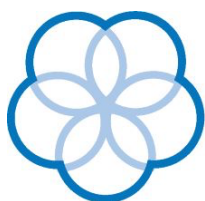




# **The Employer Guide to Identifying High Value Tele-behavioral Health Care**

**Updated October 2022**

This project was supported through the Florida Alliance for Healthcare Value's work as a Regional Employer-Stakeholder Engagement Team for:



***The Path Forward***  
for mental health and substance use

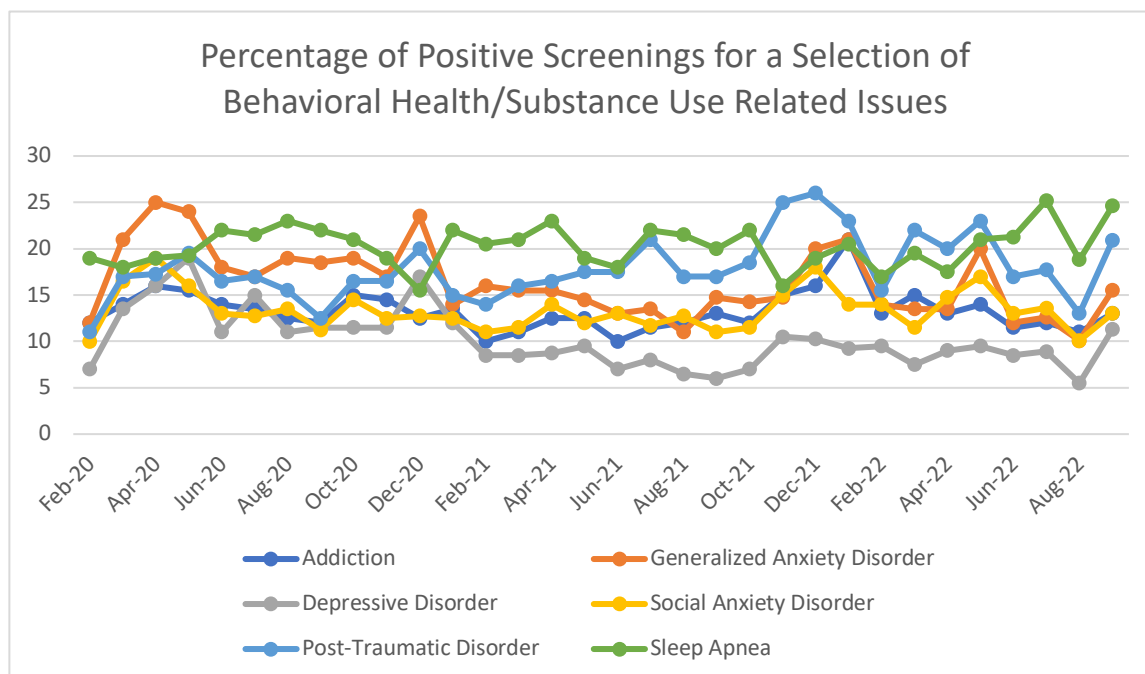
## Introduction

The Florida Alliance for Healthcare Value (the Florida Alliance) was selected through a competitive process to lead efforts in Florida to improve mental health and substance use (MH/SU) treatment access. This initiative is a national transformation movement called **The Path Forward for Mental Health and Substance Use** led by the National Alliance of Healthcare Purchaser Coalitions (National Alliance), American Health Policy Institute, the American Psychiatric Association (APA), the American Psychiatric Association Foundation (APAF) Center for Workplace Mental Health, HR Policy Association (the Association of Chief Human Resource Officers), Meadows Mental Health Policy Institute, the Bowman Family Foundation and the Jed Foundation. The Florida Alliance's efforts have been focused on achieving measurable improvements in five priority areas:

- **Increasing system capacity and improving access to “in-network” behavioral health specialists**
- **Expanding use of the collaborative care model (CoCM) to integrate behavioral health into primary care**
- **Implementing measurement-based care (MBC) in both primary care and behavioral specialty care to improve quality and outcomes**
- **Expanding tele-behavioral health (TBH)**
- **Compliance with the 2008 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA) and full payment parity for TBH and in-person treatment**

The Florida Alliance is working to implement system changes that promote the expansion of TBH, ensure that TBH services are evidence-based best practice, and promote high value care. Additionally, the Florida Alliance is reinforcing the need for behavioral health integration with primary health care given the continued impact the pandemic and now socioeconomic and political challenges are having on both the physical and behavioral health of the U.S. workforce. The psychological toll these factors have taken on employees and their families continues to rise in acuity with depression, anxiety, post-traumatic stress disorder (PTSD), and addiction at the top of the list.

The *Mental Health Index*<sup>1</sup>, a collaboration between the National Alliance and Total Brain, monitors multiple key MH/SU indicators as experienced by U.S. workers since the onset of COVID-19. Data collected as of early Fall 2022 shows the increase in the likelihood of individuals experiencing symptoms of several serious MH/SU disorders as a function of the percentage of positive screenings (for example you may complete a survey with your provider asking if you are experiencing any depression-related symptoms and sufficient responses are provided that indicate you may be diagnosable for depression):



Source: *Mental Health Index U.S. Worker Edition – Q3 2022 Update, Total Brain*

The aforementioned data shows seasonal patterns whereby the percentage of positive screens for the respective behavioral health disorders ebbs and flows. Despite these seasonal fluctuations, working Americans currently stand at a 50% greater risk of PTSD than before the COVID-19 pandemic and have seen troubling spikes for general anxiety disorder, in addition to other MH/SU concerns. The findings demonstrate that the risk for addiction, depression, and sleep problems have risen since early 2020. Data from Total Brain has shown repeated upticks in the fall and winter months regarding anxiety, depression, addiction, sleep, and PTSD exacerbated by COVID-19.

Despite the many negative aspects of COVID-19, one positive change was the widespread adoption of telehealth and TBH. In losing the option of visiting a doctor or counselor in-person in 2020, Americans discovered the convenience and confidentiality of audio and/or video visits and the demand for telehealth boomed. Most individuals value having a choice among in-person, audio and/or video treatment modalities, and having a choice in how to access care increases treatment compliance. States have modified telehealth regulations and credentialing, opening access to providers. Employers have included telehealth providers in their benefit plans and are searching for guidance on how to manage and measure the impact of that benefit, particularly as it relates to TBH. With two-plus years of learning from the pandemic in hand, this updated guide is designed to help employers understand the attributes of high quality, cost-effective TBH to ensure that the services their plan members are receiving are high value.

We hope you find the guide useful and thank you for your continued engagement with the Florida Alliance.

Special thanks to Dr. Henry Harbin and Brad Rex for their support of this project and to the sponsors of our Mental Health/Substance Use Learning Collaborative, Johnson & Johnson and Pear Therapeutics.

Sincerely,

*Karen*

Karen van Caulil, Ph.D.

President and CEO, Florida Alliance for Healthcare Value

## The Value Proposition for High Value TBH Healthcare

There are several terms that are used throughout this guide when discussing behavioral health and mental health. These include:

- Behavioral Health: The connection between behaviors and the health and well-being of the body, mind, and spirit. It also encompasses MH/SU disorders as well as overall psychological well-being. This term is used throughout the document to encompass mental health as well.
- Co-occurring Disorder (COD): COD refers to the coexistence of both substance use and mental disorder.
- Mental Health: Includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.
- Opioid Use Disorder (OUD): OUD is a diagnosis that applies when the recurrent use of opioids causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.
- Serious Mental Illness (SMI): SMI is defined as a mental, behavioral, or emotional disorder among adults aged 18 years and older. An SMI results in serious functional impairment, which substantially interferes with or limits one or more major life activities.
- Substance Use Disorder (SUD): SUD is a diagnosis that applies when the recurrent use of alcohol and/or prescribed and/or illicit drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Millions of Americans are impacted directly and indirectly by a COD, OUD, SMI, or SUD. According to the Substance Abuse and Mental Health Services Administration (SAMHSA) *2020 National Survey on Drug Use and Health*<sup>2</sup> released in July 2022, 5.6% or 14.2 million people 18 years of age and older had an SMI. Of those, 38.9% of individuals between 18 and 50 years of age stated they received no treatment in 2020 for their SMI. Among those individuals 18 and older in 2020, 15.4% or 38.7 million people reported experiencing a SUD. For youth between 12 and 17 years of age, 17.0%, or 4.1 million people reported a major depressive episode in 2020 and 712,000 youth reported having an alcohol use disorder. Over 2.7 million people 12 and older qualify as having an OUD<sup>3</sup> in 2020. COD, OUD, SMI, and SUD are key factors in the health and wellbeing of our society and includes their impact in the workforce.

## Why Should Employers Care about Behavioral Health Care?

- More than **70%** of individuals with **SUD** maintain employment<sup>4</sup>
- Individuals with SUD have **missed a week and a half more days** from work than other employees<sup>5</sup>
- Individuals with SUD are **greater than 40% more likely to have had more than one employer per year**<sup>6</sup>
- **Healthcare costs** for employees with alcohol use disorder are **double** that of workers without the disorder<sup>7</sup>
- Employees who use alcohol or illicit drugs are **2 to 5 times more likely** to be involved in **workplace accidents** and more likely to file **Workers' Compensation claims**<sup>8</sup>

In 2021, the APA, in partnership with SAMHSA, estimated that SMI comes at a tremendous cost to the American economy<sup>9</sup>. Annually the U.S. economy loses approximately \$193.2 billion in earnings, paired with \$100.1 billion in healthcare expenditures and \$24.3 billion in disability benefits.

Multiple studies have quantified the economic benefits of appropriately addressing behavioral health care for employers. A report developed by Accenture<sup>10</sup>, "Breakthrough Behavioral Health Access: Think Virtual" states:

*In addition to the effect on people's lives, better access to care is a potential breakthrough in terms of overall outcomes and medical spending. Accenture analysis shows that virtual behavioral health services could materially expand access to treatment for more than 53 million people in the United States. Increased access can translate into **reduced overall medical costs**. It is estimated that a 1% increase in treatment for behavioral health disorders in the U.S. could yield as much as **\$2.4 billion in medical cost savings annually** in the United States.*

These savings largely come from the fact that individuals with behavioral health conditions often have other medical conditions. In fact, 68% of behavioral health patients have a co-occurring medical condition<sup>11</sup>. As a result, **the healthcare system absorbs two to three times more in cost from these patients**<sup>12</sup>. In addition, individuals with behavioral health conditions who get treatment utilize **in substantially lower healthcare costs** than those who do not<sup>13</sup>.



**A plan member with diabetes who also has depression is much less likely to monitor daily blood sugar levels and take insulin when depressed, resulting in more severe medical complications due to their diabetes. By treating the underlying depression, the diabetes is much better controlled resulting in lower overall costs.**

An August 2020 study by Milliman, Inc.<sup>14</sup>, funded by the Mental Health Treatment and Research Institute, revealed that individuals with behavioral health conditions in addition to physical health conditions drive high total healthcare costs in the U.S. and only 5% of their cost of care is for their behavioral health conditions.

Key findings of the study include:

- 5.7% of the entire study population – high-cost patients with both conditions – accounted for 44% of all healthcare spending
- 50% of all patients with behavioral conditions had less than \$68 of total annual spending for behavioral health treatment

From a healthcare equity standpoint, SAMHSA's guide notes that TBH plays a role in helping to ensure that health equity is achieved for *all* individuals by removing barriers to accessing needed care and services. Barriers may include a lack of reliable transportation options for in-person appointments, inability to take needed time off from work for their appointments, and family caregiving responsibilities. Cultural stigma and the subsequent need for privacy around accessing mental health care and treatment is another important reason for implementing and sustaining a comprehensive TBH strategy. Employers need to be aware of their plan member's ability to have access to secure and reliable care via the internet. Surveying their plan members to determine if they have access to broadband internet and a computer or smart device will allow employers to determine if support is needed to access telehealth services.

Overall, TBH is a strategy that employers can deploy to address the increasing need for care, and types of delivery mechanisms, such as audio and/or video service treatment, the use of reimbursable evidence-based screenings, and Medication Assisted Treatment (MAT), for example. What follows is an outline of key components representative of a high value TBH program.

## Key Components of a High Value TBH Healthcare Program

- **Coordinated primary (including specialty care) and behavioral health care**, with primary care providers conducting reimbursable evidence-based mental health screenings as part of annual examinations for early identification of issues and referral to treatment, a model championed by The Path Forward initiative known as the CoCM. *Note: Use of the Psychiatric CoCM is recommended by The Path Forward for Mental Health and Substance Use as a best practice for integration of medical and behavioral care, and it has three specific CPT codes. All the CoCM services can be delivered virtually and are in addition to TBH services. The CoCM billing codes require the use of MBC.*
- **Compliant with the 2008 MHPAEA** whereby MH/SU treatment benefits are comparable to primary medical care benefits in accordance with NQTL, now with an eye towards enforcement
- **Ability to quantify and analyze the combined cost of medical and behavioral care**, including capturing quantitative data on reimbursement levels for all treatment modalities (audio and/or video and in-person), for individual plan members to minimize overall costs.
- **Full payment parity for TBH to in-person care** to ensure access to quality care for all members.
- **Brief wait times** to appointments.
- **Use of MBC to demonstrate the quality and outcome of treatment services** such as Utilization Review Accreditation Commission's (URAC)<sup>15</sup> new standards (see References).
- **No barriers to accessing behavioral care**, including limited or no pre-authorizations or step therapy requirement, particularly for addiction treatment, and ensuring the volume of treatment sessions is appropriate for the type of care needed.
- **Access to MAT**, particularly long-duration buprenorphine or naloxone, Prescription Digital Therapeutics (PDT), for SUD. It is important to note that a fully virtual MAT may not be offered in all states based on the state's respective regulations on virtual MAT.
- **High rates of customer satisfaction**, low no-show rates, and positive clinical outcomes.
- **Diverse and robust clinical staff** reflective of the clientele it engages capable of working in integrated settings, such as Licensed Psychiatrists, Licensed Psychologists, Licensed Mental Health Counselors, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists that is culturally and linguistically appropriate and competent.
- **If needed, access to eligible out of state clinicians** allowed to offer TBH in Florida, which would decrease wait time, support more diverse staff, and allow for longer engagement times for shift workers; the details for prospective clinicians can be found at <https://floridasmentalhealthprofessions.gov/latest-news/telehealth/>



A high-value, effective TBH healthcare program should adhere to the continuum of care model identified in SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*<sup>16</sup> guide. The stages of the model include:

- Screening and assessment
- Treatment (Pharmacotherapy, PDT, MAT, Medication Monitoring, Behavioral Therapies)
- Case Management SUD Recovery Supports (peer recover support services)
- Crisis Services (ensuring a “no wrong door” approach for entry into services)

The CoCM is a best practice championed by The Path Forward for Mental Health and Substance Use led by the National Alliance<sup>17</sup>. The model connects primary and behavioral health providers to create a total person health strategy for the identification and treatment of COD, SMI, SUDs that simultaneously incorporates evidence-based practices that have been demonstrated to show optimal treatment outcomes. Currently, an estimated 40-60% of individuals with behavioral health issues and substance use issues are treated by their primary care physicians. This model expands upon that treatment through the coordinated engagement of specialized behavioral healthcare providers. TBH is a strategy that ties the stages (or components) of the model together. Its integration into primary health care provides a coordinated and sustainable effort toward an plan members' mental wellbeing.

### **Are Counseling Services Delivered Via TBH Effective?**

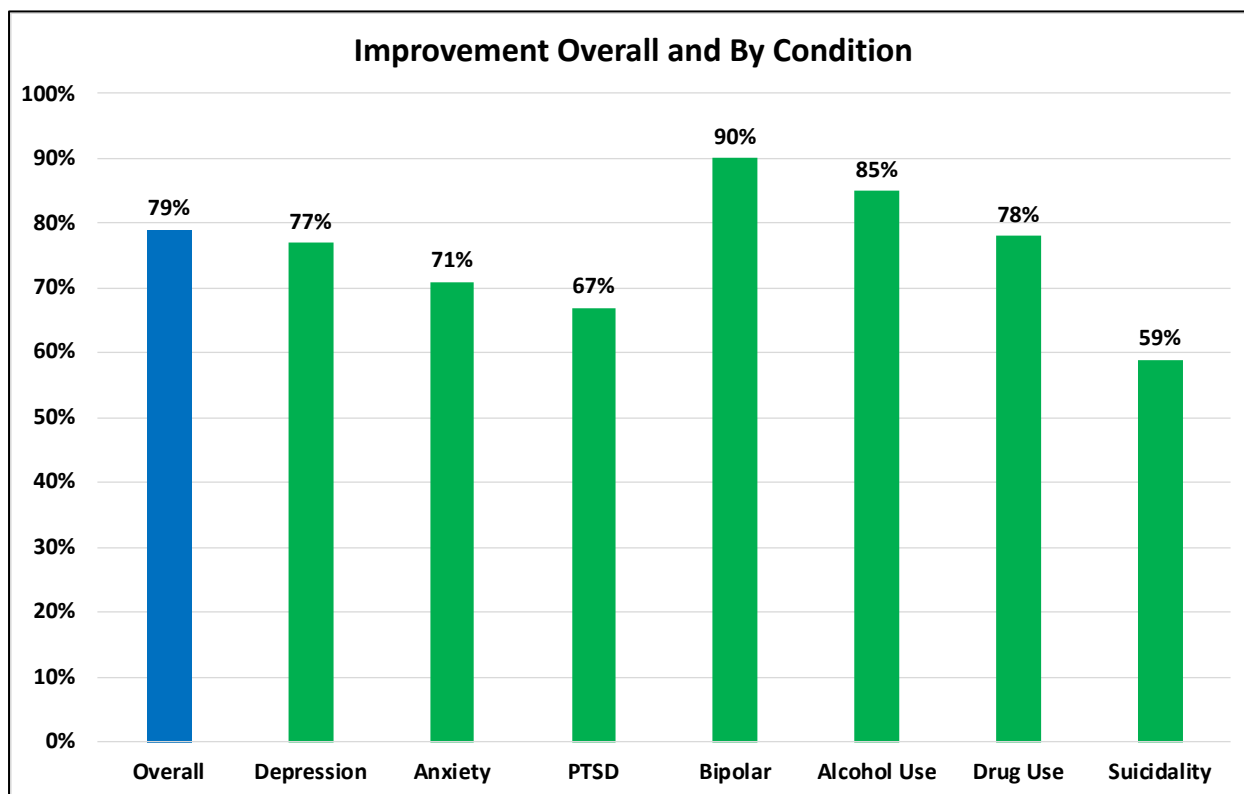
TBH provides an important advantage in treating addiction. A National Association of State Alcohol and Drug Abuse Directors<sup>18</sup> report demonstrated treatment completion rates for video addiction treatment were twice the rate for traditional in-person care (80% vs. 41% respectively). The combination of MAT with video behavioral counseling is now considered the gold standard in addiction treatment, reflected in new programs from Medicare reimbursing this protocol.

In some instances, a person is able to access TBH within a week compared to weeks or months for those seeking an in-person therapist. In addition, a late 2020 Verywell Mind study<sup>19</sup> revealed 91% of respondents recommended TBH.

Milbank Memorial Fund<sup>20</sup> published a brief in October 2020 reviewing evidence on the efficacy of TBH compared to in-person counseling for key clinical outcomes. The authors found similar outcomes for people receiving care for anxiety, depression, SUD, and PTSD through TBH as compared to in-person counseling. The authors did not find a significant difference in the quality of care based on treatment modality. Findings stressed the need to continue to analyze cost and benefit coverage data as it may offer cost savings.

Florida Alliance Affiliate Member eHome Counseling Group is a national TBH provider that uses MBC. Their comprehensive assessment program quantitatively measures the mental health condition of each patient at initial intake and throughout treatment. These assessments were analyzed by University of Central Florida researchers who confirmed statistically significant improvements in patient outcomes across a spectrum of different diagnoses. The updated 2021

results showed 67%-90% of patients improved for the four most prevalent behavioral health conditions (depression, anxiety, PTSD, bipolar disorder), as well as significant reductions in drug use and suicidality.



Source: eHome Counseling Group, 2021

As noted above, MAT with video behavioral counseling is considered the gold standard in addiction treatment. In SAMHSA's guide, this behavioral health treatment demonstrates strong evidence around the following telehealth-specific outcomes when compared to in-person treatments:

- No significant difference in clinical outcomes and high levels of patient satisfaction
- No significant difference in therapeutic working alliance between provider and patient

For individuals experiencing a COD, SMI, or SUD using TBH for cognitive behavioral therapy (CBT), the following telehealth-specific outcomes were demonstrated when benchmarked against traditional care (i.e. treatment experienced through a primary care physician):

- Higher level of patient satisfaction
- No significant difference in therapeutic working alliance between provider and patient
- Higher level of treatment completion, when compared to in-person treatment

Use of the continuum of care model to deliver TBH has led to these key findings:

- TBH 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.
- Evidence-based treatments (EBTs) for SMI and SUD, traditionally provided face-to-face, are also effective when delivered using TBH and have outcomes comparable to in-person service delivery.
- Therapeutic services provided using telehealth modalities generate positive outcomes for the patient, including engagement in treatment, retention in care, and patient satisfaction, which in turn lead to improved long-term health outcomes.
  - Examples of therapeutic services includes CBT, digital therapy applications, and PDT services.
- Use of telehealth modalities increases individual access to trained providers and evidence-based practices that may otherwise be unavailable to them.
- TBH is an efficiency-boosting approach to utilizing scarce MH/SU treatment resources as they greatly reduce costly no-shows and time away from work.
- When geographic and other access barriers (e.g., transportation, mobility, and obligations like employment and caretaking responsibilities) prevent individuals from accessing services, telehealth fills a treatment gap and improves health outcomes.
- TBH is most effective for total person care when integrated into and coordinated with a primary care provider.

These findings are compelling, given that over *70% of those individuals with an SUD maintain employment.*

## **Are Employers Offering Best Practice TBH with EBTs?**

Lyra Health<sup>21</sup>, a leading mental health benefit partner for companies nationwide, has identified [five key dimensions](#) of quality for assessing mental health benefits, whether they are offered via TBH or in-person. The five dimensions provide a general framework to approach TBH providers with the goal of ensuring your organization's program is benefitting both you, as the employer, and your plan members by implementing and evaluating EBTs. The five dimensions are:

1. A commitment to EBTs as defined by the Society of Clinical Psychology. Examples of EBTs include CBT and Exposure and Response Prevention
2. Verified network adequacy and quality
3. Quality of care that adheres to MBC
4. Comprehensive care for every need
5. A proven mental healthcare partner

Keeping in mind the five dimensions, below please find specific questions for employers to ask their carrier, benefits consultant, and/or vendor:

### ***Is behavioral health care fully integrated into primary/medical health care?***

Best practice is full integration with close coordination between primary/medical and behavioral care to minimize overall costs, including specialty care. Integration into primary health care is a critical component for total employee/plan member health and wellbeing with decreased costs and increased presenteeism experienced as results. For some purchasers, pharmacy management is also included.

### ***What percentage of your members receive mental health screening during annual exams?***

Best practice within a fully realized CoCM includes primary care providers conducting reimbursable evidence-based mental health screenings as part of annual examinations for assessments such as the PHQ-9 (depression), Audit-C (alcohol use), NIDA (drug use), GAD-7 (anxiety) or M-3 (multiple conditions). Annual evidence-based mental health screenings should be incorporated into an individual's annual health screening and be properly reimbursed. Patients with positive screens are then referred to behavioral health professionals for treatment. Screening and tracking of outcomes through MBC such as those developed by URAC is recommended. The U.S. Preventive Services Task Force<sup>22</sup> recently released draft recommendation statements for screenings by primary care physicians for anxiety, depression, and suicide screenings for adults under 65 years of age.

***Can you provide the combined cost for medical and behavioral health care at an individual plan member level?***

Best practice is to not only provide this reporting but demonstrate how treating behavioral health issues can reduce total medical costs. Reporting should capture quantitative data on reimbursement levels for all treatment modalities (audio only, audio and video combined, and in-person).

***What is your TBH offering?***

A high quality TBH program starts with a carefully vetted, experienced audio and/or video delivery network of providers who offer MBC. The network should be able to treat the full spectrum of mental health issues from simple depression or anxiety to CODs and addiction using EBTs, such as CBT and Exposure and Response Prevention. Delivery is preferred by video but can be delivered by telephone for patients who do not have access to video or do not want to use video, although this may not be offered to employees/plan members as it is dependent on legislation in their state of residence. A mechanism should be in place to ensure that TBH services are integrated with primary and other medical services to ensure coordination with other providers from whom the patient may be receiving treatment. Reimbursement for audio and/or video TBH should be equivalent to in-person care.

***What is your typical time to get an appointment?***

Best practice is 48-72 hours for an initial appointment. Longer time indicates reduced access to care or an inadequate provider network.

***What metrics can you provide to show the effectiveness of treatment?***

Best practice is the ability to provide a comprehensive report of the intake condition, number of sessions and outcome condition. The condition should show all mental health issues, not just depression or anxiety. Addiction reports should show total cost of care including any inpatient, partial hospitalization, intensive outpatient, emergency room and hospitalization costs over an extended period (e.g., six months) and one- and six-month relapse rates. Metrics found in SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*<sup>23</sup> for treatment outcomes and access and utilization outcomes should be strongly considered for evaluation of TBH services. Evidence-based assessments should be utilized throughout all phases of treatment to inform progress towards goals and make adjustments if necessary as well as inform intervention efficacy.

***What are your pre-authorization or step therapy requirements, particularly for addiction care?***

Best practice is few or no pre-authorization requirements for behavioral care, especially for medications for addiction treatment. An American Medical Association (AMA) Report<sup>24</sup> explicitly states payers should remove prior authorization, step therapy and other inappropriate administrative burdens or barriers that delay or deny care for FDA-approved medications used as part of MAT for OUD.

***What are your no-show rates and customer satisfaction scores?***

Best practice providers have TBH no-show rates of less than 10 percent (as compared to traditional in-office rates of 25%-40+%). Best practice also closely monitors patient satisfaction, achieving at least four out of five stars.

***Is your health plan offering TBH services in compliance with Federal and State regulations and policies, including the 2008 MHPAEA?***

Mental health parity refers to providing mental health or substance use (MH/SU) treatment benefits on par with those for medical/surgical benefits. The Centers for Medicare and Medicaid Services (CMS) offers a MHPAEA [fact sheet](#). The Department of Labor (DOL) provides an analysis checklist tool for determining compliance, and organizations are required to demonstrate that an analysis has been undertaken and mental health parity is adhered to in their benefit offerings. The DOL is scheduled to provide additional guidance in late 2022 regarding the impact the 2021 CAA will have on TBH and payer/employer/health plans towards achieving full compliance.

Educational and tracking resources for federal and state regulations and policies addressed within SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*<sup>25</sup> include:

- The Center for Connected Health Policy: The National Telehealth Policy Resource Center offers a map of federal telehealth laws, regulations, and reimbursement policies by state, as well as an accompanying report; and,
- The AMA offers a brief guide on licensures and payment policies.

Using Florida as an example, here are sites to see the various licensure and prescribing requirements:

- [Florida Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling](#)
- [Florida Board of Medicine » Licensing and Registration- Healthcare Practitioner Licensing and Regulation \(flboardofmedicine.gov\)](#)
- [Florida Board of Medicine » Public Psychiatry- Healthcare Practitioner Licensing and Regulation \(flboardofmedicine.gov\)](#)
- [Florida Board of Psychology » Licensing and Registration \(floridaspsychology.gov\)](#)

***Are you reviewing your TBH plan for utilization of high-quality providers and correlated outcomes?***

As the COVID-19 pandemic unfolded over the past two years, many employers quickly pivoted to TBH offerings for their plan members out of necessity. Implementing a continuous quality improvement plan can help to assess whether the TBH services are effective, identify barriers, create improvements in the virtual healthcare space and plan for sustainability of TBH.

SAMHSA's *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*<sup>26</sup> guide provides outcomes and indicators that can be used to measure the effectiveness of TBH services along with data sources. Examples include completed therapeutic treatment sessions, access to care, self-efficacy, and the patient's relationship with the provider. The AMA offers a [\*Telehealth Implementation Playbook\*](#) specific to COD, SMI, and SUD. The AMA Playbook covers planning, implementing, evaluating, and scaling of TBH services.

## **Conclusion**

The need for behavioral health services continues to increase. Employers must continue to meet these needs while reducing costs, absenteeism, increasing retention, and satisfaction through provision of best practice, high value TBH. The behavioral healthcare landscape has changed dramatically in the past two-plus years, offering employers the opportunity to significantly reduce overall healthcare costs by demanding high quality, outcomes-based TBH services from their carriers and providers.

## Endnotes

---

- <sup>1</sup> Total Brain. “Mental Health Index U.S. Worker Edition – Q3 2022 Update.” <https://www.totalbrain.com/mentalhealthindex/>
- <sup>2</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). *2020 National Survey of Drug Use and Health*. <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>
- <sup>3</sup> National Center for Drug Abuse Statistics. “Drug Abuse Statistics.” <https://drugabusestatistics.org/>
- <sup>4</sup> SAMHSA. “Employer Resources.” <https://www.samhsa.gov/workplace/employer-resources>
- <sup>5</sup> National Safety Council. “Substance Use Disorders by Occupation.” <https://www.nsc.org/getmedia/9dc908e1-041a-41c5-a607-c4cef2390973/substance-use-disorders-by-occupation.pdf>
- <sup>6</sup> National Safety Council. “Implications of Drug Use for Employers.” <https://www.nsc.org/work-safety/safety-topics/drugs-at-work/substances>
- <sup>7</sup> Journal of Occupational Environmental Medicine. A Substance Use Cost Calculator for US Employers with an Emphasis on Pain Medication Misuse. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/>
- <sup>8</sup> TRI. “Prescription Drug Abuse Awareness: Information for Employers.” [https://www.rti.org/sites/default/files/related-content-files/prescription\\_misuse\\_info\\_for\\_employers.pdf](https://www.rti.org/sites/default/files/related-content-files/prescription_misuse_info_for_employers.pdf)
- <sup>9</sup> SMI Adviser. “Serious Mental Illness in the United States Cost to Society.” <https://smiadviser.org/wp-content/uploads/2021/01/Serious-Mental-Illness-Cost-to-Society.jpg>
- <sup>10</sup> Accenture. “Breakthrough Behavioral Health Access: Think Virtual.” [https://www.accenture.com/\\_acnmedia/PDF-129/Accenture-Breakthrough-Behavioral-Health-Access.pdf#zoom=50](https://www.accenture.com/_acnmedia/PDF-129/Accenture-Breakthrough-Behavioral-Health-Access.pdf#zoom=50)
- <sup>11</sup> National Healthy Worksite. “Mental Health and Chronic Disease in the Workplace.” [https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/nhwp\\_mental\\_health\\_and\\_chronic\\_disease\\_combined\\_3.pdf](https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/nhwp_mental_health_and_chronic_disease_combined_3.pdf)
- <sup>12</sup> Journal of Occupational Environmental Medicine. A Substance Use Cost Calculator for US Employers with an Emphasis on Pain Medication Misuse. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/>
- <sup>13</sup> Cigna. “Behavioral Health Treatment Helps Reduce Total Cost of Care, New Evernorth Analysis Finds.” <https://newsroom.cigna.com/behavioral-health-treatment-helps-reduce-total-cost-of-care-evernorth-analysis>



- 
- <sup>14</sup> Milliman, Inc. “How Do Individuals with Behavioral Health Conditions Contribute to Physical and Total Healthcare Spending?”  
<https://flhealthvalue.org/milliman-report-released-2/>
- <sup>15</sup> URAC. “Measurement Based Care Designation.”  
<https://www.urac.org/programs/measurement-based-care>
- <sup>16</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders.  
<https://store.samhsa.gov/product/telehealth-for-treatment-serious-mental-illness-substance-use-disorders/PEP21-06-02-001>
- <sup>17</sup> The Path Forward for Mental Health and Substance Use. “Tele-behavioral Health for Employees.”  
<https://flhealthvalue.org/wp-content/uploads/2020/07/Tele-Behavioral-Health-Resource.pdf>
- <sup>18</sup> National Association of State Alcohol and Drug Abuse Directors. “Telehealth in State Substance Use Disorder (SUD) Services.”  
<https://nasadad.org/2015/03/telehealth-in-state-substance-use-disorder-sud-services/>
- <sup>19</sup> Verywell Mind. “A Verywell Report: Americans Find Strength in Online Therapy.”  
<https://www.verywellmind.com/americans-turn-to-online-therapy-for-strength-5085208>
- <sup>20</sup> Milbank Memorial Fund. “Telebehavioral Health: An Effective Alternative to In-Person Care.”  
<https://www.milbank.org/publications/telebehavioral-health-an-effective-alternative-to-in-person-care/>
- <sup>21</sup> Lyra Health. “A Buyer’s Guide to Evaluating the Quality of Mental Health Benefits: 5 key criteria to assess mental health solutions.”  
<https://www.lyrahealth.com/resources/>
- <sup>22</sup> U.S. Preventive Services Task Force. “U.S. Preventive Services Task Force Issues Draft Recommendation Statements on Screening for Anxiety, Depression, and Suicide Risk in Adults.”  
[https://uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting\\_documents/depression-suicide-risk-anxiety-adults-screening-draft-rec-bulletin.pdf](https://uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting_documents/depression-suicide-risk-anxiety-adults-screening-draft-rec-bulletin.pdf)
- <sup>23</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders.  
<https://store.samhsa.gov/product/telehealth-for-treatment-serious-mental-illness-substance-use-disorders/PEP21-06-02-001>
- <sup>24</sup> American Medical Association. “Opioid Task Force 2020 Progress Report.”  
<https://www.ama-assn.org/system/files/2020-07/opioid-task-force-progress-report.pdf>
- <sup>25</sup> Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders.  
<https://store.samhsa.gov/product/telehealth-for-treatment-serious-mental-illness-substance-use-disorders/PEP21-06-02-001>
- <sup>26</sup> Ibid.