**MEMORANDUM**

TO: REDC Consortium

FROM: Center Road Solutions

DATE: July 29, 2021

**RE: Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders**

The Substance Abuse and Mental Health Services Administration (SAMHSA) released an evidence-based [resource guide](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf) on telehealth for the treatment of serious mental illness and substance use disorders. The resource guide reviews literature and research findings, examines emerging and best practices, discusses gaps in knowledge, and identifies challenges and strategies for implementation.

**What the Research Tells Us**

The resource guide draws four conclusions from existing research on telehealth treatment of SMI and SUD. First, they conclude that telehealth is effective across the continuum of care for SMI and SUD, including screening and assessment, treatments, including pharmacotherapy, medication management, and behavioral therapies, case management, recovery supports, and crisis services. Second, that evidence-based treatments for SMI and SUD, traditionally provided face-to-face, are also effective when delivered using telehealth and have outcomes comparable to in-person service delivery. Third, therapeutic services provided using telehealth modalities generate positive outcomes for the client, including engagement in treatment, retention in care, and client satisfaction, which in turn lead to improved long-term health outcomes. Lastly, positive outcomes are dependent on the provider and client having the necessary resources to conduct telehealth well, including training and technology. This section concludes with the assertion that telehealth is a key strategy to increasing and ensuring access to care for people living with SMI, SUD, or COD.

**Guidance for Implementing Evidence-Based Practices**

Properly implementing telehealth procedures is extremely important to achieving positive outcomes. There are considerations to be made at the client, provider, and organization-level. The main concerns at each level, as identified in the report, are:

1. Client concerns:
	1. Discomfort or unwillingness to engage with telehealth
	2. Lack of access to technology or high-speed internet
	3. Apprehension about using technology or concern about privacy risks involved
2. Provider concerns:
	1. Poor therapeutic relationship
	2. Less commitment from the client to therapy
	3. Technological difficulties affecting the therapeutic experience
3. Organizational concerns:
	1. Inappropriate use of services for the setting
	2. Discomfort from clients and providers
	3. Lack of financial and human resources

The resource guide provides strategies to address each of these concerns. In addition, the guide addresses the regulatory and reimbursement environment.

**Examples of Telehealth Implementation in Treatment Programs**

The resource guide provides three examples of organizations that provide telehealth-delivered practices. The examples include a mobile care unit, an intensive case management provider, and a clinic.

**Resources for Evaluation and Quality Improvement**

Lastly, the resource guide provides an overview of approaches to evaluate the implementation of and result of treatments delivered using telehealth. To properly evaluate telehealth-delivered practices and programs, both the treatment and the modality need to be evaluated. The guide recommends that an organization conduct evaluation before a treatment is implemented to determine its feasibility (formative evaluation), during implementation (process evaluation and continuous quality improvement), and after the treatment has been delivered to at least one client (outcome and impact evaluations). The resource guide provides recommendations on how conduct each of these forms of evaluation.