



Western Regional  
CHILDREN'S ADVOCACY CENTER

# Telemental Health Network Implementation Resource Toolkit



January 2024



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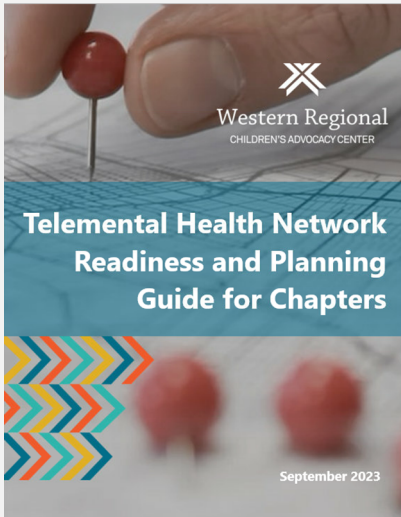
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# OVERVIEW & PURPOSE

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Western Regional Children's Advocacy Center (WRCAC) has been focused on expanding mental health services via telemental health (TMH) networks for some time. With support and guidance from advisory groups starting in 2019 to the implementation of pilot programs in Washington and Montana, WRCAC has learned a great deal about supports that need to be in place for successful telemental health delivery. This document is informed by work done on WRCAC's [Telemental Health Resource Center \(TMHRC\)](#) as well as support from Chapters and states doing TMH work. Chapters can utilize this document to support the implementation of their own statewide telemental health network.

The **Telemental Health Network Implementation Resource Toolkit** is a companion to the **Telemental Health Readiness and Planning Guide for Chapters** and was designed to provide an overview of helpful CAC-focused resources to assist Chapters and CACs in developing TMH programs in their states. While not exhaustive, this guide highlights resources, sample documents, and links that can assist Chapters in navigating, planning, and implementing a TMH network.



For guidance on assessing readiness for telemental health network implementation, please refer to WRCAC's [Telemental Health Network Readiness and Planning Guide for Chapters](#).



# GETTING STARTED

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*Getting started may feel overwhelming. Below are some useful resources that provide information on the evidence base for telemental health, how telemental health can be utilized by CACs, and what to consider when recruiting for positions in a telemental health network.*

## Child Abuse Library Online (CALiO)

The Child Abuse Library Online (CALiO™), a service of the National Children's Advocacy Center, has many great resources for Chapters and many different subject bibliographies available for download. The Telehealth and Telemental Health Services Bibliography has been recently updated and is a great resource for finding research about the efficacy and implementation of TMH services.

- [Telehealth and Telemental Health Services: A bibliography](#)
- [Recent Publications on Telehealth and Telemental Health](#)

## WRCAC Telemental Health Issue Briefs

- [Task Sharing in a Children's Advocacy Center: The Role of Victim Advocates in Meeting the Mental Health Needs of Children & Families](#)

This issue brief examines task sharing in the CAC context and promotes the active collaboration between the CAC victim advocate and the child's therapist as a task sharing team, especially in rural areas where the therapist may provide services remotely through telemental health.

- [Recruiting, Hiring, Supervising, and Retaining Remote Therapists for Rural Children's Advocacy Centers](#)

This issue brief explores strategies to recruit and retain qualified mental health professionals who will work remotely to serve CAC clients via telemental health. Areas addressed include interviewing and selecting a candidate the CAC may never have met in person, remote onboarding, issues in supervision, and helping remote clinicians manage secondary traumatic stress.

## Types of Telemental Health Networks

A state telemental health network can take many forms. There are two basic frameworks in which a State Chapter can create their network: a Mutual Support Network and a Hub-and-Spoke Network. For an overview of these types of networks, see [Appendix A](#).

## **Assessing Access to CAC Mental Health Services**

See [Appendix B](#) for an overview of data to consider collecting from CACs in your state to support the implementation of a TMH network.

### **SAMPLE: State Telemental Health Network Coordinator Position Description**

See [Appendix C](#). This position description is meant to provide a comprehensive overview of all possible duties for a Chapter position dedicated to day-to-day coordination and operational management of a state telemental health network. The ability for Chapters to include aspects of the position will depend on capacity and funding. It is meant to reflect the areas that are discussed in the Readiness and Planning Guide.

### **SAMPLE: Children's Alliance of Montana - Telemental Health Trauma Treatment Network Recruiting Brochure**

This [recruiting brochure](#) was developed by the Children's Alliance of Montana during their pilot project with WRCAC and is a nice example of how to promote the benefits of joining a TMH network to a CAC.

# DELIVERING TELEMENTAL HEALTH SERVICES

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*There are many facets to the delivery of telemental health services. The resources below provide guidance for clinicians and supervisors related to assessment, safety planning, and delivery of evidence-based treatments in a virtual context, as well as best practices for specific populations.*

## **NCA Engage Learning Center**

NCA Engage has many resources and supports related to TMH for Chapters, directors, and clinicians.

**NOTE:** To access some of these resources, you will need an NCA Engage account. Instructions on creating an NCA Engage account can be found [here](#).

→ **[Telehealth and telemental health resources for CACs](#)**

This page provides a library of resources related to telemental health delivery at CACs, including telehealth explainer videos, fact sheets, and tip sheets for both caregivers and therapists.

## **Telehealth.org**

**[Telehealth.org](#)** provides resources and trainings related to implementation of TMH programs. It also offers CEUs to therapists.

## **Telehealth Outreach Program at the Medical University of South Carolina**

The **[Telehealth Outreach Program \(TOP\)](#)** at the Medical University of South Carolina (MUSC) offers free webinars, research, and downloadable resources for clinicians in both English and Spanish.

## **Telehealth Guidance Document (Condol, Herting, Stewart, 2021)**

This **[telehealth guidance document](#)** provides brief guidance in flow-chart form of things to consider when referring a client for either in-person or TMH.

## Telehealth.HHS.gov Best Practice Guides

The U.S. Department of Health and Human Services has developed several different [TMH best practice guides](#), including a guide focused on telehealth for rural areas and another focused on telehealth for American Indian and Alaska Native communities.

## Indian Health Service Telebehavioral Health Center of Excellence (TBHCE)

The mission of the IHS Telebehavioral Health Center of Excellence (TBHCE) Telebehavioral Health Program is to provide, promote, and support the delivery of high-quality, culturally sensitive telebehavioral health services to American Indian/Alaska Native people. The Telebehavioral Health Program provides direct, ongoing care via televideo to patients of all ages at IHS/Tribal/Urban Indian operated facilities across the country.

### → [Step-By-Step Guide for Setting Up Telebehavioral Health Services](#)

This guide from the TBHCE offers comprehensive information related to setting up TMH programs serving American Indian/Alaska Native communities.

## Telemental Health Applications of Evidence-Based Treatments

NCA has approved seven evidence-based treatment modalities for clinicians to utilize with children and adolescents. NCA created [evidence-based treatment \(EBT\) mini-trainings](#) to provide an overview of each of the modalities - these may be useful for Chapters when explaining and promoting the modalities to others. The following resources provide information related to TMH applications of EBTs:

### → **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**

- [NCA Engage Trainings on Telehealth Delivery of TF-CBT](#)
- [TFCBT.org Telehealth Resources](#)
- [MUSC's Telehealth Outreach Program](#) provides resources, training, and ongoing consultation needed to build the knowledge and skill necessary to deliver TF-CBT and other trauma-focused EBTs via telehealth

### → **Parent-Child Interaction Therapy (PCIT)**

- [Telehealth Rocks](#) offers clinical resources related to PCIT/Family Therapy. [Click here](#) for a video on making PCIT successful in a telehealth format.
- [UC David Health PCIT & PC-CARE Training Center Telehealth Resources](#)

- **Eye Movement Desensitization and Reprocessing (EMDR)**
  - [EMDRIA Guidelines for EMDR Virtual Therapy](#)
- **Child and Family Traumatic Stress Intervention (CFTSI)**
  - [Yale School of Medicine – CFTSI in the Time of Telehealth \(Video\)](#)

## **Conducting Intakes and Assessments Using Telemental Health**

This [document](#) provides guidance on transitioning the intake and assessment process from an in-person encounter to a virtual one, including strategies related to preparing the client and caregiver, building trust and rapport, and conducting the clinical interview.

## **Overview of Considerations for Safety Planning**

This [document](#) provides guidance on safety planning when providing services via TMH.



# INITIATING TELEMENTAL HEALTH SERVICES

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*Directors or clinicians seeking support on developing essential forms to begin telemental health services may find it helpful to review the following sample program documents. All documents were generously shared by CACs who provide telemental health services.*

## **SAMPLES: Montana Rural Telemental Health Program Documents**

The Children's Alliance of Montana has developed several very helpful documents to support delivery of TMH services through their statewide telemental health network. [Click here](#) to view and download these documents via Google Drive.

- Program Info Sheet for Therapists
- Program Info Sheet for Caregivers
- Referrer Handbook
- Therapist Handbook
- Child Referral Form
- iPad Request Form
- Telemental Health Box Request Form

Visit the [Montana Rural Telemental Health Program webpage](#) to learn more.

## **SAMPLES: Dakota Children's Advocacy Center – Forms for Initiating TMH Services**

The Dakota Children's Advocacy Center has generously shared several of the forms they require clients to complete prior to participating in telemental health services:

- [Program Screen](#)
- [Informed Consent](#)
- [Clinical Consent for Treatment](#)
- [Home-Based Emergency Protocol](#)

## **SAMPLE: Ed and Nancy Hanenburg Children's Advocacy Center – Telehealth Services Informed Consent**

The Ed and Nancy Hanenburg CAC has shared their recently updated [Telehealth Services Informed Consent form](#).

# TELEMENTAL HEALTH POLICIES

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*While every Chapter or CAC has different things to consider based on staffing and services, this section provides some general guidance on policies and procedures.*

## **SAMPLES: TMH Policies and Procedures**

As with any sample policies, we encourage use of these documents as guidance only and for each CAC or Chapter to consider creating their own documents that reflect the needs and services provided for their own clients.

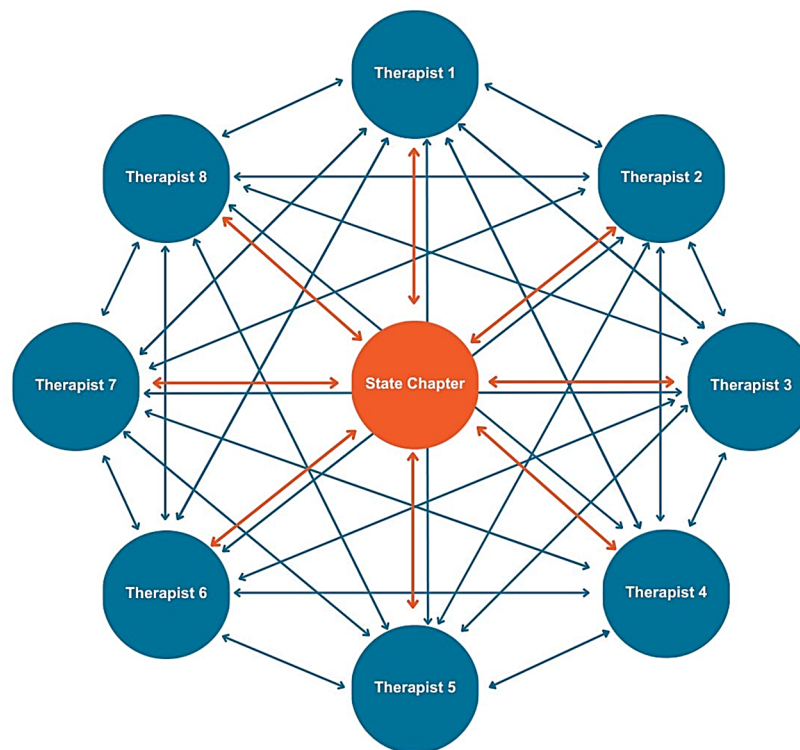
- MindPeace created this comprehensive sample [telehealth policies and procedures](#) related to general TMH services.
- The Chadwick Center developed these [telemental health protocols](#), which focus on creating safety before, during, and after TMH sessions with CAC clients.

# APPENDIX A

## Types of Telemental Health Networks

A state telemental health network can take many forms. There are two basic frameworks in which a State Chapter can create their network: a **Mutual Support Network** and a **Hub and Spoke Network**.

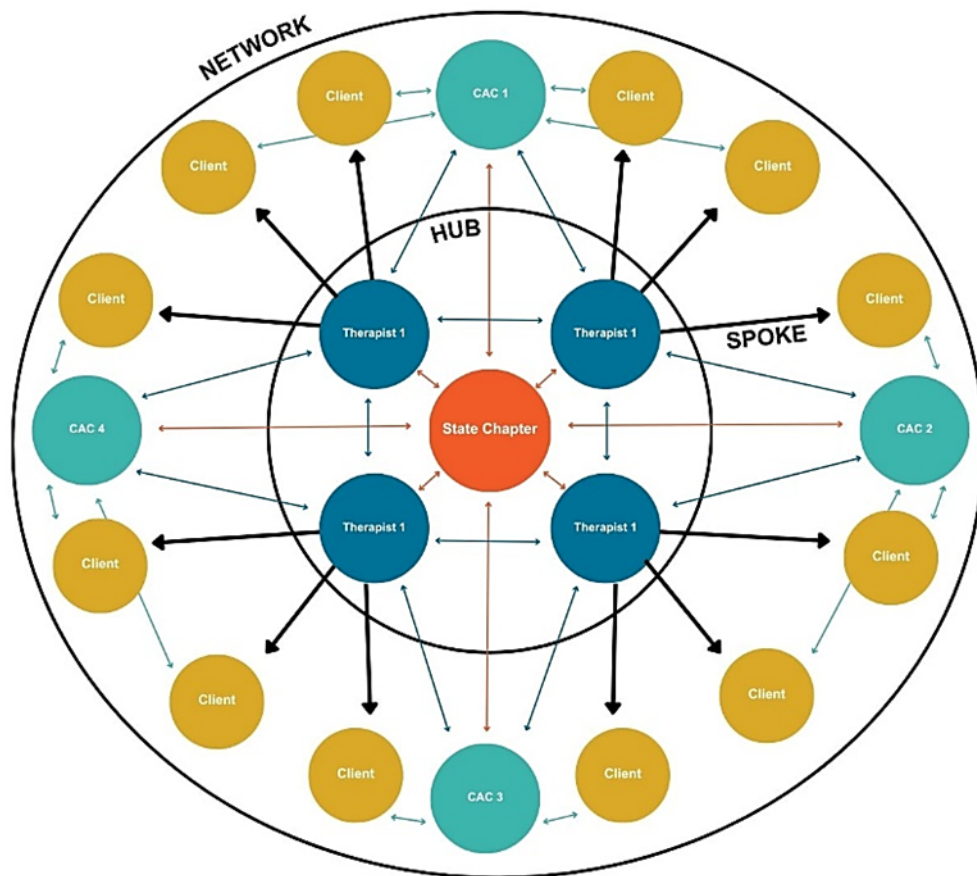
The **Mutual Support Network** is probably most straightforward to set up as it organizes existing assets in a new way. This type of network is best suited for states that have an adequate number of CAC-employed or linked therapists but uneven demand that leave some therapists with long wait lists and others, perhaps many miles away, with available therapy slots.



North Dakota established one of the first such networks linking CAC-employed therapists in a mutual support arrangement. When the therapist at one center has a full caseload and is unable to accept another client, the child could be referred to another therapist in the state with a vacancy, allowing the child to start therapy much faster using telemental health. States that have a number of well-established, qualified linkage therapists could set up a similar network linking children in one CAC to available employed or linkage providers in another center, perhaps hours away. An organized Mutual Support Network can act in concert to help address knowledge and skill acquisition to continuously

improve quality and, at the same time, improve management of secondary traumatic stress, far more powerfully than individual practitioners or isolated CACs acting on their own.

This model has a lot of merit but does not suit the needs of states where rural and frontier CACs lack any employed therapists and too few qualified local linkage providers. In such an environment the network must link treatment expertise from better resourced areas to regions that lack local capacity to meet the needs of traumatized children. This type of model is often referred to as a **“Hub-and-Spoke” Network**. In this network, qualified therapists, often located in larger cities or university towns where more mental health professionals practice, are the **“hub”**, and the CACs and children they serve, sometimes hundreds of miles away in the most isolated and often under-resourced regions, are the **“spokes”** reaching out across the state.



This could take the form of one or more well-resourced urban CACs with well-developed treatment programs serving as the hubs and providing telemental health to children referred by distant CACs who lack local capacity.

To succeed however, the centers serving as hubs must have the capacity to accept referrals from afar. This may prove challenging when even the most well-resourced centers have more demand than capacity. This was the reality in Montana and Washington when the Chapter sought to create telemental health networks in 2020. In these states, the Chapters choose to build an expanded hub-and-spoke network that went beyond existing CAC-affiliated therapists. The Chapters recruited providers, some of whom were unknown to their local CAC, who were already trained in an appropriate NCA-approved therapies such as TF-CBT, to join a network organized and facilitated by the State Chapter. Of course, as was the case in Washington and Montana, the Chapter may not find enough existing willing and qualified trauma trained therapists to meet the demand. In this case, the Chapters offered training and consultation in selected evidence-based treatments models approved by NCA to expand the pool of qualified therapists for the network.

While not formally tested yet, at least two other variations of the hub-and-spoke network are worth considering. In one possibility, the State Chapter would secure funds for the employment of one or more network therapists, who would either work through contract with an existing CAC that already has a strong internal trauma treatment program, or for the Chapter directly. These therapists would serve as the “hub” and treatment to children in under-resources regions through telemental health. The other model would be to expand the hub-and-spoke network beyond the state borders to include CACs, other organizational providers, or private practice therapists from other states to serve as the hub. This opens the door to potential candidates widely, but it does present an important challenge: state professional licensing. For this model to work, each therapist residing out of the state must secure a license in the state where the children they serve reside. For example, the State Chapter in Montana might recruit several therapists residing in Los Angeles area to as part of the Montana hub, but those therapists would need to secure an appropriate license to provide therapy through the state of Montana. While this presents a challenge, it is not insurmountable, and it is not all that uncommon for professionals to hold licenses in more than one state.



## APPENDIX B

### Assessing Access to CAC Mental Health Services

Consider the following questions when assessing access to mental health services provided by CACs in your state. The Sample CAC Capacity Survey below can be sent to CACs in your state to assess the capacity of their mental health teams and determine if they may be a good fit to participate in a TMH network.

#### ***For mental health services being conducted at CACs, consider:***

- Number and full-time equivalent (FTE) of therapists employed by the CAC
- What evidence-based treatments (EBTs) are CAC therapists qualified to deliver? “Qualified” is defined as completing formal training (not just participating in conference workshop or online course such as TF-CBT Web) and participating in consultation, as required by developers
- Number of CAC therapists formally “certified” in an EBT (and which EBTs)
- Number of children receiving mental health services annually
- Approximate number of children receiving mental health services annually by age category (e.g., 0-5, 6-12, 13+)

#### ***For mental health services accessed via linkage agreements, consider:***

- Number of linkage agreements with community providers
- Number and FTE of community therapists serving CAC clients through a linkage agreement
- Do community therapists who support the CAC specialize in mental health services for children, or carry a general child and adult caseload?
- Do the community therapists supporting the CAC specialize in trauma treatment, or respond to a wide range of potential mental health challenges?
- What EBTs are community therapists qualified to deliver? “Qualified” is defined as completing formal training (not just participating in a conference workshop or online course such as TF-CBT Web) and participating in consultation, as required by developers
- Number of community therapists formally “certified” in an EBT (and which EBTs)
- Number of CAC children receiving mental health service annually
- Approximate number of CAC children receiving mental health services annually by age category (e.g., 0-5, 6-12, 13+)

### Sample CAC Capacity Survey

<b>Children's Advocacy Center Name</b>			
<b>Name of person completing the survey</b>			
<b>Email</b>		<b>Phone</b>	
<b>CAC Address</b>			
<b>Counties served by the CAC</b>			

<b>How does your CAC offer mental health services? Check all that apply.</b>	
<input type="checkbox"/>	In-house therapist(s) employed by the CAC → <b>COMPLETE SECTION 1</b>
<input type="checkbox"/>	Linkage agreement therapist(s) not employed by the CAC → <b>COMPLETE SECTION 2</b>
<input type="checkbox"/>	Other → <b>COMPLETE SECTION 3</b>

<b>SECTION 1 – In-House Therapists</b>	
<b>How many FTE therapists does the CAC employ?</b>	
<b>How many clients did your in-house mental health team serve last full fiscal year?</b>	
<b>Do you have enough therapists?</b>	
<b>Do you have problems finding qualified applicants for any mental health therapist vacancy?</b>	
<b>Does your team have the capacity to provide therapy to additional clients from other CACs?</b>	
<b>Does your CAC have a waitlist for therapy?</b>	
<b>If yes, how long is the current estimated wait to initiate therapy?</b>	

<b>How many children/youth are currently on the waiting list?</b>	
Note: If you offer CFTSI in the short term after interview or exam, answer this question as it relates to the waitlist to start other therapies such as TF-CBT.	
<b>How do the therapists deliver services? Check all that apply.</b>	
<input type="checkbox"/>	In the office
<input type="checkbox"/>	In the home or other community setting (like a school)
<input type="checkbox"/>	Telemental health
<b>What therapies are your therapists trained in? Check all that apply.</b>	

	<b>TF-CBT</b>	
	<b>EMDR</b>	
	<b>PCIT</b>	
	<b>CFTSI</b>	
	<b>AF-CBT</b>	
	<b>PSB-CBT</b>	
	<b>Other</b> _____	
<b>Can any of your therapist deliver services in languages other than English?</b>		
<b>What languages?</b>		
<b>Do you provide clinical supervision?</b>		
<b>If yes, who provides clinical supervision?</b>		
<b>Who employs this clinical supervisor?</b>		
<b>How do you financially support your therapy program? Check all that apply</b>		
	<b>Government Grant</b>	
	<b>Payment by MDT Partner</b>	
	<b>Private Foundation Grant</b>	
	<b>Victims of Crime Compensation Funding</b>	
	<b>Medicaid</b>	
	<b>Private Insurance</b>	
	<b>Philanthropy/Donor Support</b>	
	<b>Other – Please explain:</b>	

## SECTION 2 – Linkage Agreement Therapists

<b>How many therapists serve CAC clients via linkage agreements?</b>		
<b>Who are your linkage agreements with? Check all that apply.</b>		
	<b>Private practice therapist(s) or a group private practice</b>	
	<b>Community mental health agency who employs the therapists</b>	
<b>How many CAC-referred clients did your linkage therapists serve last full fiscal year?</b>		
<b>Do you have enough linkage agreement therapists?</b>		

<b>Do you have problems finding qualified trauma therapists willing to meet NCA accreditation requirements in your area?</b>	
<b>Do any of your linkage therapists have the capacity to provide therapy to additional clients from other CACs outside your area?</b>	
<b>Does your CAC or your linkage therapists have a waitlist for therapy?</b>	
<b>If yes, how long is the current estimated wait to initiate therapy?</b>	
<b>How many children/youth are currently on the waiting list?</b> Note: If you offer CFTSI in the short term after interview or exam, answer this question as it relates to the waitlist to start other therapies such as TF-CBT.	

<b>How do the linkage therapists deliver services? Check all that apply.</b>	
<input type="checkbox"/>	<b>In the office</b>
<input type="checkbox"/>	<b>In the home or other community setting (like a school)</b>
<input type="checkbox"/>	<b>Telemental health</b>
<b>What therapies are your linkage therapists trained in? Check all that apply.</b>	
<input type="checkbox"/>	<b>TF-CBT</b>
<input type="checkbox"/>	<b>EMDR</b>
<input type="checkbox"/>	<b>PCIT</b>
<input type="checkbox"/>	<b>CFTSI</b>
<input type="checkbox"/>	<b>AF-CBT</b>
<input type="checkbox"/>	<b>PSB-CBT</b>
<input type="checkbox"/>	<b>Other _____</b>
<b>Can any of your linkage therapists deliver services in languages other than English?</b>	
<input type="checkbox"/>	<b>What languages?</b>
<b>Do your linkage therapists receive trauma specific clinical supervision?</b>	
<input type="checkbox"/>	<b>If yes, who provides clinical supervision?</b>
<b>How are the linkage therapists paid? Check all that apply.</b>	
<input type="checkbox"/>	<b>Government Grant</b>
<input type="checkbox"/>	<b>Payment by MDT Partner</b>
<input type="checkbox"/>	<b>Private Foundation Grant</b>

	<b>Victims of Crime Compensation Funding</b>
	<b>Medicaid</b>
	<b>Private Insurance</b>
	<b>Philanthropy/Donor Support</b>
	<b>Other – Please explain:</b>

### SECTION 3 – Other Arrangements

**If you have another arrangement to meet the mental health needs of your clients and meet NCA Accreditation please describe:**

<b>If the state were to organize a statewide CAC mental health network to provide high quality trauma mental health services remotely to your clients and their families remotely using tele-mental health would your CAC be interested in participating?</b>	
<b>If yes, how many referrals would you estimate your CAC would make on average per month?</b>	
<b>Would you be willing to have your victim advocate trained to support the case identification, referral, and on-going support during treatment?</b>	
<b>Would your therapist(s) (in-house or linkage) be able and willing to consider providing telemental health services to support other CACs?</b>	



## APPENDIX C

### Sample State Telemental Health Network Coordinator Position Description

**Position Description:** The State Telemental Health Network Coordinator is responsible for day-to-day coordination and operational management of the state telemental health network supporting children's advocacy centers (CACs) and their clients across the state. This includes facilitating connections and interactions between participating CACs, participating therapists, and client families referred by the CACs. The State Telemental Health Network Coordinator, under the direction of the State Chapter Director, also assesses the need for specialized training of network providers and victim advocates (or others responsible for making referrals) at participating CACs, and makes arrangements to secure training as needed.

**Specific Duties:**

- Provide staff support to the State Telemental Health Network Steering Committee.
- Design forms and documents necessary to operate and manage the State Telemental Health Network
- Assess the training needs of victim advocates (or others responsible for making referrals at participating CACs) related to the operation of the state telemental health network including client engagement, referral processes, and local support of remote network therapists.
- Arrange and/or deliver training to victim advocates (or others responsible for making referrals) as determined by the on-going assessment of training needs.
- Lead efforts to recruit and retain highly qualified therapists to participate in the State Telemental Health Network including development of strategies to identify or build lists of potential candidates, development of recruitment materials such as social media content, brochures, and other marketing materials, and outreach to potential network therapist candidates.
- Serve as point of contact for therapists interested in learning more about network participation.
- Coordinate the network therapist selection process to select therapists to join the network.
- Orient new therapists joining the network.
- Assess the training needs of new and existing network therapists, provide training as needed on network processes, and arrange training on topics identified in the training needs assessment such as remote client engagement, selected evidence-based therapies, remote assessment and use of measures, remote therapy delivery, etc.

- In cooperation with State Chapter Director and Network Steering Committee, designs, manages, and adjusts, as needed, the processes associated with client identification, referral, linkages between referring CAC, network therapist, and clients and/or client family.
- Troubleshoots issues with referrals, client/therapist linkages, and communication and feedback processes, as needed.
- Designs and leads efforts to build a true mutually supportive network among and between network therapists and CACs.
- Develop and understand common payment models and procedures for mental health provider reimbursement in the state.
- Work with evaluator to design and manage the data collection of any evaluation or periodic data collection from network therapists and/or participating CACs.
- Represent the State Chapter on matters related to mental health, as directed by Chapter leadership.

**Qualifications:** While an advanced degree in a mental health-related discipline and/or experience as a mental health therapist is desirable, it is not required. What is required are strong organizational and analytical skills, ability to solve problems in a complex environment, strong interpersonal skills that can be exercised in a statewide environment with frequent telephone, teleconferencing, and email communication. A successful candidate must be able to operate independently and in a self-regulated timely manner. If not an expert in trauma mental health, the State Telemental Health Network Coordinator must be able and willing to become familiar with the requirements of high-quality trauma mental health delivery and the adaptations necessary for remote delivery via teleconferencing platforms. A successful candidate must be generally familiar, or willing to learn, about the common cultures in the state and issues unique to the state such as the complexities of serving tribal members on and off tribal land. Knowledge and experience of the technological side of video conferencing is a plus.