SAMHSA & NASADAD
ANNUAL MEETING

PLENARY #2

Sustaining and Increasing Services Through Virtual Means: National and State Lessons

SAMHSA & NASADAD

ANNUAL MEETING

TTC Technology Transfer Centers

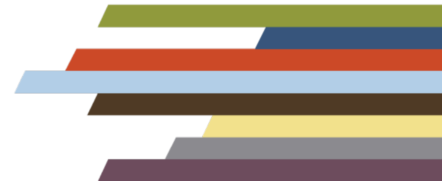
Funded by Substance Abuse and Mental Health Services Administration

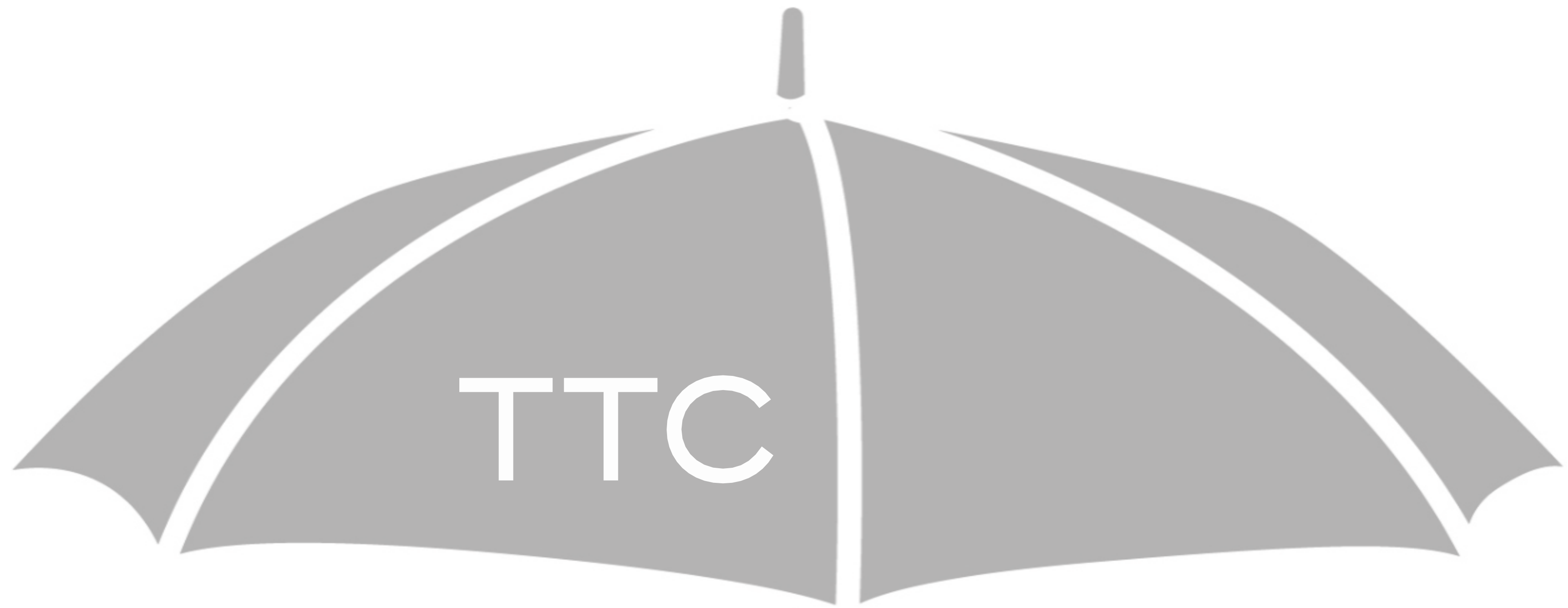
SUSTAINING AND INCREASING SERVICES THROUGH VIRTUAL MEANS: LESSONS LEARNED BY THE TTCS

Sara J. Becker, Ph.D. & Kristen Gilmore Powell, Ph.D.

SAMHSA

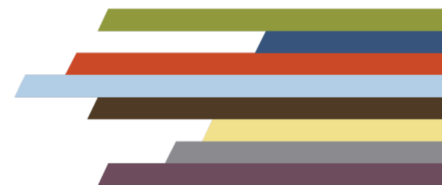
Substance Abuse and Mental Health Services Administration





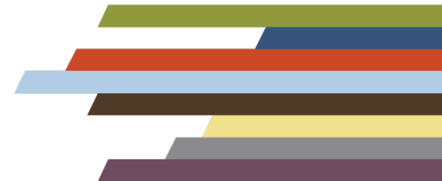
ATTC MHTTC PTTC

SMIAdviser
A Clinical Support System for Serious Mental Illness



Each TTC Network Includes 13 Centers:

- Network Coordinating Office
- National American Indian and Alaska Native Center
- National Hispanic and Latino Center
- 10 Regional Centers (aligned with HHS regions)



Northwest ATTC
University of Washington
Seattle, WA
Director: Bryan Hartzler

Northwest MHTTC
University of Washington
Seattle, WA
Co-Director: Lydia Ann Chwastiak
Co-Director: Maria Monroe-DeVita

Northwest PTTC
University of Washington
Seattle, WA
PI: Kevin Haggerty
WSU Project Director: Brittany Rhoades-Cooper
UNR Project Director: Michelle Frye-Spray

Mountain Plains ATTC
University of North Dakota
Grand Forks, ND
Director: Thomasine Heitkamp

Mountain Plains MHTTC
University of North Dakota
Grand Forks, ND
Co-Director: Thomasine Heitkamp
Co-Director: Dennis Mohatt

Mountain Plains PTTC
University of Utah
Salt Lake City, UT
Director: Jason Burrow-Sanchez
Co-Director: Marjean Nielsen

National American Indian & Alaska Native ATTC
University of Iowa
Iowa City, IA
Director: Anne Helene Skinstad

National American Indian & Alaska Native MHTTC
University of Iowa
Iowa City, IA
Director: Anne Helene Skinstad
Co-Director: Sean Bear

National American Indian & Alaska Native PTTC
University of Iowa
Iowa City, IA
Director: Anne Helene Skinstad
Co-Director: Sean Bear

Great Lakes ATTC
University of Wisconsin
Madison, WI
Director: Todd Molfenter

Great Lakes MHTTC
University of Wisconsin
Madison, WI
Director: Todd Molfenter
Co-Director: Lou Kurtz

Great Lakes PTTC
University of Wisconsin
Madison, WI
Director: Todd Molfenter
Co-Director: Julia Parnell

New England ATTC
Brown University
Providence, RI
Director: Sara Becker

New England MHTTC
Yale University
New Haven, CT
Director: Larry Davidson

New England PTTC
AdCare Maine
Augusta, ME
Director: Scott M. Gagnon

Northeast & Caribbean ATTC
NDRI, Inc.
New York, NY
Director: Michael Chaple

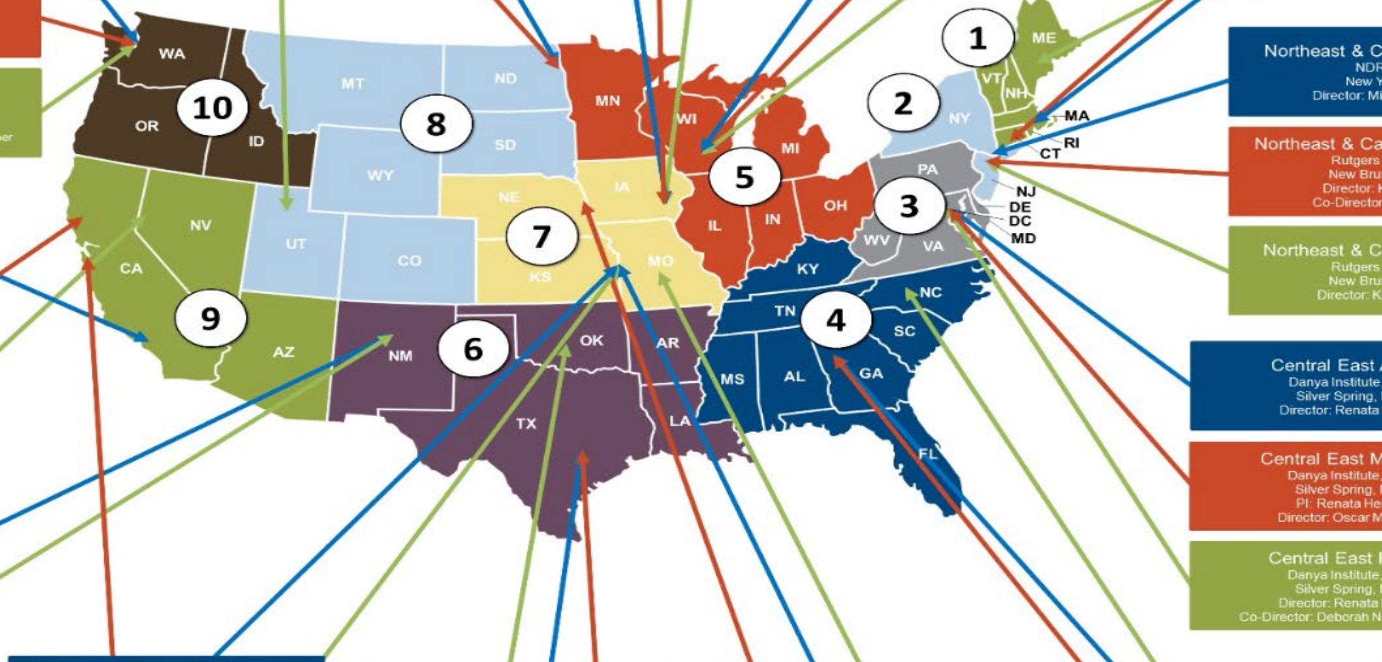
Northeast & Caribbean MHTTC
Rutgers University
New Brunswick, NJ
Director: Kenneth Gill
Co-Director: Ann Murphy

Northeast & Caribbean PTTC
Rutgers University
New Brunswick, NJ
Director: Kristen Powell

Pacific Southwest ATTC
University of California, Los Angeles
Los Angeles, CA
Director: Thomas Freese

Pacific Southwest MHTTC
Center for Applied Research Solutions (CARS)
Santa Rosa, CA
Director: Christina Borbely
Co-Director: Rachele Espiritu
Executive Director: Kerrilyn Scott-Nakai

Pacific Southwest PTTC
University of Nevada, Reno
Reno, NV
Project Director: Alyssa O'Hair



Central East ATTC
Danya Institute, Inc.
Silver Spring, MD
Director: Renata Henry

Central East MHTTC
Danya Institute, Inc.
Silver Spring, MD
PI: Renata Henry
Director: Oscar Morgan

Central East PTTC
Danya Institute, Inc.
Silver Spring, MD
Director: Renata Henry
Co-Director: Deborah Nixon Hughes

National Hispanic & Latino ATTC
National Latino Behavioral Health Association
Cochiti Lake, NM & Atlanta, GA
Director: Pierluigi Mancini

National Hispanic & Latino MHTTC
Universidad Central del Caribe
Bayamon, Puerto Rico
Director: Ibis Carrion

National Hispanic & Latino PTTC
National Latino Behavioral Health Association
Cochiti Lake, NM & Atlanta, GA
Director: Pierluigi Mancini

ATTC Network Coordinating Office
University of Missouri – Kansas City
Kansas City, MO
Director: Holly Hagle
Co-Director: Laurie Krom

MHTTC Network Coordinating Office
Stanford University School of Medicine
Palo Alto, CA
Director: Heather Gotham

PTTC Network Coordinating Office
University of Missouri – Kansas City
Kansas City, MO
Director: Holly Hagle
Co-Director: Laurie Krom

South Southwest ATTC
University of Texas
Austin, TX
Director: Maureen Nichols

South Southwest MHTTC
University of Texas
Austin, TX
Director: Molly Lopez
Co-Director: Stacey Stevens Manser

South Southwest PTTC
University of Oklahoma
Norman, OK
Director: Marie Cox
Co-Director: LaShonda Williamson-Jennings

Mid-America ATTC
Truman Medical Center
Kansas City, MO
Director: James Glenn
Co-Director: Pat Stilen

Mid-America MHTTC
University of Nebraska Medical Center
Omaha, NE
Director: Joseph Evans
Co-Director: Howard Liu

Mid-America PTTC
ACT Missouri
Jefferson City, MO
PI: Chuck Daugherty
Director: Dave Closson

Southeast ATTC
Morehouse School of Medicine
Atlanta, GA
Director: Dawn Tyus

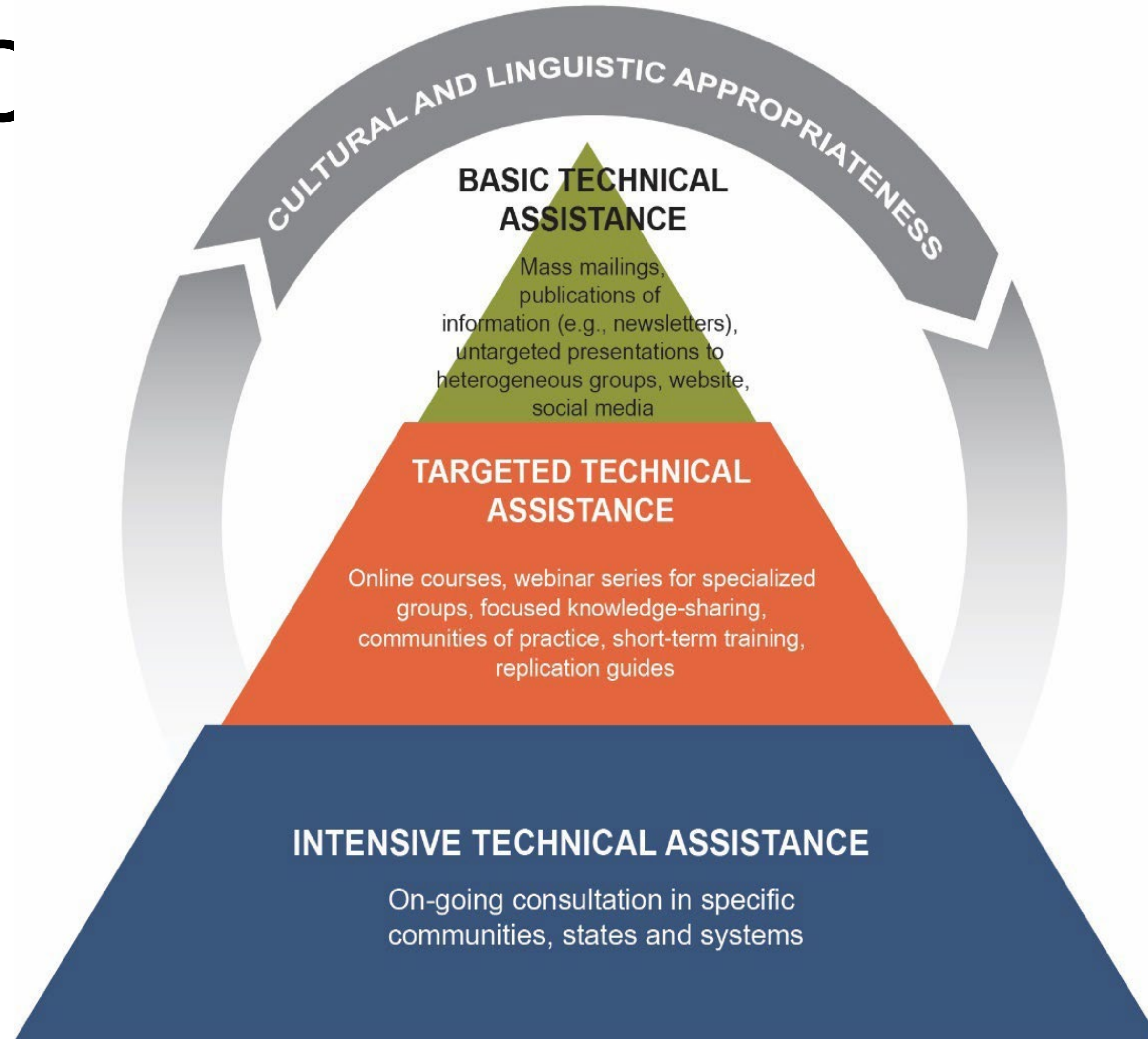
Southeast MHTTC
Emory University
Atlanta, GA
Director: Benjamin G. Druss
Deputy Director: Janet Cummings

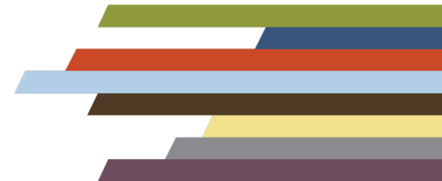
Southeast PTTC
Wake Forest School of Medicine
Winston-Salem, NC
Director: Mark Wolfson
Co-Director: Kimberly Wagoner

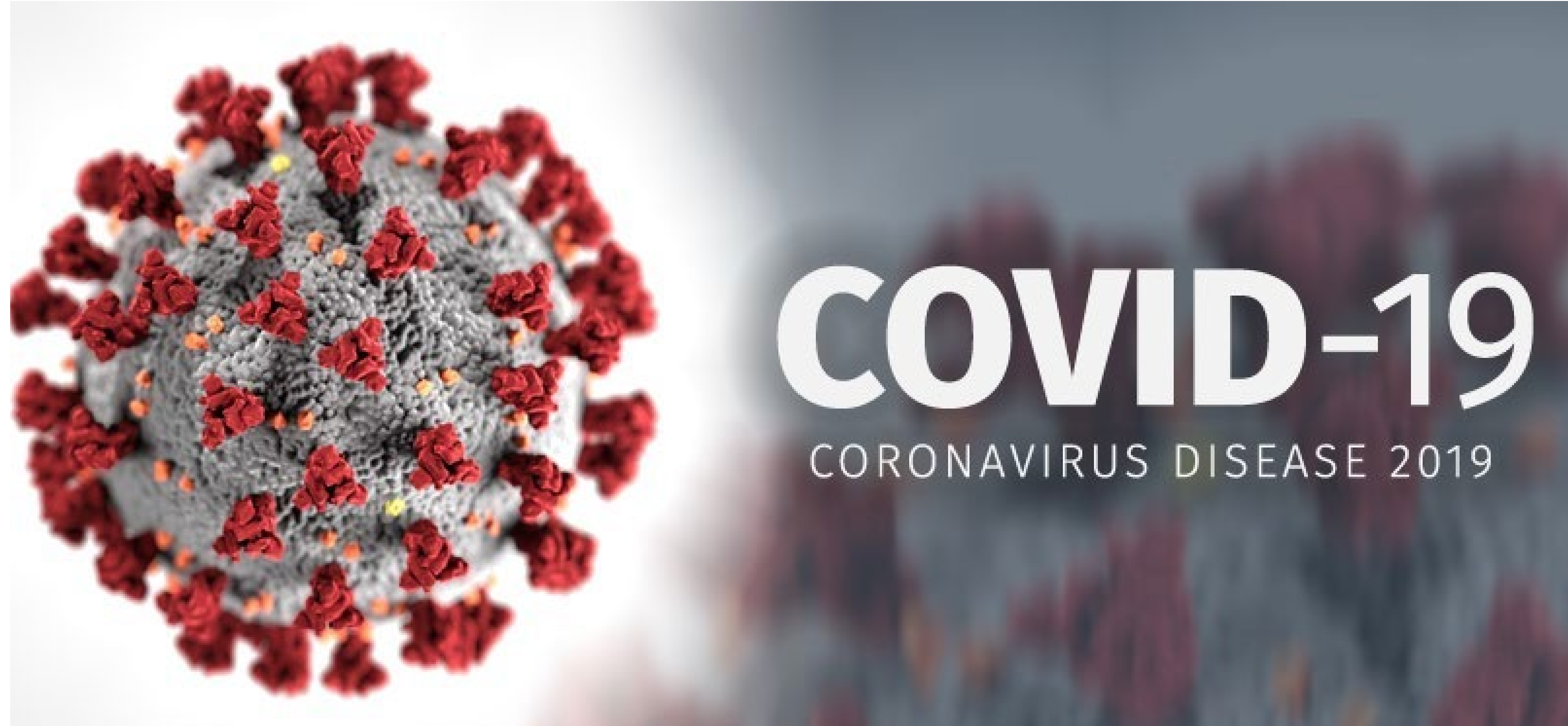
Other Region 9 Sites:
Guam
American Samoa
Trust Territories
Commonwealth of the Northern Mariana Islands

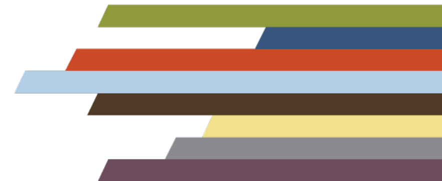
*Map not to scale

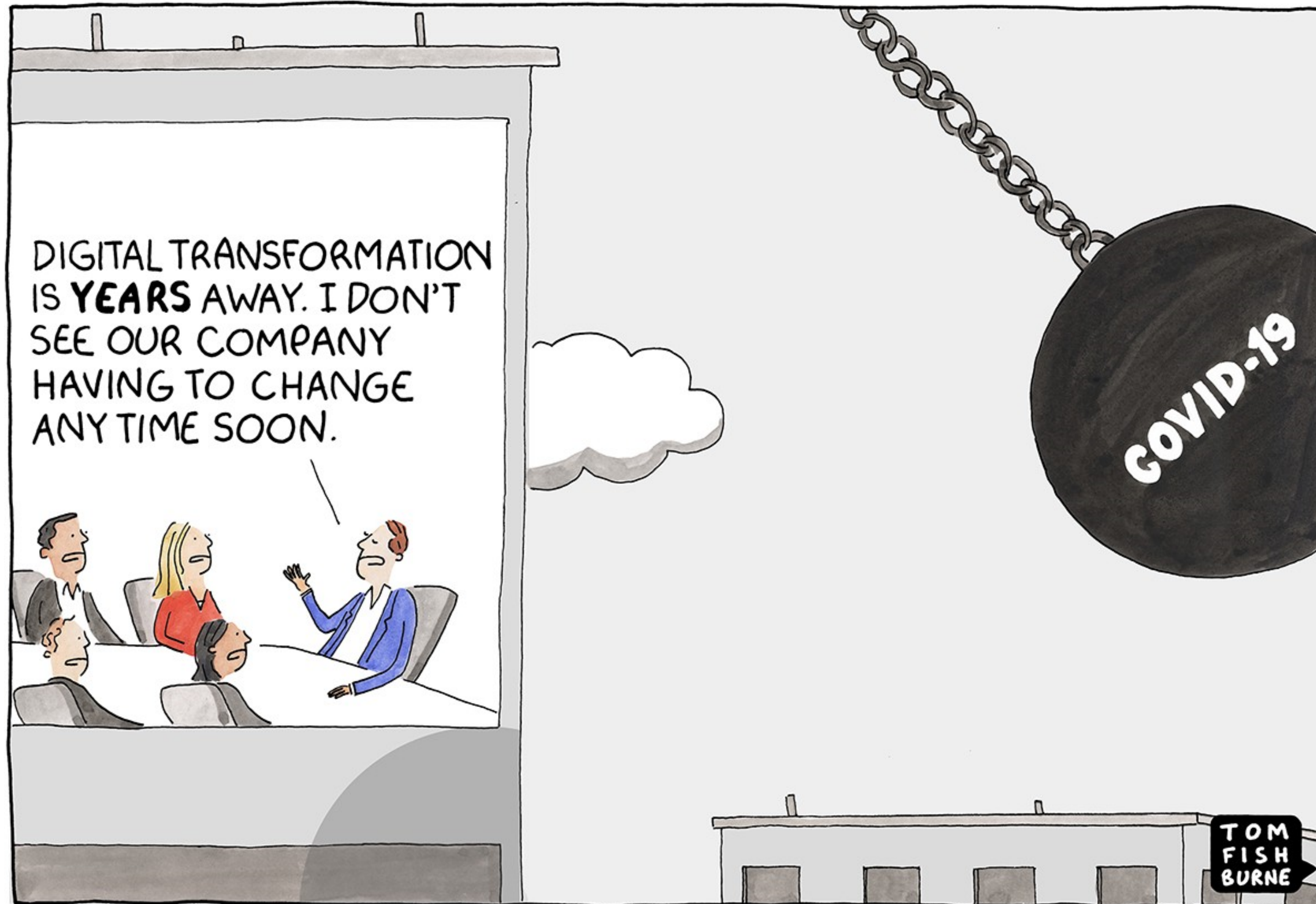
TTC Service Provision: The Technical Assistance C

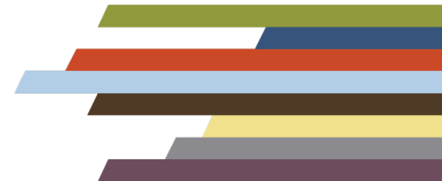





COVID-19
CORONAVIRUS DISEASE 2019




DIGITAL TRANSFORMATION IS **YEARS** AWAY. I DON'T SEE OUR COMPANY HAVING TO CHANGE ANY TIME SOON.
COVID-19
TOM FISH BURNE
© marketoonist.com



TTC Technology Transfer Centers
Funded by Substance Abuse and Mental Health Services Administration

Cross TTC Workgroup on Virtual Le[...]

Fo[...]

Mission

The Working Group (WG) was established to to explore the potential for a cross TTC publication(s) documenting the efforts of the TTC network to shift a wide-range of training and TA events to fully virtual as a means of mitigating spread/risk during the COVID-19 outbreak.

Objectives

While each ATTC is responsible and accountable for their own progress against their work plans and goals, the Working Group serves an important function in leveraging the collective expertise of the Centers to assess, prioritize, and address the challenges and needs of this focus area(s), and to develop products that maximize the outcomes of all available resources.

By sharing ideas, better understanding perspectives, guiding and contributing to solutions, and co-creating trusted relationships; the objective is that WG participants expand their impact for their Center as well as the collective Network.

"If you want to go fast, go alone. If you want to go far, go together." – African Proverb

Cross TTC Workgroup on Virtual Learning:

TTC Leadership Survey May 2020, 90% Response Rate

TTCs: Transitioning Training & TA to Virtual

In response to the COVID-19 pandemic, TTCs have had to shift all of their training and technical assistance fully virtual. We are looking to document the various ways that TTCs have shifted to fully virtual training and technical assistance. Please answer the following brief questions.

We are especially interested in novel approaches that might be unique to your TTC!

* Required

On behalf of which type of Center(s) are you responding? *

- National (AI/AN, H/L, NCO)
- Regional
- International

Next

Page 1 of 8

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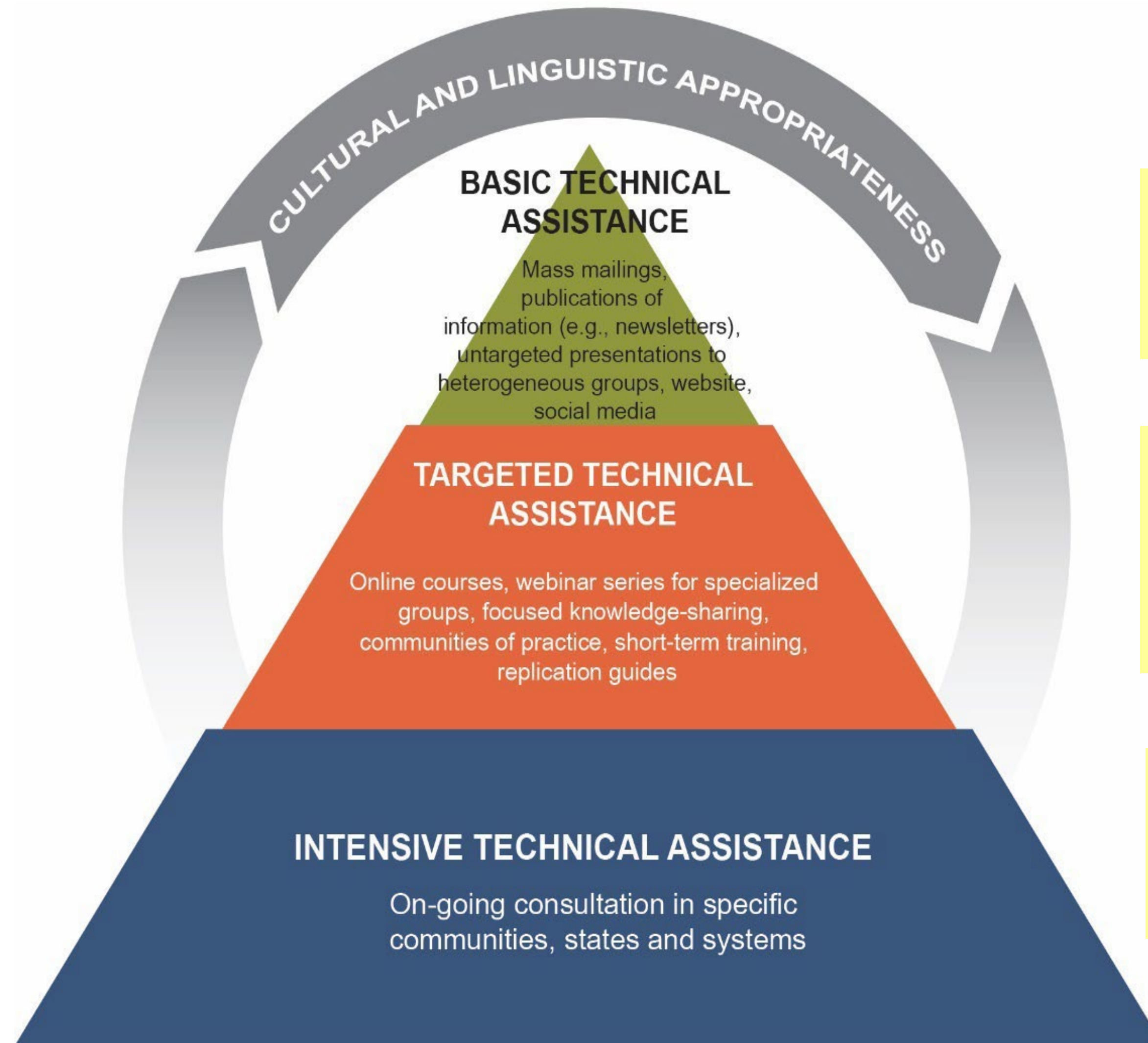
Google Forms

- Asked about TA provision pre- COVID and post-COVID
- Perceived advantages of virtual TA provision
- Perceived disadvantages of virtual TA provision
- Open-ended questions about the shift to virtual for each type of TA provision

Leadership Survey Results:

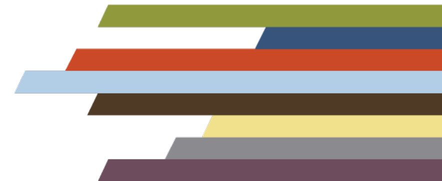
Example Innovations



Novel delivery channels (podcasts, videos), virtual listening session, “flipping the script”

Stripped down didactics, shorter intervals, breakout rooms, novel platforms, remote learning extenders

Virtual walkthroughs, remote observation of session delivery, virtual consultations

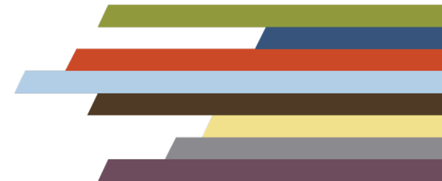


Leadership Survey Results

Table 1: Types of Technical Assistance (TA) Offered by the Technology Transfer Centers

TA Type	% Virtual Before COVID-19 (SD)	% Virtual During COVID-19 (SD)	Difference (SD)	% TA Type Before COVID-19 (SD)	% TA Type During COVID-19 (SD)	Difference
Basic TA	49.7% (31.8)	100%	50.3%	40.5% (20.5)	43.2%	+2.7%
Targeted TA	41.1 % (28.7)	100%	58.9%	38.0% (16.8)	52.5%	+14.5%
Intensive TA	41.6 % (33.3)	100%	58.4%	18.5% (12.5)	4.3%	-14.2%
Overall	43.3% (29.9)	100%	56.7%	--	--	--

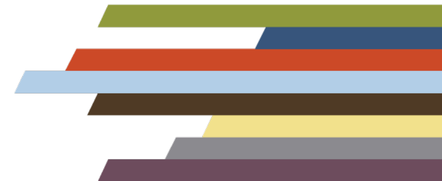
Note: SD = standard deviation



Leadership Survey Results:

Perceived Advantages and Disadvantages

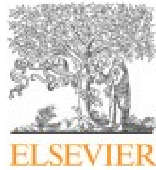
Advantages	Disadvantages
Increased reach / decreased barriers to participation	Digital divide / inadequate technology infrastructure
Decreased cost	Difficulty engaging stakeholders / gaining trust
Improved efficiency	Variability in technical skills of attendees and staff
Increased staff productivity	Demands on staff time
Increased cross-TTC collaboration	Security concerns



Leadership Survey Results

Disseminated Products

Journal of Substance Abuse Treatment 121 (2021) 108157



Contents lists available at ScienceDirect

Journal of Substance Abuse Treatment

journal homepage: www.elsevier.com/locate/jsat

Virtual reality for behavioral health workforce development in the era of COVID-19☆

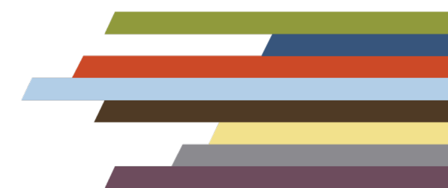
Cross-Technology Transfer Center (TTC) Workgroup on Virtual Learning*

ARTICLE INFO

Keywords:
COVID-19
Workforce development
Behavioral health
Technology Transfer Centers

ABSTRACT

The coronavirus 2019 disease (COVID-19) pandemic emerged at a time of substantial investment in the United States substance use service infrastructure. A key component of this fiscal investment was funding for training and technical assistance (TA) from the Substance Abuse and Mental Health Services Administration (SAMHSA) to newly configured Technology Transfer Centers (TTCs), including the Addiction TTCs (ATTC Network), Prevention TTCs (PTTC Network), and the Mental Health TTCs (MHTTC Network). SAMHSA charges TTCs with building the capacity of the behavioral health workforce to provide evidence-based interventions via locally and culturally responsive training and TA. This commentary describes how, in the wake of the COVID-19 pandemic, TTCs rapidly adapted to ensure that the behavioral health workforce had continuous access to remote training and technical assistance. TTCs use a conceptual framework that differentiates among three types of technical assistance: basic, targeted, and intensive. We define each of these types of TA and provide case examples to describe novel strategies that the TTCs used to shift an entire continuum of capacity building activities to remote platforms. Examples of innovations include online listening sessions, virtual process walkthroughs, and remote "live" supervision. Ongoing evaluation is needed to determine whether virtual TA delivery is as effective as face-to-face delivery or whether a mix of virtual and face-to-face delivery is optimal. The TTCs will need to carefully balance the benefits and challenges associated with rapid virtualization of TA services to design the ideal hybrid delivery model following the pandemic.



Technology Transfer Centers

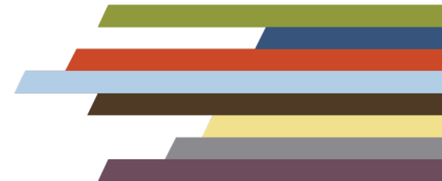
Funded by Substance Abuse and Mental Health Services Administration

Cross TTC Workgroup on Virtual Learning:

Analysis of TTC Event Database August-September 2020, 393 Events

	Event Date	Event Name	1st Code	2nd Code	Particip	TA Type	Date Poste	Link
2	07/22/2020	Leadership & Organizational Culture During COVID-19			42	Targeted	07/20/2020	View or
3	07/30/2020	Leading Trauma Informed School Systems Change - Before, During & After Pandemic Times Session 2			0	Universal	07/13/2020	View or
4	07/28/2020	Leading Trauma Informed School Systems Change - Before, During & After Pandemic Times Session 1			0	Universal	07/13/2020	View or
5	07/17/2020	Self-Care in the Time of COVID-19			11	Targeted	07/08/2020	View or
6	07/16/2020	Impact of COVID-19 Realities on IPS Supported Employment			100	Targeted	07/08/2020	View or
7	07/16/2020	C-TLC | Back to School: Opening up with Optimism and Connection			223	Universal	07/08/2020	View or
8	07/31/2020	Learning From and With Students, Caregivers, Advocates and Systems Leaders			0	Targeted	07/07/2020	View or
9	07/28/2020	Minimizing Risk for Conflict/Coercion in Families with School-Age Children			550	Targeted	07/02/2020	View or
10	07/21/2020	"Keeping it in the Family": Addressing Family Conflict in the time of COVID-19			691	Targeted	07/02/2020	View or
11	07/14/2020	Supporting Families of Young Children at Risk for Ongoing Domestic Violence			855	Targeted	07/02/2020	View or
12	07/01/2020	Financing School-Based Mental Health Services during a State Budget Crisis			0	Targeted	06/30/2020	View or
13	07/28/2020	Rural but Reachable: How to Build Grief Support by Creating Community			0	Intensive	06/25/2020	View or
14	07/22/2020	The Evolving Nature of Social Connections: Promoting Well-Being in Times of Crisis			0	Intensive	06/25/2020	View or
15	07/16/2020	Taking on the "Perfect Storm": Faith-based Organizations and Partnerships Address Critical Behavioral Health Needs in Comi			0	Targeted	06/19/2020	View or
16	07/14/2020	Rural Social Isolation and Loneliness: Rates, Importance, and Identifying Risk			0	Targeted	06/15/2020	View or
17	06/16/2020	2020 ODMHSAS Children's Conference: Educator Track			88	Targeted	06/15/2020	View or
18	07/09/2020	Providing Mental Health Telehealth Services in Farming and Rural Communities			0	Targeted	06/12/2020	View or
19	07/02/2020	Approaching and Treating Co-Occurring Mental and Substance Use Disorders in Farming and Rural Communities			0	Targeted	06/12/2020	View or
20	04/06/2020	Strategies of Support for Mental Health Providers #1			161	Targeted	06/12/2020	View or
21	06/25/2020	Improving Mental Health Care by Understanding the Culture of Farming and Rural Communities			431	Targeted	06/12/2020	View on Website
22	07/08/2020	Intimate Partner Violence and Mental Health Amidst the COVID-19 Crisis and Beyond			482	Targeted	06/12/2020	View on Website
23	06/18/2020	Study Guide Session: School Mental Health Crisis Leadership Lessons: Voices of Experience from Leaders in the Pacific Soutl			0	Targeted	06/11/2020	View on Website
24	06/11/2020	Study Guide Session: School Mental Health Crisis Leadership Lessons: Voices of Experience from Leaders in the Pacific Soutl			0	Targeted	06/11/2020	View on Website
25	07/09/2020	Providing Mental Health Telehealth Services in Farming and Rural Communities			423	Targeted	06/11/2020	View on Website
26	07/02/2020	Approaching and Treating Co-Occurring Mental and Substance Use Disorders in Farming and Rural Communities			431	Intensive	06/11/2020	View on Website
27	07/01/2020	Supporting Staff in these Extraordinary Times			76	Universal	06/10/2020	View on Website
28	06/30/2020	SBIRT: Now more than ever			144	Targeted	06/10/2020	View on Website

- 3 independent coders
- Read titles of all events
- Developed initial codebook
- Separately coded first 25 in each network and reviewed as team
- Each coded ~250 events
- Met to obtain 100% consensus



TTC Event Database Results:

Key Themes by Order of Attendance

Theme	Average Attendees Per Event	Number of Events
1) Racial equity	352	28
2) Telehealth	271	61
3) Support services (Helping behavioral health clients)	246	107
4) Provider self-care	207	92
5) Evidence-based practices	174	61
6) Networking	137	123
7) Organizational management and communication	82	55
8) Changing laws and policies	51	8

TTC Event Database Results:

Crosswalk of TA Type and Key Themes

Figure 1. Proportion of TTA Levels represented within each TTA theme

N = 44 N = 7 N = 69 N = 28 N = 12 N = 50 N = 67 N = 35

100%
75%
50%
25%
0%

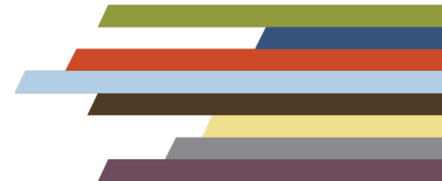
Percent

EBPs
laws & policies
network
organizational
racial equity
self-care
support & services
telehealth

TTA Theme

TTA Level
intensive
targeted
universal

- Lack of intensive TA in racial equity, self-care, and telehealth highlights a need for more creative planning around virtual intensive TA provision



TTC Event Database Results

Disseminated Products

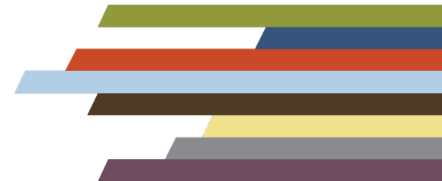
Providing Behavioral Workforce Development Technical Assistance during COVID-19:

Adjustments and Needs

Cross-Technology Transfer Center (TTC) Workgroup on Virtual Learning

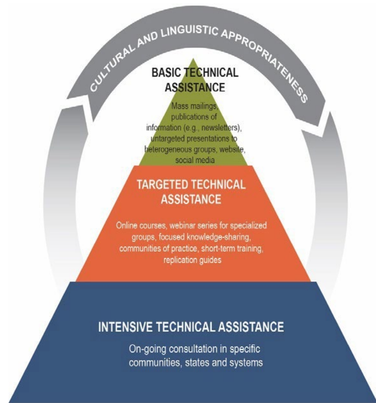
Author's Note: This commentary was drafted by a workgroup representing multiple technology transfer centers funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views and opinions contained within this document do not necessarily reflect those of SAMHSA or the U.S. Department of Health and Human Services and should not be construed as such.

Contributing authors are: Sara Becker, Ph.D., Abby Kisicki, B.A., Michael Chaple, Ph.D., Thomas E. Freese, Ph.D., Heather Gotham, Ph.D., Rachelle Greller, MS, Holly Hagle, Ph.D., Maxine Henry, MSW, MBA, Laurie Krom, M.S., Rosemarie Martin, Ph.D., Kristen Powell, Ph.D., Nancy Roget, M.S., Isa I. Velez-Echevarria, PsyD, and Ruth Yáñez, MSW., Todd Molfenter, Ph.D.,

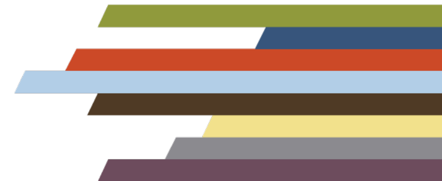


Cross TTC Workgroup on Virtual Learning:

Analysis … Health Workforce Assess and Perceptions



"Pre-Covid - 19"	September 1, 2019 - February 28, 2020
"During Covid-19"	April 1, 2020 - September 30, 2020



Cross TTC Workgroup on Virtual Learning:

Analysis of Behavioral Health Workforce Assess and Perceptions

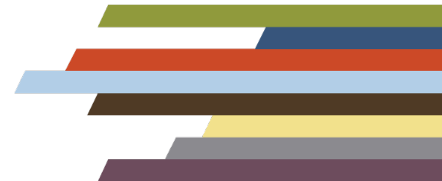
Methods

National event, participant-level data for TTA participants

2,257 events

175,766 participant attendees

50 US states, the District of Columbia, and eight U.S. Territories and Freely Associated States



Results:

Event Data Pre- and During-COVID

Variable	Pre-COVID	During-COVID	t-value (probability)	Effect Size
Number of events	939	1318	-	
Number of participants attended	37,363	138,403	-	
Number of GPRA surveys	20,568	64,960		
	Mean (SD)	Mean (SD)		
Number of participants per zip code	1.77 (4.50)	5.67 (10.47)	t=-43.91 ($p < .001$)	d = .48
Participants per event	39.79 (55.95)	105.01 (146.90)	t = -14.69 ($p < .001$)	d = .69
Contact Hours per event	4.24 (4.82)	2.76 (4.06)	t = 7.70 ($p < .001$)	d = .36
Continuing Education Hours per event	156.42 (473.64)	197.88 (293.91)	t= -2.38 ($p=.011$)	d = .12

Results:

Behavioral Health Workforce Participant Data Pre- and During-COVID

Variable	Pre-COVID		During COVID		Sig	
	N	%	N	%	X^2	Coeff*
Professional Discipline					1353.88 p< .001	.129 p< .001
Counselor	3215	16.4	12234	19.7		
Addictions professional	1602	8.2	4287	6.9		
Psychiatrist/Psychologist	932	4.7	3008	4.8		
Social worker	3113	15.9	14713	23.7		
Recovery/peer specialist	882	4.5	3293	5.3		
Criminal justice professional	238	1.2	725	1.2		
CHW/health educator	3432	17.5	7897	12.7		
Public/Business administrator	708	3.6	1354	2.2		
Researcher	344	1.8	548	0.9		
Medical professional	966	4.9	2073	3.3		
Student	881	4.5	1490	2.4		
Other	3309	16.9	10579	17.0		

Results:

Behavioral Health Workforce Participant Data Pre- and During-COVID

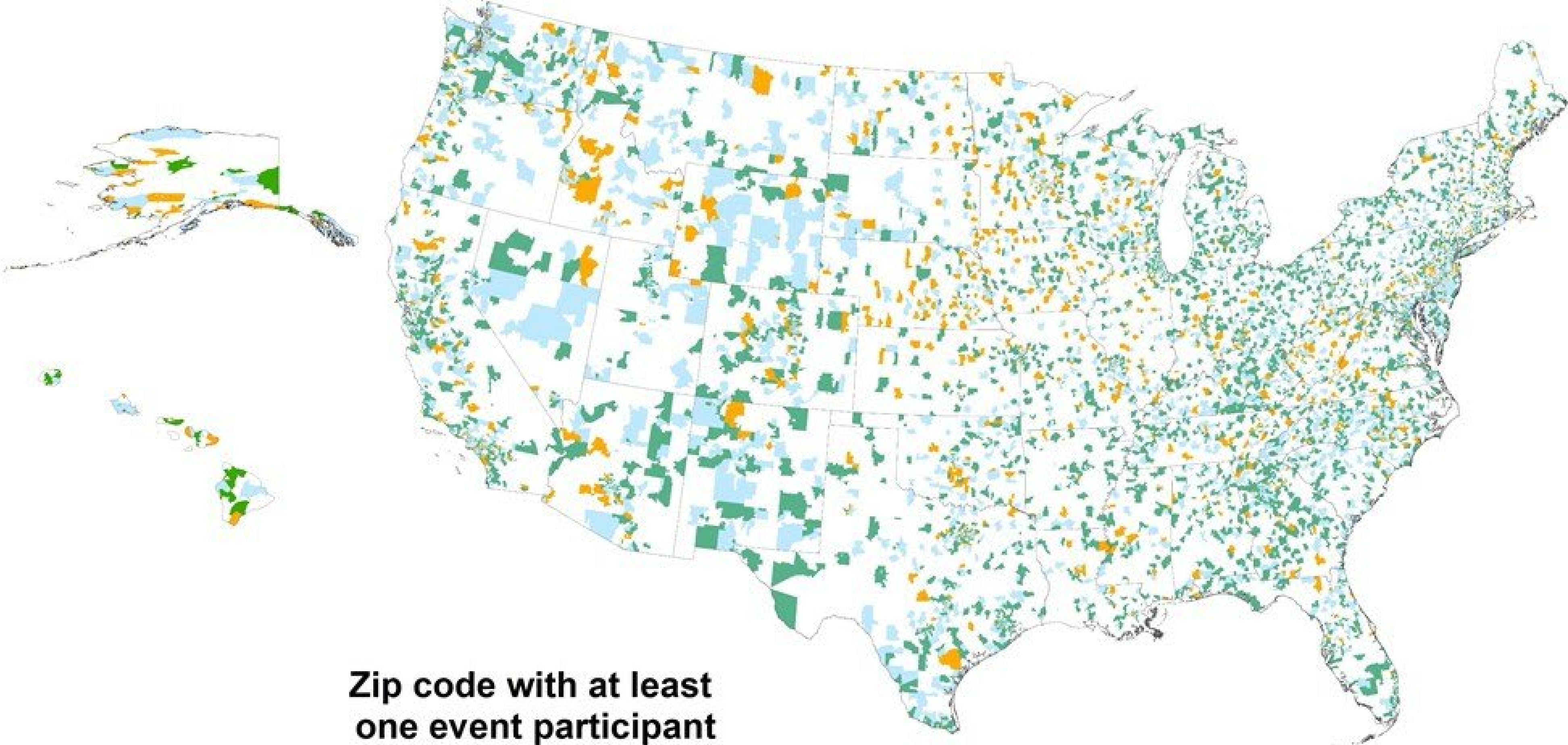
Variable	Pre-COVID		During COVID		Sig	
	N	%	N	%	X^2	Coeff*
Gender					286.43 $p < .001$	.058 $p < .001$
Male	4271	20.8	10192	15.7		
Female	16175	78.6	54355	83.7		
Transgender/other	122	0.6	413	0.7		
Race/Ethnicity						
Black/African American	2572	12.8	10420	16.2	545.59 $p < .001$	.080 $p < .001$
Asian	372	1.8	1698	2.6		
White	12883	64.0	35355	55.1		
Hispanic/Latino	2671	13.3	11161	17.4		
AI/AN**	622	3.1	2104	3.3		
NH/PI**	167	0.8	410	0.6		
Multiracial	849	4.2	2979	4.6		

Results:

Behavioral Health Workforce Participant Data Pre- and During-COVID

Variable	Pre-COVID		During COVID		Sig	
	N	%	N	%	X^2	Coeff
Satisfied Overall Quality of Event						
Very satisfied	12028	59.7	39847	62.4	98.19	.034
Satisfied	6919	34.3	21099	33.1	p< .001	p< .001
Neutral	916	4.5	2202	3.4		
Dissatisfied	161	0.8	325	0.5		
Very dissatisfied	121	0.6	362	0.6		
Benefit Professional Practice						
Strongly agree	11294	56.1	36117	56.7	45.07	.023
Agree	7499	37.3	24077	37.8	p< .001	p< .001
Neutral	1104	5.5	3045	4.8		
Disagree	142	0.7	276	0.4		
Strongly disagree	83	0.4	197	0.3		
Will Use Information from Event						
Strongly agree	9415	46.9	31880	50.2	119.90	.038
Agree	7852	39.1	24195	38.1	p< .001	p< .001
Neutral	2415	12.0	6633	10.4		
Disagree	298	1.5	605	1.0		
Strongly disagree	90	0.4	205	0.3		
Willing to recommend event to colleague	19244	96.5	62561	97.7	92.98	.033

TTC Event Participation by Zip Code
Pre-COVID and During-COVID



Pre-COVID

Pre- and During-COVID

During-COVID

Due to smaller geographic size of the US Territories, they could not be

Cross TTC Workgroup on Virtual Learning:

Analysis of Behavioral Health Workforce Assess and Perceptions

Conclusions

During COVID-19 Restrictions:

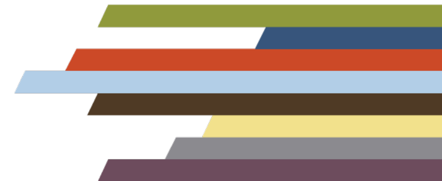
- ✔ Increase in number of events (+40%) and number of participants (+270%)
- ✔ Number of participants rose in rural, urban, and suburban geographic areas
- ✔ Reached more women, Hispanic and Black Americans, individuals with a Master's, and social workers
- ✔ Satisfaction rates were unchanged or slightly higher
- ✔ Behavioral health participants' perceptions of content utility was not compromised due to virtual training/technical assistance services

Cross TTC Workgroup on Virtual Learning:

Analysis of Behavioral Health Workforce Assess and Perceptions

Manuscript under review

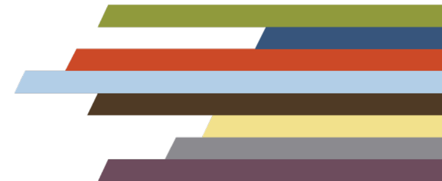
Virtual Training and Technical Assistance: A Shift in Behavioral Health Workforce Access and Perceptions of Services During Emergency Restrictions



WHEN THIS IS ALL OVER, WHAT SHOULD CHANGE?

EVERYTHING.

The Observer



SAMHSA & NASADAD
ANNUAL MEETING

Sustaining and Increasing Services Through Virtual Means: National and State Lessons

2021 NASADAD National Meeting

DeAnn Decker, Bureau Chief of Substance Abuse

Iowa Department of Public Health

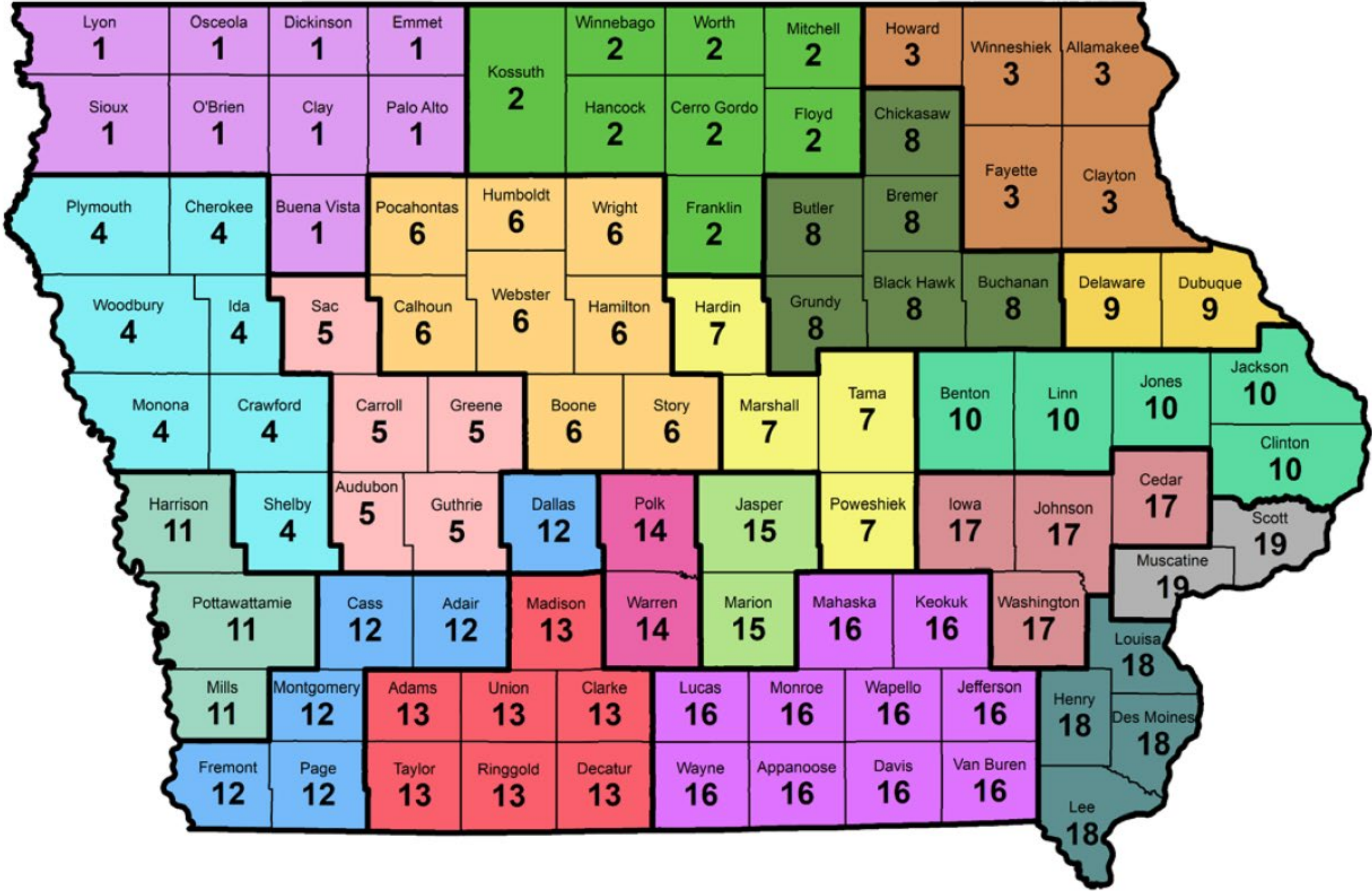
Protecting and Improving the Health of Iowans

IDPH
IOWA Department of PUBLIC HEALTH

Basic Background: Iowa SUD Service Delivery

- Iowa is a medium-sized, rural, midwest state of just over 3 million people
- 99 counties that are grouped into 19 SUD service areas
- Discretionary grants may also be implemented via the Integrated Provider Network (IPN) providers such as State Opioid Response, Zero Suicide, and Homelessness Grant
- The Bureau licenses all 100 SUD treatment providers in the state
- The IPN was competitively procured in 2018 to provide prevention and treatment services for SUD and Problem Gambling

Integrated Provider Network map



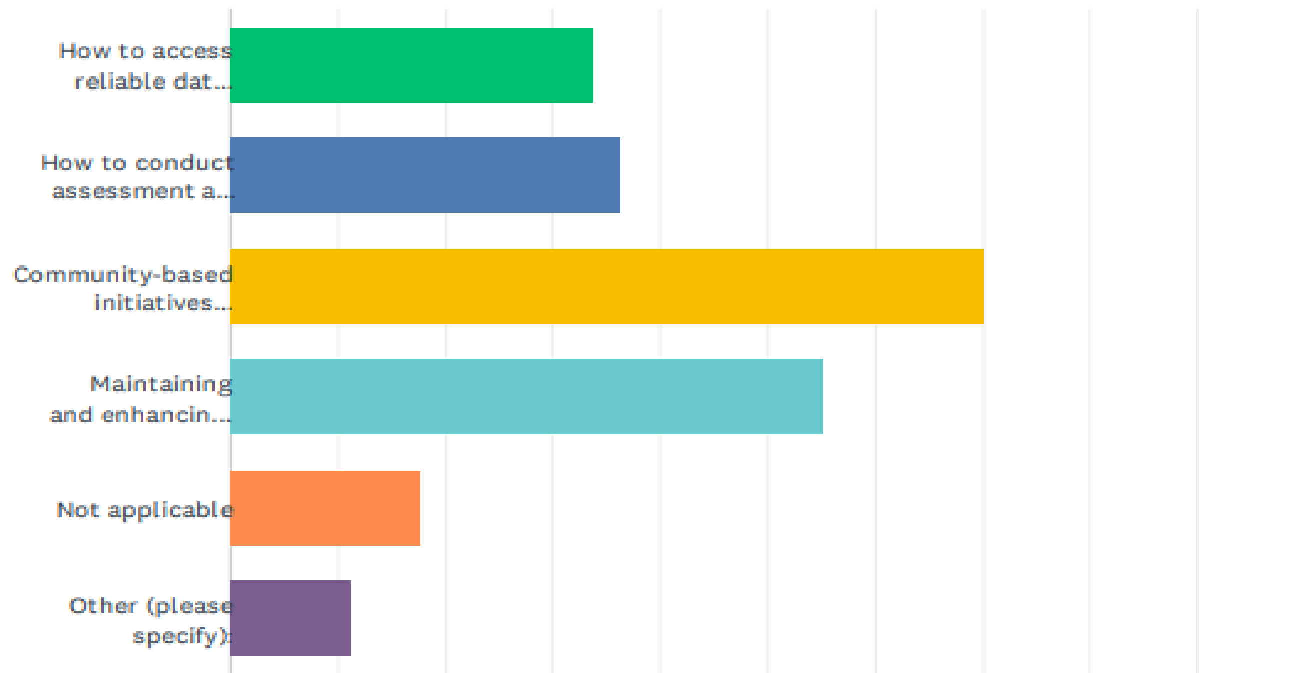
Prevention

Meeting Iowans Where They Are

Integrated Provider Network Prevention Surveys

- Original survey sent in May 2020
- Follow-up survey sent in May 2021
- Responses to the first survey represented 16 of 19 IPN providers
- Second survey included 19 of 19 IPN providers
- Asked about virtual prevention services implementation benefits and challenges

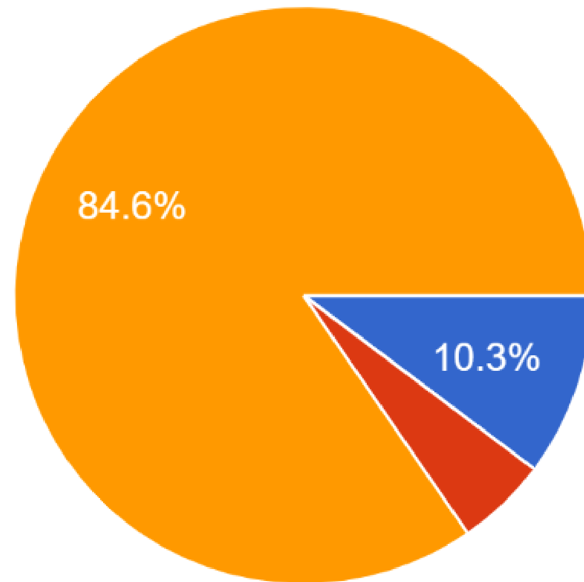
April 2020 Prevention Survey



May 2021 Prevention Survey

Which of the following is your agency currently offering?

78 responses



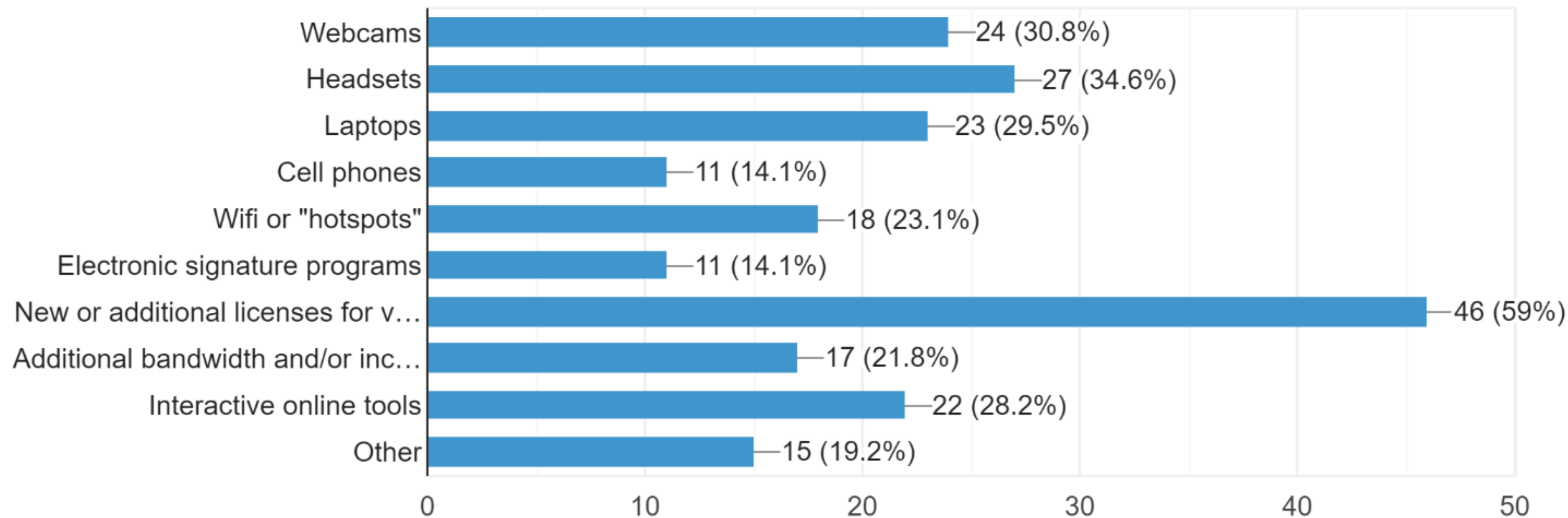
All virtual prevention services

All face-to-face prevention services

Hybrid of both virtual and face-to-face prevention services

May 2021 Provider Prevention Surveys Results:

19 of 19 agencies responded:



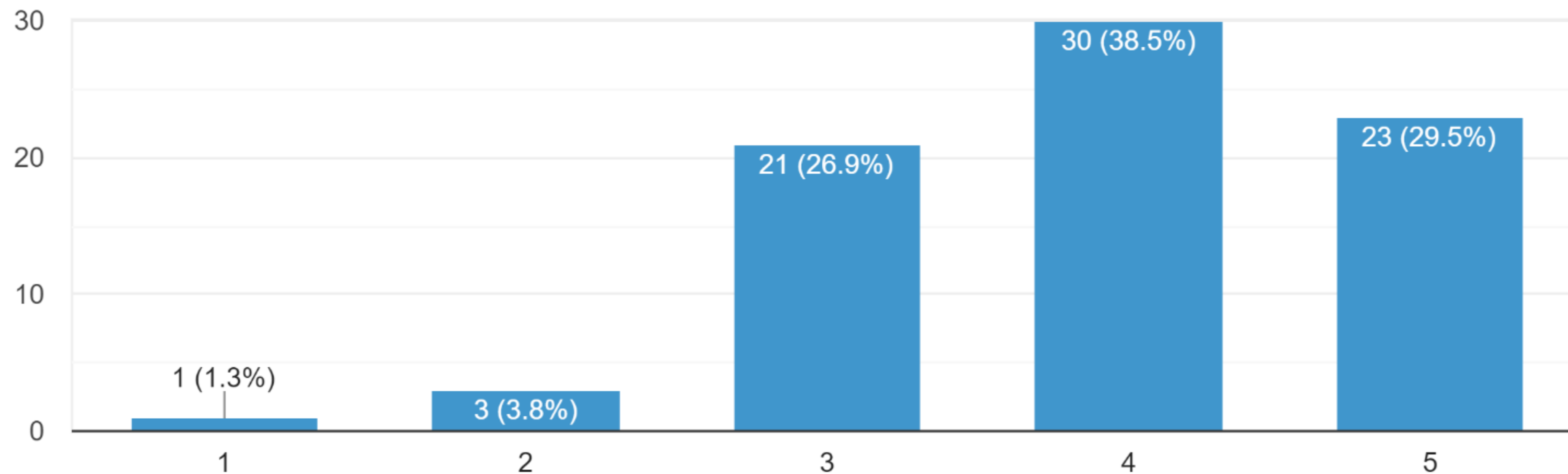
May 2021 Prevention Survey:
What are the limitations and challenges?

- **Connectivity** with rural communities.
- **Lack of participation** of youth who are tired of online learning or having barriers with internet.
- Getting program **evaluations** back and participation.
- Learning curve with **technology** for some and less ideal student engagement with education programs.
- **Depth of engagement** has decreased. Harder to make personal connection to new stakeholders when reaching out by phone or

May 2021 Prevention Survey: *What are the benefits or improvements?*

- **More flexibility** and attendance for some communities/coalition meetings - easier for people to participate.
- Cut down on travel which **saves time and money**. Ability to attend several meetings within different counties using a virtual platform.
- Able to have **greater participation** in meetings.
- **Safe services** for all.
- Less time intensive to plan as there are few logistics than in person meetings. This allows us to offer **more opportunities**. Also allows for more flexibility as participants can log in from home/work instead of spending additional time driving to a specific location.

May 2021 Prevention Survey:
Readiness to Sustain Virtual Prevention Services



Treatment

COVID-19 Impact & Telehealth Transitions

Pre-COVID-19: Telehealth limitations

- Prior to COVID-19, legal telehealth definitions allows only secured video conferencing for medical services from approved originating sites, which limits implementation in BH providers, including the IPN
- Established trusting partnerships already exist between state and provider network, the lines of communication are open
- Funding is fee-for-service reimbursement-based

Quick transition to Telehealth

- March 2020: Iowa BH providers began expansion or implementation of telehealth within 7 days after the emergency declaration from the Governor.
- State SUD leadership offered weekly meetings open to SUD treatment providers for technical assistance, peer-sharing, and Q&A.
- Pandemic caused panic and fear for both workforce, financial impacts, and clients health & safety
- The declaration coincided with federal announcements which allowed flexibility in telehealth implementation to include audio-only, as well as fewer rules re: video
- State SUD licensing staff provided guidance and quick response for questions
- Funding flexibility also allowed for adjustment to be financially feasible

Initial COVID Impact on Iowa SUD Services: Total services decreased 48%

2019

- April-June: Total SUD services reported (all payors)= 140,490
  - Overall ratios are similar for both Medicaid and Block Grant funded services

2020

- April-June: Total SUD services reported (all payors)= 73,929
  - Overall decreases are similar for both Medicaid and Block Grant funded services

Where we are Today

COVID Impact on Iowa SUD Services

Total services have bounced back, but still down 20%

2020

- January - March: Total SUD services reported (all payors)= 141,189
  - Overall ratios are similar for both Medicaid and Block Grant funded services

2021

- January - March: Total SUD services reported (all payors)= 112,913
  - Overall decreases are similar for both Medicaid and Block Grant funded services

IDPH Funded
SUD Individual & Group Units Billed

5,500
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
SFY 2020						SFY 2021								

Outpatient Individual Counseling   Outpatient Group Counseling

Source: IDPH/Central Data Repository/SUD-PG Claim Summary

IDPH Funded Group Counseling Sessions Telehealth %

1,750
1,500
1,250
1,000
750
500
250
0

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

1 2020 | 2 2020 | 3 2020 | 4 2020 | 5 2020 | 6 2020 | 7 2020 | 8 2020 | 9 2020 | 10 2020 | 11 2020 | 12 2020 | 1 2021 | 2 2021 | 3 2021

Groups (Telehealth %) | Groups | Groups (Telehealth)

Source: IDPH/Central Data Repository/OP Monthly Census by Pay Source

IDPH Funded Individual Counseling Sessions Telehealth %

2,250
2,000
1,750
1,500
1,250
1,000
750
500
250
0

90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021

Individual Sessions (Telehealh %) Individual Sessions Individual Sessions (Telehealth)

Source: IDPH/Central Data Repository/OP Monthly Census by Pay Source

Outpatient Services: Preliminary reports

	IDPH Outpatient		*OP Group Sessions*		*OP Individual Sessions*	
2020	# of services	% Telehealth	# of services	% Telehealth	# of services	% Telehealth
January	2,717	0	1,149	0	1,568	0
February	2,417	0	1,072	0	1,345	0
March	2,633	11%	981	1%	1,652	17%
April	**1,988**	**73%**	**214**	**54%**	**1,774**	**75%**
May	**1,610**	**80%**	**183**	**99%**	**1,427**	**78%**
June	**786**	**89%**	**160**	**66%**	**626**	**95%**
Total	12,151		3,759		8,392	

Treatment Provider Network Surveys

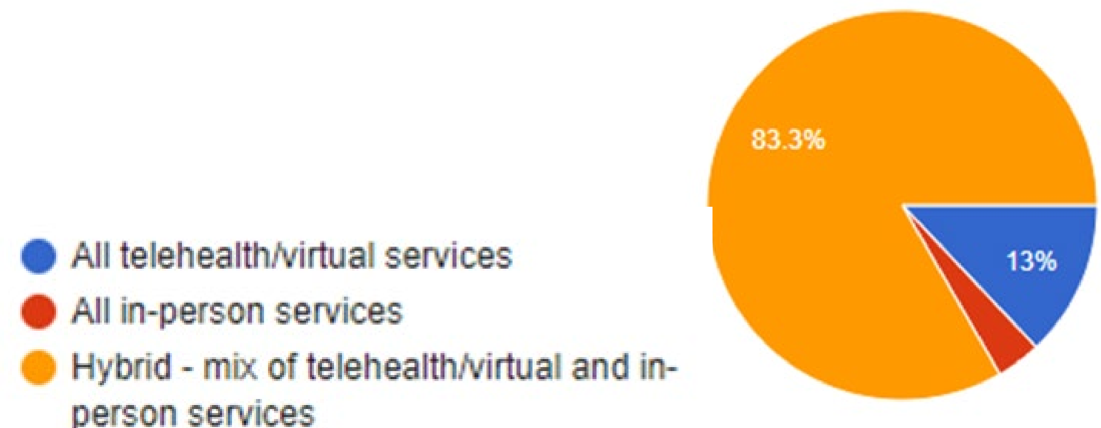
- Original survey sent to 19 Integrated Provider Network agencies in early April 2020
- Follow-up survey sent in late June 2020 also to IPN
- May 2021 survey sent to all 100 licensed treatment centers, 54 responses included all IPN providers

Provider Telehealth Surveys Results: Transition to virtual and hybrid services

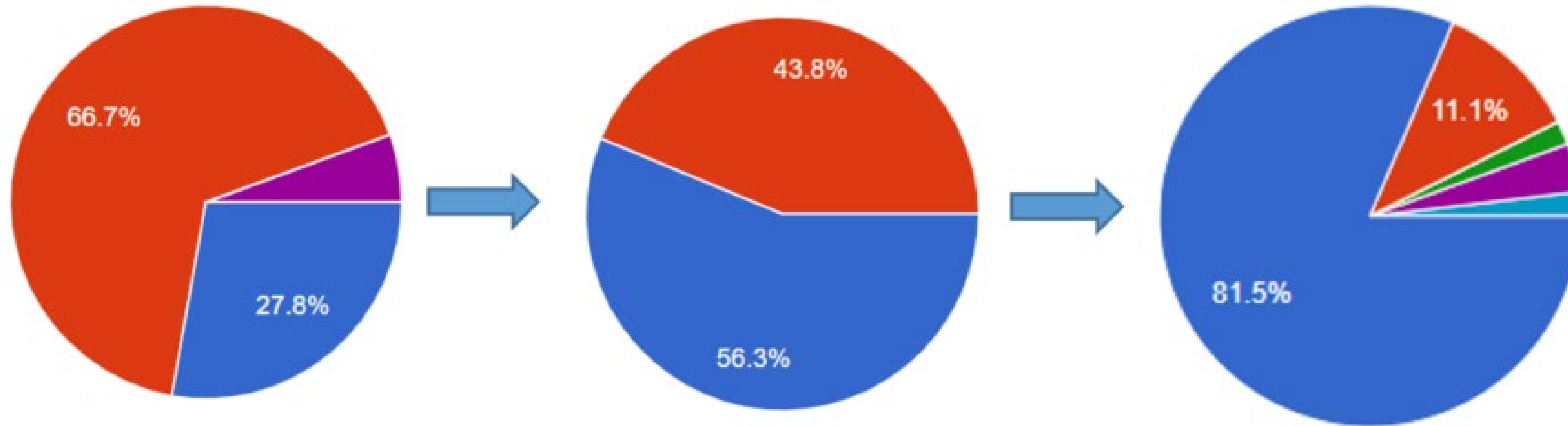
2020 Capacity for Telehealth

- Rapid ramp-up of telehealth service capacity: 86% offered both audio-only/telephonic and video telehealth services
- Several agencies were only able to offer telephonic services at the beginning of the pandemic

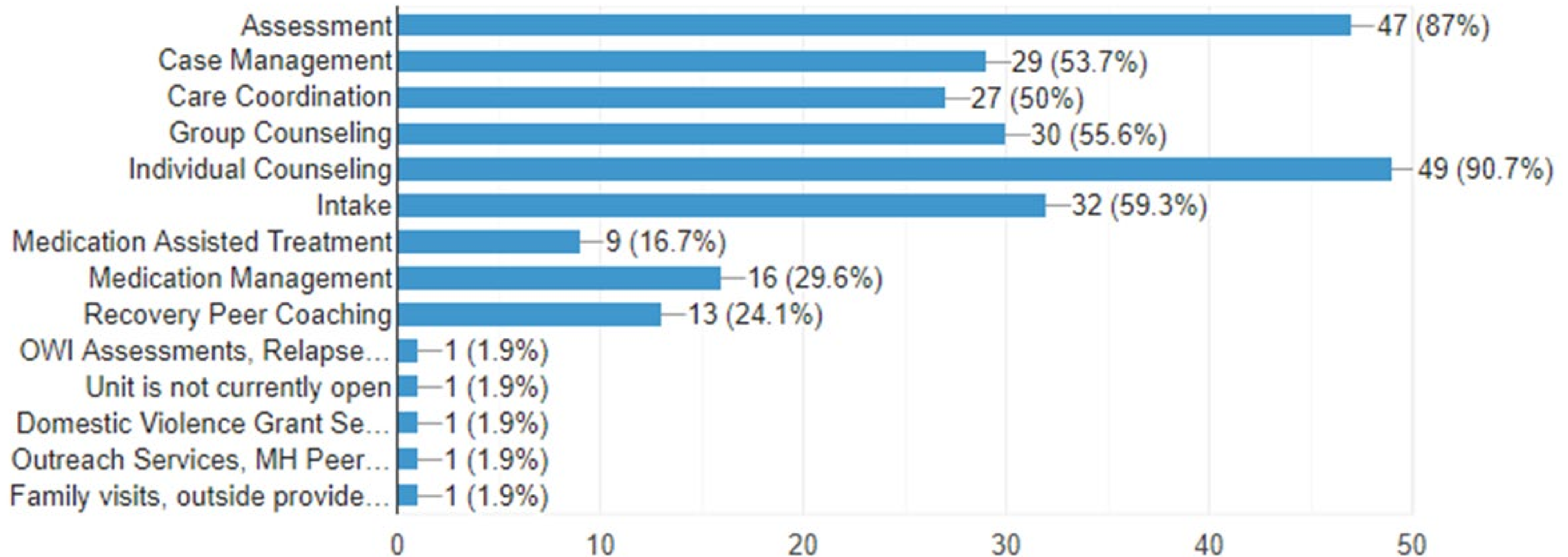
May 2021 Current offerings



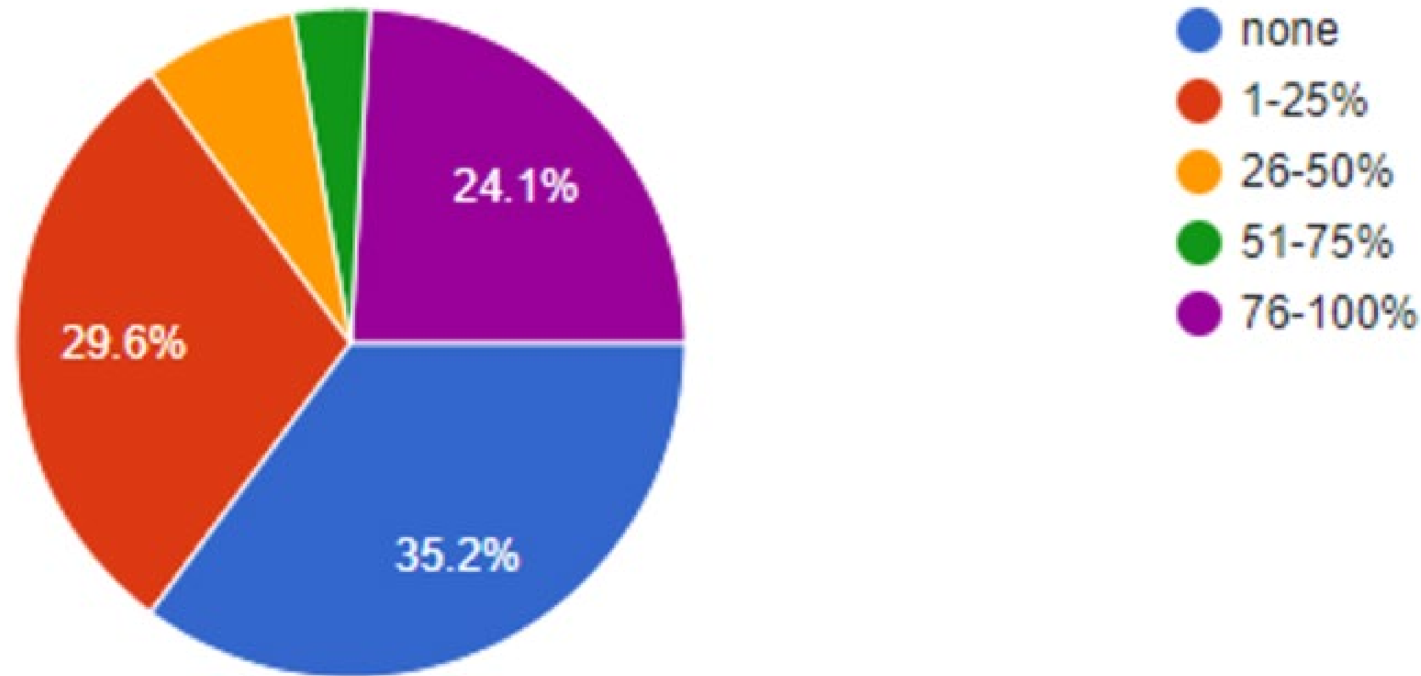
Provider Telehealth Surveys Results: Which type of telehealth was more common?



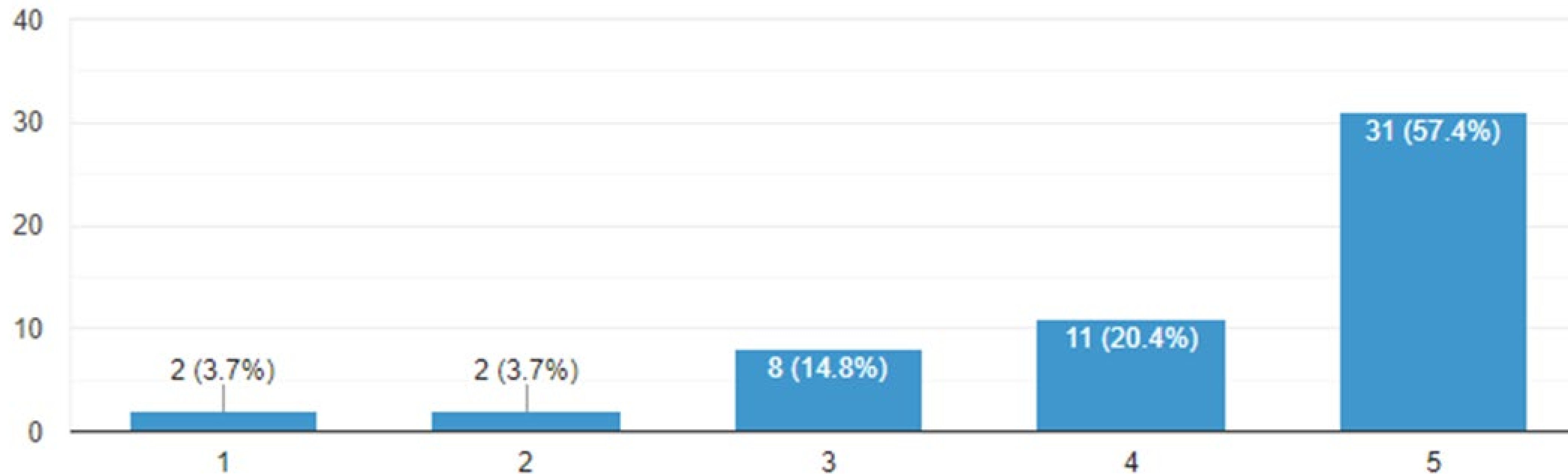
May 2021: Which treatment and recovery services are offered virtually?



May 2021: Despite offering telehealth, much of it is delivered by staff working in the office.



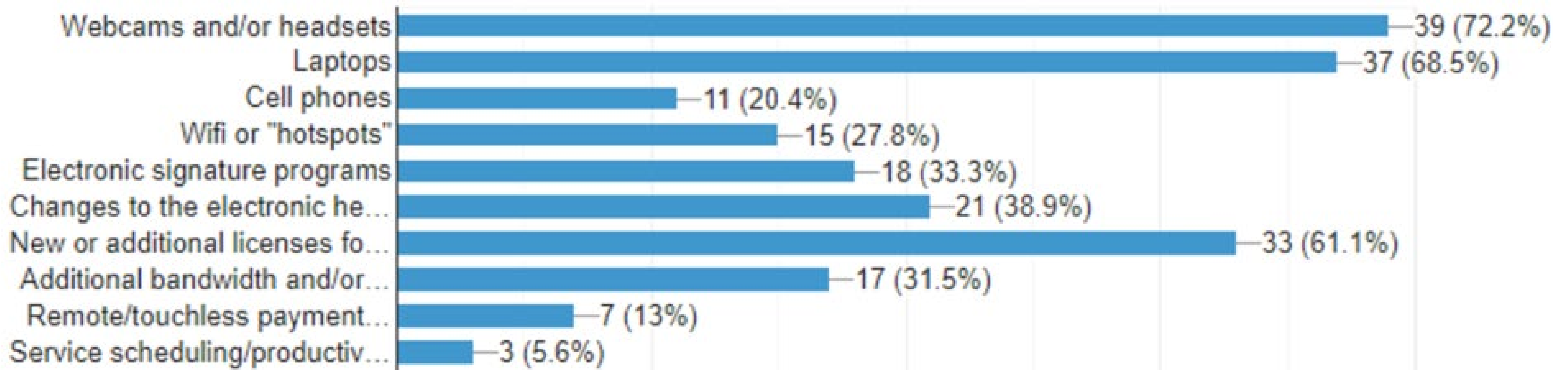
For treatment and recovery services: On a scale of 1-5, how ready is your agency to sustain or enhance virtual service delivery?



Provider Telehealth Surveys Results:

What equipment, software, and/or service contracts have you had to purchase to expand your telehealth services?

(of 54 responses, 9 (16%) reported none, as they were already providing it)



May 2021 Treatment Survey: Lessons Learned

- Being inventive/creative and flexible with group curriculum.
- We can provide these services in a secure and efficacious manner.
- Although there are challenges; overall this has been a positive experience. Single parents, daycare issues and homelessness issues have been able to be overcome with telehealth.
- Developed a "Telehealth Etiquette" policy/ statement that was sent to clients with their reminder
- Telehealth is effective. We need to expand it to support those who travel is a concern. Client choice is important.
- It is difficult but necessary.
- It is beneficial during this time, however, we are not too invested in the service. We are waiting for when it will be pulled from availability.
- Stable internet is essential and providers need to be flexible and adapt their styles for virtual sessions.
- Zoom fatigue is real and there is a learning curve for providing online therapy.
- It's not the perfect solution for residents of rural Iowa but a nice option to have for a hybrid approach.

What do both providers and patients need to consider as we adapt to this new normal?

IDPH IOWA Department of PUBLIC HEALTH

Thank you!

DeAnn Decker

Bureau Chief of Substance Abuse

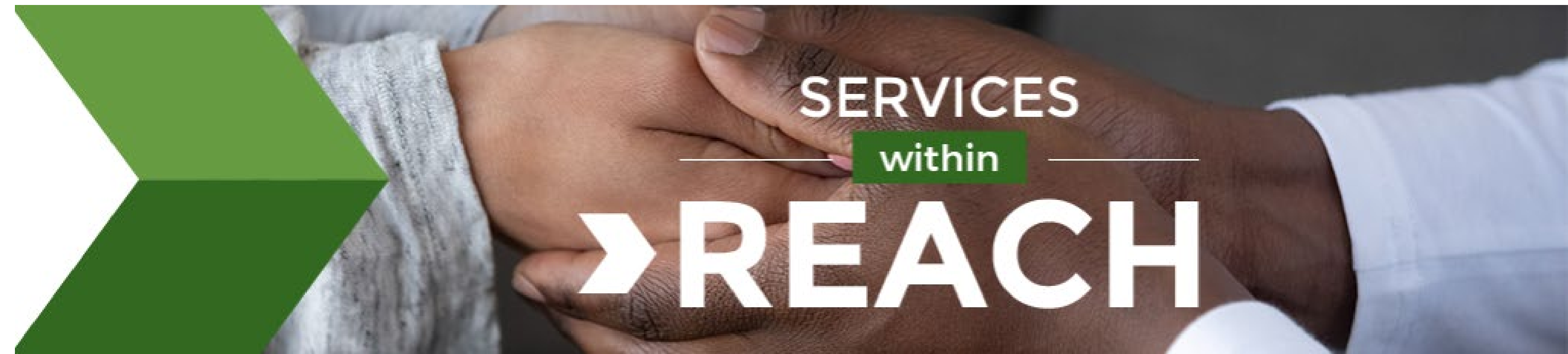
Deann.decker@idph.iowa.gov

SAMHSA & NASADAD
ANNUAL MEETING

Sustaining and Increasing Services Through Virtual Means: National and State Lessons

OKLAHOMA
Mental Health & Substance Abuse

Commissioner Carrie Slatton-Hodges



Stretching Services and Dollars Through TeleHealth

Primarily because of the groundwork already laid, Oklahoma has long been considered a national leader in “telepsychiatry.”

Oklahomans once unable to receive services due to geographic, economic or workforce barriers can experience services within reach.

Technology enables physicians, behavioral health professionals, and law enforcement to consult with each other more rapidly.

As a result of this existing network, Oklahoma was well-prepared to implement additional telehealth measures during the pandemic.

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Telehealth/Virtual Successes

Oklahoma was the first state to implement MAT induction services via telehealth, in 2019.

Upon onset of COVID, state-operated and contract facilities rapidly began offering telehealth services to clients, including those in residential facilities.

Partnered with more than 80 city/county health departments statewide to help rural residents immediately access behavioral health care.

Additional virtual programs for those in recovery, employees, CEU trainings and conferences. The first virtual conference, the annual children's conference, was in May 2020 and became a model for the State of Oklahoma.

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Telehealth/Virtual Successes

Oklahoma incorporated technology into criminal justice responses long before COVID-19

ODMHSAS was first in the country to receive a federal grant to pilot the use of technology for telehealth, telecourt and telesupervision to expand access to drug courts in rural communities.

CARES Act funds also allowed us to provide 1,300 iPads to 232 law enforcement agencies in 70 counties, giving them direct access to local CMHCs to help with de-escalation of crisis and provide services.*

Immediate mental health support services, with crisis and trauma debriefing, are offered virtually to Oklahoma's more than 7,500 law enforcement officers

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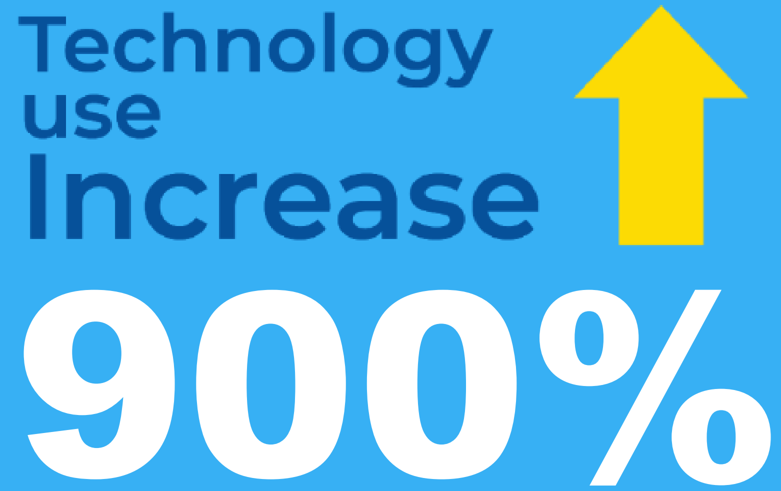


Expanded access to telehealth treatment services across the state, including mobile technology partnerships with law enforcement agencies.

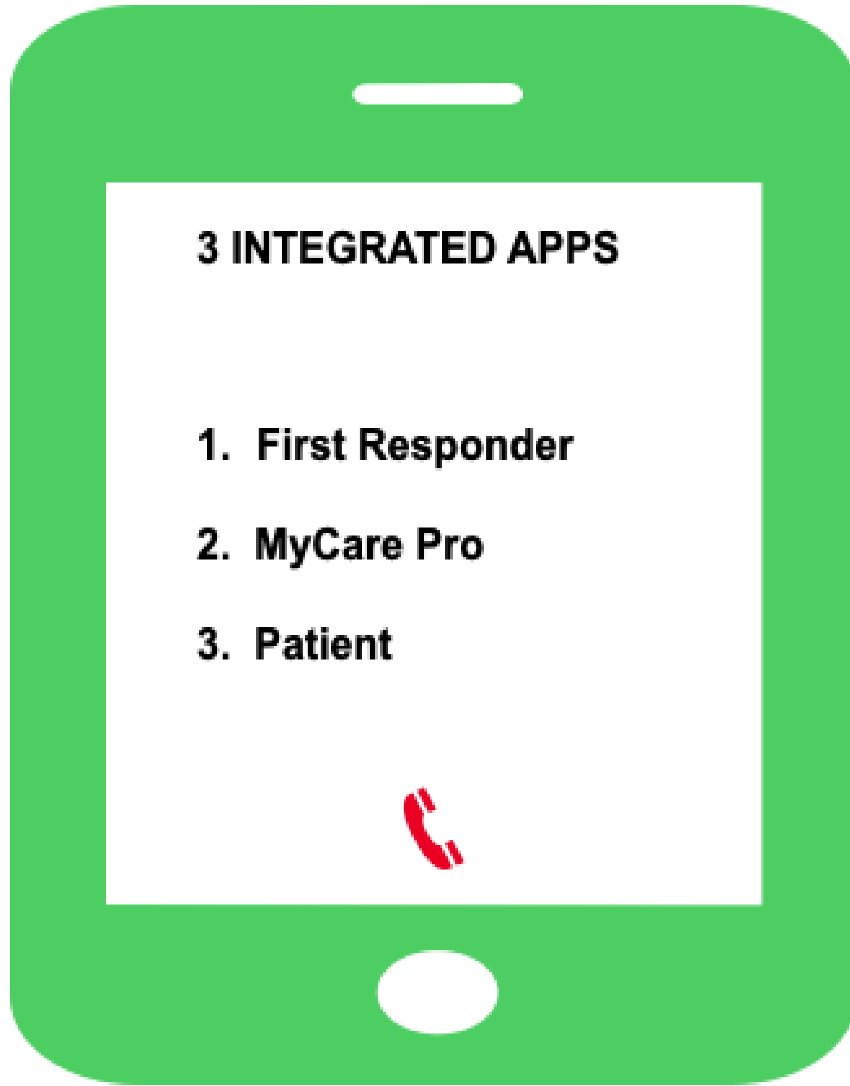
AWARENESS & EDUCATION

Increased accessibility to training by helping employees, first responders and Oklahomans maintain credentials and addressing skill and knowledge needs by leveraging virtual learning opportunities.

IMPACT

Leader in the transition to virtual-led education and training for state employees (EAP), general public and first responders.

MyCare



What is My Care

MyCare is a technology platform enabling on-demand Telehealth access to behavioral health (BH) services for therapy crisis stabilization and long term patient care

It works by equipping first responders, behavioral health organizations, public health departments, schools, businesses and other populations needing mental health support with cellular enabled iPad tablets with the MyCare platform

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MyCare In Action

MyCare IS Solutions

7:50 PM Wed May 12

MyCare Clinician

Dashboard | Logout

Patient Chart #sw333

Appointments | Assignments | Care team | Documents

8:00 PM Wed May 12

MyCare Test

Dashboard

Search Active Patients (3)

DUMMY DUMMY (DUMMY)
Male, 31, Ethnicity

MyCare Testing (99MC98)
Male, 19, Ethnicity

TRAINING TRAINING (TRAINNG)
Female, 20, Ethnicity

Patient C
(Patients wi
0/2

Ap

Crisis Screening

EDO

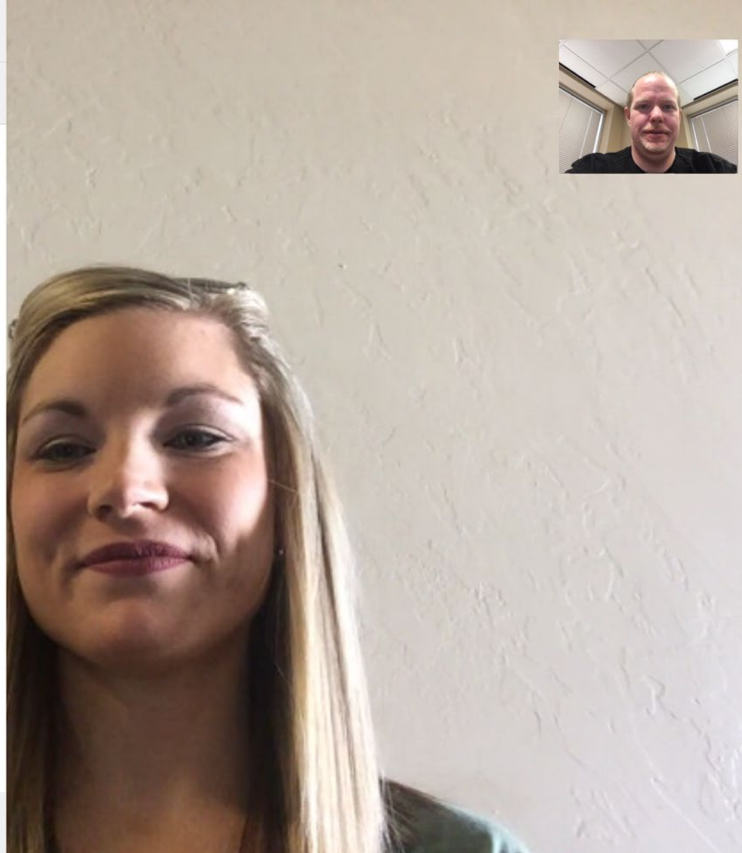
License
4K11223

Address
5402 N Portland Ave
Oklahoma City

Signature (tap to sign)

Submit

Safety Plans



7:49 PM Wed May 12

Dashboard | Logout

Assignments

Type
Any

+ Add Assignment

	Due	Completed	Score	Assigned By
ment	-	-	-	MyCare Clinician
sment	-	-	-	MyCare Clinician
outh) Assess...	-	04/05/2021	-	MyCare Clinician
arent) Asses...	-	04/05/2021	-	MyCare Clinician

« 1 2 »

G-MCT-FR012 - iOS: 14.4

GLMHC

App: 3.3.3, Build: 3.1

G-MCT-FR012 - iOS: 14.4

MyCare

App: 3.3.2, Build: 3.1.99 (staging)

OKLAHOMA Mental Health & Substance Abuse

MyCare

EXAMPLE USE CASES

FIRST RESPONDERS

-Gives officers vital tool
-24/7 virtual placement

-Outcome: Reduction of ER and inpatient hospitalizations

COMMUNITY HEALTH FACILITIES

-Public health departments, community mental health facilities, primary care facilities

-Outcomes: Improve access to BH services and improve brand awareness through branded kiosk placement

SCHOOLS

-Equip schools with iPads for immediate crisis stabilization

-Outcomes: Reduce hospital and inpatient utilization, avoid police involvement, provide continuity of care

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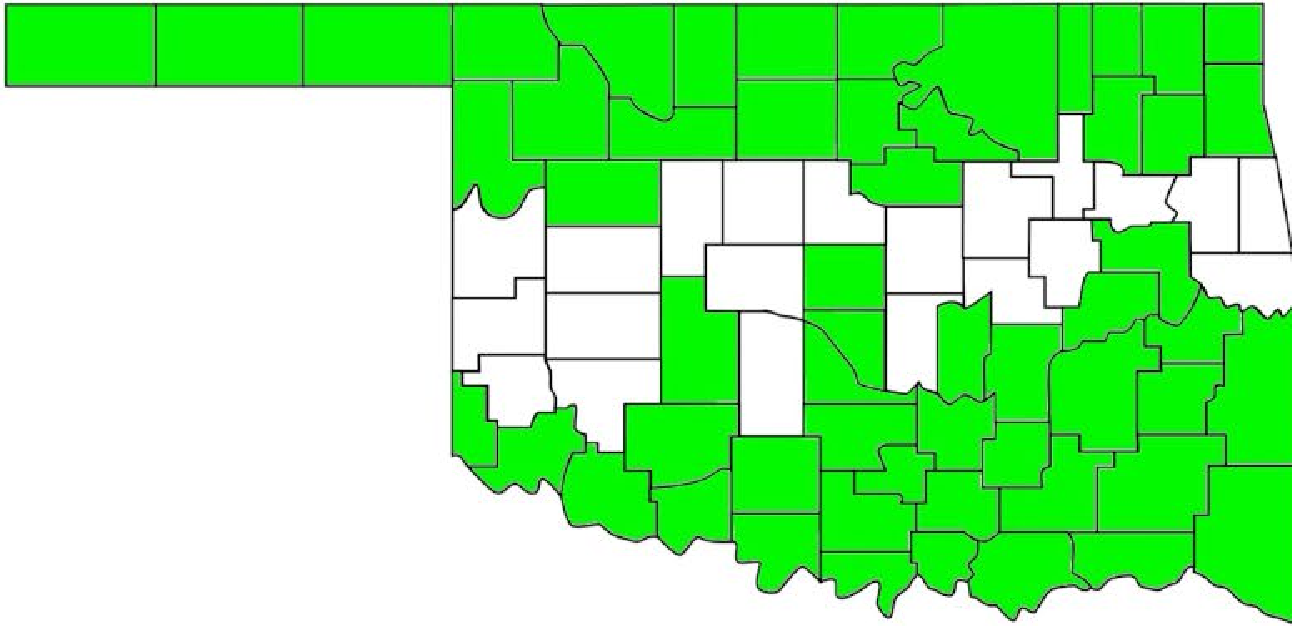
MyCare IS Solutions



MyCare Devices dispersed through Oklahoma represented by green colored counties

(1) First Responders - 2,384
(2) Clients - 7,609
(3) Staff - 1,610
Total Devices - 11,603

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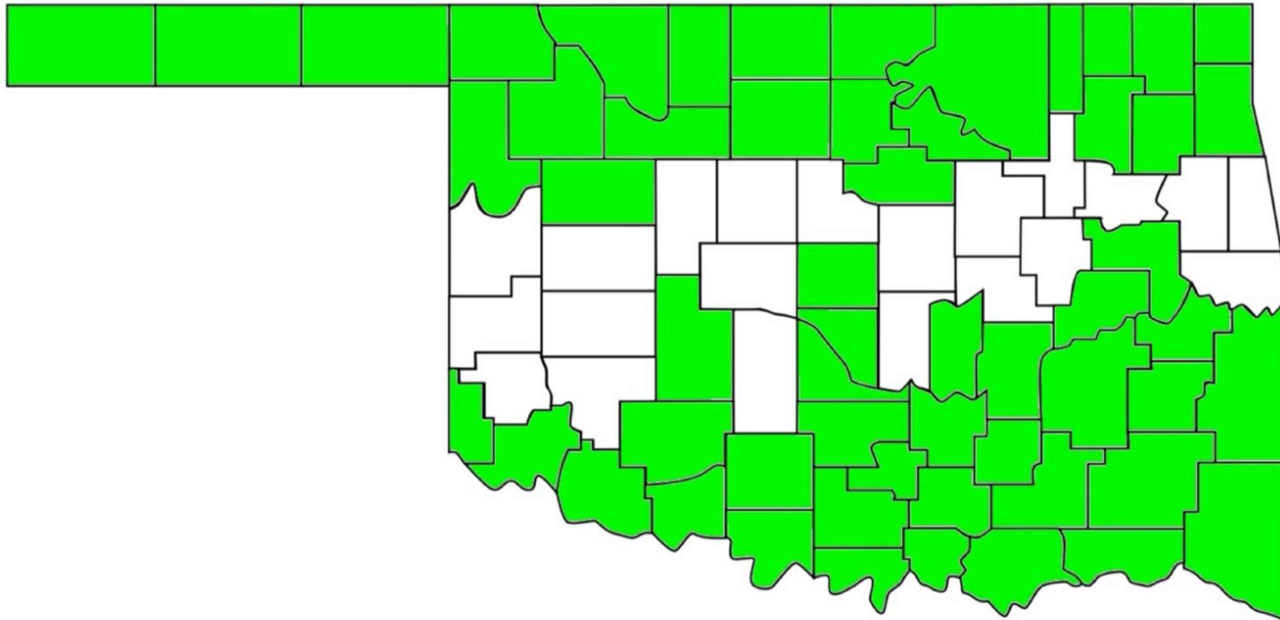
MyCare IS Solutions

Last Month, April 2021, Oklahoma MyCare Users



- Responded to 2,509 Crisis Calls
- Provided 19,500 Teletherapy Services
- A total of 22,009 completed sessions
- The average session length was 26 minutes long:
  - That equates to 571,485 total minutes
  - Or **397 days of services**
- Provided **over 317 hours of services** each day of April

OKLAHOMA Mental Health & Substance Abuse

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Challenges Ahead

The challenge is to sustain the gains made during the pandemic. Much of our progress will remain in place and evolve into the future, but other efforts will require policy changes and rethinking procedures.

As COVID is no longer considered an "emergency," some licensure groups, for example, will no longer accept CEUs obtained through virtual means. This creates an opportunity to partner with groups to develop uniform policies and procedures that can advance the interests of all.

Certainly, most of us would not want to experience this past year again. We must embrace the good things learned from the pandemic and build upon them – advancements in virtual behavioral health services being one.

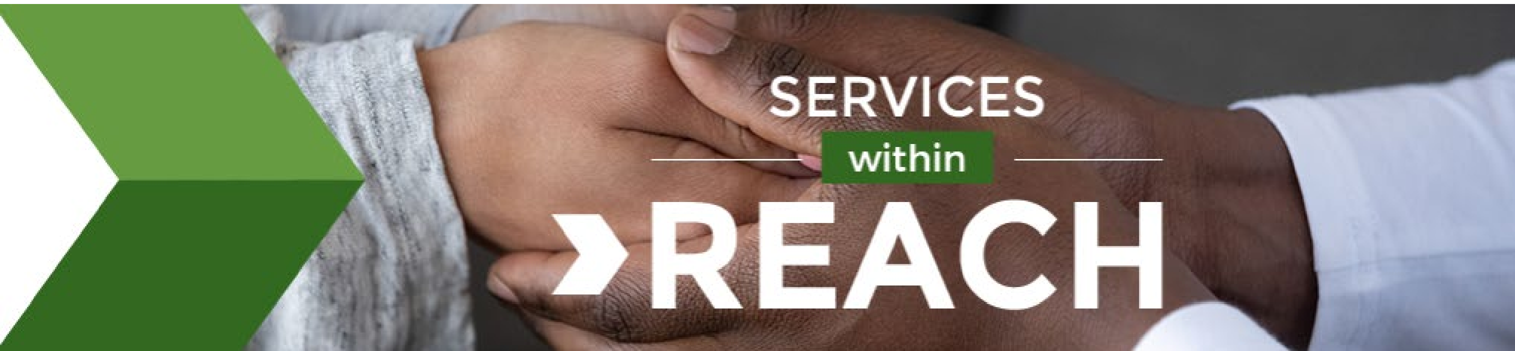
for more information go to

odmhsas.org OKImReady.org

@odmhsas

@csh_ok
@odmhsasinfo

OKLAHOMA
Mental Health &
Substance Abuse



Carrie Slatton-Hodges
Commissioner

SAMHSA & NASADAD
ANNUAL MEETING

Sustaining & Increasing Services Through Virtual Means in Vermont

Cynthia Seivwright, MA, LCMHC

Director, SSA

Division of Alcohol & Drug Abuse Programs (ADAP)

May 2021

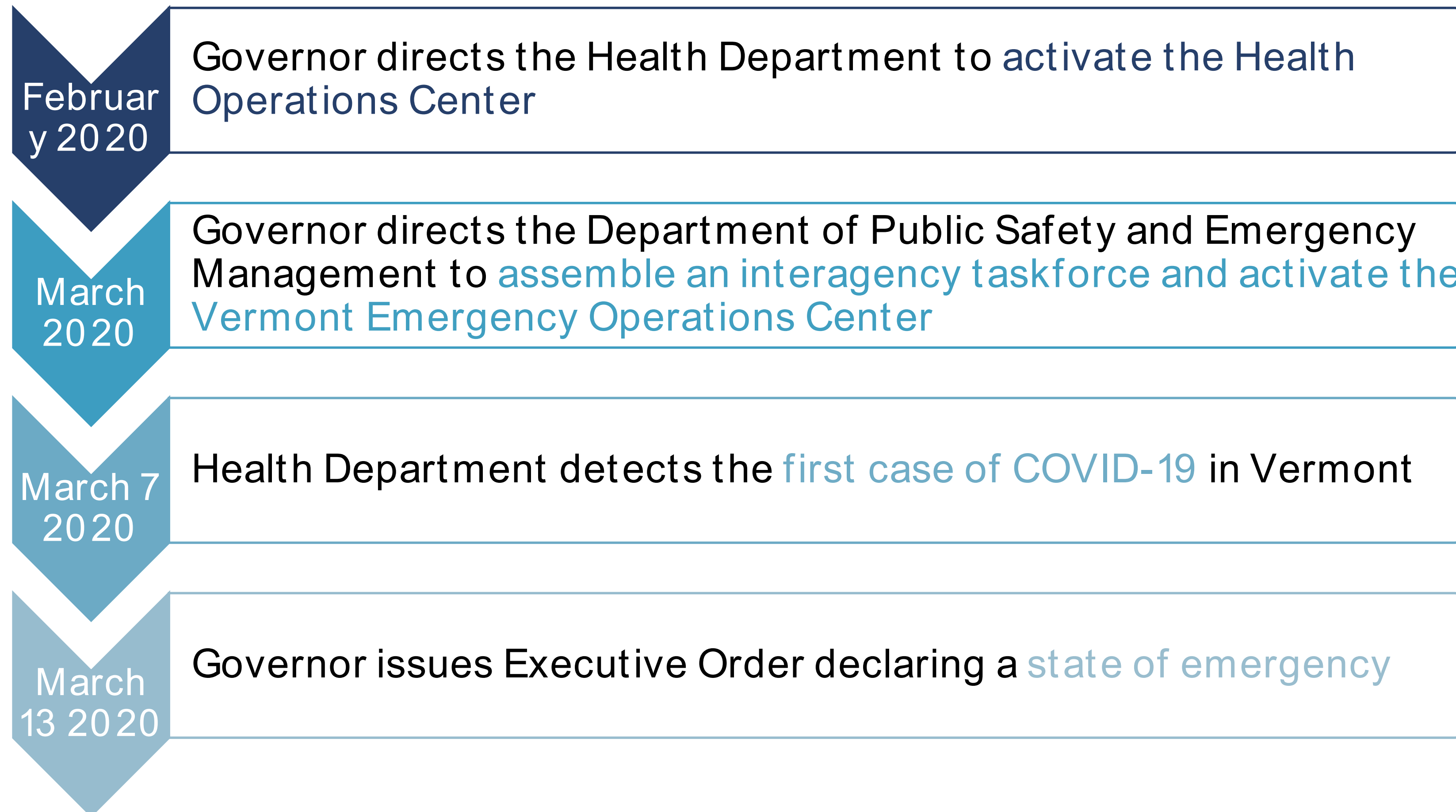
VERMONT

DEPARTMENT OF HEALTH

Telemedicine in Vermont

Transition of Services During COVID-19

COVID-19 in Vermont: An Initial Timeline of Vermont's Response



The Governor’s Executive Order included the following actions:

- Limited in-person contact,
- Moved schools to remote learning,
- Postponed non-essential medical and surgical procedures,
- Suspended operation of close contact businesses, and
- Required telecommuting and work from home.

Before COVID-19, Vermont offered limited telemedicine services through work between ADAP and Medicaid

Treatment providers offered limited telemedicine services and were reimbursed by Medicaid for some time prior to COVID-19

A performance improvement project was in place to increase the use of telemedicine for SUD services

Investments in equipment and licenses were made with SOR funds

Vermont transitioned to full telemedicine services during COVID-19.

Quick Pivot	Regular Meetings	Creativity & Flexibility
Vermont was able to quickly pivot to full telemedicine as a system was already in place.	ADAP met regularly with treatment and recovery providers and Medicaid.	Providers became creative and flexible in providing services.

Recovery Services Moved Quickly

- Vermont Recovery Centers ceased on-site support for 5 days in March 2020
- COVID-19 Emergency funding was utilized to purchase equipment
- Within 2 weeks of "Stay Home, Stay Safe", 10 of the 12 recovery centers were fully operational and offering remote services
- Services included recovery coaching, yoga, parenting groups and more.
- As of May 1, 2020, eleven of the centers began accommodating a small number of in-person visits

Prevention Work

- Community coalitions worked on identifying community level risk and protective factors specifically related to COVID-19
- Environmental prevention strategies (change in laws regarding curbside access to alcohol)
- Stayed connected to key community leaders and schools
- Virtual trainings designed for parents/guardians regarding the risk factors for youth during COVID-19

ADAP has been working with Medicaid to provide more telemedicine services during COVID-19.

Encouraging providers to continue to provide care during COVID-19 using telemedicine, when possible

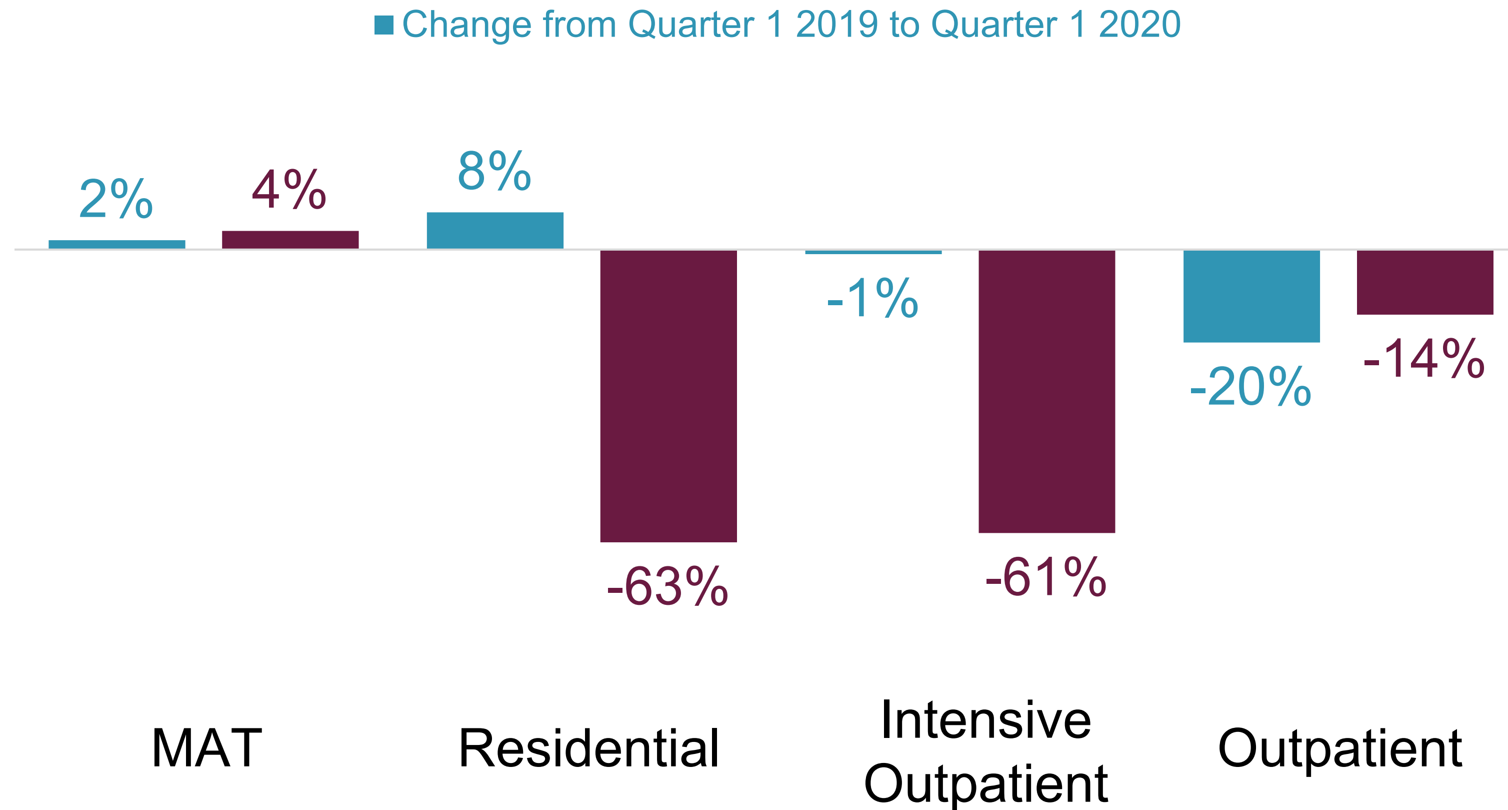
Reimbursing providers delivering medically necessary and clinically appropriate services at the rate currently established for Medicaid-covered services provided through telemedicine/face-to-face

- New and established patient office visits
- Psychotherapy
- Services delivered by telephone (audio-only)
- *etc.*

Impacts of Telemedicine on Services

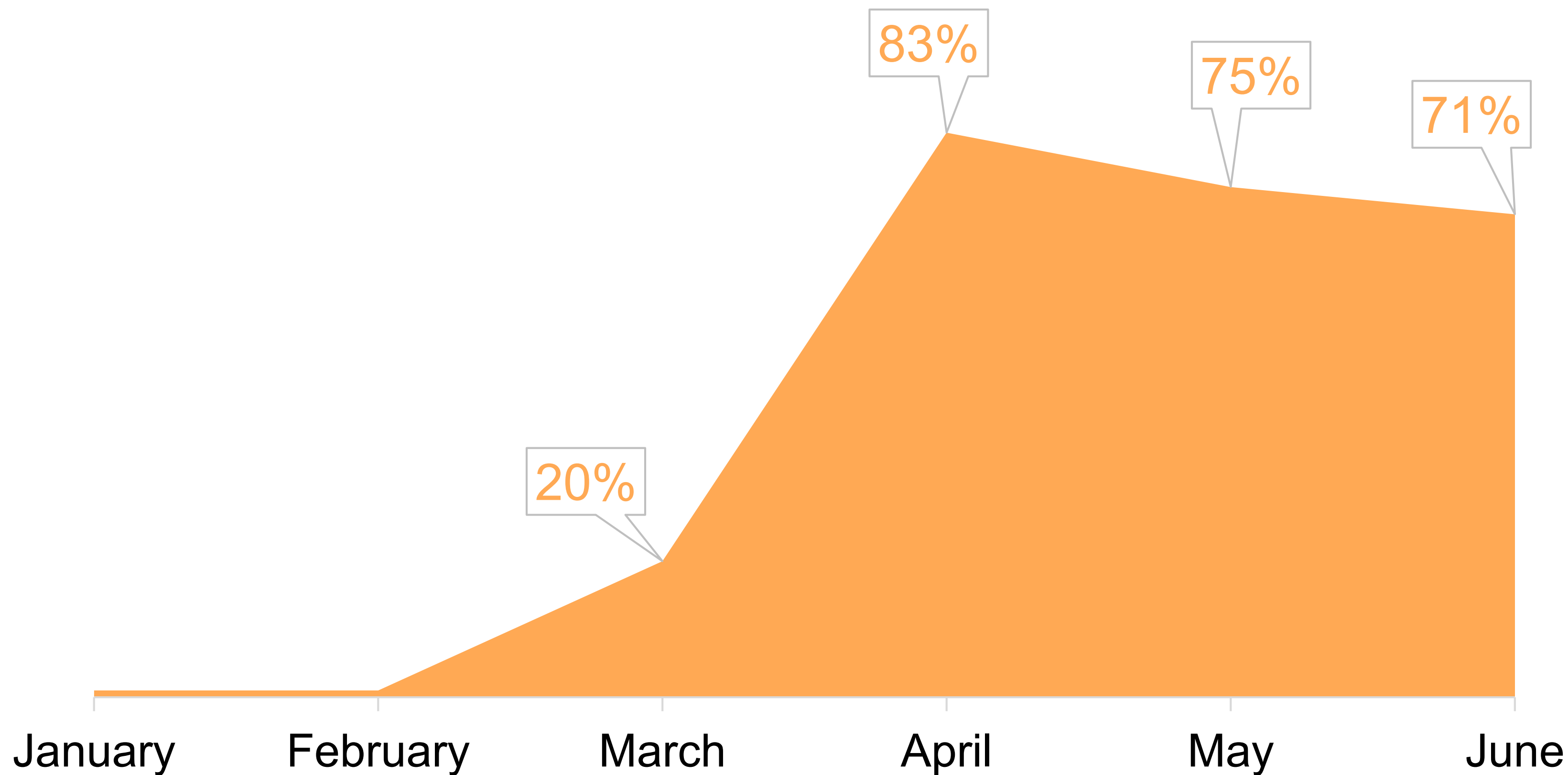
Changes in Accessing Care

The number of people receiving intensive outpatient and residential treatment decreased significantly in 2020 compared to 2019.



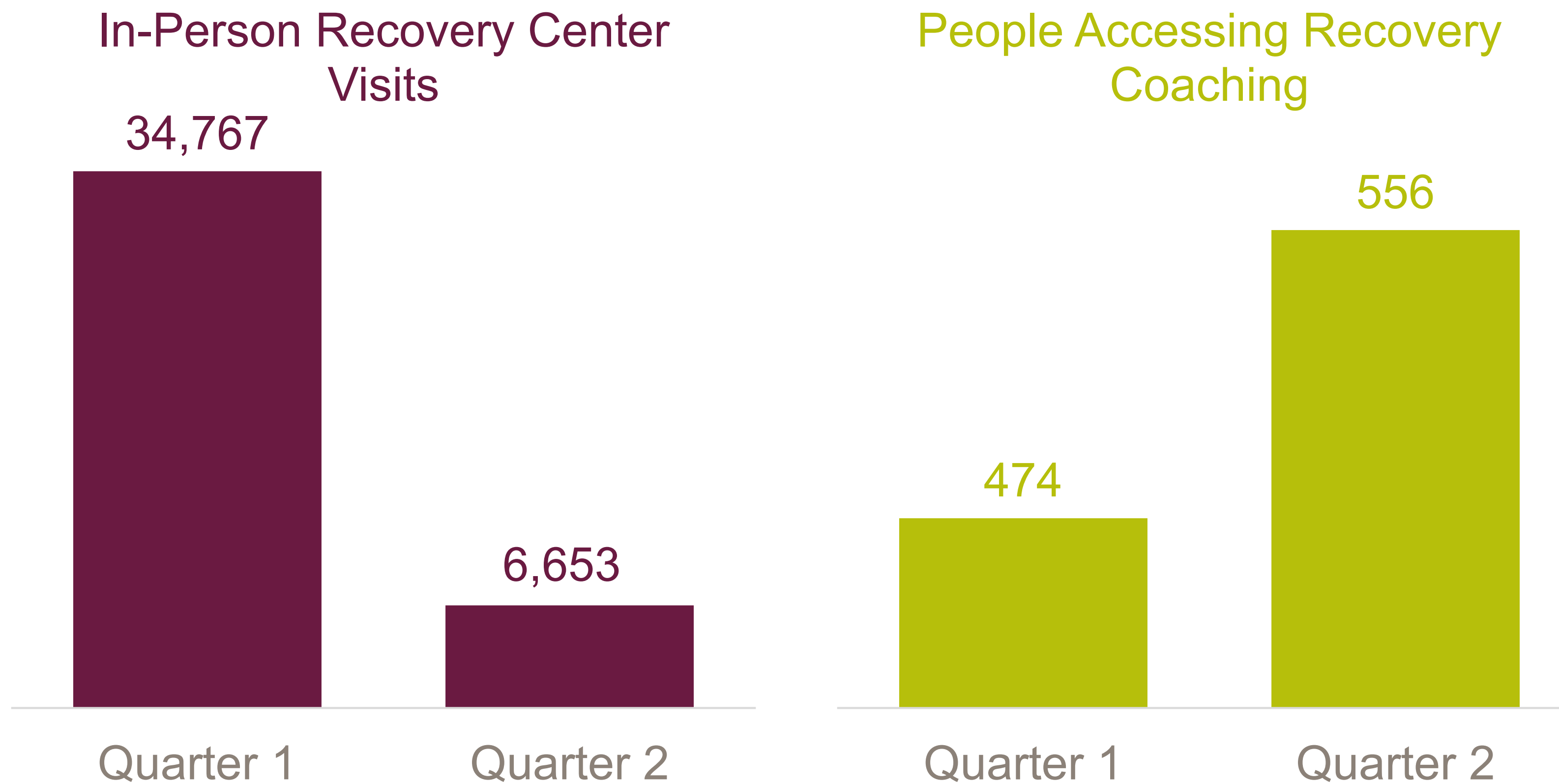
Source: Vermont Medicaid Claims, 2019/2020

The percentage of Medicaid non-Hub outpatient service expenditures provided through telemedicine/telephone increased rapidly in 2020.



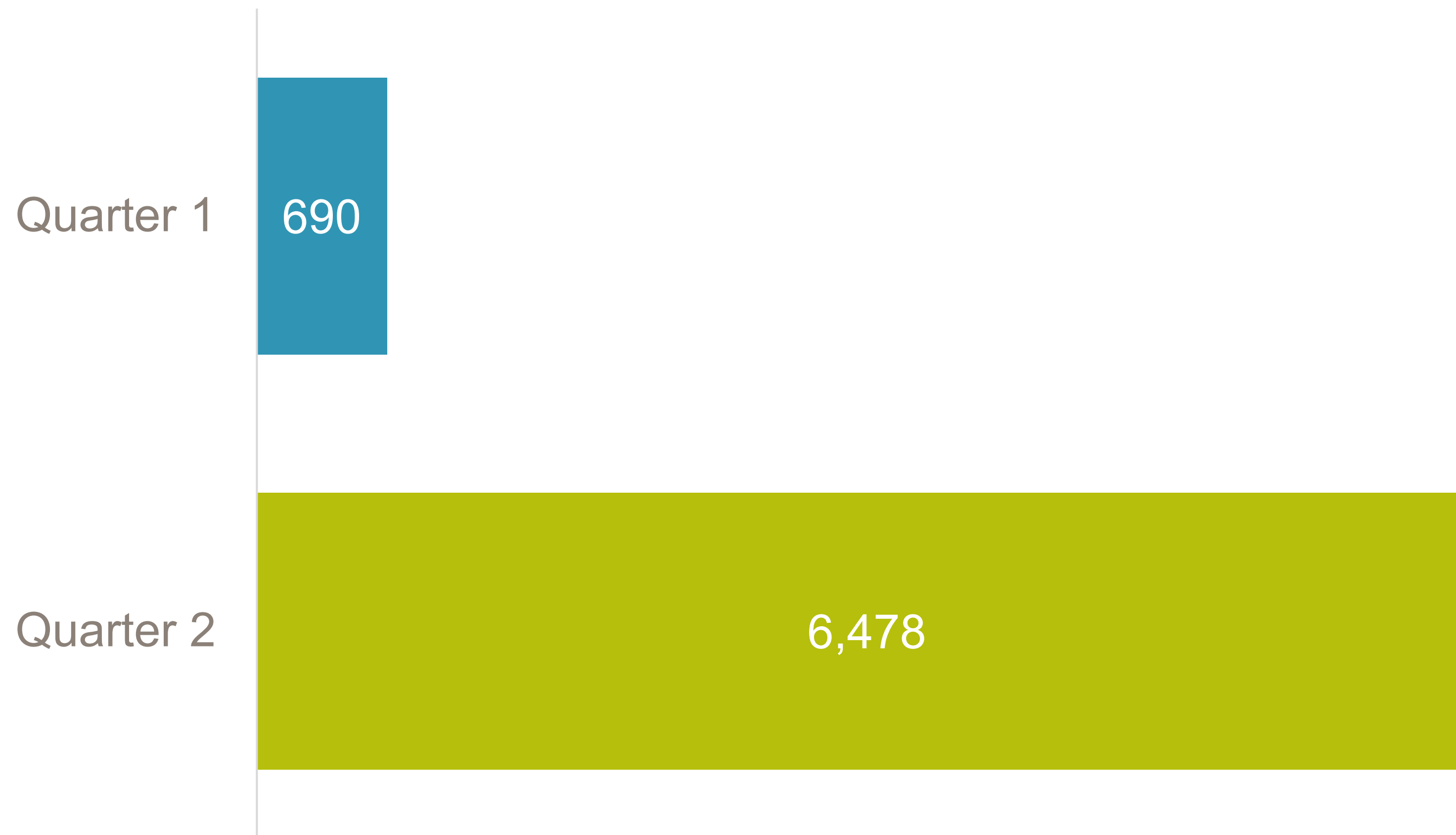
Source: Vermont Medicaid Claims, 2019/2020
Outpatient services identified by codes H0001, H0004, H0005, H0015, T1006 and T1016

The number of in-person visits in Recovery Centers decreased by 81% while the number of people accessing Recovery Coaching increased by 17% between Quarters 1 and 2 in 2020.



Source: Vermont Peer Recovery Centers, January-June 2020

The number of people in remote peer recovery services increased significantly from Quarter 1 to 2 in 2020.



Source: Vermont Peer Recovery Centers, January-June 2020

Continuing Telemedicine in Vermont

Beyond COVID-19

Some Benefits of Telemedicine

Flexible Scheduling

- Providers working from home produced availability of earlier and later appointment times

Reduced Barriers

- For some, daycare and transportation barriers were reduced

Easier Initiation

- People who were hesitant to start group recovery in traditional settings found it easier in a remote setting

Increased Rural Access

- Due to the rural nature of Vermont, travel times can be too great to access specialty services

Some Challenges of Telemedicine

Acuity and Risk of Care

- Assessing for acuity/risk of providing services through telephone only

Motivations

- Ease of scheduling and cost savings for providers should not be the motivation for continuing
- Needs of people receiving services should be considered

New Barriers

- Accessibility and cost of broadband internet
- Cost of telephone minutes and/or data plans

Needs for Continuing Telemedicine in Vermont

Training

- Ongoing training of providers
- Peer-to-peer training is effective

Security

- Clear Protocols around confidentiality

Options

- Service options beyond only telemedicine as this does not work for all people
- Broader choice of providers statewide

Sustaining and Increasing Telemedicine in Vermont

1. Remember the goal is to engage people in the system, not always to increase telemedicine

2. Be flexible and offer options
   - *Flexibility with telemedicine for initial appointment in opiate treatment programs was a significant benefit*

3. Engage with Medicaid

Contact Information

For questions and further info

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Q&A

Thank you for participating in this session.

NEXT UP

Plenary #3: What is Keeping You Up at Night? State Case Studies on Crisis and Disaster Planning and Response
1:00pm ET