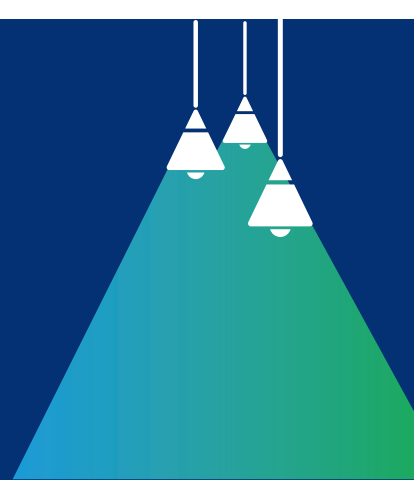


# Illuminating the future of telebehavioral health

Sam Espinosa, National Practice Leader



## A well thought-out stakeholder process is the key to implementing telebehavioral health effectively

As you heard in our recent video [blog](#), the topic of telebehavioral health is a topic on the minds of patients, caregivers, and providers, as well as state Medicaid programs. This interesting and enlightening conversation revealed to me the three pillars for states to consider in an effort to be more effective and efficient when implementing telebehavioral health. These pillars build on our learnings with clients before, during, and as we move forward beyond the pandemic.



### Pillar One

#### States should

- Compose your stakeholders across multiple dimensions. Capture feedback from families and recipients, providers, and sister agencies.
- Consider provider size and different business models — such as a hybrid of in-person and virtual visits — and encourage rigorous discussion around what works well and where it can be improved.
- Consider a broad swatch of providers, not just the biggest or the loudest ones.

### Pillar Two

#### Work through the stakeholdering process

Talk with providers about how the services work together and seek efficiencies. For example, enhanced services such as Assertive Community Treatment, mobile crisis, and residential services do not immediately come to mind when discussing telehealth. Working with stakeholders (utilizing combined creativity) will offer new insights into how the state can adapt these services to a telehealth world. Working together is essential today because we face a shrinking direct-care workforce for behavioral health. Many agencies are seeing direct-care service providers leaving the industry and are unable to replace them rapidly enough to satisfy the demand. The insufficient worker resources are especially true with provider types such as child psychiatrists and eating disorder specialists. Telehealth provides access to meet the needs of individuals that may otherwise not have access to these specialties.

### Pillar Three

#### Collaborate with sister agencies

Look at partnering with the Department of Corrections, for example, to allow incarcerated individuals access to behavioral health services or vocational rehabilitation before release. Examine opportunities to synergize financing for the various available funding vehicles to expand the services and supports available to providers. Look for duplication of programs, consistency, and staff training development models. Seek ways to collapse services across agencies to leverage funding.

When the stakeholders are aligned, members thrive. Telehealth provides us a new opportunity to partner across the care ecosystem to create new value for our common mission.



If you are interested in learning more about Mercer’s telehealth capabilities with a client and would like to see an example of a telehealth deliverable, click [here](#). We are always eager to engage in a thoughtful conversation about the future of health care.



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