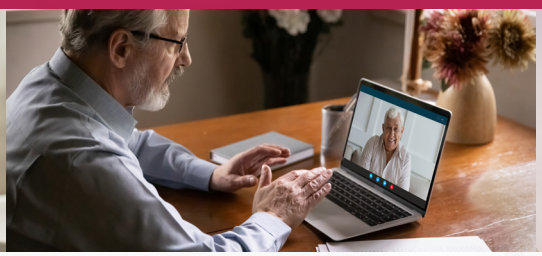
Tele-behavioral Health Primer: Current Knowledge and Best Practices

MARCH 2021



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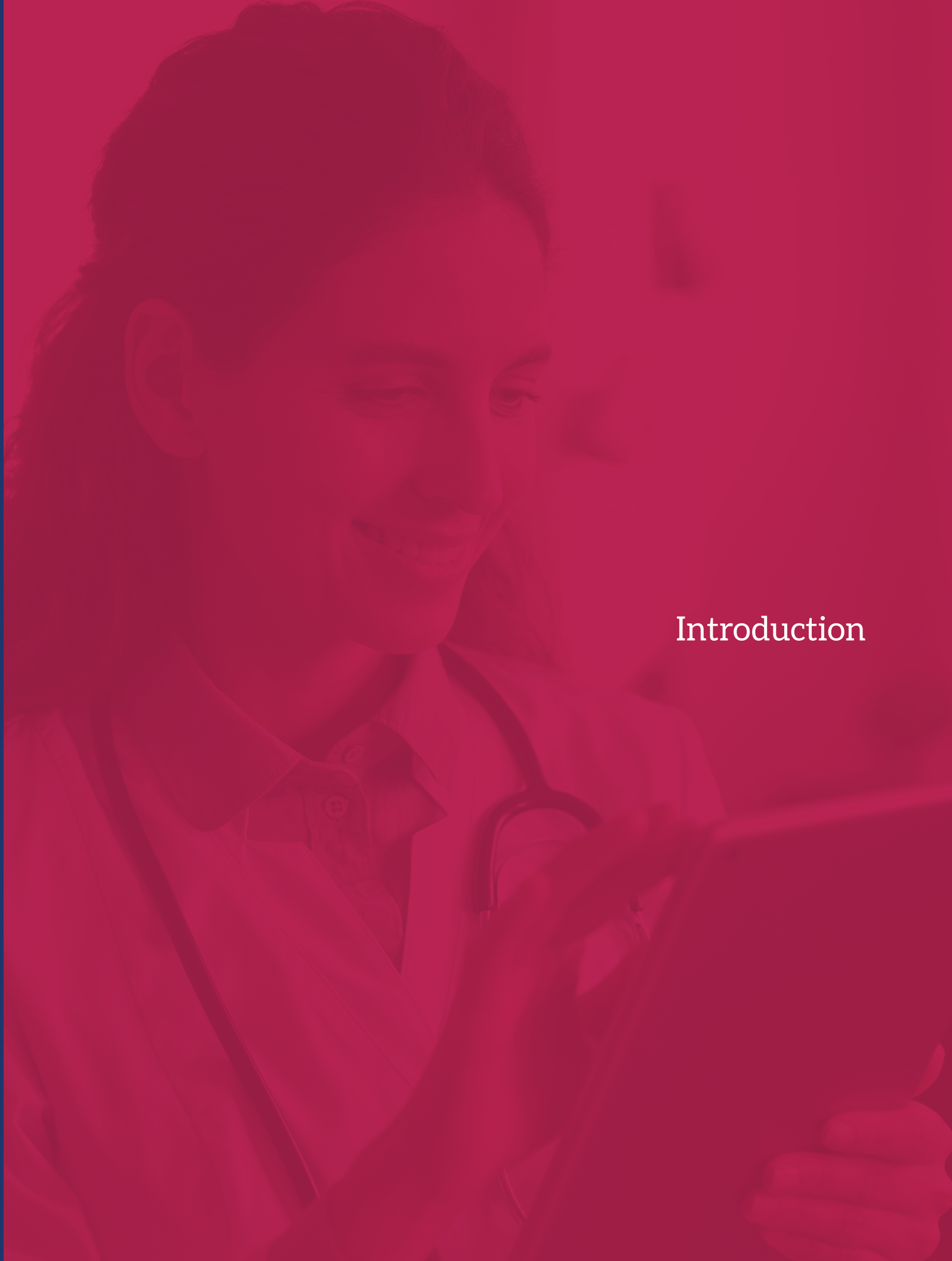

Introduction

INTRODUCTION

The COVID-19 public health emergency is contributing to an unprecedented demand for behavioral health services and, because of social distancing and stay-at-home orders, has necessitated a significant shift to the use of telehealth. Behavioral health providers have been compelled to offer online and telephonic services to avoid treatment disruption, maintain access to and capacity of services, and remain in business. This kind of rapid adaptation has been important to sustain service delivery during the pandemic. As more behavioral health providers and organizations add innovative telehealth approaches to their practices, there is a growing need to review, evaluate, and identify best practices so that when social distancing is no longer necessary, behavioral health providers, program administrators, and policymakers have a framework to guide future treatment options. These best practices and considerations will also be highly relevant for employers, regulators, and payers in considering how best to integrate these services into health benefit programs.

Despite the potential benefits of telehealth, utilization of tele-behavioral health services in rural Texas has historically been low. However, before the pandemic, the use of telehealth was expanding across the country, including Texas. Telehealth has been shown to reduce barriers to treatment by addressing historical challenges with transportation, stigma, and access to care.[1,2,3] The increased demand for telehealth in behavioral health treatment presents an opportunity for providers and regulators to maximize innovative practices around this mode of service delivery. For safe and effective delivery of telehealth services, organizations and providers should consider concerns over safety and confidentiality, the age of service recipients and developmental fit of services, digital literacy, technical issues such as poor internet connection or limited bandwidth, cross-state licensing and credentialing, start-up costs, and reimbursement.

Service providers, treatment programming decision-makers, and managed care organizations, among others, should be familiar with the strengths of telehealth and create strategies to navigate common challenges after the pandemic to ensure safe, efficient, and effective care. Importantly, there are opportunities to shape these innovative telehealth services and the standards of care to which they are upheld in order to support the behavioral health needs of the state's workforce and their families.[4]

Toward that end, Methodist Healthcare Ministries of South Texas, Inc. commissioned the Meadows Mental Health Policy Institute (Meadows Institute) — to examined the landscape of telehealth, both nationally and locally, and its current evidence base. This paper summarizes the systemic benefits, challenges, and key considerations for successful telehealth implementation, in addition to the regulatory environment and opportunities for the innovative delivery of clinical care.

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1 Nelson, E., & Patton, S. (2016). Using videoconferencing to deliver individual therapy and pediatric psychology intervention with children. Journal of Child and Adolescent Psychopharmacology, 26(3), 212-220.

2 Richardson, L. K., Frueh, B. C., Grubaugh, A. L., Egede, L., & Elhai, J. D. (2009). Current directions in videoconferencing tele-mental health research. Clinical Psychology: Science and Practice, 16(3), 323–338.

3 Egede, L. E., Acierno, R., Knapp, R. G., Walker, R. J., Payne, E. H., & Frueh, B. C. (2016). Psychotherapy for depression in older veterans via telemedicine: Effect on quality of life, satisfaction, treatment credibility, and service delivery perception. The Journal of Clinical Psychiatry, 77(12), 1704–1711. https://doi.org/10.4088/JCP.16m10951

4 National Alliance of Healthcare Purchaser Coalitions. (2020, May). Preparing for the second wave: The path forward for mental health and substance use in the face of COVID-19. https://higherlogicdownload.s3.amazonaws.com/NAHPC/3d988744-80e1-414b-8881-aa2c98621788/UploadedImages/FINAL__Preparing_for_the_Second_Wave_5_1_2020.pdf

The goal of this telehealth primer is twofold:

1. It is intended to serve as a tool for clinical decision-makers, highlighting optimal standards of care when using telehealth in treatment and collaborating to create treatment goals and expectations for people receiving services.

2. It highlights policies and programs for policymakers and payers regarding what a high-impact tele-behavioral health system looks like by proposing a framework for an optimal tele-behavioral health system of care.

Methodsit Healthcare Ministries and Meadows Institute hope that this document helps identify opportunities for promoting and expanding access to tele-behavioral health services across Texas, including sustaining the policy advances that have been made during the COVID-19 pandemic.

Scope & Definitions

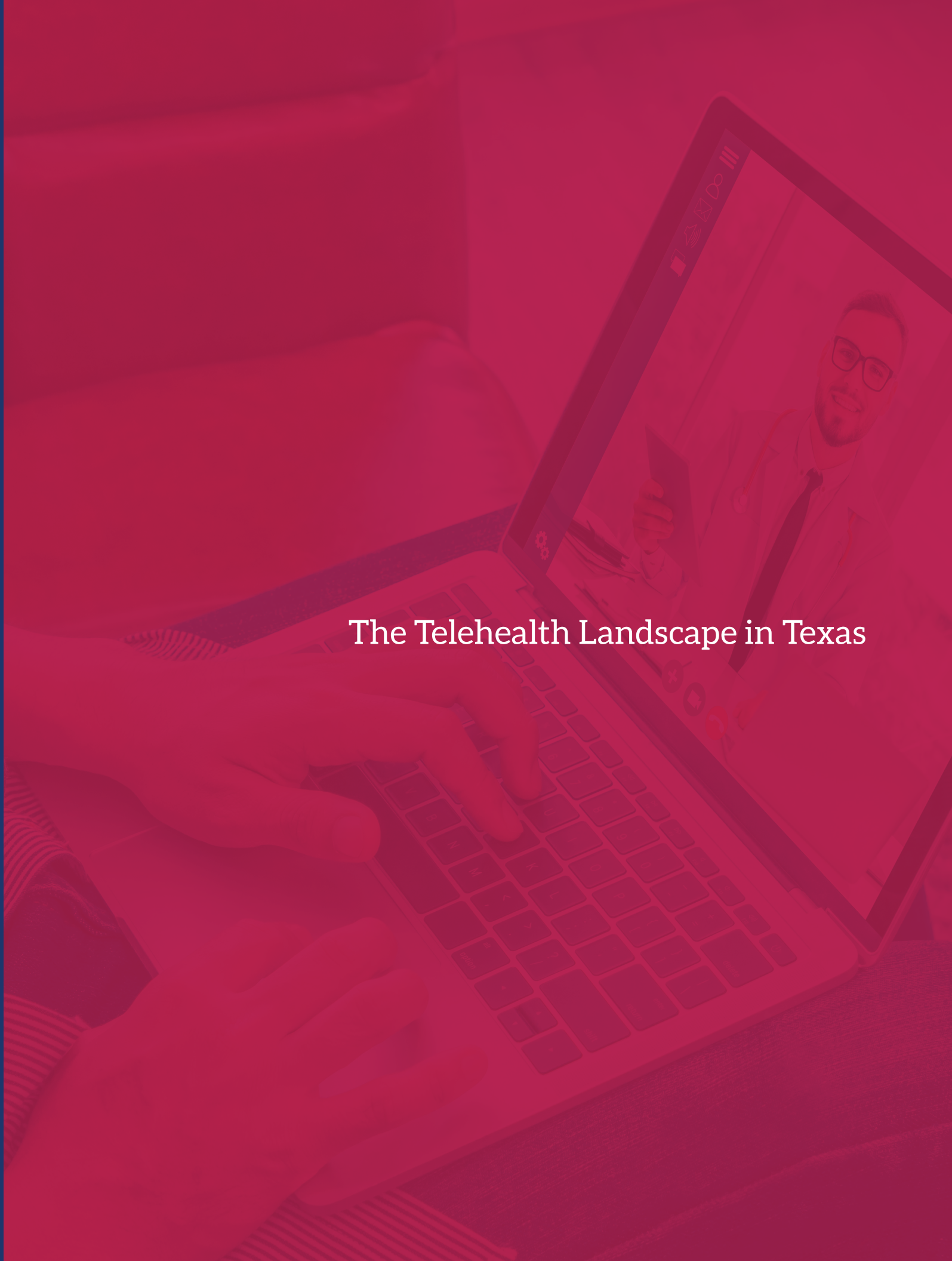
SCOPE & DEFINITIONS

For the purpose of this paper, tele-behavioral health is the delivery of behavioral health care services through synchronous, interactive technology. Tele-behavioral health services can be delivered by psychiatrists, psychologists, licensed clinical social workers (LCSWs), licensed professional counselors (LPCs), licensed marriage and family therapists (LMFTs), case managers, nurses, and family partners, among others. Programs that primarily use text, hotline services, email, chat, virtual reality, social networks, or recordings (store-and-forward technology) are not included in this paper.

The COVID-19 public health emergency prompted a rapid transition to virtual sessions, including accessing behavioral health services by telephone. In response to the pandemic, telehealth regulations have been relaxed, helping to expand access to services. Now, providers are able to deliver many of their typical services by audio-only telephones. Beginning March 1, 2020, and for the duration of the COVID-19 public health emergency, the Centers for Medicare and Medicaid Services (CMS) and several private payers are covering audio-only telephone services as telehealth services to address issues of health equity and access. Although providers and patients may be accustomed to in-person, face-to-face practice, phone-only services can ensure that people who lack access to broadband but need behavioral health services can still access necessary care. To sustain progress in telehealth services after the pandemic, further research is needed to establish which interventions are most effective and identify the characteristics of people who find these interventions beneficial. However, before the COVID-19 public health emergency, health care providers connected with patients over the telephone and provided support and intervention as needed, and years of research support the efficacy of providing behavioral health interventions using this modality.[5] Research findings have indicated that audio-only interventions show promise in reducing symptoms and increasing access to care. In some studies that compared telephone therapy to traditional therapy, patients who participated in telephone therapy completed a higher number of sessions prior to dropout than those who attended in-person therapy, and they reported higher levels of satisfaction with services.[6]

5 Varker, T., Brand, R. M., Ward, J., Terhaag, S., & Phelps. A.a(2019, November 16). Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. Psychological Services, 16(4), 621–635. https://pubmed.ncbi.nlm.nih.gov/29809025/

6 American Psychological Association. (2020, April 1). Telephone psychotherapy: Ensuring patients have access to effective care. http://www.apaservices.org/practice/legal/technology/telephone-psychotherapy



The Telehealth Landscape in Texas

THE TELEHEALTH LANDSCAPE IN TEXAS

Because of its size, high number of under-resourced rural communities, many regions where people experience transportation challenges, and significant mental health workforce shortage,[7] Texas has had to position itself at the forefront of innovation in telehealth. Telehealth programs have been established in public schools, local mental health authorities, university medical centers, juvenile justice facilities, residential treatment centers, and integrated primary care clinics across the state.

Historically, the most common application for telehealth services uses a "hub-and-spoke" model, with service recipients accessing the technology from places such as a school counselor's office, a local mental health clinic, or their home. Staff at the satellite location, or spoke, are typically on site to help the client connect via videoconference in real-time to a behavioral health provider at a larger, typically urban site, which functions as the hub.

Senate Bill (SB) 11 (86th Regular Session, 2019) established the Texas Child Mental Health Care Consortium (Consortium).[8] One of the initiatives assigned to the Consortium — the Texas Health Child Access through Telemedicine (TCHATT) — is a state-funded approach to expanding pediatric mental health access by implementing tele-mental health services in school districts across Texas.[9] Through this initiative, each medical school in Texas that has a department of psychiatry is funded with state resources to operate a TCHATT program. TCHATT provides schools with remote access to a child and adolescent mental health provider for students whom school personnel have identified as high-risk. The model calls for a team of clinicians to assess, provide brief interventions, and refer students to local providers as needed and clinically indicated. The possibility of short-term treatment may also be available if no other services or supports are readily available.

In response to the COVID-19 pandemic, schools have tried to ensure all students have the technology they need at home to resume academic instruction, which also expands the potential for access to telehealth. With a referral from a school guidance counselor, who conducts the initial screening and obtains parental consent, mental health providers at a medical school can provide remote TCHATT services directly to students in their homes or on campus.

In addition to TCHATT-supported school telehealth services, other examples of school-linked telehealth models include the following:

- Children's Health in Dallas has a School-Based Tele-behavioral Health program that has been operating for several years and is currently providing services in North Texas schools. Students are referred to the program by their teachers or school counselors. The program administers video-based psychosocial assessments to determine students' needs and then connects them with licensed behavioral health specialists using a tablet device dedicated for behavioral health services. Children's Health also provides referrals to community resources to connect students with ongoing behavioral health supports.

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7 Data were obtained from the Health Resources and Services Administration, HPSA Find Tool. Data as of July 2018 identified 186 of 254 Texas counties as Mental Health Professional Shortage Areas. https://datawarehouse.hrsa.gov/DataDownload/FRN/F_BCD_HPSA_H7_FederalRegister.pdf

8 Senate Bill 11, 86th Texas Legislature, Regular Session (2019). https://capitol.texas.gov/tlodocs/86R/billtext/html/SB00011F.htm

9 For more information, see: The University of Texas System. (n.d.). Texas Child Mental Health Care Consortium (TCMHCC). Retrieved February 22, 2021, from https://tcmhcc.utsystem.edu/

- After Hurricane Harvey, the University of Texas Medical Branch (UTMB) partnered with Aransas County Independent School District (ISD) and Aransas Pass ISD to provide telehealth services in their schools. The program provided psychiatry and counseling services to students who were referred to the program by their school counselors.

In addition to school-linked telehealth programming, there are many other telehealth programs serving the behavioral health needs of other populations. Additional examples of telehealth models for children, youth, and adults include the following:

- The East Texas Behavioral Healthcare Network (ETBHN) is a network of 11 local mental health authorities (LMHAs) that cover 70 counties in Texas. The network functions by interlocal agreement. In partnership with LMHAs across the state, ETBHN provides telemedicine services to over 221 counties in the state, by contract, including ongoing crisis services provided by licensed master's level clinicians and psychiatrists as well as services provided during regular office hours.
- The Case Management and Telecounseling (CMAT) Program developed by Southwest Key Programs is a hybrid model for formerly incarcerated youth who are on probation or parole in isolated regions of rural South Texas. A bilingual family partner travels to the youth's home to offer social support and referrals to community resources while also providing an internet hotspot and tablet computer to connect families with a licensed bilingual therapist.
- In partnership with Methodist Healthcare Ministries of South Texas Inc., the Valley Baptist Legacy Foundation, and Doctors Hospital at Renaissance, La Union del Pueblo Entero (LUPE) created the Health on Wheels (HoW) telehealth program to broaden access to mental and physical health care services for residents of Hidalgo County. The HoW program is an innovative approach to delivering mental health services that uses mobile clinics equipped with high-definition videoconferencing equipment. The program employs promotoras (community health educators) who help gain community trust and support the use of telehealth for treatment.[10]

Another noteworthy behavioral health initiative with a telehealth component is emerging through the Path Forward for Mental Health and Substance Use (Path Forward). The Path Forward proposes a market-driven implementation plan that capitalizes on the influence of employers and regional employer coalitions motivated for change, supported by the technical expertise and guidance of the nation's leading behavioral health experts. The initiative was launched in November 2019 by a committee comprising the National Alliance of Healthcare Purchaser Coalitions, American Psychiatric Association, American Psychiatric Association Foundation, Bowman Family Foundation, and Meadows Institute to execute a disciplined, private sector approach to systematically and measurably improve five established best practices of mental health and substance use care.[11]

The five strategies include:

- Improving network adequacy for behavioral health specialists;
- Expanding adoption of the collaborative care model (CoCM) that uses co-located behavioral health specialists to deliver services (including virtual support) in primary care settings;
- Implementing measurement-based care (repeated use of screening and assessment tools to monitor symptom reduction and gauge treatment progress over time) in both the behavioral health and primary care systems;
- Expanding tele-behavioral health; and
- Ensuring compliance with mental health parity laws.[12]

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10 For more information, see: LUPE. (2015, May 26). Health on Wheels. https://lupenet.org/organizing/healthy-communities/

11 National Alliance of Healthcare Purchaser Coalitions. (2019, November). To combat the mental health & substance use public health crisis, employer, physician and policy groups partner. https://www.nationalalliancehealth.org/www/news/news-press-releases/path-forward

12 National Alliance of Healthcare Purchaser Coalitions. (2019, November).

The Path Forward initiative aims to better prepare and equip health systems to respond to the myriad of behavioral health needs experienced by families and communities. By ramping up proven practices such as telehealth, collaborative care, and measurement-based care, common issues (e.g., provider shortages, phantom behavioral health provider networks[13,14] inadequate behavioral health capacity in primary care) can be mitigated.[15]

In the past, widespread adoption of telehealth approaches was hampered by regulatory and licensing limits on reimbursement for any service not delivered in person, barriers to acquiring technology to facilitate telehealth sessions, and privacy and security standards that are difficult for some providers to achieve. However, the COVID-19 pandemic has resulted in a temporary relaxation of state and federal requirements, and many providers hope that these allowances will be made permanent. Additionally, as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, Congress authorized $200 million in federal funds through the COVID-19 Telehealth Program for providers to purchase the technology needed to provide connected care services in response to the coronavirus pandemic.[16] This has created an opportunity to advance telehealth while increasing access to behavioral health services for children, youth, and adults in Texas.

13 This is a term used to describe providers listed in directories who are unreachable or not taking new patients.

14 Holstein, R., & III, D. P. P. (2012). 'Phantom Networks' of Managed Behavioral Health Providers: An Empirical Study of Their Existence and Effect on Patients in Two New Jersey Counties. Hospital Topics, 90(3), 65–73. https://doi.org/10.1080/00185868.2012.714689

15 National Alliance of Healthcare Purchaser Coalitions. (2020, May).

16 For more information, see: https://www.fcc.gov/covid-19-telehealth-program

Systemic Benefits of Telehealth

SYSTEMIC BENEFITS OF TELEHEALTH

The exponential growth in the delivery of tele-behavioral health services demonstrates how the widespread use of the internet, computers, and mobile device applications[17] makes telehealth more easily accessible in nearly all areas of the United States.[18,19] Offering telehealth services can reduce the stigma associated with behavioral health care, address cultural sensitivity, increase access to behavioral health services and behavioral health providers' capacity, and provide services in times of crisis and natural disasters. These benefits are discussed in greater detail below.

Reducing the stigma associated with behavioral health care: With telehealth services, people who may have avoided seeking treatment (for reasons including — but not limited to — fear of privacy when in highly visible spaces or concerns about confidentiality with a provider from the local community)[20] can access behavioral health care in the privacy of their own home.[21]

Addressing cultural sensitivity: By lifting the geographic constraints of locally based provider networks, telehealth can address ethnic or linguistic factors by enabling access to professionals who understand a client's cultural norms or speak their native language.[22] By expanding the number and type of providers available to individuals seeking services, it is easier to find appropriate clinical matches that meet the unique and diverse needs of the client, which would enhance the quality of care and therapeutic alliance.[23,24]

Increasing access to behavioral health services: Telehealth can reduce multiple barriers to services for people in underserved, rural, and even urban locations.[25,26,27] Our behavioral health system assessments have shown that access to transportation is one of the most frequently cited barriers to clients' receiving behavioral health services. Telehealth offers a solution for rural areas with few locally based services as well as urban areas with limited availability of public transportation. For children, youth, adults, and families, easy access to remote behavioral health saves time and allows them to miss less school or work.

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17 Data obtained from Pew Research Center's 2019 Mobile Fact Sheet estimated that 81% of Americans owned a smartphone and almost three quarters of U.S. adults owned a desktop or laptop computers. https://www.pewresearch.org/internet/fact-sheet/mobile/

18 Gajaria, A., Conn, D. K., & Madan, R. (2015). Telepsychiatry: Effectiveness and feasibility. Dovepress, 3, 59–67. https://doi.org10.2147/SHTT.S45702

19 Shore, J. H., Brooke, E., Savin, D. M., Manson, S. M., & Libby, A. M. (2007). An economic evaluation of telehealth data collection in rural populations. Psychiatric Services, 58, 830–835. https://doi.org/10.1176/ps.2007.58.6.830

20 Hilty, D. M., Schoemaker, E. Z., Myers, K., Snowdy, C. E., Yellowlees, P. M., & Yager, J. (2016). Need for and steps toward a clinical guideline for the telemental health care of children and adolescents. Journal of Child and Adolescent Psychopharmacology, 26(3), 283–295.

21 Pruitt, L. D., Luxton, D. D., & Shore, P. (2014). Additional clinical benefits of home-based telemental health treatments. Professional Psychology: Research and Practice, 45(5), 340–346. https://doi.org/10.1037/a0035461

22 Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. Telemedicine and e-Health, 19(6), 444–454. http://doi.org/10.1089/tmj.2013.0075

23 Shore, J. H., Brooks, E., Savin, D., Orton, H., Grigsby, J., & Manson, S. M. (2008). Acceptability of telepsychiatry in American Indians. Telemedicine Journal and e-Health, 14(5), 461–466. https://doi.org/10.1089/tmj.2007.0077

24 Mucic, D. (2010). Transcultural telepsychiatry and its impact on patient satisfaction. Journal of Telemedicine and Telecare, 16(5), 237–242.

25 Gajaria, A., et al. (2015).

26 Shore, J. H., et al. (2007).

27 Institute of Medicine. (1996). Telemedicine: A guide to assessing telecommunications in health care. National Academies Press.

Increasing the capacity of existing behavioral health providers: Currently, the behavioral health workforce is unable to meet the demand for services.[28,29] Providers frequently lament that they lose time from no-shows and late cancellations. Eliminating many of the causes that often lead to missed appointments would reduce unnecessary downtime between appointments and allow behavioral health providers to see more clients.[30]

Providing services in times of crisis and natural disasters: Telehealth is increasingly being used in behavioral health crises, enabling remote monitoring and around-the-clock availability of professionals, when needed. Likewise, access to services via telehealth is beneficial during natural disasters when traditional behavioral health service providers cannot reach affected areas or when they need to operate outside of conventional settings.

28 Gajaria, A., et al. (2015).

29 Shore, J. H., et al. (2007).

30 Hilty, D. M., et al. (2013).

CLINICAL EVIDENCE BASE

Research shows that telehealth in the form of interactive videoconferencing improves outcomes for children, youth, and adults across a range of behavioral health interventions and disorders. An in-depth review of 59 studies found that people of all ages who received telehealth services had improved symptoms and quality of life.[31] Studies that focused on medication adherence and depressive symptoms reported positive outcomes, with similar effects observed in anxiety, self-esteem, and stress. Telehealth demonstrated improved quality of behavioral health care in primary care settings as well as high client satisfaction. Telehealth performed equal to or more effectively than in-person care, using common approaches for long-term management of behavioral health conditions such as monitoring, prevention, promotion, and treatment programs. The approach demonstrated a high level of efficiency, as non-professional providers were able to play an effective role in therapy and professional expenses and travel costs were reduced.[32]

The delivery of telepsychiatry for children, youth, and adults has been well researched and has a large evidence base demonstrating significant success.[33,34] Results from a systematic review of 452 studies showed telepsychiatry was comparable to in-person services in terms of reliability of clinical assessments and treatment outcomes.[35] The same analysis showed telepsychiatry was more cost-effective than in-person services and had higher satisfaction rates, as reported by a diverse client population in the majority of studies reviewed.[36] Research supports telehealth as a viable, innovative method to providing evidence-based treatments to vulnerable populations (e.g., older adults, veterans, individuals who are homebound, individuals in rural settings).[37,38]

Another well-studied approach to telehealth is the implementation of cognitive behavioral therapy (CBT). CBT is one of the most widely used methods of psychotherapy and is applied to many types of behavioral health concerns. The aim of CBT is to address specific and recurring concerns by changing how the client thinks about and processes the issue. A review of 20 pediatric studies using video-based CBT for depression in a variety of treatment settings found substantial evidence that these interventions work when motivated youth are recruited for participation.[39]

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31 Barshur, R., Shannon, G., Barshur, N., & Yellowlees, P. (2016). The empirical evidence for telemedicine interventions in mental disorders. Telemedicine and e-Health, 22, 1–27. https://www.ncbi.nlm.nih.gov/pubmed/26624248

32 Barshur, R., et al. (2016).

33 American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues. (2017). Clinical update: Telepsychiatry with children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 56(10), 875–893. https://doi.org/10.1016/j.jaac.2017.07.008

34 Hilty, D. M., et al. (2013).

35 Hubley, S., et al. (2016). Review of key telepsychiatry outcomes. World Journal of Psychiatry, 6(2), 269–282. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4919267/

36 Hubley, S., et al. (2016).

37 Choi, N., Marti, C., Bruce, M., Hegel, M., Wilson, N., & Kunik, M. (2014). Six-month postintervention depression and disability outcomes of in-home telehealth problem-solving therapy for depressed, low-income homebound older adults. Depression and Anxiety, 31(8), 653–661. https://doi.org/10.1002/da.22242

38 Egede, L. E., et al. (2016).

39 Abuwalla, Z., Clark, M. D., Burke, B., Tannenbaum, V., Patel, S., Mitacek, R., Gladstone, T., & Van Voorhees, B. (2017). Long-term telemental Health prevention intervention for youth: A rapid review. Internet Interventions, 11, 20–29.

A systematic review of 26 CBT studies over a twelve-year period also supported the use of a telehealth approach, citing preliminary support in the literature for clinical effectiveness, cost-effectiveness, client and provider acceptance, and safety.[40]

There is also evidence that more specialized varieties of CBT may be effectively provided through telehealth. Delivering trauma-focused CBT via videoconferencing demonstrated success in reducing the impact of childhood trauma exposure. A study found that fidelity to the treatment model could be maintained using videoconferencing, although modifications were needed such as setting up a screen sharing function and providing handouts and technical support via a satellite agency liaison.[41]

In addition to the demonstrated efficacy of telehealth in providing various therapeutic interventions, virtual services can be successfully delivered in a variety of settings. There is strong historical evidence, supported by over 15 years of research, that telehealth works in multiple community settings such as mental health centers, urban daycares, corrections facilities, long-term care facilities,[42] and private practices.[43,44] According to the Centers for Disease Control and Prevention, 61% of areas with a mental health professional shortage are in rural or partially rural areas, and research suggests that telehealth services can be effectively delivered in that context.[45] Increasingly, evidence in the telehealth field supports the expansion of access to telehealth services in clients' homes and other nontraditional service settings such as libraries, schools, and churches — a promising finding as communities continue to be affected by the global pandemic and social distance orders remain in place.[46]

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40 Gros, D. F., et al. (2013). Delivery of evidence-based psychotherapy via video telehealth. Journal of Psychopathology and Behavioral Assessment, 35(4), 506–521.

41 Jones, A. M., Sheely, K. M., Reid-Qui ones, K., Moreland, A. D., Davidson, T. M., L pez, C. M., Barr, S. C., & de Arellano, M. A. (2014). Guidelines for establishing a telemental health program to provide evidence-based therapy for trauma-exposed children and families. Psychological Services, 11(4), 398–409. https://www.ncbi.nlm.nih.gov/pubmed/24320994

42 Lyketsos, C. G., Roques, C., Hovanec, L., & Jones, B. N. (2001). Telemedicine use and the reduction of psychiatric admissions from a long-term care facility. Journal of Geriatric Psychiatry and Neurology, 14(2), 76–79. https://doi.org/10.1177/089198870101400206

43 Grady, B. J., Myers, K. M., Nelson, E. L., Belz, N., Bennett, L., Carnahan, L., Decker, V. B., Holden, D., Perry, G., Rosenthal, L., Rowe, N., Spaulding, R., Turvey, C. L., White, R., & Voyles, D. (2011). Evidence-based practice for telemental health. Telemedicine and e-Health, 17(2), 131–148.

44 Hubley, S., et al. (2016).

45 Center for Disease Control and Prevention. (2019). Rural health policy brief providing access to mental health services for children in rural areas. https://www.cdc.gov/ruralhealth/child-health/policybrief.html

46 American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues. (2017).

SYSTEMIC CONSIDERATIONS AND TELEHEALTH BEST PRACTICES

As demonstrated above, telehealth has many advantages for children, youth, adults, and families. However, providers will need to consider factors that can influence the quality and effectiveness of tele-behavioral health care. These factors, discussed below, include the age of service recipients and developmental appropriateness of services, safety and confidentiality, access to electronic devices, digital literacy for quality interactions, and security.

Age and developmental appropriateness: As in face-to-face interventions, telehealth services for children and youth differ from those offered to older adults and, therefore, should be customized in a virtual environment. For children, behavioral health providers should take into account differences in developmental factors (e.g., the need for play and movement, the attention span of younger children to stay engaged in a video-based interaction).[47] To address developmental differences in attention span, younger children may need shorter, more frequent sessions, along with toys and activities to foster engagement. Although older children and youth tend to be more familiar with technology and often respond well to telehealth interventions because they offer an increased sense of personal space and control,[48,49] providers should ensure that a parent or guardian is available, if needed, to support the child or youth over the course of the session.

Older adults may benefit significantly from improved access to specialty mental health care that can be provided via telehealth using videoconferencing.[50] Psychiatric disorders among this population are often complicated by comorbid medical illnesses and disability.

Specialist psychiatry input is essential in these situations, but it is often difficult to access, especially for older adults residing in rural and remote regions.[51] Videoconferences via phone or computer could be a helpful tool for assessing basic care in the home setting and increasing accessibility to care, especially for people who have mobility or transportation limitations. However, it is important to address the potential challenges older adults face in dealing with videoconferencing. Sensory deficits, especially visual and auditory, can impair their ability to successfully interact with providers over a videoconference connection. A community-based telepsychiatry program can be particularly useful in rural and remote areas, providing needed psychiatric input in the care of older adults. Providers can enhance this population's acceptance of tele-behavioral health services by developing innovations that address sensory deficits and collaborating with community-based services.[52]

Older adults are less likely to be familiar with new technology, which can pose a challenge to ensuring that interactions with service providers are understood. Studies show that most older adults feel the quality of care provided by

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47 American Telemedicine Association. (2017, March). Practice guidelines for telemental health with children & adolescents.

48 American Telemedicine Association. (2017, March).

49 Myers, K. M., Palmer, N. B., & Geyer, J. R. (2011). Research in child and adolescent telemental health. Child and Adolescent Psychiatric Clinics of North America, 20(1), 155–171. https://doi.org/10.1016/j.chc.2010.08.007

50 Holden, D., & Dew, E. (2008, May 20). Telemedicine in a rural gero-psychiatric inpatient unit: Comparison of perception/satisfaction to onsite psychiatric care. Telemedicine & e-Health, 14(4), 381–384.

51 Dham, P., Gupta, N., Alexander, J. Black, W., Rajji, T., & Skinner. E. (2018). Community based telepsychiatry service for older adults residing in a rural and remote region- utilization pattern and satisfaction among stakeholders. BMC Psychiatry, 18(1), 316. https://doi.org/10.1186/s12888-018-1896-3

52 Dham, P., Gupta, N., Alexander, J., Black, W., Rajji, T., & Skinner. E. (2018, September 27).

telehealth is as good as in-person visits;[53] however, gains in treatment can quickly be lost if the technology does not work smoothly. Therefore, with this population it is important for providers to present a digital version of bedside manner and establish a relationship with clients that is especially mindful of the technology that is being used.[54] With people of any age, providers should aim to reduce environmental distractions, avoid overstimulation, and follow telehealth best practice interventions.

Prior to the tele-behavioral health session:

- Ensure that a private space is available that is compliant with federal laws and regulations.[55] Test the internet connection to ensure that speeds are appropriate to support a well-working video feed.
- Set up the workspace so the provider is front lit, the camera view covers approximately their head and shoulders, and the camera is at eye level.
- Ensure the client can see the provider's face. It is important that the client is able to see the provider's facial features and expressions.
- Make sure the background is free of distractions.
- Review the client's concerns and records prior to the session.
- For clients whose first language is not English, telephonic interpreter services can be integrated into telehealth encounters by connecting the interpreter service to the telehealth platform or through a conference line.

During the tele-behavioral health session:

- Ask if the client is new to virtual care. If they are new to virtual visits, normalize any discomfort with the virtual platform.
- Provide instructions to the client on what to do if the connection is lost (e.g., the provide will call the client and continue the visit over the telephone).
- Demonstrate comfort and confidence in the technology to help clients feel at ease and focus on their care instead of the virtual modality.
- To help clients feel comfortable, let them know what you are doing offscreen and ask for their permission if you need to take notes or record the session ("I want to capture all of the important information you are providing. Is it OK if I type while you are talking?")
- Speak clearly and deliberately and pause to allow for transmission delay.
- Listen carefully to the client. Let the client know you are listening by providing visual cues such as nodding your head.

After the tele-behavioral health session:

- Share the post-visit summary and action plan.
- Assist with scheduling referrals and provide follow-up support, as needed.

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53 Heath S. (2019, January 18). Patient satisfaction of telehealth hinges on convenience, quality. Patient Engagement HIT. https://patientengagementhit.com/news/patient-satisfaction-of-telehealth-hinges-on-convenience-quality

54 American Academy of Family Physicians. (2020, September). A toolkit for building and growing a sustainable telehealth program in your practice (p. 54). https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf

55 To access guidance on HIPAA flexibility during the COVID-19 emergency see: Office for Civil Rights Headquarters. HIPAA and COVID-19. U.S. Department of Health & Human Services. https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html

Phone visits: Client engagement can be more challenging in audio-only visits when the provider cannot see the client's facial expressions and body language. To make audio-only visits more productive and meaningful, smile when you greet a patient on the telephone, directly ask for their reactions, use empathic statements to make up for the lack of visual cues, and use a warm tone of voice.[56]

Safety and confidentiality: The informed consent process should notify people being served of any limits to client confidentiality posed by the use of videoconferencing as well as the need for a secure internet connection, private space, and back-up plan in case their connection is disrupted.[57] In an office setting, both the provider and the client have a clear understanding of confidentiality. However, in a home setting, there is an increased chance of family members overhearing what is discussed. The potential for decreased privacy can make it more difficult for a client to express themselves openly. To better understand the dynamics in the home, providers should ask questions to assess who might overhear the session and suggest other ways to connect such as video chat features if there are concerns about the individual's safety. Remote service delivery also means clinical staff is not on site to immediately address an adverse reaction or event (e.g., client expressing thoughts of self-injury, overhearing suspected family violence) to reduce the risk of harm to self or others. Providers can take proactive steps to address potential safety concerns by discussing safety planning as means to connect the client to local and emergency resources, should they be needed.[58] With a safety plan, the benefits of telehealth would outweigh these risks.[59]

Access to equipment and reliable internet for quality telehealth interactions: People may experience overlapping barriers to accessing telehealth: the inability to obtain necessary equipment, unreliable internet coverage, and a lack of digital literacy. Together, these barriers comprise the digital divide, which disproportionately affects older adults, people of color, and those with low socioeconomic status.[60] Providers need to consider these disparities in accessing the internet[61] and that many clients may not be able to obtain necessary equipment. Further, limited bandwidth or poor quality of the audio, video, or camera may cause disruptions during clinical interventions delivered through telehealth. Organizational leaders and behavioral health providers need to anticipate and plan ways to manage common technical difficulties. Some examples include checking on equipment needs, testing internet connectivity before sessions, offering ongoing opportunities for provider training, implementing back-up plans (e.g., switching to phone calls or in-clinic follow-up appointments), or arranging prompt technical support for staff and clients.

Security: Regulatory controls governing telehealth services have been relaxed in response to the COVID-19 pandemic. As more telehealth services are established in the long-term, the security of sensitive information and ways to mitigate the risk of cyberattacks need to be considered. Using videoconferencing platforms that require verification, passwords, and other security parameters better protect client privacy and confidentiality. The physical security of written documents and equipment as well as the electronic storage of data must comply with state safety laws, regulations, and codes.

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56 Martinez, E., Sattler, A., Sherman, M., & Wootten, M. (2020, April 6). 10 communication tips for physician phone visits during COVID-19. FPM.

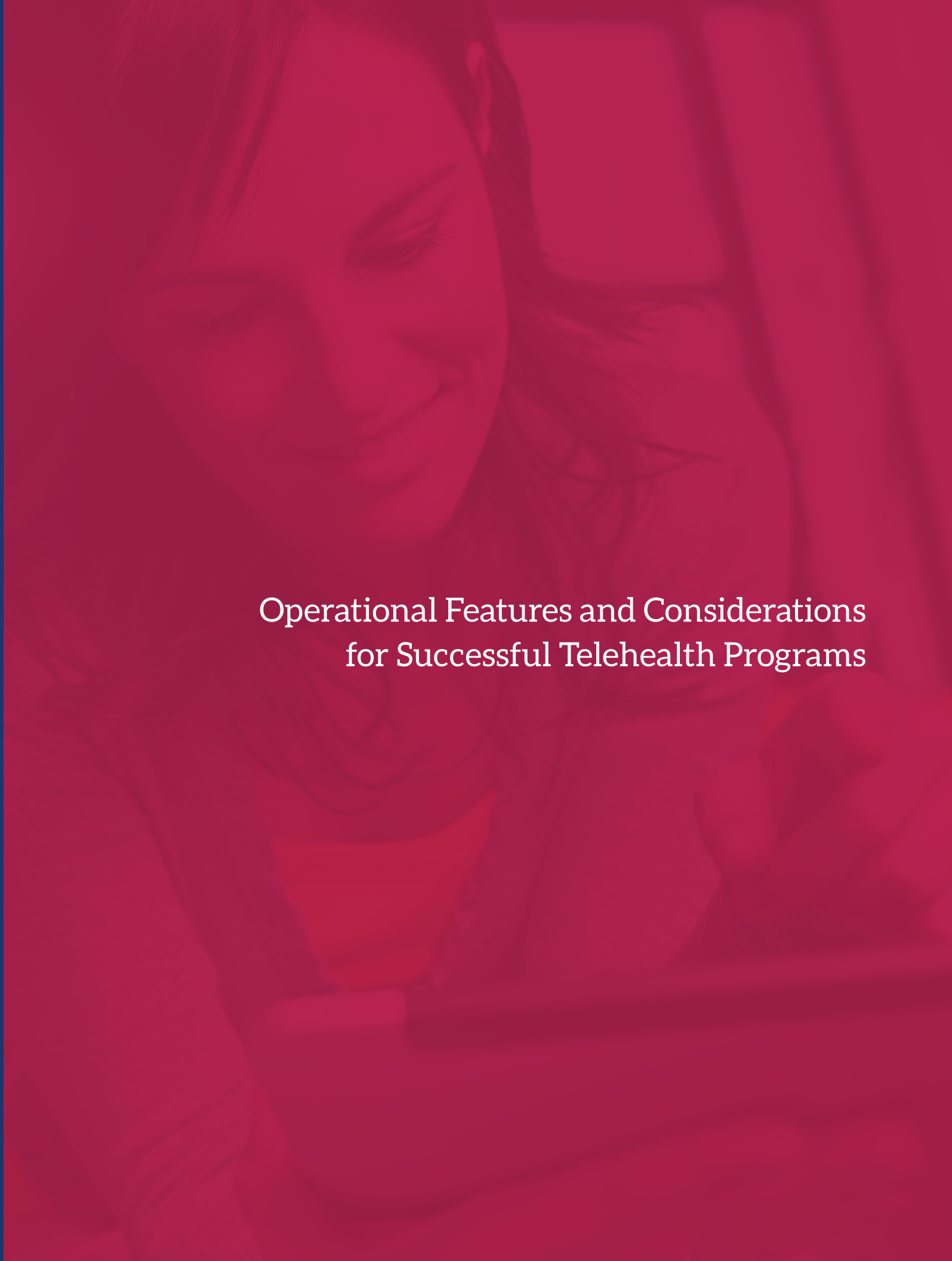
57 For more guidance related to informed consent for telehealth services, see: American Psychological Association. (2020, March). Informed consent checklist for telepsychological services. https://www.apa.org/practice/programs/dmhi/research-information/informed-consent-checklist

58 For an example of best practice guidelines, see: National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, & Clinical Social Worker Association. (2017). NASW, ASWB, CSWE, & CSWA standards for technology in social work practice. https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf

59 Luxton, D. D, Sirotin, A. P., & Mishkind, M. C. (2010). Safety of telemental healthcare delivered to clinically unsupervised settings: A systematic review. Telemedicine and e-Health, 16(6), 705–711. https://doi.org/10.1089/tmj.2009.0179

60 Din, H. N., McDaniels-Davidson, C., Nodora, J., & Madanat, H. (2019, May 21). Profiles of a health information-seeking population and the current digital divide: Cross-sectional analysis of the 2015–2016 California Health Interview Survey. Journal of Medical Internet Research, 21(5): e11931. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6537507/

61 For more information, see: Pew Research Center. (n.d.). Digital divide. https://www.pewresearch.org/topics/digital-divide/



Operational Features and Considerations for Successful Telehealth Programs

OPERATIONAL FEATURES AND CONSIDERATIONS FOR SUCCESSFUL TELEHEALTH PROGRAMS

Organizational leaders and behavioral health providers can enhance the quality and effectiveness of telehealth services for children, youth, and adults by addressing the following key areas: developing standard operating procedures, complying with state licensure laws, following guidelines developed by professional associations, providing culturally responsive care, honoring client choice, providing technical support, and understanding the complexities of billing and reimbursement for telehealth services.

Standard operating procedures: For programs planning to implement telehealth services, organizational leaders should develop standard operating procedures to define the roles and responsibilities of behavioral health providers and staff, and to outline the administrative, clinical, technical, and safety protocols to be followed for the well-being of the clients they serve. These procedures can be tailored to appropriately fit the needs of children, youth, and adults.[62]

Compliance with state licensure laws: Organizations and behavioral health providers need to stay up to date on current legal and regulatory requirements, comply with state licensure laws, and navigate any changes that influence practice rules. Policies can rapidly change, as we have seen in response to COVID-19. More guidance on state laws and board requirements can be obtained through the University of Texas at Austin's state-by-state guide. Also, we advise that organizations and providers seek legal counsel, as needed.

Guidelines from professional associations: Multiple professional associations have developed guidelines to help behavioral health care providers implement telehealth.[63,64] Behavioral health care providers should incorporate the best ethical practice standards based on their applicable professional organization.[65]

Culturally responsive care: The rapid increase of and need for telehealth services calls for ethical practice that adapts interventions to meet the needs of diverse populations. Strategies can include practicing cultural humility, participating in ongoing training sessions on cultural competency, and having access to remote interpreters to better facilitate high-quality care.[66, 67]

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62 As an example, a set of standard operating procedures for videoconferencing can be found at https://www.ncbi.nlm.nih.gov/books/NBK349685/

63 American Telemedicine Association. (March 2017)

64 American Academy of Child and Adolescent Psychiatry (AACAP) Committee on Telepsychiatry and AACAP Committee on Quality Issues. (2017).

65 These professional organizations may include the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, American Psychiatric Association, the American Telemedicine Association, the National Association of Social Workers, the National Board for Certified Counselors, etc.

66 Yellowlees, P., Marks, S., Hilty, D., & Shore, J. (2008). Using e-health to enable culturally appropriate mental healthcare in rural areas. Telemedicine Journal and e-Health, 14(5), 486–492. https://doi.org/10.1089/tmj.2007.0070

67 Hilty, D. M., Gentry, M. T., Alastair, J. M., Cowan, K. E., Lim, R. F., & Lu, F. G. (2019). Telehealth for rural diverse populations: Telebehavioral and cultural competencies, clinical outcomes and administrative approaches. mHealth, 6(20), 1–19. https://doi.org/10.21037/mhealth.2019.10.04

Client choice: Telehealth enables clients to choose the modality of communication (e.g., telephonic, text messaging, audiovisual) they use to interact with providers when receiving behavioral health care services. In order to provide client-driven care, health plans need to recognize that telehealth services are equal to and as effective as traditional in-person visits, and should reimburse providers equivalently for all appropriate modalities to expand options for clients to engage in treatment.

Telehealth essentially creates an in vivo intervention, where the treatment takes place in the client's environment (e.g., in the home or school). The provision of telehealth can often reduce commonly reported barriers people face when they try to access treatment. Expanding the use of digital tools to deliver behavioral health interventions, which complement and supplement in-person behavioral health treatment, will enable client choice of access to services.

Technical support: Providers should choose technology with adequate network bandwidth and suitable audio, video, and camera quality to limit technical disruptions in telehealth services. Providers should also expect that they will need to help clients set up videoconferencing equipment and should provide instructions through handouts or initial phone calls, offer minor technical assistance to troubleshoot difficulties, plan alternative ways to continue the sessions (e.g., telephone, rescheduling), or connect clients with technical support.[68]

Billing and reimbursement for services: Billing for behavioral health services delivered via videoconferencing differs from billing for telephonic sessions, and billing processes differ between insurers and across states. Telehealth is reimbursable by most payors, including commercial insurance, Medicare, and Medicaid.[69,70,71,72] Each payor needs to adhere to its own set of state and federal regulations and reimbursement limitations; however, no federal laws — and few state laws — require payors to reimburse telehealth in the same way as in-person care.

Further, as a result of the COVID-19 pandemic, some of the billing and reimbursement requirements for telehealth have been temporarily suspended to broaden access to tele-behavioral health services.[73] Many payors expanded reimbursement of telehealth as a means to offer a broader array of community-based behavioral health services. Federal guidance has allowed for these temporary flexibilities for Medicare and Medicaid.[74,75]

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68 Chou, T., et al. (2016). Technological considerations for the delivery of real-time child telemental healthcare. Journal of Child and Adolescent Psychopharmacology, 26(3), 192–197.

69 For more information, see: The Texas Medicaid and Healthcare Partnership. (2021, February). Texas Medicaid provider procedures manual. https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2021/2021-02-february/2_Telecommunication_Srvs.pdf

70 The Texas Medicaid program reimburses for school-based telehealth services and some mental health services offered via telehealth, such as psychiatry and counseling services provided by psychiatrists, LPCs, LMFTs, LCSWs, psychologists, licensed psychological associates, and provisionally licensed psychologists.

71 For more information, see: Foley & Lardner LLP. (2021, February 9). 50-state survey of telehealth commercial insurance laws. JD Supra. https://www.jdsupra.com/legalnews/50-state-survey-of-telehealth-6930200/

72 For more information, see: Texas Insurance Code, Telemedicine and Telehealth 1455 (2003). https://statutes.capitol.texas.gov/Docs/IN/htm/IN.1455.htm

73 Centers for Medicare and Medicaid Services. (2020). Medicare telemedicine health care provider fact sheet. Retrieved from https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

74 For more information, see: Centers for Medicare and Medicaid Services. (2020, February 19). COVID-19 emergency declaration blanket waivers for health care providers. https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

75 American Hospital Association. (2020, June). Making telehealth flexibilities permanent: Legislation or regulation? https://www.aha.org/system/files/media/file/2020/06/fact-sheet-making-telehealth-flexibilities-permanent-legislation-or-regulation.pdf

Before these flexibilities, Medicare provided coverage on a very limited basis, mostly in rural areas. Additionally, Medicaid programs' coverage of telehealth varies from state to state, even within these temporary federal flexibilities. For behavioral health providers in Texas, helpful resources for information on billing and reimbursement for services are available from the Health Resources and Services Administration and the Texas Department of Insurance.

It is vital that employers and other stakeholders advocate for increased access to tele-behavioral health. Practical recommendations for employers are included in the brief, Tele-Behavioral Health for Employees: Pre-COVID Practices and Recommendations for a Post-COVID Path Forward.[76] Employers should work with third-party administrators to ensure that their health plans offer choice in the modality of behavioral health care delivery, reimburse behavioral health care providers equivalently regardless of modality, and confirm that tele-behavioral health benefits are equal to physical telehealth benefits and that they comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008.[77]

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76 Powell, A. C., Bowman, M. B., & Harbin, H. T. (2020, May). Tele-behavioral health for employees: Pre-COVID practices and recommendations for a post-COVID path forward. The Path Forward for Mental Health and Substance Use. http://workplacementalhealth.org/getmedia/8dee107a-9561-4c92-92d8-723ce5fa7051/Tele-Behavioral-Health-for-Employees

77 For more information on the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008, see: Centers for Medicare and Medicaid Service. (n.d.). The Mental Health Parity and Addiction Equity Act (MHPAEA). https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet

Conclusion

CONCLUSION

Organizations and providers offering telehealth services can address barriers to receiving quality care and fill workforce gaps as behavioral health needs continue to rise. In addition, employers, regulators, and payors need to integrate tele-behavioral health services into their benefit plans. The COVID-19 pandemic has accelerated the need for tele-behavioral health care, serving as a catalyst for positive change and engendering opportunities to learn from others about best clinical practices and ways to further enhance telehealth services.

The spread of COVID-19 has exacerbated the existing challenges rural communities face in accessing healthcare.[78] Telehealth has become a crucial lifeline for many rural healthcare facilities to continue providing care to vulnerable people while in-person visits are suspended.[79] Telehealth offers tremendous potential to transform the healthcare delivery system by overcoming geographical distance, enhancing access to care, and building efficiencies.[80] The use of telemedicine in rural communities, in both inpatient and outpatient services, offers a significant opportunity for providing specialty care that might otherwise only be available in urban areas.

Even when the pandemic abates and the need for social distancing lessens, telehealth can optimally provide effective and responsive behavioral health services to children, youth, adults, and families and lead to wider acceptability and accessibility of telehealth services in the future.

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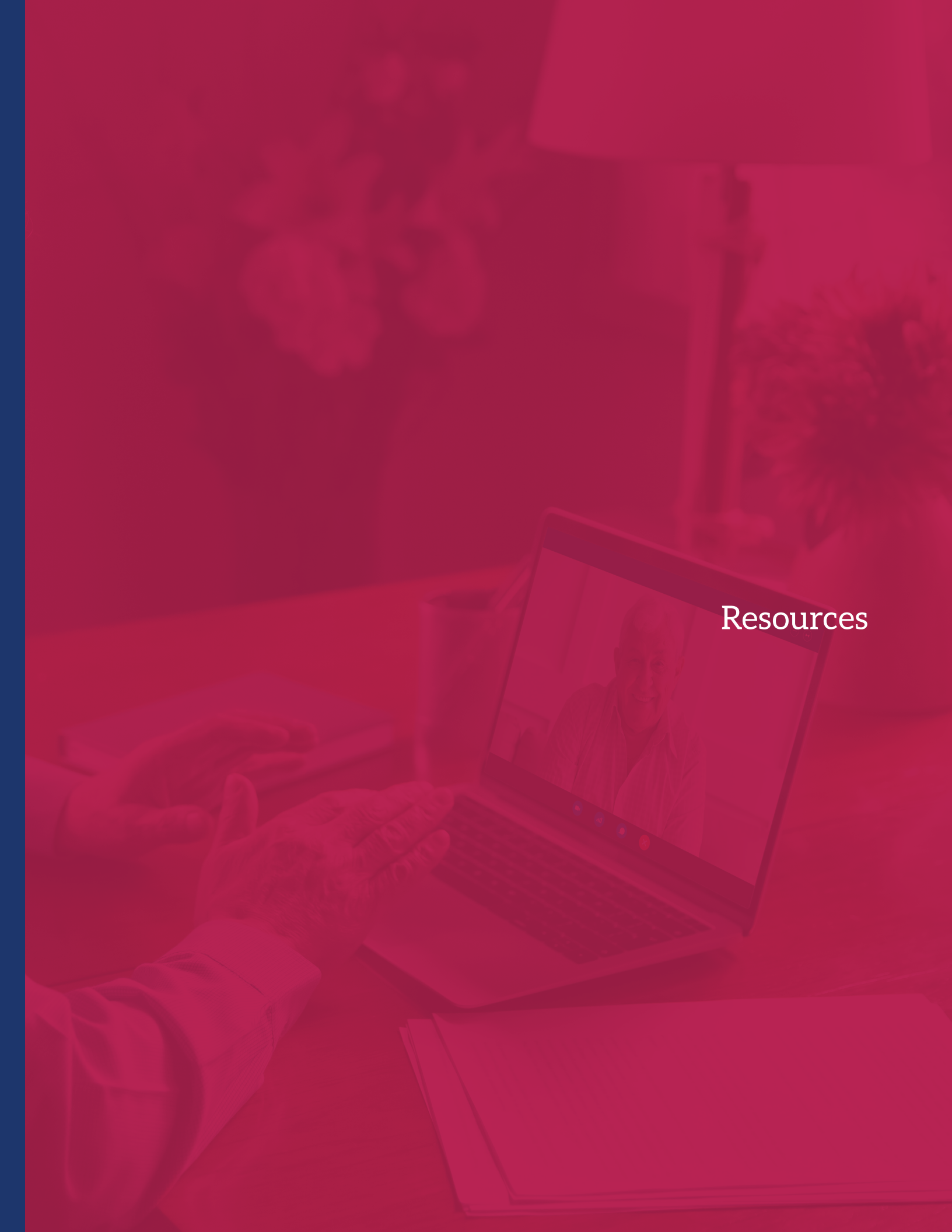
78 Simpson, A. (2020, July). Rural hospitals hang on as pandemic reaches smaller communities. Pew Trusts. https://pew.org/3jp1KAN

79 Division, N. (2020, April 21). HHS awards nearly $165 million to combat the COVID-19 pandemic in rural communities. U.S. Department of Health & Human Services. https://www.hhs.gov/about/news/2020/04/22/hhs-awards-nearly-165-million-to-combat-covid19-pandemic-in-rural-communities.html

80 Gagnon, M. P., Duplantie, J., Fortin, J.P., et al. (2006). Implementing telehealth to support medical practice in rural/remote regions: What are the conditions for success? Implementation Science,1(18). https://implementationscience.biomedcentral.com/articles/10.1186/1748-5908-1-18



Resources

RESOURCES

This list contains links to sources of information regarding telehealth regulations and guidance.

- COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (February 19, 2021): https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf
  - Links to provider-specific fact sheets on new waivers and flexibilities are available here: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers
  - Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021: https://www.cms.gov/newsroom/fact-sheetsfinal-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1

- General Provider Telehealth and Telemedicine Tool Kit (March 20, 2020): https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf
  - United States Department of Health and Human Services Telehealth Guidance and Information: https://www.telehealth.hhs.gov/
  - Medicare Telemedicine Healthcare Provider Fact Sheet (March 17, 2020): https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
  - Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth (March 17, 2020): https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-telehealth-services.pdf
  - Frequently Asked Questions (FAQs) on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to Coronavirus Disease 2019 (March 24, 2020): https://www.cms.gov/files/document/faqs-telehealth-covid-19.pdf

- Rural Crosswalk: CMS Flexibilities to Fight COVID-19 (February 2021): https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

Methodist Healthcare Ministries

SERVING HUMANITY TO HONOR GOD

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based not-for-profit organization dedicated to creating access to health care for the uninsured through direct services, community partnerships and strategic grant-making in 74 counties across South Texas.

Guided by its mission of "Serving Humanity to Honor God," Methodist Healthcare Ministries' vision is to be the leader for improving wellness of the least served.

The mission also includes Methodist Healthcare Ministries' one-half ownership of the Methodist Healthcare System, the largest healthcare system in South Texas, which creates a unique avenue to ensure that it continues to be a benefit to the community by providing quality care to all and charitable care when needed. For more information, visit www.mhm.org.

For more information about Methodist Healthcare Ministries and its advocacy initiatives, contact us at info@mhm.org.

Corporate Headquarters
4507 Medical Dr., San Antonio, TX 78229

MHM.org

Wesley Health & Wellness Center
1406 Fitch Street, San Antonio, TX 78211

Dixon Health & Wellness Center
4212 E. Southcross, San Antonio, TX 78222

School Based Health Center at Krueger Elementary
217 West Otto Street, Marion, TX 78124

School Based Health Center at Schertz Elementary
757 Curtiss Ave., Schertz, TX 78154