

Building the evidence base for telehealth delivery of therapeutic interventions

MOLLIE BRADLEE, COLORADO DEPARTMENT OF HUMAN SERVICES
MHBRADLEE@GMAIL.COM

SUMMARY

Among Mollie Bradlee's responsibilities when she was a Foster America fellow at the Colorado Department of Human Services (CO DHS) was managing a Pay for Success project that consisted of the deployment and evaluation of Multisystemic Therapy (MST), an evidence-based, intensive intervention for youth ages 12-18 who are involved or at risk of involvement with foster care or the juvenile justice system. With the onset of the COVID-19 pandemic, providers of MST funded by CO DHS quickly transitioned to telehealth. CO DHS, in partnership with the Center for Effective Interventions, the lead provider for MST in Colorado, is now taking advantage of a quasi-experimental study that was already under way before the pandemic. In addition to measuring the effectiveness of MST for families working with CO DHS, the findings from the study may help build the evidence base for using telehealth to deliver MST.

THE OPPORTUNITY

Designed to equip parents and guardians with tools to support youth who are at risk of becoming involved in the juvenile justice or foster care systems, MST relies on significant, ongoing face-to-face contact (2 – 3 hours per week) between therapists, families, and community members over a period of 3 to 5 months. Services are available 24/7 for timely crisis management and to give families choice in what times work best for them. Without intervention, these youth are at far greater risk of involvement in activities that can lead to detention, arrest, or removal from their families.

To protect the safety of families, communities, and therapists during the COVID-19 pandemic, MST providers in Colorado have moved almost exclusively to a telehealth model. This approach does not meet the criteria for implementing MST to fidelity and has not been adequately studied. In the absence of additional research, moving to telehealth could impact states' ability to access funding for this critical therapeutic tool as long as social distancing requirements remain in effect.

THE SOLUTION

Meet families where they are. In Colorado, MST providers have followed social distancing guidelines by conducting most of their contact with families via common video conferencing services, such as Google Hangout or Zoom. If the family doesn't have internet access, therapists conduct sessions by telephone. Provider agencies have worked with families, and older caregivers in particular, to get them set up and comfortable with videoconferencing platforms. In the rare instance when telehealth cannot be accommodated, therapists will meet families at a park or another outdoor setting with social distancing.

Work with model licensing entity. MST Services, the national MST training and licensing entity, has developed detailed guidelines about how to adjust approaches during the pandemic. Its experts are spending additional time with MST providers to help with the transition.

Address funding considerations. When states opt in to the Family First Prevention Services Act (FFPSA), they become eligible to receive federal reimbursement for the provision of evidence-based services, but only if those services are implemented with fidelity. Although MST has a body of evidence that supports its effectiveness, telehealth MST currently does not meet the criteria for implementation fidelity. CO DHS is working with other federal and state leaders to tee up the conversations to explore policy changes that might allow for a more flexible adoption of FFPSA services, given that social distancing guidelines may persist for quite some time.

Track outcomes. When COVID-19 hit, Colorado was already engaged in a quasi-experimental study of MST outcomes in rural and underserved communities related to its Pay for Success model. CO DHS now has the opportunity to add to the evidence base by comparing outcomes for families who participate in telehealth MST during the pandemic to those for families who received face-to-face MST.

THE RESULT

When implemented with fidelity, participation in MST is associated with decreased use of inpatient mental health and residential services, ultimately safely keeping young people with their families.

Anecdotally, therapists are reporting that some youth who were previously reluctant to participate have been more engaged when services are delivered via videoconference. This may be because online environments are a “comfort zone” for many youth and less threatening than a stranger coming to their home.

In addition, some families are reporting more contact with therapists than before COVID. Therapists have greater availability because they are not driving from appointment to appointment. Families who are feeling the strain of COVID-related social isolation may be more willing to reach out to therapists for help.

Outcomes from the quasi-experimental study currently underway will be released in 2022.

RESOURCES

- [Center for Effective Interventions](#), the lead provider for MST in Colorado
- [MST Services](#), national MST training and licensing entity
- Telehealth resources
 - [Telehealth.HHS.gov](https://www.hhs.gov/telehealth)
 - [Telehealth Models for Increasing Access to Behavioral and Mental Health Treatment](#)
 - American Psychiatric Association’s [Telepsychiatry Toolkit](#)