Behavioral Health Telehealth Rapid Response & Long-Term Structure
Behavioral Health Institute (BHI) – Behavioral Health Training, Workforce and Policy Center

**Purpose**

The BHI Telehealth Rapid Response Initiative will provide statewide coordination and mobilization in partnership with providers, HCA/DBHR, MCOs, ACHs, UW and others to respond to the need for rapid behavioral health telehealth deployment, training and technical assistance. While we have a long-term proposal related to digital health more broadly we will center our immediate attention on continuity of operations as Priority 1- supporting access to care, equipment, technical assistance, billing, and staff/client training.

**Strategic Partners**

The partners identified below have all reviewed and support this plan. There is enthusiastic support for the project and the structure of a statewide approach. From this list of partners a strategic oversight and a daily operations team will be convened that will conference regularly until Phase 1 activities in the proposal are accomplished (see Plan/Structure below).

Accountable Communities of Health
Advancing Integrated Mental Health Solutions (AIMS Center)
American Indian Health Commission for Washington State
Association of Alcoholism and Addiction Programs of WA (AAP)
Harborview Medical Center - Behavioral Health, Training, Workforce and Policy Center
Health Care Authority/Division of Behavioral Health and Recovery
King County Behavioral Health and Recovery Division
Northwest Addiction Technology Transfer Center
Northwest Mental Health Technology Transfer Center
Northwest Regional Telehealth Resource Center (NRTRC)
SEIU
University of Washington Digital Health
Veterans Administration (VA) Puget Sound
Washington Council for Behavioral Health
Washington State Managed Care Organizations
Washington State Telehealth Collaborative
Washington Recovery Alliance
Washington State Hospital Association

**Background/Issue:** The COVID-19 pandemic has caused countless direct and indirect effects on our systems and communities. Among these are the effects on our behavioral health provider systems, whose clinicians are struggling to adapt to the prospect of providing care while minimizing the risk of direct face to face patient contact. In addition, this sudden crisis has occurred at a time when the entire
behavioral health system in Washington State is undergoing significant transformation in how we deliver services. The additive effects of COVID-19 on an already fragile system could result in a care system collapse without the urgently needed support and infrastructure in new technologies and workflows, such as the use of telehealth services.

The systematic and rapid transition of services from an in-person to a telehealth-based model of care is a large and multifaceted undertaking. In addition to immediate upfront training (which can impart new knowledge and understanding), behavioral health providers will need ongoing support in equipment, technical assistance, billing training, documentation requirements, staff training and clinical supervision training and documentation support to assure high quality clinical services. These efforts will also be foundational elements that could serve to sustain the gains to further support the goal of behavioral health integration when regulatory requirements that have been temporarily relaxed return to normal.

With funding from the Washington State Legislature – The Behavioral Health Training, Workforce and Policy Center (BHTWPC) of the Harborview Behavioral Health Institute was created. The BHTWPC along with a coalition of partners has been meeting for months on the development of a statewide training proposal for behavioral health in Washington State. The BHTWPC plan provides a solution to this immediate crisis and a path to the long-term sustainability of telehealth and digital health more broadly in our state.

**Plan/Structure**

The BHTWPC and identified community partners are steeped in the behavioral health provider community. Many are former agency administrators from throughout the continuum of services. They also represent a diverse stakeholder group from the state, hospitals, providers, academia, MCOs, Counties and ACHs, and other health service associations.

The BHTWPC in partnership with HCA/DBHR will develop an immediate rollout of telehealth training to the behavioral health provider network in Washington State which is making Zoom available as a telehealth platform. Given the urgency of need they will mobilize to respond to the telehealth training needs of behavioral health providers in a statewide systemic fashion that meets immediate needs (access to care, equipment, technical assistance, billing, staff training) while simultaneously beginning to address the long term workflow and policy/procedure development related to telehealth post COVID-19. Training and technical assistance will initially be focused on Zoom, because this is the platform being provided by the state. However, the plan also supports provider choice in platforms, and materials will focus on telehealth generally making them applicable across platforms.

There is a strong commitment to participate and provide support and direction for this plan.

Given the statewide nature of the challenge ahead, the structures and organizations represented believe it is important that we coordinate our efforts, and create a standardized system for statewide training, communication, coordination and response. There is already great work occurring across the system, and it is a goal to capitalize on existing work.
In addition the following structure has been created to engage and involve partners to the extent that they have bandwidth to participate at a detailed level. The following structure represents three options for partner involvement. Organizations can also assign content experts to participate as they are available. We don’t want to add to anyone’s work. Rather we want to be a resource, so no one has to go it alone, by providing leadership, organization and messaging so that teams that have already launched various initiatives feel supported and relief is the goal.

The BHI Team provides the infrastructure/backbone to ensure project execution and alignment with existing efforts; and it provides support/staffing to Strategic Oversight Committee and Rapid Response teams. The BHI Team will meet two times a week and participate in all meetings described below. Meeting frequency may decrease to once per week post initial launch.

All participating partners can choose to participate in any of the three ways outlined below. Depending on their bandwidth, some partners may choose to be involved as a Participating Partner, and others with more vested interest and capacity, may choose to contribute as content experts on the Strategic Oversight Committee and/or the Rapid Response Team. Time commitments for each are included in the descriptions below.
**Participating Partners** – provide support for a statewide coordinated plan, commitment of alignment with other key stakeholders, and maintain focus on digital health more broadly. Time commitment is minimal and there are no standing meetings. The BHI team will be responsible to keep this group informed of progress and when needed may reach out via email to weigh in on a policy decisions or direction.

**Strategic Oversight Committee** – made up of a subset of Participating Partners, BHI team and appointed HCA/DBHR staff. This group will meet weekly for one hour to direct the overall work, provide strategic direction and respond to needs of the Rapid Response Team.

**Rapid Response Team** - made up of a smaller subset of the Strategic Oversight Committee or their appointed content expert. This is the most intense work and time commitment. This group is task oriented and fast paced. They are responsible for executing the recommendations of the Strategic Oversight Committee and adherence to timelines with a commitment to deliverables. This team meets for 45 minutes each morning for the foreseeable future until providers requesting assistance have the equipment, training and technical assistance needed to deliver telehealth services. In addition to the daily 45-minute meetings, team members will have assignments outside the daily meetings to advance the behavioral health telehealth plan. Time commitment will vary between 3.75 and 8 hours per week, or more depending on individual assignments. The intensity is expected to decrease over time.

**What will we accomplish?**

**Priority 1**

The following items are the immediate focus of the Rapid Response Team:

- Immediate establishment of the Strategic Oversight Committee and Rapid Response Teams to guide and coordinate our work to support immediate rollout of Zoom to all providers who voluntarily participate statewide.
- Coordinated, immediate deployment of equipment, technical assistance, billing training, documentation requirements, staff and client training, and needs assessments specific to technology/telehealth provider needs – in order to ensure continuity of operations and clinical care, and the highest quality of virtual (individual and group) patient care across the statewide behavioral health system.
- Development of a website with training material and references to resources and relevant rapidly changing information.
- Seamless incorporation of existing efforts across the HCA, MCOs, ACH and other groups into one aligned effort.

**Priority 2**

To be informed by lessons learned and partnerships developed from “Priority 1”:
• Planning to address workflow, clinical supervision training and support, and policy/procedure development, for alignment with primary care integration.

Priority 3

To be initiated promptly and with urgency but at a later date:

• Direct to consumer services which allow patients to connect directly to behavioral and mental health providers using on-demand telehealth applications from any setting, including the home.
• Implementation of mobile health applications and remote monitoring programs which can support longer-term interventions or management of behavioral health conditions. For example, patients could use a tablet, smartphone application, or computer program to track medication adherence, monitor their symptoms, and receive self-management education.
• Broader access to and integration/coordination with current case consultation opportunities – enabling rural providers to consult with psychiatrists and psychologists. Consultations can take place by direct video communication, telephone, or email.
• Provider education allowing providers to receive behavioral telehealth training or continuing education through distance learning, tele-mentoring, or webinars.
• Educate and support the transition of providers to regulatory and billing requirements after COVID-19 emergency rules cease.

Conclusion

While the immediate efforts will focus on Priority 1 we will simultaneously create capacity and build on our partnerships to address Priority 2 and Priority 3 issues. The plan aligns with current efforts related to telehealth and integration statewide.