

Supporting Continued Telemental Health Services- Revamping the Telemental Health Resource Center to Support CACs

In 2018, Western Regional Children's Advocacy Center began strategic planning related to implementation of telemental health (TMH) services at CACs. With so many rural and frontier CACs in our region, we recognized that developing TMH services would be critical to increasing access to mental health services for children and families being served by Children's Advocacy Centers (CACs). Planning for the Telemental Health Resource Center (TMHRC), a central place to find information and research related to TMH delivery, began prior to COVID-19. WRCAC's TMHRC was launched in 2019 to provide CACs with research and resources to support the implementation of TMH services. Since then, we have seen many CACs initiate TMH services, especially during the COVID-19 pandemic when information related to the implementation of TMH expanded exponentially. Almost 5 years later, we have all learned a great deal about TMH, its benefit for CACs, and the resources CACs might need to launch these services. In this Roundup we're highlighting some of the specific CAC benefits to utilizing TMH and sharing more about the updated [TMHRC](#).

First, TMH extends the reach of the CAC program. Families may be challenged to access in-office therapy due to the distances they need to travel. In rural and frontier communities, families may live an hour or more from the center, and in more populated areas, limited transportation options make it hard for families to come to a CAC office regularly. TMH also aids those with physical disabilities or mobility issues who may find it challenging to travel to a clinic. Additionally consistent in-person participation can often be impacted by work and school schedules, childcare and weather issues. TMH overcomes these barriers and allows CACs to reach these families. For CACs that have the capacity for onsite services, a hybrid option of in-person and TMH sessions allows for access to services when weather, transportation, or other issues get in the way. It enables continuous care and follow-up, particularly for clients who might otherwise miss appointments. Hybrid options give flexibility to both CAC staff and clients. TMH also allows for immediate access in crisis situations where in-person visits might not be feasible.

Second, TMH is a viable and effective means for delivering evidenced-based and trauma-informed therapies to children, adolescents, and adults. TMH has moved beyond a response to when clinicians cannot provide in-person services. Research supports that TMH is not "less than" when it comes to delivering clinical services. Recent research suggests that TMH delivery of evidenced-based treatments, specifically Trauma-Focused Cognitive Behavioral Therapy (TFCBT), and Child and Family Traumatic Stress Intervention (CFTSI) can be just as effective as in-person treatment (Stewart et. al., 2020; Goslin & Epstein 2024). This is not only great news for rural and frontier CACs where TMH may be the only option they can offer clients, but for all CACs who want to offer more options for their clients.

Third, TMH allows CACs to increase the number of clients they serve. As the use and acceptance of telemental health grows, it opens the possibility for CACs to launch a mental health program where they previously could not because of a dearth of local clinicians. Some rural CACs who have, at the most, one part-time or full-time therapist on-site can utilize trauma therapists who work remotely to provide TMH services. In this way, TMH expands the ability for CACs to serve clients who may have otherwise spent months on a waiting list.

TMH offers a valuable alternative or complement to traditional in-person mental health services, broadening the scope of accessible care and adapting to the needs and lifestyles of diverse populations.

With all of this in mind, WRCAC launched an updated and reorganized Telemental Health Resource Center (TMHRC) in July of this year. *The goal of the revamped TMHRC is to have a place where CAC-specific resources, strategies, and supports are accessible and updated regularly. The [TMHRC](#) also allows for easy access to technical assistance from WRCAC and the ability to give us feedback and/or send resources that you feel need to be added.*

To learn more about the TMHRC watch our short [video](#) that will give you an overview of this resource. The full TMHRC can be found on our [website](#).

What types of information will you find at the updated TMHRC?

- Support and resources for **Chapters, CAC Directors, Mental Health Clinicians and Advocates.**
- A place to find all the resources developed by WRCAC related to TMH service delivery.
- Curated research citations and resources related to best practice in the delivery of TMH services.
- A place to find TMH applications for evidenced-based treatment modalities.
- Links to sample policies and forms to assist in implementation of TMH services.
- Information and resources we highlight that were informed by feedback from CAC professionals at all levels of our work as well as from experts in the field who have worked hard to develop TMH programs.

Acknowledgement:

The completion of TMH program pilot projects, led by the Washington and Montana State Chapters, significantly enhanced our understanding of TMH implementation as did the great work of the Dakota CAC, National Children's Alliance, and Medical University of South Carolina in delivering TFCBT through TMH.

WRCAC is dedicated to continued support for the engagement, implementation and maintenance of TMH services at CACs. Our intent moving forward is to have a living site that continues to grow as we learn more. Please check out our site and let us know what you think!

Goslin, M., & Epstein, C. (2024). Telehealth delivery of the child and family traumatic stress intervention is associated with reduced posttraumatic stress in children and caregivers. *Child Maltreatment*. Advance online publication. <https://doi.org/10.1177/10775595241233230>

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