

Updates from the DC CoP

Conducting Effective Telehealth Sessions Tips for the DC CoP Community Updated April 14, 2020

Thank you to our colleagues from the National Center for School Mental Health (NCSMH) at the University of Maryland, Baltimore for sharing best practices related to telemental health and for their help in responding to these questions posed by our DC School Behavioral Health Community of Practice (CoP) members on April 1, 2020. More COVID-19 related resources from NCSMH can be accessed here: <http://www.schoolmentalhealth.org/COVID-19-Resources/>.

For information on DC resources, the DC Government actively maintains a webpage of official local information on the coronavirus response that includes food resources, health guidance, resources for businesses and individuals, the operating status of government agencies, and more: <https://coronavirus.dc.gov/>. Visit the following sites for telehealth guidance in DC: [Department of Health Care Finance's \(DHCF\) Telemedicine webpage](#) and [DC Health Guidance on the Use of Telehealth 3.12.2020](#).

About Telehealth and Current Services

What is telehealth and telepsychology?

[The Centers for Medicare & Medicaid Services \(CMS\)](#) define telehealth and telemedicine as “the exchange of medical information from one site to another through electronic communication to improve a patient’s health.” CMS recommends the use of innovative health care delivery models in response to COVID-19 as “there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need.”

According to the American Psychiatric Association (APA), telepsychology is “the provision of psychological services using telecommunication technologies... Telecommunication technologies include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing, or include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g., interactive videoconferencing, telephone) or asynchronous (e.g., email, online bulletin boards, storing and forwarding information). Technologies may augment traditional in-person services (e.g., psychoeducational materials online after an in-person therapy session), or be used as stand-alone services (e.g., therapy or leadership development provided over videoconferencing).”

How are clinicians providing services during the COVID-19 crisis?

School-based behavioral health services provided by the Department of Behavioral Health (DBH) and participating Community Based Organization (CBO) clinicians will continue through telehealth. If a student was already working with a clinician prior to school closure, s/he will be able to continue to receive therapy services through online platforms that combine video and audio. DBH and CBO clinicians will contact their clients and families regularly by phone to conduct wellness check-ins and to schedule teletherapy sessions with their clients. Each CBO will determine the telehealth platform to be

used by their clinicians. DBH will begin utilizing Theraplatform soon. Sessions are available by phone now.

How do we continue to meet treatment goals despite the challenges of providing services virtually?

Our NCSMH colleagues indicate that clinicians should look to each of their students' treatment goals and consider which ones can continue as they are, which ones need to be modified, and which should be fully changed. Have discussions with supervisors, clinical peers, and with youth and families about the goals and how to best address them. Then clinicians can consider creative strategies/tools that can be used virtually to help achieve treatment goals and determine what new goals need to be added to address the many changes in the child's circumstances and current functioning.

Making New Referrals and Initiating Telehealth Services

How do we receive new referrals and how can we learn who is providing telemental health services during this time?

Referrals for school behavioral health services will continue throughout this time. School Behavioral Health Coordinators, mental health teams, DBH clinicians, and CBO clinicians are in communication so that student and family needs are addressed and school behavioral health services are provided in a coordinated fashion.

If a student has not yet been assessed for school-based behavioral health services, a student (or the parent of a student) enrolled in a school with a DBH or CBO clinician can contact the [Mental Health Hotline at 1-888-793-4357](tel:1-888-793-4357) to be connected with the appropriate clinician. A clinician will contact the student and family by phone to initiate services. A list of schools and clinicians is available on [DBH's website](#).

Other ideas shared include informing school staff about how to reach you, attending virtual staff meetings, and holding virtual office hours to discuss referrals. If a school is using a Facebook page, ClassDojo or some other technology, ask if a message can be posted to caregivers about how to reach you.

Deciding on a Platform for Delivering Telehealth Services

Can you recommend the best telemental health platforms that are HIPPA compliant?

DBH has identified several vendors that provide HIPAA-compliant telemedicine platforms. DBH is not endorsing or recommending these vendors. They are providing this information to assist you in researching options and evaluating how to utilize this technology to support the continuity of care. While you may wish to conduct your own research to identify other potential resources, below are links to several of the providers with HIPAA-compliant platforms that support telehealth applications:

- <https://www.theraplatform.com>
- <https://www.securevideo.com>
- <https://www.sprucehealth.com>
- <https://zoom.us/>
- <https://www.simplepractice.com/telehealth>

In addition, the Office of Civil Rights (OCR) has offered a notice that covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Some vendors that report they provide HIPAA-compliant video communication platforms and will enter into a HIPAA business associate agreement (BAA) are listed below, although OCR does not endorse any of the applications that allow for video chats. The links are as follows:

- [Doxy.me](#)
- [Google G Suite Hangouts Meet](#)
- [Microsoft Office 365: Skype for Business, Microsoft Teams](#)
- [Skype](#)
- [Updox](#)
- [WebEx](#)
- [Vsee](#)
- [Amazon Chime](#)
- [GoToMeeting](#)

Other options to consider:

- [FaceTime](#)
- [HIPAABridge](#)
- [SimpleVisit](#)
- [WhatsApp](#)

Note: [OCR warns](#) that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Preparing Students and Families for Telehealth

Are there existing practices to determine if the family is ready to receive telehealth services?

A provider should consider the following when deciding whether a family is ready to engage in telehealth services:

- Are parents and caregivers open to and willing to consent to receiving services by telehealth?
- Do they have the technology (computer, cellphone, tablet) and the necessary internet access or data plan needed to support use of the tele-platform you plan to use?
- Is there a private/confidential space where the student/family can participate in a session without everyone in the home hearing them?
- Do you have confidence that the students/families will be consistent in attending/participating?

How can I help students and families overcome technological challenges and log on successfully?

A clinician should consult with his/her CBO and/or supervisor to find out what technology is recommended to deliver telemental health. Most platforms have tutorials on their websites to help users (both the clinicians and the students/families) learn how to use their features.

How do we connect with families who may have limited or no access to a computer, internet, or personal cell phone?

[Comcast Internet Essentials](#) is offering two months of free Internet service for families (\$10/month afterward), and current members receive increased speeds at no charge. Clinicians and school staff can visit the page and submit the initial request on behalf of parents who do not have Internet access. Parents must have a valid phone number for their application to be processed. All documentation required from the child's school has been waived.

It is also important to inquire (either directly with the family or through the school) whether families have access to technology and internet/cellular coverage through the school. For example, one school provided remote hotspots to families who did not have access. Many schools are purchasing equipment such as computer tablets (e.g., iPads, Chromebook) and delivering them to students via curbside pickup or home drop-off.

Families can be directed to the web page maintained by DC government that lists a variety of resources at <https://coronavirus.dc.gov>.

What would be the best way to approach telemental health conversations in a non-invasive way with families that we do not know very well?

There are a number of strategies a provider might consider facilitating the use of telemental health. First, spend time building rapport, including ensuring that both the provider setting and the student/family setting are familiar and comfortable. A provider would want to convey an openness to questions and concerns from the family, such as those they may have regarding privacy or any specific concerns they may have about the technology. It is typically advised that the provider review the basics on how the technology works before moving to clinical content. It may also be helpful to communicate that evidence has shown telemental health to be effective and convey that many students and families actually find telemental health equivalent to, or preferable to, in-person sessions.

In addition, a CoP Chat participant suggested [Family Therapy techniques](#), which has strategies for engaging students of families who may be unfamiliar with therapeutic services for the student. Involving teachers in a collaborative conversation about the student also may be helpful.

Engaging Students and Families

How do we engage clients who try to avoid telehealth appointments (especially clients with anxiety)?

Our NCSMH colleagues suggest trying a series of exposure exercises, including practicing with writing, texting, or brief conversations with non-clinical content before attempting clinical treatment sessions. A provider can also practice coping skills to reduce anxiety, including mindfulness, relaxation, cognitive coping.

As noted in our previous CoP Chat summary, there are a number of on-line resources that providers can share to help manage anxiety during this crisis period. The toolkit [“Virus Anxiety a Project by Shine”](#) may help parents manage their stress and anxiety. It is also a potential way for them to engage with their children and conduct these activities together. Another set of anxiety and stress management resources for parents and their children is the [Take a Deep Breath](#) Blog created by the [Calm app](#). This guide for

[Trauma-Informed Parenting during our “Staycation”](#) provides tips for keeping families safe and connected during this social distancing period.

How do we create private space for the child in a crowded household and ensure confidentiality?

During the chat, our NCSMH colleagues outlined a number of strategies that can facilitate confidentiality to support good clinical engagement, including:

- Work with the caregiver to help to create the safe space
- Create “do not disturb” signs
- Use headphones/earbuds
- Inquire if families have sound machines, fans or music that can be played outside of the door to decrease what is heard
- Create a special signal to alert the clinician if a conversation needs to stop
- Use the chat function when needed

Remember that sometimes having families participate can be useful, so all therapy content may not need to be kept private. Consider ways to support family engagement/participation during tele-sessions.

Are telemental health services usually provided during the school day? The 8:00am-4:00pm activity time frame has moved to 11:00am-7:00pm in many homes. How can we accommodate the new schedule?

Our NCSMH colleagues suggest checking in on families’ schedules and availability and working out a schedule with students/families. If possible, prioritize earlier appointment for families who are maintaining regular school times. Providers can also consider whether they can offer later hours and have more flexible schedules. Another option is having shorter appointment times to accommodate more clients during the prime appointment times being sought.

What modalities are best for delivering telemental health in shortened sessions (e.g., only having 15 minutes of telephone time with a student)?

Suggestions for delivering services when limited time is available, include:

- Be goal-directed and set up an agenda for the meeting
- Have homework that can be included to discuss at the next session and to have students work on between sessions
- Work on one skill or technique

Do you have any resources for students to access coping skill activities and games for free?

A number of coping skill activities and games were shared, including:

- [Closegap](#) is a free web-based portal that educators can use to assess the social emotional status of their students each day, and get them additional support if needed.
- [EVERFI’s](#) free, online social emotional learning resources are designed to equip educators with tools to nurture skills like compassion, leadership, conflict resolution, self-awareness, and resilience.
- [RethinkEd Social and Emotional Learning and Mental Health](#) is an evidence-based program delivered on a digital platform and designed for easy implementation.

What guidance and activities are there around telemental health for younger children (especially

those under five years old or with children with attention and hyperactivity concerns?

Our NCSMH colleagues suggest the following:

- Keep it short; consider two 20-minute sessions versus one 30- to 45-minute session
- Engage caregivers
- Try to integrate techniques/routines you used in person (if applicable)
- Move beyond “talk therapy” to include activities, the use of apps, drawing/writing feelings/thoughts and sharing via “show and tell” over the teleplatform

The [Playful Therapist blog](#) includes 20 ideas for teletherapy with children. These activities require minimal supplies.

What's the best way to engage adolescents when using telemental health?

To engage adolescents, it is recommended that you be creative. In our previous CoP Chat, clinicians shared that they created a “lunch bunch” focused on social-emotional skill-building. Students self-identify to participate in six activities that promote deep thought and self-reflection. Another clinician suggested creating journal groups using text/app messaging or group chats/discussion boards. [Whatsapp](#) can be used to create online journal groups which may also help engage adolescents.

Providing Services to Groups or Specific Populations

What are guidelines for providing group services? For example, if I want to see students in pairs via Zoom, is this something that can be done if I have a conversation with each set of parents in advance to check for consent?

Colleagues from NCSMH indicate that conducting group services is possible, but definitely would involve additional consent from caregivers for their child to participate especially since it brings other children into the home through the platform. Discussing with parents when and where the session would take place within the home to allow for privacy of the larger family would also be important. For more information, please see the [DC Health Guidance on the Use of Telehealth 3.12.2020](#) and [DHCF's Telemedicine webpage](#).

Supporting Caregivers during the Telehealth Process

How can I address the concerns of families with young children about the benefit of telemental health?

For families of young children with concerns about quality, our NCSMH colleagues suggest demonstrating the success of telemental health by summarizing research findings that demonstrate that they are as effective as in-person therapy sessions. For those who are hesitant to try an unfamiliar platform, offer to have them try it for a session or two and then reevaluate together if it is a mode of therapy that works for all parties involved. It is a good practice to let parents/families share their concerns and talk them through with you so they feel validated and like a valued partner in their children's therapy.

How can families deal with the stress of feeling overwhelmed from having to assist students with schoolwork when they may not have the necessary tools (e.g., computer, internet, books),

academic background or parenting skills?

Talk to parents about managing their own expectations. Look to local/school resources that may be available and let your school and your child's teachers know what you need in case they can be of assistance.

With regard to assistance with schoolwork, for DCPS, a distance learning portal has been created as a mobile-friendly website where educators, students, and families can find learning resources for every grade level and subject area. More information can be found in the [DCPS Instructional Continuity Plan](#). For DC public charter schools, resources on distance learning can be found in the [LEA Sharing Library](#).

For support on managing stress, D.C. CoP members have noted that the [Child Mind Institute](#) and the [National Association of School Psychologists](#) both have a number of resources for families on how to support their children and themselves. [Action for Healthy Kids](#) provides ideas for healthy activities to do at home. Another resource that was shared was the resource, [Trauma-Informed Parenting during our "Staycation"](#).

Preparing and Supporting Telehealth Providers

Is there a telemental health certification requirement for clinicians to practice online?

No, licensed professionals in DC can continue to practice using telemental health modalities with their clients under their normal scope of practice as outlined by their license or professional certification.

Do licenses work across state lines (for example, I live in Maryland but practice in DC)?

Locations in which clinician licenses were acquired and certified under may only provide mental health services to beneficiaries who reside in the same location. For example, if a client resides in DC and the clinician resides in the DC, then services may be provided as normal. However, DC has waived any licensure requirements and is allowing clinicians with an out-of-state (outside DC) license to continue providing mental health services to their clients residing within DC, as long as the license is in good standing. Clinicians with a DC license with clients who are residing in Maryland during this time should refer to the Maryland licensing board for their discipline (social work, professional counseling, etc.) to determine requirements for interstate telehealth practice.

What are some tips to avoid exhaustion after multiple video meetings and conference calls?

It is recommended that providers plan breaks during the day and practice personal wellness. Telemental health can take more energy – especially in the beginning when we are learning something new. Plan a 10-minute break each hour to move, take walk, or get up from your chair. Check with your leadership as to how long sessions need to be to count as a session. Many clinicians find that 20-30 minutes may be sufficient for a tele-session.

What are some ethical issues that arise during telemental health?

Our NCSMH colleagues share that the ethical issues that may arise in the delivery of telemental health are similar to those that might occur during in-person sessions. As mandated reports, clinicians still need to report abuse/neglect that is observed or suspected. Providers still need to ensure the use of platform and data systems that protect patient privacy. In addition, it can be uniquely challenging to protect the privacy

of both the client and clinician when other people are around, but tips have been offered to increase the probability that confidentiality is achieved even when telehealth is conducted.

Making Referrals to Other Partners as Needed

What are some recommendations if a child mentions abuse, especially if the parents are in the home or present?

As a mandated reporter, a clinician that suspects abuse is occurring in the home must report the suspected abuse to DC's child welfare agency, [Child and Family Services Administration \(CFSA\)](#). CFSA takes reports of child abuse and neglect 24-hours-a-day, seven-days-a-week at [\(202\) 671-SAFE](#) or [\(202\) 671-7233](#) and the call to this hotline is confidential. When someone calls, a trained hotline worker will ask for:

- The name, address, age, and gender of the child
- Who cares for the child and whether other children live in the home
- The nature and extent of the abuse or neglect, as you know it—and any previous abuse or neglect you know about
- Any additional information you have that may be helpful

How do we handle student ideation as it relates to COVID-19?

The [Access HelpLine](#) at 1(888)7WE-HELP or 1-888-793-4357 is the easiest way to get connected to services provided by DBH and its [certified behavioral health care providers](#). This 24-hour, seven-day-a-week telephone line is staffed by behavioral health professionals who can refer a caller to immediate help or ongoing care. The Access Helpline can activate [mobile crisis teams](#) to respond to adults and children who are experiencing a psychiatric or emotional crisis and are unable or unwilling to travel to receive behavioral health services.

How do we support students and families who may be experiencing depression and/or anxiety due to loss of income?

Take the time to listen and to allow students and families to share the stress they are experiencing. Empathize with what they are going through and normalize how common this stress is across the country. Lean on your clinical training and point out where they can find local resources to assist with challenges, such as sharing where school meals and foodbanks are available or where resources for housing and rent/mortgage support can be accessed.

Remember that the DC Government actively maintains a webpage of official local information on the coronavirus response that includes food resources, health guidance, resources for businesses and individuals, the operating status of government agencies, and more at <https://coronavirus.dc.gov>. DBH offers a [Toll-Free Access Helpline at 1-888-7WE-HELP](#) (24-hours-a-day, 7-days-a-week).

Are there support networks that help to establish medical homes to meet the individual family's needs?

One resource in DC that represents organizations serving as medical homes for families is the [DC Primary Care Association](#) (DCPCA). DCPCA is a membership advocacy organization dedicated to improving the health of DC's vulnerable residents by ensuring access to high quality primary health care, regardless of an ability to pay. Their membership currently includes 15 community health centers and

community-based organizations located in DC and the Maryland suburbs. Between them, members own and operate nearly 60 health care delivery sites that serve approximately 200,000 residents.

What are general best practices for distance learning that we can refer students and families to for more information?

For DCPS, a distance learning portal has been created as a mobile-friendly website where educators, students, and families can find learning resources for every grade level and subject area. More information can be found in the [DCPS Instructional Continuity Plan](#). For DC public charter schools, resources on distance learning can be found in the [LEA Sharing Library](#).

Preparing for Next Steps

Is the District accepting new providers?

DBH released a Request For Applications (RTFA) titled School-Based Behavioral Health Services Comprehensive Expansion (Cohort 3) on Friday, February 21, 2020. The application submission deadline was on Monday, March 23, 2020.

Will telemental health services continue throughout the summer if necessary?

The Executive Office of the Mayor will make determinations about continued stay-at-home orders, and therefore the need to rely on telemental health services to engage clients. Any new orders or changes to existing orders from the Mayor will be posted at <https://coronavirus.dc.gov>.

Guidance from the DHCF will be shared through the DC CoP as soon as it becomes available, including memos that announce emergency and proposed rulemaking for Medicaid providers who can now deliver in-home health care services via telemedicine or telephone. The rules will remain in effect for one hundred and twenty (120) days or until July 10, 2020, unless superseded by publication of a Notice of Final Rulemaking in the D.C. Register.

How do we support school communities when we transition back into school?

There are numerous conversations currently underway between and among District agencies, school administrators, community leaders, family groups, and others about the processes, practices, policies, or programs that will need to be examined in order to support a successful transition back to school. Strategies and details resulting from these conversations will be shared when they are available.

Our NCSMH colleagues also suggest that addressing student and staff wellness needs will require us to assess the impact of COVID-19 on members of our community, including loss of family/friends, exposure to trauma, among other concerns. Students and teachers may struggle to get back to routines and structures and may have impact from lost learning opportunity. Some anticipate increases in parental divorces, domestic violence, child abuse, poverty, all of which will have impact on student wellbeing.

Another recommendation from the DC CoP is a 5-hour interactive online course, [Skills for Psychological Recovery \(SPR\)](#), designed for providers to help survivors gain skills to manage distress and cope with post-disaster stress and adversity. This course is for individuals who want to learn about using SPR, learning the goals and rationale of each core skill, delivering SPR, and supporting survivors in the aftermath of a disaster or traumatic event.