

Digital Behavioral Health: Expanding Access While Protecting Privacy, Safety, and Sustainability **Executive Quick Start Guide**





© CTRC 2026

The California Telehealth Resource Center (CTRC), and resources and activities produced or supported by the CTRC, are made possible by grant number GA5RH37469 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS. The information or content and conclusions herein are those of the CTRC.

They should not be construed as the official position or policy of HRSA, HHS or the U.S. Government. No official endorsements of any kind, by any of these entities, should be inferred.

Table of Contents

About CTRC	1
Executive Quick Start Guide	2
30 / 60 / 90-Day Action Plan	3
Integrate Quality and Performance Monitoring	6
Safety and Regulatory Considerations	7
State and Payer Requirements	8
Leadership Considerations for Rural and Safety-Net Organizations	8
References	11

ABOUT CTRC

The California Telehealth Resource Center (CTRC) offers no-cost, unbiased training, educational resources, and technical assistance to help California providers and patients get the most from telehealth. As the federally designated telehealth resource center for the region, we offer unbiased tools and services based upon proven telehealth practices. We create lasting change and improvement by focusing on implementation, sustainability, reimbursement and policy, integration, workflows, and patient/provider adoption.

As part of the National Consortium of Telehealth Resource Centers and the OCHIN family of companies, CTRC assists thousands of providers and patients annually. We have extensive experience supporting the healthcare safety net, rural and urban providers, and patients and families throughout California who would otherwise be unable to access quality healthcare due to geographic isolation, language/cultural barriers, lack of insurance, disability, homelessness, and more.



Executive Quick Start Guide

Digital Behavioral Health: Expanding Access While Protecting Privacy, Safety, and Sustainability

Behavioral health demand continues to exceed workforce capacity across California and nationally, particularly in rural and underserved communities. Healthcare organizations are increasingly turning to digital behavioral health strategies to improve access, reduce care delays, support care continuity, and strengthen workforce capacity. However, sustainable telebehavioral health programs require more than technology deployment alone. Long-term success depends on thoughtful workflow design, privacy protections, patient safety planning, reimbursement alignment, and operational integration. For healthcare executives, the challenge is not simply whether digital behavioral health can work. The challenge is building programs that are clinically appropriate, financially sustainable, compliant, accessible, and scalable across complex care environments. This toolkit provides executive-level considerations for implementing and sustaining digital behavioral health services across rural hospitals, Critical Access Hospitals (CAHs), Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), Community Health Centers (CHCs), and community-based behavioral health organizations.

What problem or need are you addressing?

Behavioral health access gaps contribute to:

- Emergency department boarding and overcrowding
- Delayed psychiatric evaluation and treatment
- Increased provider burnout
- Fragmented care coordination
- Higher avoidable utilization costs
- Worsening disparities for rural and underserved populations

Digital behavioral health can help organizations expand capacity and improve access, but programs are most effective when operational, clinical, and compliance considerations are addressed early in implementation planning.

30 / 60 / 90-Day Action Plan

First 30 Days: Define the Strategy

Identify Priority Use Cases

Executives should begin by identifying the highest-impact behavioral health use case workflows within their organization. Common starting points include:

- Therapy follow-up visits
- Psychiatry medication management
- Emergency department crisis consultations
- Behavioral health integration within primary care
- Substance use disorder follow-up services
- Collaborative care or specialty consultation models

Successful programs often start with targeted use cases that address operational pain points or access bottlenecks before scaling more broadly.

Define Modality Standards

Not every behavioral health encounter requires the same delivery model. Organizations should establish clear guidance for:

- Video visits
- Audio-only services
- In-person escalation pathways
- eConsult or provider-to-provider collaboration
- Hybrid care approaches

Modality decisions should account for patient access barriers, broadband limitations, privacy concerns, clinical appropriateness, and payer requirements.

Days 31-60: Build Operational Infrastructure

Implement Privacy-by-Design Principles

Behavioral health services involve highly sensitive patient information, making privacy and trust foundational to program success.

Organizations should implement:

- HIPAA-compliant platforms and messaging tools
- Secure documentation workflows
- Consent scripts and telehealth documentation templates
- Private provider workspaces
- Clear patient guidance for joining visits safely and privately

Privacy planning should extend beyond the video platform itself to include texting workflows, scheduling processes, remote work environments, and vendor oversight.

Establish Crisis and Escalation Protocols

Every telebehavioral health program should include a documented crisis response process before services begin. Core components include:

- Verifying patient location at the start of encounters
- Maintaining updated emergency contact information
- Establishing warm handoff procedures
- Defining emergency escalation pathways
- Planning for technology disconnections during high-risk visits
- Coordinating with local emergency response resources when appropriate

Programs without clear escalation protocols create significant clinical and operational risk exposure.

Train Staff on Accessible Virtual Care Delivery

Staff education should address:

- Trauma-informed virtual communication
- Accessibility best practices
- Language access workflows
- Digital literacy support
- Cultural humility in virtual care settings
- Patient engagement strategies for vulnerable populations

Technology alone does not create access. Organizations must intentionally design workflows that account for social, linguistic, and digital barriers.

Days 61-90: Operationalize Sustainability

Align Financial and Reimbursement Workflows

Executives should validate reimbursement assumptions early, particularly for organizations operating within Medi-Cal, Medicare, or mixed-payer environments. Key considerations include:

- Telehealth modifier requirements
- Audio-only reimbursement policies
- FQHC and RHC billing considerations
- Documentation standards
- Behavioral health carve-out structures
- Contracted payer variation
- Credentialing and licensing requirements

Programs that delay reimbursement planning often encounter avoidable denials, workflow rework, and sustainability challenges later.

Integrate Quality and Performance Monitoring

Digital behavioral health should be evaluated using operational, clinical, and accessibility-focused metrics.

Recommended measures include:

Access Metrics

- Time to appointment
- Visit completion rates
- No-show reduction
- Emergency department boarding reduction
- Referral closure rates

Quality Metrics

- Standardized symptom improvement measures
- Follow-up after emergency department visits
- Medication adherence
- Patient satisfaction
- Continuity of care indicators

Accessibility Metrics

- Access by language preference
- Utilization by disability status
- Broadband-related barriers
- Modality distribution across populations
- Engagement disparities by geography or demographic groups

Organizations that monitor fair outcomes alongside operational performance are better positioned to identify unintended gaps in access.

Safety and Regulatory Considerations

HIPAA and Cybersecurity

Behavioral health programs should maintain strong cybersecurity and privacy controls across all telehealth systems and workflows.

Healthcare executives should work closely with compliance and IT leadership to evaluate:

- Platform security
- Multi-factor authentication
- Vendor risk management
- Remote workforce security
- Secure messaging tools
- Data storage and retention policies
- Incident response procedures

Behavioral health programs are increasingly targeted by cybersecurity threats due to the sensitive nature of protected health information.

Accessibility and Nondiscrimination

Federal nondiscrimination and accessibility requirements apply to telebehavioral health services. Organizations should ensure:

- Interpreter services are available for telehealth visits
- Platforms support accessibility features
- Patients with disabilities can effectively participate
- Alternative communication options are available when needed

Accessibility planning should be incorporated during procurement and workflow design rather than added retroactively.

State and Payer Requirements

Healthcare leaders should monitor evolving federal and California-specific telehealth policies, including:

- Medi-Cal telehealth guidance
- Consent requirements
- Audio-only flexibilities
- Cross-licensure considerations
- Documentation expectations
- Behavioral health program requirements

Policy and reimbursement rules continue to evolve, making ongoing governance and compliance review essential.

Leadership Considerations for Rural and Safety-Net Organizations

Rural Hospitals and Critical Access Hospitals

Digital behavioral health can support:

- Emergency department psychiatric coverage
- Transfer coordination
- Discharge planning
- Inpatient consult services
- Workforce stabilization

Regional telepsychiatry partnerships may provide more sustainable coverage than relying exclusively on local recruitment efforts.

RHCs, FQHCs, and Community Health Centers

Integrated telebehavioral health models can strengthen whole-person care delivery through:

- Collaborative care models
- Primary care integration
- Measurement-based care
- Team-based follow-up
- Chronic disease coordination

Safety-net organizations should design workflows around patient realities, including device access, broadband availability, transportation limitations, and privacy constraints.

Community Behavioral Health Providers

Independent and community-based providers may improve access and reduce no-shows through telehealth expansion, but sustainability depends on:

- Consistent intake processes
- Clear scheduling workflows
- Standardized documentation
- Defined crisis protocols
- Financial modeling and payer alignment

Organizations adopting AI-enabled technologies for documentation or administrative support should establish governance policies that maintain clinician oversight and transparency.

Strategic Outlook: Digital Behavioral Health Beyond 2026

Digital behavioral health is increasingly becoming part of broader healthcare transformation strategies rather than a standalone virtual care initiative. Organizations are moving toward integrated digital ecosystems that connect behavioral health, primary care, care management, social services, and remote patient engagement.

Healthcare executives should anticipate continued evolution in:

- Hybrid care delivery models
- AI-enabled administrative workflows
- Interstate licensure discussions
- Broadband and digital access initiatives
- Value-based behavioral health reimbursement
- Integrated behavioral health models within primary care

Organizations that approach telebehavioral health strategically, rather than reactively, will be better positioned to adapt to future policy, workforce, and care delivery shifts.

CTRC Calls to Action

CTRC encourages healthcare organizations to:

- [Telehealth Technology Needs & Readiness Assessment](#)
- [Digital Health Payment Guide - California Telehealth Resource Center](#)
- Explore CTRC AI governance and vendor evaluation tools before implementing AI-enabled solutions
- Incorporate accessibility planning into digital behavioral health strategies



References

American Medical Association. (2024). *Telehealth implementation playbook*. [Telehealth Implementation Playbook overview | American Medical Association](#)

California Department of Health Care Services. (2025). *Medi-Cal & Telehealth*. <https://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx>

Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health: A 2013 review. *Telemedicine and e-Health*, 19(6), 444-454. <https://doi.org/10.1089/tmj.2013.0075>

Substance Abuse and Mental Health Services Administration. (2024). *Telehealth for the treatment of serious mental illness and substance use disorders*. [Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders | SAMHSA](#)

