



# Telehealth Services for Behavioral Health and Substance Abuse Treatment

Gary Williams, QMHP-A, CSAC-S  
Life's Journey

Adapted from "Overview of Videoconferencing in Behavioral Health" by Nancy A. Roget

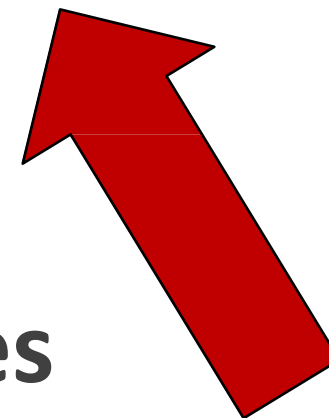
# The onset of the COVID-19 Pandemic



# TELEHEALTH



Rapid Virtualization of  
Behavioral Health Services

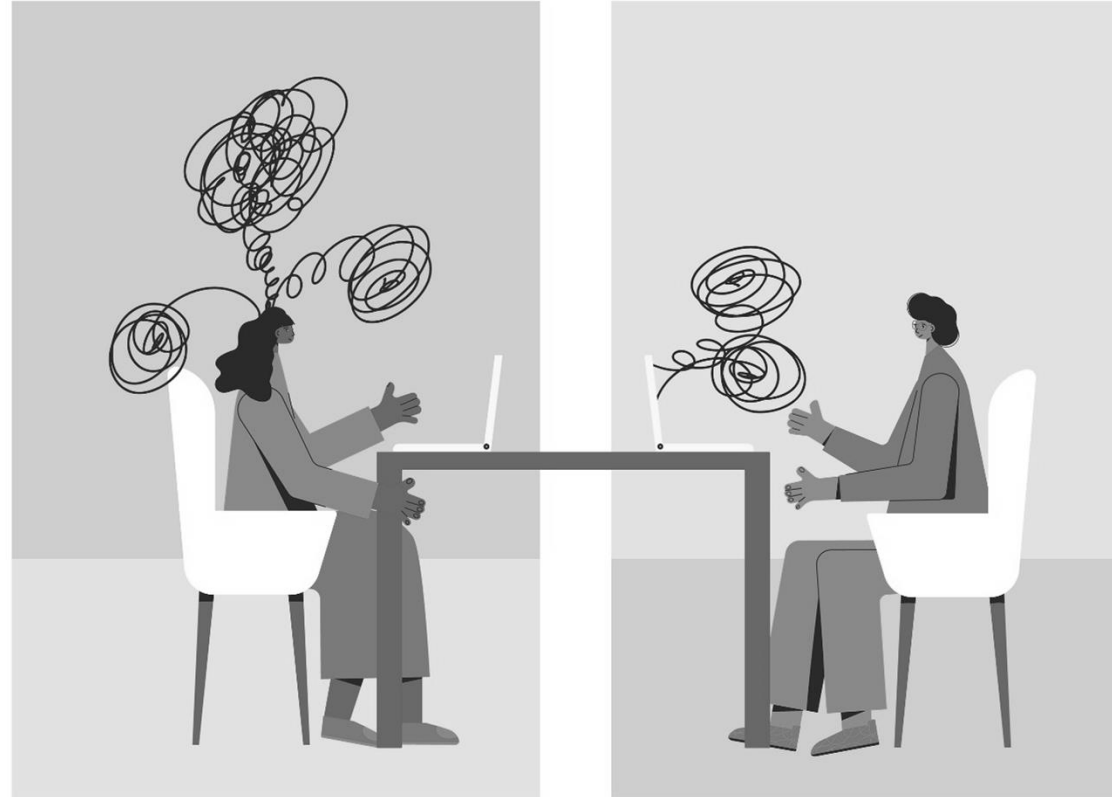


# Telehealth COVID-19 Public Health Emergency

---

- During the COVID-19 nationwide public health emergency a covered health care provider can use any non-public facing remote communication product that is available to communicate with patients.
- Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
- Under this Notice, however, **Facebook Live, Twitch, Tik-Tok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.**

# Making the case for telehealth...

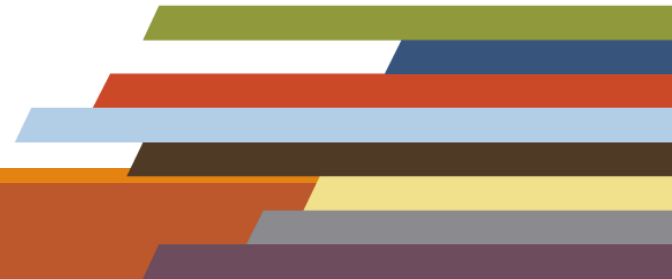


Telehealth (videoconferencing) in the form of synchronous **(LIVE)** video or asynchronously and audio is effective, well received, and a standard way to practice.

Hilty et al., 2017

---

# **Interest in Videoconferencing has Grown**



# Consequences of the Pandemic

As a result of shelter-in-place and quarantine related restrictions, many individuals suffered from:

- Loss of social interaction
- Isolation
- Loneliness
- Increased family stress

Several options for social connection began being utilized more frequently to avoid these negative consequences, including:

- Shadowview
- DUO
- Houseparty
- Skype
- Zoom
- Facetime

# Pandemic Overshadows Epidemic

---

- Drug overdose deaths rose by close to 30% in the United States in 2020, hitting the highest number ever recorded, the US Centers for Disease Control and Prevention reported.
- "Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in 2020 compared to 2019.
- Cocaine deaths also increased in 2020, as did deaths from natural and semi-synthetic opioids (such as prescription pain medication)," the NCHS said in a statement.

"This is the highest number of overdose deaths ever recorded in a 12-month period, and the largest increase since at least 1999," Dr. Nora Volkow, director of the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, said in a statement.

CNN, 2021

# COVID-19 and the Expansion of Telehealth Services

---

Governor Northam's Executive Order 57 healthcare practitioners to use any non-public facing audio or remote communication product that is available to communicate with patients. This exercise of discretion applied to telehealth provided for any reason regardless of whether the telehealth service is related to the diagnosis and treatment of COVID-19.

Virginia Governor Ralph Northam also signed legislation (HB 5046/SB 5080) that amends the Commonwealth's telehealth laws to eliminate originating site restrictions and the requirement that the patient be accompanied by a care provider during the telehealth session... The bill expands the telehealth platform to allow care providers to treat patients in their own homes or other locations, including businesses, schools and clinics. It also mandates that payers cover telehealth services regardless of the originating site and whether a provider is with the patient and directs the state Medicaid program to continue covering audio-only phone services.

Both of the above provisions were designed to expand access to care during the pandemic. Though these provisions expired June 30, 2021 with the End of the State of Emergency in Virginia, licensed providers in Virginia are still permitted to provide services via telehealth, provided they follow all state regulations.



# Legislative Support for Telehealth

The Creating Opportunities Now for Necessary and Effective Care Technologies for Health Act of 2021 - has been re-introduced to a Congress facing increasing pressure to take a stand on long-term connected health policy. The bill's backers are touting the fact that the bill has the support of more than 150 organizations and half the Senate.

The bill contains several measures aimed at expanding access to and coverage of telehealth, including:

- Permanently removing all geographic restrictions on telehealth and expanding the list of originating sites to include the home and other sites;
- Allowing federally qualified health centers (FQHCs) and rural health clinics (RHCs) to provide telehealth services beyond the pandemic;
- Giving the Health and Human Services Secretary the authority to waive telehealth restrictions, including during public health emergencies;
- Mandating studies of how telehealth has been used during the pandemic and the effectiveness of telehealth waivers; and
- Encouraging the Centers for Medicare & Medicaid Services (CMS) Innovation Center to test more payment models that include telehealth.

# Other Reasons to Use Telehealth

---

- Geographic Separation
- Social Anxiety
- Avoidance of Stigmas
- Transportation Barriers
- Infectious Disease/Compromised Immune Systems
- Childcare Barriers
- Time Constraints
- Accessibility Barriers

# Determine the Technology

- *Video Platform*
  - *Zoom*
  - *Simple Practice*
  - *Consult*
  - *Administrators/Technical Team*
  - *HIPPA*
- *How will the client sign informed consent and other documents?*
  - *EHR*
  - *Postal Mail*



# Telehealth Considerations

---

- **Screening**
  - *Past or present SI, HI*
  - *Level of comfort with technology*
  - *Access to technology and privacy*
    - *Issues of privilege*
- **Ongoing assessment of client suitability**
  - *Nature and severity of symptoms*
  - *Mental Status Exam*
  - *Crisis (frequency)*



# Videoconferencing

## Recent Findings from Meta-analysis by Batastini & Colleagues, 2015, p.27

- **'Being physically present in the room with a client does not appear to be a necessary therapeutic component for gathering adequate clinical information or producing desired treatment effects.'**
- **The use of videoconferencing alone does not seem to inhibit clients' willingness to participate and engage in services.**
- **'Future research will support that telehealth is an effective modality for reaching underserved populations.'**



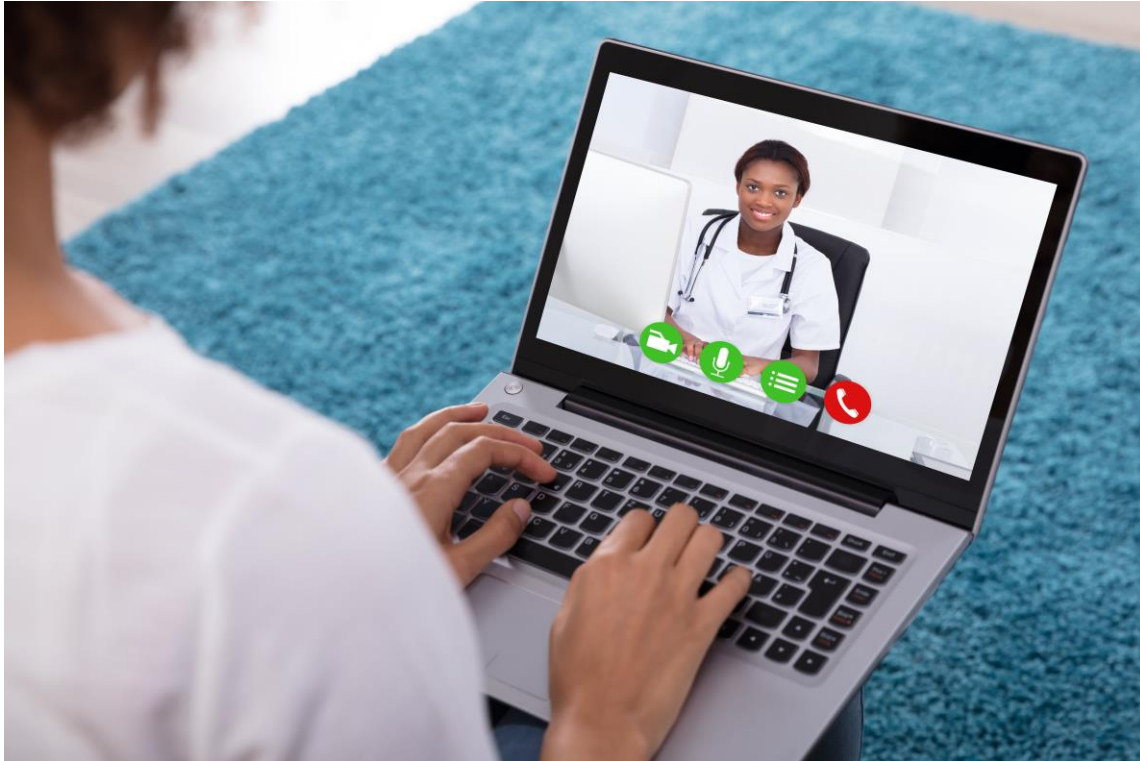
# RECOMMENDATIONS

---

- Inform clients about resources in their area and make arrangements for emergency and crisis situations.
- Document all distance therapy services provided just as you would document in-person mental health services, ensuring that all records are stored securely so that each client's confidentiality is preserved.
- Emergency contact information is necessary before beginning the session which is an ethical and legal requirement.







---

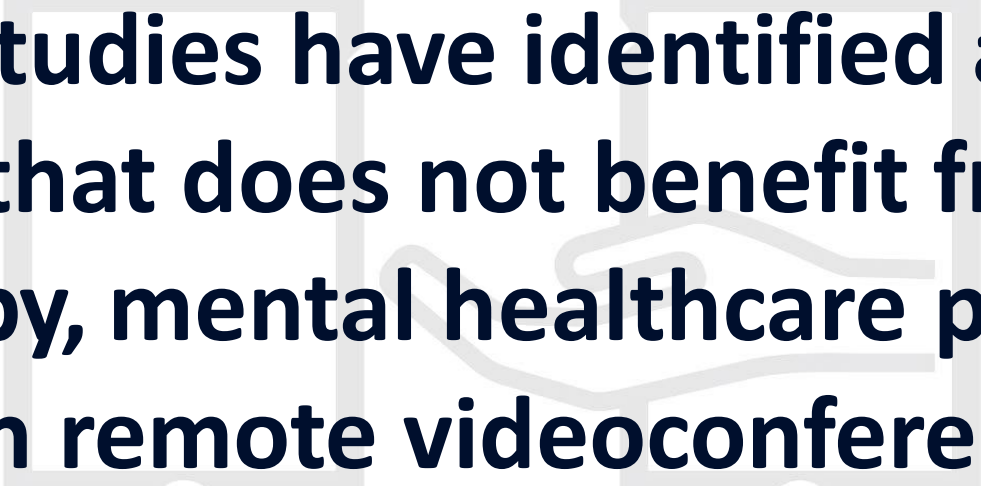
Tele-behavioral health is not more expensive than face-to-face delivery of mental health services and tele-behavioral health is actually more cost-effective in the majority of studies reviewed.





# Patient Appropriateness for Videoconferencing

**To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing.**

A faint, light gray background illustration featuring two smartphones. The smartphone on the right is being held by a hand, with the fingers visible. The smartphone on the left is standing upright. Both phones have a circular home button at the bottom.

High levels of patient satisfaction  
are the most consistently reported finding

**All patient populations** (children, adolescents,  
seniors, minority populations, and individuals in  
the justice systems) report satisfaction

---

CHAKRABARTI, 2015

Providers tended to express more concerns about the potentially adverse effects of videoconferencing on therapeutic rapport.

## **Reluctant providers... rather than Reluctant patients**



“Hold my calls until I’m willing to listen.”

# Systematic Review of Videoconferencing Found:

**Ease of Use**  
**Improved Outcomes/  
Communication**  
**Medication Adherence**



**Missed Appointments**  
**Wait-times**  
**Re-admissions**  
**Patient Travel-time**



# Best Practices

---

Ongoing training in  
telecounseling

Abide by relevant codes  
of ethics

Verify jurisdiction

Verify client location  
(guardian location)

Verify client identity

Display credentials with  
links

Assess client suitability  
and access

Telecounseling informed  
consent

- Consent for Minors  
(parent/legal guardian)
- Ongoing

Alternative  
communication for  
technical issues

Emergency contact

Privacy and safety of  
client

Confidentiality and data  
security

# Thoughts from a Videoconferencing Expert...

The longer the pandemic and associated quarantines continue...

- More likely current changes become solidified and routinized into the practice of behavioral health.

What if the pandemic is controlled...

- Will current regulatory and structural changes stay in place or revert back?

What if the pandemic becomes episodic, resulting in a series of sporadic and regional quarantines...

- Will the regulatory/structural changes be state or region specific?

What will the lessons of the COVID-19 pandemic be...

- What services should be done in-person or through telehealth or other technologies?

Shore et al., 2020

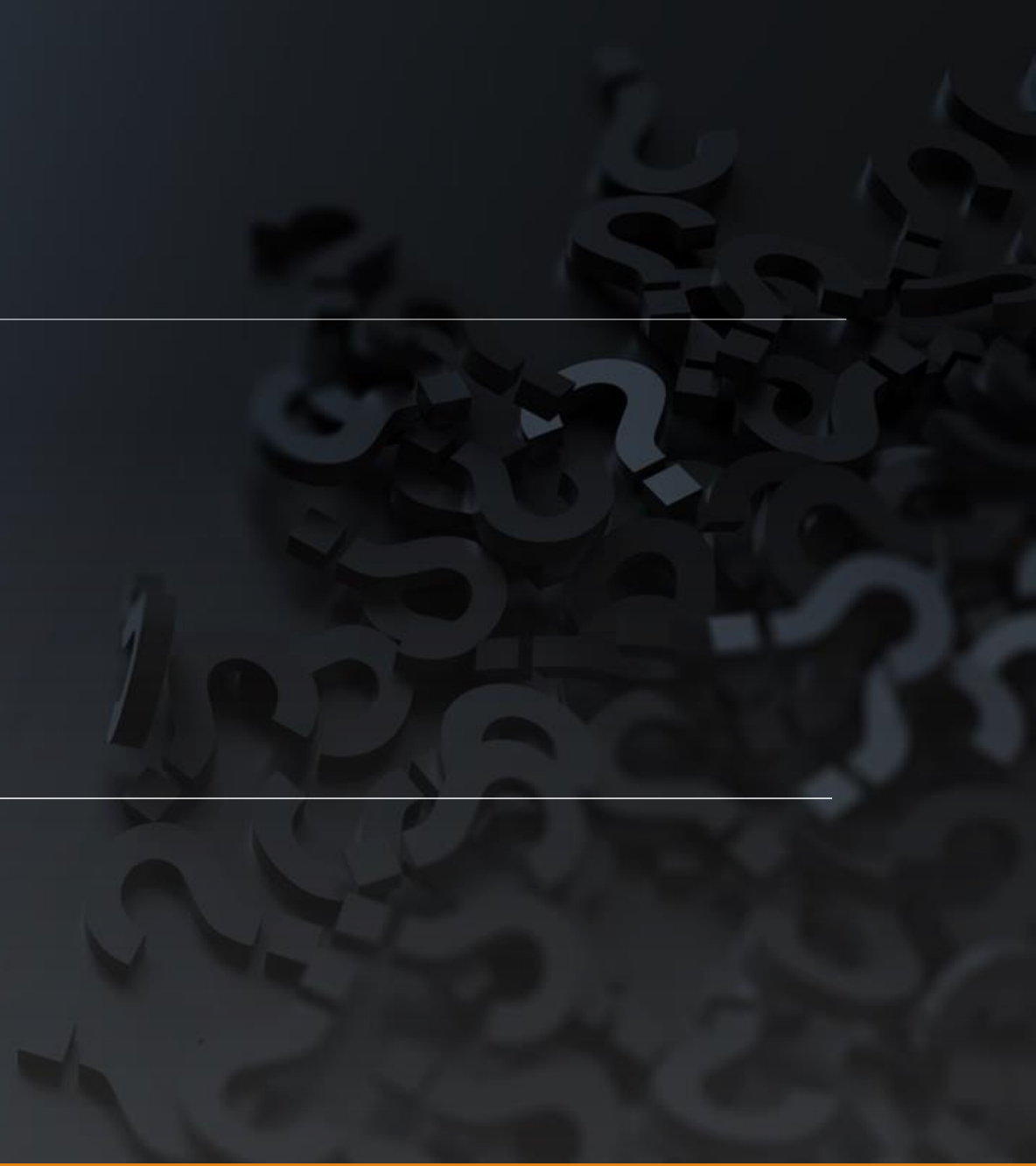
**‘This work could usher in a golden era for technology in behavioral health in which we are able to harmonize the benefits of behavioral health and virtual care into a **telehealth culture**, while maintaining the core of our services: that of human connectedness.’**



---

# Questions & Comments?

---





## Contact Information

---

Email:

[g.williams@lifesjourneyservices.com](mailto:g.williams@lifesjourneyservices.com)

---

Address: Life's Journey, 2551 Eltham Ave,  
Ste A, Norfolk VA 23513

---

Phone: 757-622-0700

---

Fax: 757-622-2400

---

Referral email:

[contact@lifesjourneyservices.com](mailto:contact@lifesjourneyservices.com)

# References

- Hubley, S., Lynch, S.B., Schneck, C., Thomas, M., & Shore, J. (2016). Review of key telepsychiatry outcomes. *World Journal of Psychiatry, 6*(2), 269.
- 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.
- Benavides-Vaello, S., Strobe, A., & Sheeran, B.C. (2013). Using technology in the delivery of mental health and substance abuse treatment in rural communities: A review. *The Journal of Behavioral Health Services & Research, 40*(1), 111-120.
- Hilty, D.M., Sunderji, N., Suo, S., Chan, S., & McCarron, R.M. (2018). Telepsychiatry and other technologies for integrated care: Evidence base, best practice models and competencies. *International Review of Psychiatry, 30*(6), 292-309.
- Bashshur, R.L., Shannon, G.W., Bashshur, N., & Yellowlees, P.M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health, 22*(2), 87- 113.