool of providers, including for LGBTQ community
- Audio-only permissions facilitated care for individuals experiencing shame or trauma related to race, class, homelessness, substance use, OCD/hoarding, and gender identity
- Telebehavioral health removed obstacles to care for vulnerable populations, such as those with no transportation or single parent families
- Audio-visual services enabled clinicians to help some children and caregivers simultaneously, enabling "real-time" coaching for parents where appropriate



Questions



Jane King, PsyD, LP

Senior Consultant,

National Council for Mental Wellbeing

JaneK@TheNationalCouncil.org



California
Health Care
Foundation



www.TheNationalCouncil.org

NATIONAL
COUNCIL
for Mental
Wellbeing

Report Release and Next Steps

- **Report release**
 - A final report, “Innovations in Telehealth in Mental Health and Substance Use During COVID-19” will be released in the coming weeks.
 - All webinar registrants will receive a copy of the report once released.
- **More research is needed.** The effects of COVID-19 on the enormous pivot to virtual care – as well as mental health and substance use overall – will continue to have significant implications.
- **Thank you to the many contributors to this report**, including providers, researchers, and innovators across the country.
- **Tremendous appreciation to all providers** for bravely navigating changes and challenges to client care for the past 2 years. You are seen and so important. Thank you for all you do.



Join Us at NatCon22!



REDEFINED
NATCON22
APRIL 11-13, 2022
NATIONAL HARBOR, WASHINGTON, DC METRO AREA

NATIONAL
COUNCIL
for Mental
Wellbeing

Register Today!

[Registration and More Info Here](#)



Thank You

Thank you for attending this webinar. Slides and the recording of the webinar will be made available on the National Council for Mental Wellbeing's [archived webinars](#) page within 48 hours.

We warmly welcome your feedback on today's session in a brief post-webinar survey. The link will open in a new browser tab once this webinar has ended. Thank you!

