



Promoting Wellness and Recovery

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Tele-health: Essential Pieces in the Behavioral Health Workforce Puzzle

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Overview

- Ohio's behavioral health workforce in context
- How we are using tele-health
- Related opportunities

- Note: Ohio examples are drawn from both substance use disorder treatment and mental health; however, the general approaches are largely transferrable between "systems" depending on your state's needs and interests

What is "workforce"?

Workforce includes anyone who provides services of any kind to a client with mental health or substance use disorder needs



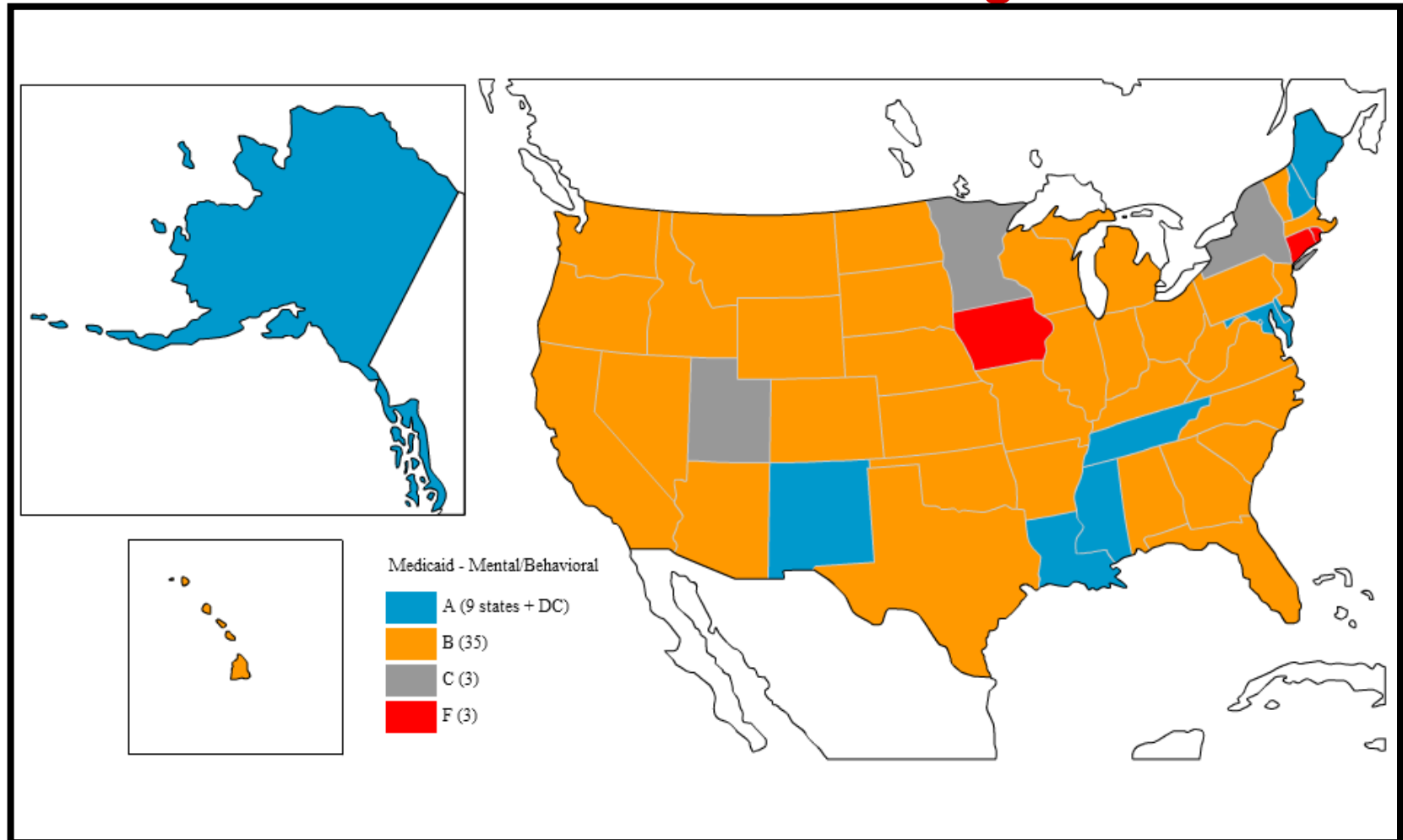
Ohio's Behavioral Health Workforce

- Glass is half full...
 - Significant public focus on mental health and addiction treatment
 - Significant policy focus on physical & behavioral health integration
 - Medicaid expansion:
 - More people have treatment opportunity
 - Providers have less uncompensated care and more opportunity to receive revenue for treatment rendered

Ohio's Behavioral Health Workforce

- Glass is half empty...
 - Clinical shortage (multiple disciplines)
 - Staff retention challenges
 - Reimbursement/payer challenges
 - Certain provider types/services not recognized by major payers
 - IMD exclusion
 - Reimbursement levels
 - Cultural competence for specific populations, e.g.:
 - Deaf, hard of hearing
 - Immigrant communities
 - LGBT

State Composite Ratings for Medicaid Telemental and Behavioral Health Coverage



Ohio & Telemedicine

- OhioMHAS certifies, and Ohio Medicaid reimburses, the following services via telehealth:
 - Behavioral health counseling & therapy
 - Pharmacologic management
 - Mental health assessment
- We want to use telemedicine more as appropriate (settings and services)
- Various demonstrations underway...

Potential Problems

- HIPAA compliance (if Skype says they are HIPAA compliant, does your lawyer agree? Ours doesn't!)
- Licensure issues (providers treating across state borders, licensure board rules)
- Assuring back-up contact method in the case of an equipment failure or emergency (suicidal patient)
- Insurance coverage issues
- Changing technology (studio- v. desktop-based, cloud issues)
- Changing definitions ("personally examined" traditionally means face-to face at same location, but as technology improves it may not)
- For MAT, federal law still indicates that the patient must be "personally examined" for treatment with a scheduled drug, meaning face-to face.

Example 1: Partnering to Treat

- In late 2011, Lorain County Alcohol & Drug Abuse Services (LCADA) partnered with Meridian Community Care to provide MAT via telemedicine to LCADA clients
- This approach leveraged Meridian's experience with MAT as an Opiate Treatment Program with LCADA's residential and outpatient treatment assets and connections to other "local" resources, i.e. pharmacy
- Up to 30 clients can be active at one time; roughly 140 clients have benefitted from this partnership since its inception

Ex. 2: Workforce Apportionment

- Tele-psychiatry for adults with co-occurring mental illness and developmental disabilities
- Wright State University: specialty psychiatry
 - Individuals with difficult to serve needs are referred by local planning boards
 - Initial visit is typically in person, then via video for subsequent appointments
 - Psychiatry residents enter workforce with skills in both MI/DD treatment and telemedicine

Ex. 3: Inter-System Partnership

- Coleman Professional Services contracts in 7 counties, and they utilize tele-health to provide services where local resources are in short supply
 - Trumbull County: services in the jail with...
 - Trumbull County Adult Justice Center
 - Trumbull County Mental Health and Recovery Board
 - Valley Counseling Services

Ex. 4: Specialty Consultation

- Nationwide Children's Hospital telemedicine to SE Ohio/Urbana through Pediatric Prescribing Network
 - Psychiatrists in Columbus provide treatment to children in primary care practices via telemedicine to improve access
 - Identified issue: need for better access to evidence-based psychotherapies in these areas

Ex. 5: Consistency for Client

- OhioMHAS hospitals offer tele-health services to:
 - Community providers from 21 counties to engage in treatment & discharge planning
 - Reduce provider staff travel time, increase efficiency, and minimize unbillable time to support individual recovery and continuity of care for patients on a cost-effective basis
 - Free software licenses are available for providers interested in participating

Ex. 6: Special Populations

- Wright State University used federal grant funding to run a program called Deaf Off Drugs & Alcohol (DODA).
- Counselors, case managers and coordinators were all fluent in American Sign Language and knowledgeable about deaf culture, and they utilized video counseling to assist clients.
- Any deaf or hard-of-hearing resident of Ohio who needed alcohol or drug treatment services or recovery support services was eligible to participate at no charge to the client.
- Program ended in 2013 but was very successful throughout the duration.

Other (Related) Opportunities

- Support cross-disciplinary training on effective prevention, treatment and recovery supports:
 - Trauma-Informed Care
 - Early Childhood Mental Health
 - Integrated Care
 - Evidence-Based Practices
 - Health Disparity and Inequity
 - Peers
 - SBIRT and Primary Care

More information

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