

# Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



# Telehealth Activities Across the States

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# SI #6: Workforce Development

## Goals:

- Develop and disseminate workforce training and education tools and core competencies to address behavioral health issues.
- Develop and support deployment of peer providers in all public health and health care delivery settings.
- Develop consistent data collection methods to identify and track behavioral health workforce needs.
- Influence and support funding for the behavioral health workforce.



# Discussion with States

- Between March and May, 2015 – SAMHSA Regional Administrator's held guided discussions with states
- State authorities identified participants – state staff, health dept, Gov advisory councils, provider reps, others
- Information being analyzed-trended now

# Discussion with States

- Intent is to identify trends and similar issues – areas of need – effective initiatives and strategies that can be shared from state to state/region to region.
- Each RA will be following up to establish a learning community in the region – agenda set by the states/informed by the discussion.

# One area discussed: Telehealth

- 40 states described some type of telehealth pilot initiative or activity
  - *Service Delivery*
  - *Supervision/Consultation*
  - *Continuing Education/Training*
- States with University partnerships were more likely to be piloting approaches
- Private sector/ VA is often the driver

# Service Delivery

- *From traditional face to face visits using video to mobile applications using smartphones and providing ed/ interventions/GPS alerts/on-demand advice.*
- *States reflection on particular effectiveness with youth – outreach, services on-demand, texting supports.*
- *Improved access to specialty services*

# Service Delivery issues

- Cross state licensure/credentialing
  - *Grace periods, deemed status*
- Improving reimbursement for service, not infrastructure
  - *Start up costs for small, rural providers can be high - bandwidth*
- Changing and challenging conception of teamwork and collaboration
  - *Working with people you have not met*

# Supervision/Consultation

- Use for specialty clinical consults – psychiatry (esp. child), forensics, adolescents, pain management.
  - *Contracts with private providers, use of retired but licensed professionals*
- Increased use in Med Schools for residency hours.
- Supervision – grand round type.
  - *Some of the professional organizations offer clinical supervision as a member benefit*

# Supervision/Consultation issues

- Reimbursement
  - *Some pilots through CMMI and CMS waivers*
- Provider trust
  - *Professionals you don't know*
- Liability
  - *Careful to distinguish between recommended care to an individual and discussion of general decision points to consider in similar cases (service delivery vs consultation)*

# CEUs/Training

- Range from self-directed courses and curricula to interactive Webinars to mental/substance use disorder specific ECHOsites.
- Offered by a range of TA providers, professional organizations, community colleges and universities.
- Most familiar and accepted use of technology.

# Opportunities

- States have identified some successful strategies to address:
  - *Reimbursement*
  - *Cross-state licensure/certification*
  - *Improved outcomes through mentoring*
  - *Partnerships with universities/private providers/professional orgs/others...*

# Opportunities

- SAMHSA looks forward to partnering with NASADAD to facilitate sharing of such strategies.
- Invitation is coming to invite participation in your Regional Workforce Learning Community.