

TELEHEALTH FOR TRAUMA

TF-CBT VIA TELEHEALTH LEARNING COLLABORATIVE

Statewide Collaboration Application Packet

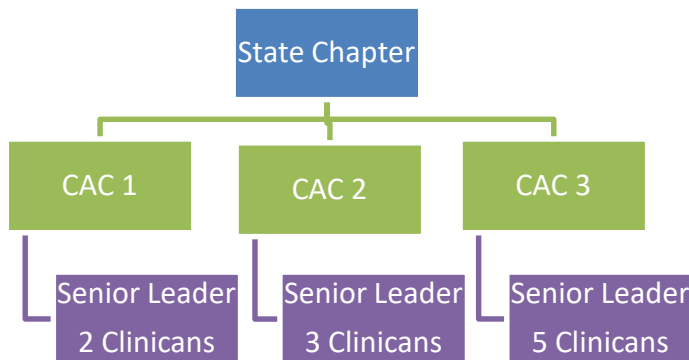
Thank you for your interest in clinical training and program implementation of TF-CBT via Telehealth. This training is designed for a statewide collaboration of CAC's to implement TF-CBT via Tele-health.

The state chapter will apply for the collaborative and identify the teams from each participating CAC. The state chapter is required to have someone to coordinate the project.

The purpose of this Learning Community is to provide therapists who are already knowledgeable and experienced in the use of TF-CBT the additional training and support to effectively implement it via telehealth.

Participating teams will include one Senior Administrative Leader from each CAC or Mental Health Agency (if MH is contracted out of the CAC). A "Senior Leader" is defined as individuals having administrative responsibility within their organization and/or local mental health community with the authority to make systematic changes (policies, procedures, budgeting) to support the implementation of TF-CBT via Telehealth within their organization and/or across the community.

The clinical team should include of at least two clinicians from each CAC who will participate in the training and consultation and a clinical supervisor if that person is not one of the group clinicians. Ideally, the clinical team is comprised of three to four clinicians. Note the collaborative includes a maximum 15 clinicians. Example of statewide collaborative structure:



As part of the grantee outcomes, NCA will collect case specific, non identifiable, data from trainees involved in this project. The collection of the data will be collected through the on-line case management systems; NCA Trak and Qualtrics. All CAC's that aren't current NCA users will be provided free access and training to these systems for the duration of the grant period. (See Attached for Data Sample).

If you are interested in participating, please complete and submit the application form.

OBJECTIVES

The training will provide licensed clinicians an in-depth understanding of providing TF-CBT services through a telehealth platform. The training, which is only the first step in supporting mental health professionals, will cover the following:

- Creating a supportive, trauma-focused practice using video conferencing services
- Design and implementation of materials and session planning while maintaining best practice approaches
- Establishing relationships with clients and caregivers in a virtual world

Topics covered include:

1. Specific tailoring of TF-CBT components for a telehealth delivery format
2. Demonstration of how to utilize electronic resources to deliver TF-CBT components via telehealth
3. Procedures and work flow considerations for telehealth delivery of TF-CBT

Section 1

Background and Overview

About TELEHEALTH

Children and families in rural areas and underserved urban areas often lack access to evidence-based mental health care. The Telemental Health Project will improve access by providing children and their caregivers in rural areas or underserved urban areas with access to mental health clinicians trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Through this project, clinicians with experience in TF-CBT will learn how to effectively provide this evidence-based treatment using telehealth technology. This training will outline telehealth-specific applications of TF-CBT and strategies for addressing common challenges faced when delivering TF-CBT via telehealth (engagement issues, technology issues, safety concerns, etc.).

About TF-CBT

TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma developed by Esther Deblinger, Judith Cohen and Anthony Mannarino. It is a components-based treatment that integrates trauma-sensitive interventions with cognitive-behavioral strategies to reduce emotional and behavioral symptoms. The treatment addresses distorted beliefs and attributions related to trauma and provides a supportive environment in which children are provided the skills and support to address their traumatic experiences. TF-CBT also helps caregivers and other supportive adults, who are valued participants in the treatment, to support their children. The treatment is appropriate for children and adolescents who have experienced a range of traumatic experiences including sexual abuse, physical abuse, witness to violence, traumatic loss and separation, etc. as well as complex trauma history and symptoms.

Benefits of a Statewide Collaborative

There are several benefits to participating in a statewide collaborative. Training and working together for a common goal increases networking between agencies and helps to create a statewide mental health network. Having this network, especially in the case of telehealth, increases the capacity of your mental health team. Because telehealth is remote, location is not a factor. This means that if one center does not have the capacity to serve all of the cases in their geographic catchment area, another center within the state may be able to assist in seeing those cases. CAC's across the state can share knowledge, specialized skills and resources. Sharing IT resources, mental health techniques and data benefits everyone. Centers can also help each other out with referrals to other evidence-based practices and assist with specialized skills such as being bilingual. Creating a statewide network also increases access for children, families and team members. A statewide network of telemental health for trauma helps underserved areas previously not served or accessible and decreases time and money for families spent on the road, and away from work and school.

Eligibility Requirements and Participant Expectations

Eligibility Requirements

- **Commitment from CAC's:** CAC's and their clinicians are integral in the success of this project. CAC's should be identified prior to application.
- **Clinicians with TF-CBT Training and Experience:** Completion of a 2-day TF-CBT training and 9 (of 12) consultation calls with an approved TF-CBT trainer and TF-CBT completed with at least 2 clients.

Chapter Expectations

- Apply** to be a statewide telehealth training site
- Coordinate** with local CAC's to identify clinicians, create policies, procedures, forms and equipment
- Join** in an initial call with trainers to set dates and prepare for learning collaborative
- Attend** the 3 pre-training calls and complete pre-work activities prior to the training
- Send** meeting notifications and links
- Create** opportunities for Senior Leaders and Clinicians, outside of the Learning Collaborative calls, to network
- Collect** and use metrics to help to assess progress and guide future improvements
- Participate** in program evaluation activities

Senior Leader Expectations

- Coordinate** with the state chapter to identify clinicians, create policies, procedures, forms and equipment
- Attend** the 3 pre-training calls and complete pre-work activities prior to the training
- Engage** non-clinical staff in telehealth
- Support** clinicians by allowing time to learn a new model and create new techniques
- Connect** with other Senior Leaders outside of the Learning Collaborative calls to network
- Collect** and use metrics to help to assess progress and guide future improvements
- Participate** in program evaluation activities

Clinician Expectations

- Complete** pre-work activities prior to the training
- Attend** the initial and follow up trainings (1-day each) and actively participate in learning
- Participate** in collaborative conference calls twice per month for five months and present a telehealth case.
- Connect** with other Clinicians outside of the Learning Collaborative calls to network
- Collect** and use metrics to help to assess progress and guide future improvements
- Participate** in program evaluation activities

Training Team



Dr. Regan Stewart is an Assistant Professor and bilingual clinical psychologist in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina. Her research focuses on addressing mental health disparities for underserved trauma-exposed youth, particularly through the use of telehealth technology. She is the director of the Telehealth Outreach Program at MUSC, a program focused on utilizing telehealth to increase access to trauma-focused treatment for underserved children. Dr. Stewart is an expert in telehealth delivery of trauma-focused interventions for children and adolescents. She led the development of a training curriculum for telehealth delivery of Trauma-Focused Cognitive Behavioral Therapy and has trained organizations across the United States in this work.



Paula Condol, M.S., LPCC is the Executive Director of the Dakota Children's Advocacy Center. Paula provides several evidence based treatment to kids and their families affected by trauma including Trauma Focused -Cognitive Behavioral Therapy, Alternatives for Families-Cognitive Behavioral Therapy and Problematic Sexual Behavior-Cognitive Behavioral Therapy. She has also been trained in many adaptations of evidenced based practices including Honoring Children, Mending the Circle (Native American cultural adaption of TF-CBT), TF-CBT using Telehealth, and TF-CBT for Trafficked Youth. Paula is a certified TF-CBT supervisor and is trained in providing TF-CBT consultation calls. She is also an in-house train the trainer in PSB-CBT- school age. Paula co-developed TOP in North Dakota and is a telehealth trainer and consultant nationwide.



Nicola Herting, Ph.D. is a Clinical Psychologist who specializes in working with children and families impacted by trauma. Dr. Herting is the Clinical Director of the Sanford Traumatic Stress Treatment Center, Interim Mental Health Director at Red River Children's Advocacy Center, Adjunct Research Scientist for Sanford and the Treatment Collaborative for Traumatized Youth, and Adjunct Professor at the University of North Dakota. Dr. Herting has extensive training in trauma and evidence-based treatments and is experienced in providing evidence-based, trauma screening, assessment, treatment, and consultation. She is involved in statewide evidence-based trauma treatment and screening implementation initiatives in North Dakota. Dr. Herting co-developed the telehealth outreach initiative in North Dakota CAC's and became a telehealth trainer and consultant.

Section 2 Application

If applying for NCA Telemental Health Training, please attach the completed application to your grant

SECTION I: State Chapter and CAC Information

Chapter Name:	_____	State:	_____
Contact:	_____	Title:	_____
Phone:	_____	Email:	_____

Participating CAC Information

CAC 1:	_____	City:	_____
Senior Leader:	_____	Email:	_____
Mental Health Services are:	<input type="checkbox"/> Onsite	<input type="checkbox"/> Available through a Linkage Agreement	
If through a Linkage Agreement:			
Name of Agency:	_____		
# of Clinicians Anticipated to Participate:	_____		
<input type="checkbox"/> No identified clinicians	<input type="checkbox"/> No identified clinicians; in process of hiring/assigning		
<input type="checkbox"/> Clinicians hired/identified			

CAC 2:	_____	City:	_____
Senior Leader:	_____	Email:	_____
Mental Health Services are:	<input type="checkbox"/> Onsite	<input type="checkbox"/> Available through a Linkage Agreement	
If through a Linkage Agreement:			
Name of Agency:	_____		
# of Clinicians Anticipated to Participate:	_____		
<input type="checkbox"/> No identified clinicians	<input type="checkbox"/> No identified clinicians; in process of hiring/assigning		
<input type="checkbox"/> Clinicians hired/identified			

CAC 3:	_____	City:	_____
Senior Leader:	_____	Email:	_____
Mental Health Services are:	<input type="checkbox"/> Onsite	<input type="checkbox"/> Available through a Linkage Agreement	
If through a Linkage Agreement:			
Name of Agency:	_____		
# of Clinicians Anticipated to Participate:	_____		
<input type="checkbox"/> No identified clinicians	<input type="checkbox"/> No identified clinicians; in process of hiring/assigning		
<input type="checkbox"/> Clinicians hired/identified			

CAC 4: _____ **City:** _____
Senior Leader: _____ **Email:** _____
Mental Health Services are: Onsite Available through a Linkage Agreement
If through a Linkage Agreement:
Name of Agency: _____
of Clinicians Anticipated to Participate: _____

No identified clinicians No identified clinicians; in process of hiring/assigning
 Clinicians hired/identified

CAC 5: _____ **City:** _____
Senior Leader: _____ **Email:** _____
Mental Health Services are: Onsite Available through a Linkage Agreement
If through a Linkage Agreement:
Name of Agency: _____
of Clinicians Anticipated to Participate: _____

No identified clinicians No identified clinicians; in process of hiring/assigning
 Clinicians hired/identified

CAC 6: _____ **City:** _____
Senior Leader: _____ **Email:** _____
Mental Health Services are: Onsite Available through a Linkage Agreement
If through a Linkage Agreement:
Name of Agency: _____
of Clinicians Anticipated to Participate: _____

No identified clinicians No identified clinicians; in process of hiring/assigning
 Clinicians hired/identified

SECTION II: Chapter Readiness

1. **What led your state chapter to seek training in telehealth delivery of TF-CBT?**

2. **Describe the goals and/or plans for implementing a statewide telehealth collaborative for CAC's. What benefits do you think this will bring to the state?**

3. Please provide any information about policies, procedures, and/or MOUs that have already been created and will support a telehealth program.

4. Does the state chapter and/or its CAC's have technical support? No Yes - *If no what are your plans for providing technical support?*

5. Please list any barriers you anticipate.

SECTION III: CAC Readiness

1. Are your CAC's therapists trained in providing TF-CBT?

No Yes If yes, how many? _____

2. Did your CAC's provide telehealth prior to this COVID 19?

No Yes Some of them _____

3. Do your CAC's provide any other evidence-based treatments??

No Yes – *Please, provide more information:*

4. If your CAC's are providing evidence-based treatments, what supports has the leadership of the agency provided for the clinical staff to learn and implement the treatments with fidelity?

5. In what ways are the leaders in the agency committed to developing, establishing, and sustaining treatment for children via telehealth? What levels of leadership have demonstrated this commitment?

Telehealth TF-CBT Learning Collaborative Sample Data

1. Client # or initials: _____
 - a. (Clinician either records client's initials or makes up a unique number. If using a number, clinician will need to remember the number to be able to complete #11-13 at the end of treatment)
2. Clinician Name & Agency

3. Client Age _____
4. Client Gender _____
5. Client Race/Ethnicity _____
6. Number of miles from client residence to clinic _____
7. Index Trauma _____
8. Primary Barriers to Treatment (mark all that apply)
 - a. COVID-19
 - b. Distance to Clinic
 - c. Transportation
 - d. Caregiver work schedule
 - e. Lack of childcare
 - f. Cost
 - g. Primary language of the child or caregiver
 - h. Other (please list)
9. Number of TF-CBT telehealth sessions _____
10. Did this child complete treatment? _____
11. Patient/Caregiver satisfaction (single question)
 - a. If therapy was needed again, would you use telehealth? Yes No

TF-CBT Telehealth Learning Collaborative Requirements and Costs

Project: Children and families in rural areas often lack access to evidence-based mental health care. The Telemental Health Project will improve access by providing children and their caregivers in rural areas access to mental health clinicians trained in Trauma-Focused Cognitive Behavioral Therapy (TF- CBT). Through this project, clinicians with experience in TF-CBT will learn how to effectively provide this evidence-based treatment using telehealth technology.

Consultants: Regan Stewart, PhD, Medical University of South Carolina; Paula Condol, LPCC, Dakota CAC; Nicola Herting, PhD, Red River CAC/Sanford Health

Team Requirements:

At least 2 clinicians (exceptions made for rural sites with only 1 clinician) and a senior leader (administrative responsibilities with the authority to facilitate implementation and addressing barriers related to policies and procedures)

For clinicians to participate they must have already received full TF-CBT training to include:

- Clinicians must have received certification in TF-CBT (<https://tfcbt.org>)
- – OR- Clinicians must have completed basic training requirements in TF-CBT as indicated by TF-CBT certification criteria 3-7 (<https://tfcbt.org/tf-cbt-certification-criteria/>)
- All team members are expected to participate in the learning collaborative activities, including pre-work, in- person learning sessions, and consultation calls.
- Due to the longer commitment in the training process it is imperative to be clear with the CACs wishing to participate that not only do the Mental Health providers need to meet the prerequisite requirements for participation but the duration of the training and the commitment for completion needs to be discussed ahead of time.

Training Activities:

- Pre-work activities (e.g., orientation calls, readings)
 - 3 calls prior to initial training (60 minutes) with senior leaders
 - Complete pre-work activities prior to the initial training
- Learning Session #1 – 1 day for clinicians, supervisors, and senior leaders (to be conducted in the state where the CAC's reside or virtually)
- Learning Session #2 – 1 day for clinicians and supervisors (to be conducted in the state where the CAC's reside or virtually)
- Consultation Calls (will begin at the conclusion of Learning Session 1)
 - 8 biweekly calls (60 minutes) for clinicians and supervisors
- Collect and use metrics to help assess progress and guide future improvements. Trainer will guide which metrics will be required for the collaborative (these will be collaborative specific).

Costs:

\$30,000

The fee covers the following costs:

- Access to 2 telehealth trainers
- Initial 1-day learning session and follow-up 1 day learning session
- Pre-training work and consultation calls for chapter and senior leaders
- Post-training consultation calls for 5 months (clinicians/supervisors)
- Email coordination for senior leaders with lead trainer before and after Learning Session for questions
- Tailoring of training presentations and calls to meet needs of state and CACs
- Access to numerous electronic TF-CBT therapy resources (developed by trainers)
- Consultation on telehealth program evaluation & analysis of metrics collected and report developed for feedback to chapter/CACs

*The costs above include up to 15 clinicians/clinical supervisors and 6 senior leaders (1 senior leader per CAC and/or Mental Health agency, with the possibility of increasing the number of senior leaders if needed).

****Costs do not include trainer travel. Host organization will need to budget for travel for 2 trainers (airfare, lodging, & mileage) if trainings are conducted in-person.**

* In addition the consultant will bill the grantee you the per diem rate for meals. Please be mindful that meals are not covered under the NCA Grant.

Additional Costs:

IT Consultation

IT Consultant will need to complete the following tasks:

- Assess CAC for internet bandwidth and ensure CAC has capacity for videoconferencing
- Purchasing of equipment (iPads, laptops/desktop computers, etc.)
- Selection of videoconferencing platform and setting up of accounts for videoconferencing
- Installing software on all computers
- Setting up iPads & locking down iPads
- Teaching CAC staff how to use the videoconferencing platform
- Availability over the course of the grant to assist CAC with troubleshooting of software & equipment (for clinicians, iPads, & schools if doing school-based work)
- If the CAC is doing school-based work, IT consultant will have to work with school-district IT to address firewall issues and other technology issues

Videoconferencing Software

- Videoconferencing Software must be HIPAA compliant, must have screen sharing ability, and should have an interface that is easy to use for clinicians and patients. The following platforms meet these requirements. There are likely also additional platforms that meet the requirements.
 - VidyoConnect (should call Vidyo for pricing)
 - Zoom (HIPAA compliant version) (\$19.99/month per account (clinician), minimum \$200/month)
 - VSee (\$50/month per account (clinician))
 - Doxy.me (clinic version) (\$50/month per account (clinician))
- The number of accounts for the videoconferencing platform depends upon each platform's requirements, but it will likely include an account/license for each clinician seeing telehealth clients

Equipment

- Each clinician will need to have:
 - Access to a desktop computer with a webcam for client visits
 - Headphones with microphone
- Software needs for each clinician computer:
 - Microsoft office (including Word, PowerPoint, and Excel)
 - Videoconferencing software
 - Adobe Acrobat Pro (recommended)
- iPads
 - It is likely that some clients may not have access to internet services at home and their own computer or tablet. (We do not recommend doing TF-CBT on a smartphone due to small screen size!) Thus, it can be very helpful for the CAC to provide cellular data enabled iPads for clients to use for home-based telehealth. Each client will keep the iPad for the duration of treatment and return it to the CAC at the end of treatment so that it can be utilized with additional clients. **It is important to note that these iPads are for clients to use in their home and not for clinician use. Clinicians will utilize a desktop or laptop computer for telehealth sessions. The number of iPads purchased will depend on funding resources and needs of the CACs.
 - For each iPad the following is needed:
 - Cellular-data enabled iPad
 - Otterbox defender case (or generic equivalent)
 - Headphones with microphone
 - Monthly data service plan for each iPad (typical data usage is 1GB-2GB per month per device)

Based on COVID-19, the format of the training could be combined virtual and on-site training

SAMPLE TELEHEALTH BUDGET

CATEGORY	LINE ITEM	AMOUNT	TOTAL	NOTES
Personnel	12% of Coordinators time @ \$25 per hour x 40 hrs/wk	\$ 6,240.00	\$6,240.00	Coordinating the project takes time so we would recommend putting a portion of time in for this.

CATEGORY	LINE ITEM	AMOUNT	TOTAL	NOTES
Fringe Benefits	Benefits @ 12% of time	\$ 1,500.00	\$1,500.00	

CATEGORY	LINE ITEM	AMOUNT	TOTAL	NOTES
Travel *	Trainer flights	\$ 1,200.00	\$1,850.00	\$600/ea x 2 trainers
	Trainer Lodging	\$ 600.00		2 trainers @ \$150 + tax x 2 nights
	Local Transportation	\$ 50.00		\$25 each way for Uber
		\$		

CATEGORY	LINE ITEM	AMOUNT	TOTAL	NOTES
Supplies	Tele boxes - 60	\$ 900.00	\$11,280.00	Boxes cost us around \$15 ea
	20 IPADS @ \$375/each	\$ 7,500.00		Verizon will typically do Ipads with a 2 year data agreement for \$250 - \$350/ea + tax
	Headphones for kids	\$ 780.00		\$13/ea x 60
	Headphones for clinicians	\$ 900.00		About \$60 ea for 15 clinicians
	Protective cases for Ipads	\$ 1,200.00		\$60/ea x 20 ipads

CATEGORY	LINE ITEM	AMOUNT	TOTAL	NOTES
Consultant/Contract (max \$81.25/hour)	IT Set up for programs (25 hours x \$80/hr)	\$ 6,000.00	\$6,000.00	1 hour per device for set up, 10 hours for initial IT training and 40 hours for trouble shooting during project

CATEGORY	LINE ITEM	AMOUNT	TOTAL	NOTES
Other	Statewide Registration Fee	\$ 30,000.00	\$44,400.00	Up to 15 clinicians
	Video Platform	\$ 7,200.00		\$50/month per clinician x 12
	Ipad Data	\$ 7,200.00		\$30/device/mth x 20 ipads x 12 months

Needed for a Tele training	* Unless training is virtual	Total Needed	\$ 45,950.00
Helpful for a Tele program		Total Opptional	\$ 25,320.00
		TOTAL	\$ 71,270.00

* In addition the consultant will bill the grantee you the per diem rate for meals. Please be mindful that meals are not covered under the NCA Grant.