

RESEARCH BRIEF

Social Work Answers the (VIDEO) Call: Tele-Behavioral Health Use During COVID-19



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Background

Through the Coronavirus Preparedness and Response Supplemental Appropriations Act signed on March 4, 2020 and 1135 waiver authority, the Centers for Medicare and Medicaid Services (CMS) expanded the ability for credentialed providers to utilize telehealth services, including tele-behavioral health.¹ Many states enacted executive orders to mandate private health insurances follow suit and reimburse for tele-visits during COVID-19. These changes, coupled with unprecedented social, behavioral and physical health needs, created an extraordinary moment whereupon social workers and clients were both dependent upon tele-behavioral health. This study aimed to measure the extent to which social workers were able to transition to tele-behavioral health during COVID-19 and the barriers and facilitators they experienced during this rapid change to tele-behavioral health service delivery.

Methods

An electronic survey was developed and distributed to a convenience sample of social work professionals across the country. The National Association of Social Workers (NASW) disseminated a pre-scripted recruitment email to members with an MSW degree (N=11,211). The survey focused on understanding the current use of tele-behavioral health to deliver services in response to COVID-19, identifying which services were being deployed through tele-behavioral health, and ascertaining barriers or facilitative factors in the application of tele-behavioral health services for social workers. The survey was developed using pertinent literature, guidance from social work practitioners, consultation from two national professional organizations, cognitive interviews, and a pilot survey with practicing social workers (n=26). The survey took approximately 15 minutes to complete and was open throughout June 2020.

Key Findings

A total of 585 participants completed the survey and were located in 49 states as well as the District of Columbia and Puerto Rico. The vast majority of respondents highest earned degree was a Masters of Social Work (94%). Close to 88% were licensed to independently practice social work in their state; 10% of respondents were working towards independent licensure. On average, participants worked at their highest degree for 19 years (SD=12). The majority of participants worked in private practice (65%). Overwhelmingly participants responded their organization provided mental health services (95%) and/or substance use services (31%). The sample was predominately white (90%), self-identified as female (88%), and averaged 54 years in age (SD=13.5).

Prior to COVID-19 only 28% of the sample reported using tele-behavioral health to provide services, while 34% reported their organization used tele-behavioral health. Since the beginning of the COVID-19

pandemic, 92% of respondents reported using tele-behavioral health and 95% indicated the organization they work for now has tele-capabilities. Of those who used tele-behavioral health prior to COVID-19, respondents indicated that they increased the average use of this method from 21% to almost 88% of their client caseload. More than 84% of respondents intend to use tele-behavioral health beyond COVID-19 and more than 69% said they indeed wanted to use tele-behavioral health after this experience.

More than 49% of respondents received training on tele-behavioral health since COVID-19 whereas only 23% had received some training prior to Covid-19. The primary sources of this training since COVID-19 was through their employer (41%), a professional organization (42%), a telehealth resource center (15%), a School of Social Work (10%), or local/state/national government agency (7%).

Overall, 87% of respondents indicated at least one barrier to tele-behavioral health use, with 73% of respondents reporting client barriers to tele-behavioral health utilization. More than half (55%) of respondents reported clients lacked the technology resources necessary for tele-behavioral health and 45% reported clients lacked technology knowledge to use tele-services. Respondents were given the opportunity to describe barriers and facilitators to tele-behavioral health. Responses were coded and presented as themes in Figure 1.

Figure 1. Barriers and Facilitators to Tele-behavioral Health Practice	
Barriers	Facilitators
Administrative confusion regarding varying billing requirements and compliance issues for different insurance plans.	Reimbursement and compliance policy changes to support tele-behavioral health. Organizational factors (e.g., supervisor support; IT department support).
Inability to practice across state lines.	Training supports (e.g., free from professional organizations, other online materials).
Clinical concerns: Client privacy; assessing client safety; engaging special populations (e.g., children, hearing-impaired).	Colleague and peer supports.
	Available technology and private space to practice.
Technology limitations (e.g., slow WIFI speed, dropped video calls, technology disrupting services).	Previous experience and individual factors (e.g., comfort with platforms).
Provider difficulties: Caregiving responsibilities, fatigue, emotional toll.	Necessity to change practice.

Conclusions & Policy Considerations

Overwhelmingly social work respondents reported their interest and intent to continue providing services via tele-behavioral health. We suggest three mechanisms to support continued use of tele-behavioral health during COVID-19 and beyond. First, it is essential that parity and reimbursement for tele-behavioral health continues. Second, current and future social work practitioners must be trained in tele-behavioral health and related administrative elements of this type of practice. Third, supports must be provided to ensure that clients have the capabilities and knowledge to use tele-behavioral health.

Future work should focus on how to support social workers' ability to practice across state lines while accounting for existing constraints such as state licensure and reimbursement regulations. A major issue presented by respondents was the desire to provide inter-state practice using tele-behavioral health. Additionally, although the evidence behind tele-behavioral health is strong, the populations studied in the

literature remain homogenous and may not be reflective of clients' needs. Further research is needed to examine the effects of tele-behavioral services for a diverse range of clients with varying needs and resources delivered by social workers.

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References

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