

**Next Steps for Expanding Access to Mental Health Services in Virginia:
Priority Recommendations of the Telemental Health Work Group on Policy Development**

Executive Summary

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century was established through Senate Joint Resolution No. 47 in 2014. The Advisory Panel to the Joint Subcommittee’s Work Group on Mental Health Crisis Response and Emergency Services (Work Group #3) identified increased availability of telemental health services in the emergency setting as a high priority. An Advisory Panel work group on telemental health was formed to develop specific findings and recommendations. The Telemental Health Work Group on Policy Development was given the following task:

to develop a blueprint for policy proposals designed to remove impediments to greater use of telemental health services.

The Policy Framework that was developed centered around barriers across six problem areas or domains. These included: Provider Barriers, Workforce Barriers, Financial Barriers, Patient/Client Barriers, Policy Barriers and Preventive Care Barriers. Twenty-nine policy initiatives/options were identified within the Policy Framework. The work group put forward twelve initiatives for immediate consideration because of their potential for both high impact and rapid (12 month or less) implementation. Through the initiative of the SJ47 Joint Subcommittee, the Joint Commission on Health Care (JCHC) is currently conducting a two-year study of the work group’s report, with a focus on the twelve priority recommendations. Four of those twelve recommendations are being put forth by the work group for funding within the 2018-2020 biennium budget as the “Appalachian Telemental Health Network Initiative (ATMHN) – Virginia Pilot”. The ATMHN is envisioned as a multi-state consortium of hospitals, clinics, and education institutions working to create and implement a region wide tele-mental health network. Through a variety of access points, the ATMHN will advance the innovative use of telehealth as a solution for improved mental health, behavioral health and substance abuse outcomes, increased access to providers, and reducing barriers of time, distance, and provider scarcities.

The work group submits that the four projects described below deserve immediate consideration and action, for several reasons, including: (1) timely access to needed mental health services is a challenge and a problem throughout the Commonwealth of Virginia, but it is most acute in rural southwest Virginia where mental health, behavioral health and substance abuse services are characterized by a lack of availability, acceptability and accessibility; (2) there is consensus among providers regarding both the need for and efficacy of these initiatives; (3) the current opioid crisis makes it increasingly urgent that action be taken now, rather than later; and (4) the costs of these initiatives are modest compared with their potential benefit. The four projects that would make up the “Appalachian Telemental Health Initiative – Virginia Pilot” are as follows:

Project	Description	Year 1	Year 2	Year 3
1. Telemental Health Provider Directory	The workgroup recommends funding for the Virginia Telehealth Network to establish, maintain, update and manage an online directory of Virginia-licensed telemental health providers. The online directory shall allow providers to share their credentials, state licenses, contact information, specialty areas, accepted methods of payment/insurance and	\$50,000	\$50,000	\$50,000

	availability to accept new referrals. This project forms the foundation for the development of referral networks to meet local and regional needs for providers.			
2. Telemental Health Workforce Training.	The workgroup recommends funding for the Southside Telehealth Training Academy and Resource Center (STAR) to make available world class online training modules for a broad spectrum of mental health providers, including licensed social workers, counselors, psychiatrists, and psychologists. The training modules shall address topics such as presentation skills, HIPAA, laws and ethics, crisis planning and protocols, and Appalachian cultural competency. In addition, STAR shall offer reduced rates and/or fee waivers for mental health providers willing to make available service hours to free clinics and other community based organizations serving uninsured/underinsured patients/clients. This project will increase the number of mental health providers who have the knowledge, skills and ability to effectively deliver telemental health services, thereby increasing the number of providers in the telemental health provider directory. It will also facilitate the identification of providers statewide who have an interest in working with underserved populations.	\$100,000	\$100,000	\$100,000
3. Telemental Health Network Infrastructure Development and Support.	The workgroup recommends funding for the Healthy Appalachia Institute at the University of Virginia's College at Wise to 1) provide administrative support for recruiting a broad spectrum of providers, including licensed social workers, counselors, psychiatrists, and psychologists to form the basis for a regional referral network for rural southwest Virginia, 2) deploy a no/low cost HIPAA compliant interoperable technology platform as needed for providers participating in the referral network; 3) provide technical support and training for providers using the technology platform; 4) collect data such as numbers of providers trained, hours of mental health services provided, numbers of patients seen, and miles of travel avoided to assess the success of the initiative in expanding access to mental health services; and 5) engage in business	\$650,000	\$650,000	\$650,000

	development to ensure sustainability of the network beyond the funding period. In order to carry out these functions, the workgroup recommends that funds be used to purchase licenses for the technology platform and to establish three positions: Project Director; Outreach Coordinator and Videoconference Network Engineer.			
4. Project ECHO®	The workgroup recommends funding for the Virginia Department of Health (VDH) to sustain and expand Project ECHO®. The Extension for Community Healthcare Outcomes (ECHO®) is an evidence-based model for improving the care received by patients across the lifespan by providing community-based clinicians, particularly those in rural and underserved areas, with skills and knowledge to treat complex patients in their own practices. Project ECHO® dramatically improves both capacity and access to specialty care for rural and underserved populations. VDH received one-year funding from SAMHSA (the federal Substance Abuse and Mental Health Services Administration) to start a Project ECHO® this fall in partnership with the University of Virginia, Virginia Commonwealth University and Virginia Tech-Carilion that is focused on managing patients with addictions disorders, including alcohol and opioid use disorders. Funds would allow this model to continue beyond the first year, and to allow it to expand to other behavioral health focus areas.	\$300,000	\$300,000	\$300,000
Appalachian Telemental Health Initiative – Virginia Pilot (Total for All Four Projects Combined)		\$1,100,000	\$1,100,000	\$1,100,000

Each of the four projects can be considered separately and would contribute to expanding access to mental health services as stand-alone projects. However, there is a synergistic relationship between each of the four components and the combined effect would be greater than the sum of their individual parts.

Finally, the workgroup recommends that any state funds appropriated for these projects serve as matching funds to leverage Appalachian Regional Commission (ARC) and Virginia Tobacco Revitalization Commission funds. The workgroup recommends discussions with the ARC and Tobacco Commission regarding opportunities for a partnership prior to finalizing budget amendment language.

Next Steps for Expanding Access to Mental Health Services in Virginia: Priority Recommendations of the Telemental Health Work Group on Policy Development

Introduction

The Joint Subcommittee to Study Mental Health Services in the Commonwealth in the Twenty-First Century was established through Senate Joint Resolution No. 47 in 2014. The Advisory Panel to the Joint Subcommittee's Work Group on Mental Health Crisis Response and Emergency Services (Work Group #3) identified increased availability of telemental health services in the emergency setting as a high priority. An Advisory Panel work group on telemental health was then formed to develop specific findings and recommendations. Professor Richard Bonnie, advisor to the Joint Subcommittee, asked Katharine H. Wibberly, Ph.D., Director of the Mid-Atlantic Telehealth Resource Center, to chair the telemental health work group, and, as discussed below, gave the group a broad mandate in its review of telemental health services.

The telemental health work group on policy development was given the following task:

to develop a blueprint for policy proposals designed to remove impediments to greater use of telemental health services.

The Policy Framework that was developed centered around barriers across six problem areas or domains. These include:

1. **Provider Barriers:** This includes provider hesitance in using telemental health technologies to facilitate care delivery due to a lack of training and competence, skepticism about the impact of technology on establishing rapport and building relationships with patients/clients, concerns about clinical workflows and lack of clarity regarding policies.
2. **Workforce Barriers:** This includes limited access to mental health services in rural and underserved communities due to difficulties with recruitment and retention and provider shortages and maldistribution.
3. **Financial Barriers:** This includes barriers related to reimbursement by both private and public payers and the lack of a mechanisms for delivering care to those who are uninsured/underinsured.
4. **Patient/Client Barriers:** This includes barriers to accessing telemental health due to inadequate access to high speed internet services, lack of access to technology and/or discomfort with technology, and stigma associated with seeking mental health services.
5. **Policy Barriers:** This includes challenges with laws, regulations and other policies that do not adequately address new technology-enabled models of care.
6. **Preventive Care Barriers:** This includes a lack of resources and programs that focus on preventing mental health issues and crises.

Twenty-nine policy initiatives/options were identified within the Policy Framework. The work group put forward twelve initiatives for immediate consideration because of their potential for both high impact and rapid (12 month or less) implementation. Through the initiative of the SJ47 Joint Subcommittee, the Joint Commission on Health Care (JCHC) is currently conducting a two-year study of the work group's report, with a focus on the twelve priority recommendations. Four of those twelve recommendations are being put forth by the work group for funding within the 2018-2020 biennium budget as the "Appalachian Telemental Health Network (ATMHN) Initiative – Virginia Pilot".

Appalachian Telemental Health Network Initiative – Virginia Pilot

Introduction. The Appalachian region stretches from southern New York to northern Mississippi by way of the Appalachian Mountains, and includes all or part of 13 states: New York, Pennsylvania, Ohio, Maryland, West Virginia, Virginia, Kentucky, North Carolina, Tennessee, South Carolina, Georgia, Alabama, and Mississippi. Though a region rich in history, culture, natural resources and beauty, it is characterized by widespread health disparities and limited health infrastructure. Environmental, economic, and social conditions contribute to the health disparities found throughout Appalachia including inadequate mental health services, and higher rates of mental health, behavioral health and substance abuse disorders.

Mental health diagnoses are higher in Appalachia than in the rest of the nation with more adults reporting serious psychological distress (SPD) and major depressive disorders (MDD), 13.5 versus 11.6 percent. Mental health disparities are also found within the Appalachian region, with the highest prevalence of MDD (10.6%) and SPD (16.1%) occurring within the economically distressed coal mining counties of central Appalachia. Mental health diagnoses independent of substance abuse, are higher in Appalachian than in the rest of the nation. However, substance abuse, including abuse of alcohol, methamphetamines, and prescription painkillers, is rising in Appalachia and rates are consistently higher than the national average. Admission rates for prescription painkillers are especially high in the coal mining areas of Appalachia. High rates of mental health and substance abuse disorders and diagnoses have been correlated with economic stressors, including high rates of poverty, low household income and low educational attainment, supporting the well-established relationship between low socioeconomic status and rates of mental illness. Poverty rates average 16.6% across the region, with 107 of Appalachian counties being considered high poverty counties, with rates more than 1.5 times the U.S. average.

Mental health, behavioral health and substance abuse services in Appalachia are characterized by a lack of availability, acceptability and accessibility. More than 40% of the Appalachian region is rural, and nearly 70% of rural counties are designated as mental health professional shortage areas. This shortage is associated with lower educational attainment, fewer locally trained professionals, unwillingness of outside professionals to settle in the region, and reduced acceptance of mental health professionals by members of local population. Barriers to care include concerns of stigma, confidentiality, privacy, lack of transportation, limited payment options, and facility choices. Societal and cultural norms also impact mental health behaviors, and acceptance of mental health professionals. Access to outpatient, inpatient and resident treatment facilities are limited throughout the region. In addition, the 198 distressed and at risk counties within Appalachia have the lowest rates of private insurance and the highest rates of Medicare and Medicaid.

The vision of the Appalachian Tele-Mental Health Network (ATMHN) is a multi-state consortium of hospitals, clinics, and education institutions working to create and implement a region wide tele-mental health network. Through a variety of access points, the ATMHN will advance the innovative use of telehealth as a solution for improved mental health, behavioral health and substance abuse outcomes, increased access to providers, and reducing barriers of time, distance, and provider scarcities.

A broad regional network, the ATMHN will establish a virtual community with the capability to engage providers, clinicians, professionals and organizations across state lines in training, education, network development, case conferences and the sharing of evidence-based practice models in the delivery of mental health services to rural populations. ATMHN will be a resource for telehealth expertise throughout the region and support policy change for telehealth coverage throughout Appalachia.

Primary Aims. Expand and enhance access to quality affordable mental health services in Appalachia, allowing for efficient, early and accurate diagnoses, and reduced travel time and costs of care

- Establish current telehealth infrastructure and capacity

- Support and develop regional partnerships and pilot projects
- Provide evidence for telehealth policy change
- Develop a readiness assessment tool for providers
- Support telehealth training opportunities
- Assess market dynamics by state, including reimbursement rates, and payer source
- Create online referral network and resource center for providers and professionals

Virginia Pilot. In Virginia, the following counties are part of the Appalachian Region: Alleghany, Bath, Bland, Botetourt, Buchanan, Carroll, Craig, Dickenson, Floyd, Giles, Grayson, Henry, Highland, Lee, Montgomery, Patrick, Pulaski, Rockbridge, Russell, Scott, Smyth, Tazewell, Washington, Wise, and Wythe. In addition, the following independent cities in Virginia are also within the Appalachian Region: Bristol, Buena Vista, Covington, Galax, Lexington, Martinsville, Norton, and Radford.

One of the twelve priority recommendations put forth by the Work Group was for the Commonwealth to leverage Appalachian Regional Commission (ARC) and Virginia Tobacco Region Revitalization Commission funding to implement a pilot telemental health network to address the mental health needs of the Appalachian counties within their respective footprints. Although the vision for the ATMHN is much broader than the following components, this proposal would be for the Commonwealth to commit to funding a three-year pilot project that would establish a foundation for the ATMHN in Virginia through the development of the following four projects.

1. **Telemental Health Provider Directory.** The Virginia Telehealth Network (VTN) devotes its resources to advancing the adoption, implementation and integration of telehealth and related technologies statewide and promotes the coordination and delivery of care for all Virginians. A critical function in coordinating care is the ability to identify the clinicians who are available to provide that care. The workgroup recommends that funds be provided to the VTN to establish, maintain, update and manage an online directory of Virginia-licensed telemental health providers. The online directory shall allow providers to share their credentials, state licenses, contact information, specialty areas, accepted methods of payment/insurance and availability to accept new referrals. This project forms the foundation for the development of referral networks to meet local and regional needs for providers.
2. **Telemental Health Workforce Training.** The Southside Telehealth Training Academy and Resource Center (STAR) was developed as a grant funded project through the Virginia Health Workforce Development Authority. Created in 2012, the STAR training modules and learning management system are becoming outdated. To ensure that training for telemental health providers stays current, the learning management system and content for telemental health training needs to be continually refreshed and updated. The workgroup recommends funding for STAR to make available world class online training modules for a broad spectrum of mental health providers, including licensed social workers, counselors, psychiatrists, and psychologists. The training modules shall address topics such as presentation skills, HIPAA, laws and ethics, crisis planning and protocols, and Appalachian cultural competency. In addition, STAR shall offer reduced rates and/or fee waivers for mental health providers willing to make available service hours to free clinics and other community based organizations serving uninsured/underinsured patients/clients. This project will increase the number of mental health providers who have the knowledge, skills and ability to effectively deliver telemental health services, thereby increasing the number of providers in the telemental health provider directory. It will also facilitate the identification of providers statewide who have an interest in working with underserved populations.
3. **Telemental Health Network Infrastructure.** A partnership between the University of Virginia's College at Wise and the University of Virginia, the Healthy Appalachia Institute (HAI) is providing necessary and transformational leadership, resources, and strategies to foster a healthier population in Southwest Virginia, and central Appalachia. In collaboration with key leaders and organizations throughout the region, HAI is working to create a

national model for community health by engaging the social, economic and scientific issues that exist at the interface of education, economic prosperity, health outcomes and quality of life. HAI focuses on high leverage, priority issues identified in the *Blueprint for Health Improvement and Health Enabled Prosperity*, a strategic plan adopted by the Southwest Virginia Health Authority and co-developed and published by HAI. The HAI is committed to building a culture of health and improving health outcomes through sustainable, innovative and community based approaches.

The ATMHC envisions a regional broadband health network using an interoperable, standards-based system to allow for multiple vendor platforms, and ease of use for providers and patients. This network will support distance clinical care, and patient and provider education and training using a fully encrypted system compliant with HIPAA requirements and high definition technology allowing for a quality, seamless connection. To provide administrative oversight and support for the development of the ATMHN infrastructure in Virginia, staffing is needed to support provider engagement, ensure that the Commonwealth fully leverages existing initiatives such as the USAC Rural Health Care Program and the USDA Rural Development Broadband Program to improve broadband access and affordability, and provide technical support for telehealth technology.

The workgroup recommends funding for the HAI to 1) provide administrative support for recruiting a broad spectrum of providers, including licensed social workers, counselors, psychiatrists, and psychologists to form the basis for a regional referral network for rural southwest Virginia, 2) deploy a no/low cost HIPAA compliant interoperable technology platform as needed for providers participating in the referral network; 3) provide technical support and training for providers using the technology platform; 4) collect data such as numbers of providers trained, hours of mental health services provided, numbers of patients seen, and miles of travel avoided to assess the success of the initiative in expanding access to mental health services; and 5) engage in business development to ensure sustainability of the network beyond the funding period. In order to carry out these functions, the workgroup recommends that funds be used to purchase licenses for the technology platform and to establish three positions: Project Director; Outreach Coordinator and Videoconference Network Engineer.

- 4. Project ECHO.** The Extension for Community Healthcare Outcomes (ECHO®) is an innovative and now evidence-based model that was developed at the University of New Mexico. The mission of ECHO is to improve the care received by patients across the lifespan by providing community-based clinicians, particularly those in rural and underserved areas, with skills and knowledge to treat complex patients in their own practices. Project ECHO® dramatically improves both capacity and access to specialty care for rural and underserved populations. This low-cost, high-impact intervention is accomplished by linking expert interdisciplinary specialist teams ("hubs") with primary care clinicians ("spokes") through teleECHO™ clinics. Regularly scheduled teleECHO sessions bring together expert interdisciplinary specialists and community-based partners using web-based videoconferencing technology. Through this technology, Project ECHO aims to provide community-based clinicians with knowledge, decision support, and specialty consultation services. During each session, experts mentor primary care clinicians to help them manage their patient cases and share their expertise via mentoring, guidance, feedback, and didactic education. These learning communities allow primary care providers to co-manage patients who have complex care needs, leading to increased competence and confidence. Studies have shown that patients treated by ECHO-trained primary care clinicians did as well as patients treated at specialty clinics. Project ECHO has now been implemented by over 130 partner sites (over 80 in the U.S. and over 50 internationally), covering more than 65 complex conditions and problems.

The Virginia Department of Health (VDH) received one-year funding from SAMHSA (the federal Substance Abuse and Mental Health Services Administration) to start a Project ECHO in Virginia this fall in partnership with the University of Virginia, Virginia Commonwealth University and Virginia Tech-Carilion. The focus of this first ever Project ECHO in Virginia will be on managing patients with addictions disorders, including alcohol and opioid use disorders. The workgroup recommends funding for VDH to keep this model viable beyond the first year, and to allow it to expand to other behavioral health focus areas.

Each of the four projects described above can be considered separately and would contribute to expanding access to mental health services as stand-alone projects. However, there is a synergistic relationship between each of the four components and the combined effect would be greater than the sum of their individual parts. Following is a summary of the four projects and their budget needs:

Project	Description	Year 1	Year 2	Year 3
<p>1. Telemental Health Provider Directory</p>	<p>The workgroup recommends funding for the Virginia Telehealth Network to establish, maintain, update and manage an online directory of Virginia-licensed telemental health providers. The online directory shall allow providers to share their credentials, state licenses, contact information, specialty areas, accepted methods of payment/insurance and availability to accept new referrals. This project forms the foundation for the development of referral networks to meet local and regional needs for providers.</p>	<p>\$50,000</p>	<p>\$50,000</p>	<p>\$50,000</p>
<p>2. Telemental Health Workforce Training.</p>	<p>The workgroup recommends funding for the Southside Telehealth Training Academy and Resource Center (STAR) to make available world class online training modules for a broad spectrum of mental health providers, including licensed social workers, counselors, psychiatrists, and psychologists. The training modules shall address topics such as presentation skills, HIPAA, laws and ethics, crisis planning and protocols, and Appalachian cultural competency. In addition, STAR shall offer reduced rates and/or fee waivers for mental health providers willing to make available service hours to free clinics and other community based organizations serving uninsured/underinsured patients/clients. This project will increase the number of mental health providers who have the knowledge, skills and ability to effectively deliver telemental health services, thereby increasing the number of providers in the telemental health provider directory. It will also facilitate the identification of providers statewide who have an interest in working with underserved populations.</p>	<p>\$100,000</p>	<p>\$100,000</p>	<p>\$100,000</p>

3. Telemental Health Network Infrastructure Development and Support.	<p>The workgroup recommends funding for the Healthy Appalachia Institute at the University of Virginia's College at Wise to 1) provide administrative support for recruiting a broad spectrum of providers, including licensed social workers, counselors, psychiatrists, and psychologists to form the basis for a regional referral network for rural southwest Virginia, 2) deploy a no/low cost HIPAA compliant interoperable technology platform as needed for providers participating in the referral network; 3) provide technical support and training for providers using the technology platform; 3) collect data such as numbers of providers trained, hours of mental health services provided, numbers of patients seen, and miles of travel avoided to assess the success of the initiative in expanding access to mental health services; and 4) engage in business development to ensure sustainability of the network beyond the funding period. In order to carry out these functions, the workgroup recommends that funds be used to purchase licenses for the technology platform and to establish three positions: Project Director; Outreach Coordinator and Videoconference Network Engineer.</p>	\$650,000	\$650,000	\$650,000
4. Project ECHO®	<p>The workgroup recommends funding for the Virginia Department of Health (VDH) to sustain and expand Project ECHO®. The Extension for Community Healthcare Outcomes (ECHO®) is an evidence-based model for improving the care received by patients across the lifespan by providing community-based clinicians, particularly those in rural and underserved areas, with skills and knowledge to treat complex patients in their own practices. Project ECHO® dramatically improves both capacity and access to specialty care for rural and underserved populations. VDH received one-year funding to start a Project ECHO® this fall in partnership with the University of Virginia, Virginia Commonwealth University and Virginia Tech-Carilion. Funds would allow this model to continue beyond the first year, and to allow it to expand to other behavioral health focus areas.</p>	\$300,000	\$300,000	\$300,000
Appalachian Telemental Health Initiative – Virginia Pilot (Total for Four Projects Combined)		\$1,100,000	\$1,100,000	\$1,100,000

Finally, the workgroup recommends that any state funds appropriated for these projects serve as matching funds to leverage Appalachian Regional Commission (ARC) and Virginia Tobacco Revitalization Commission funds. The ARC has Strategic Investment Goals related to economic development, ready workforce, and critical infrastructure.

The ability to improve access to affordable, high-quality health care for workers and their families, using proven public health practices and establishing sustainable clinical service to address health conditions that affect the Region's economic competitiveness, and promoting the productive and strategic use of broadband and other telecommunications infrastructure to increase connectivity and strengthen economic competitiveness are all strategies that align with the efforts of the ATMHN. The ARC expects grantees to contribute matching resources to projects. The Virginia Tobacco Revitalization Commission provides funds for special projects related to both regional economic development and expanding access to healthcare. All Tobacco Commission grants require dollar-for-dollar matching funds. The workgroup recommends discussions with the ARC and Tobacco Commission regarding opportunities for a partnership before finalizing budget amendment language.

The recommendation that these projects be funded for three years comes from our experience – and success - in dealing with the technical and organizational demands presented by work of this type. It is of vital importance that time is spent up front to find the right staff, procure the right technology, select and install the right hardware, and establish working relationships among providers, colleagues and customers in a large geographic area. Our experience has shown that it takes about a year to fully staff, test and select equipment, engage input and feedback from end-users, establish appropriate processes and protocols and pilot test these processes and protocols with a small group of willing pioneers. A second year is needed to gradually bring each of the projects to scale, while attending to process improvements. It is generally not until the third year where meaningful outcomes can be fully realized and measured. We are confident that if funded, the proposed "Appalachian Telemental Health Initiative – Virginia Pilot" will provide meaningful and ongoing improvements in both access to quality mental health care and behavioral health outcomes for the people of rural southwest Virginia, and will serve as a scalable model throughout other rural areas of Virginia and the Appalachian region.