COVID-19: Responding and Supporting the Virtual Needs of Students and Community through University Partnerships.

CSWE Tech Summit

March 2022

Overview

- Since the first US case of coronavirus disease 2019 (COVID-19) infection was identified on January 20, 2020, the outbreak has expanded to all 50 states and the District of Columbia. Aside from the increased morbidity and mortality that the COVID-19 pandemic has brought upon vulnerable populations, the mitigation response of social distancing and safer at home, places great emotional, mental, and educational hardship on all communities, and especially for vulnerable populations. When the pandemic occurred, many mental health and medical practitioners were thrust into tele-behavioral programming with very limited if any training. Many clinicians did not feel adept to this form of practices, and many others had no infrastructure to provide remote therapy when face to face programming was halted (Monaghesh & Hajizadeh, 2020). This left practitioners financially burdened and clients without needed services. This was largely due to the lack of 21st century skills and current tele-behavioral infrastructures within mental health organizations.

- 21st century skills are embedded in current K-12 curriculum (Stehle et al, 2019); however, not many adult learners had previous access to developing these needed skills which leaves a gap in the digital literacy of many adult learners in higher education and for practicing mental health clinicians. Digital literacy refers to an individual's ability to find, evaluate, and compose clear information through writing and other media on various digital platforms (Walton, 2016). Digital literacy is one of the first skills clinicians need in order to feel comfortable with embedding technology into practice. Due to the COVID-19 pandemic, the evidence of the need for assisting students in higher education and practicing mental health clinicians, community partners, educators, and clinicians with growing digital literacy skills became more evident. One way for institutions of higher education to address this need within the field and community is through the process of university partnerships in the field of technology. Schools of Social Work are becoming leaders in the field of technology in practice and have found some very inventive ways in which to support the needs of current students as well as ways in which to support the community needs.

- Within this presentation, participants will learn about three Social Work Programs in Universities across the United States, that have focused on developing these University Partnerships and how they are supporting the digital skill and literacy needs within the Social Work profession and beyond.

Learning Objectives

1. Participants will be able to identify ways in which they can embed these needed technology and virtual programs into their current curriculum and social work programs.

2. Participants will be able to explain the importance of embedding technology and virtual skill development into the higher education curriculum, student training, and community programming.

3. Participants will be able to examine the reciprocal positive outcomes that can be accessed through University Partnerships.

University of Southern California- Telehealth Clinic for Children, Youth and Families

Sarah Caliboso-Soto, MSW, LCSW

Sarah Caliboso-Soto PhD, LCSW

Sarah Caliboso-Soto is an Assistant Professor in Field Education at the USC Suzanne Dworak-Peck School of Social Work. She has taught courses in policy and practice in addition to serving as a liaison to field students.

A licensed clinical social worker in the state of California, Caliboso-Soto has worked in Los Angeles for the past 20 years. She has provided direct services to the children, youth, and families of South Los Angeles. She has also led the establishment of intensive community-based mental health services and 0 to 5 assessment and intervention programs.

She has collaborated with several Los Angeles County agencies, including the Department of Probation, Department of Mental Health, and the Department of Children and Family Services.

Currently, Caliboso-Soto is the Interim Clinic Director of USC Telehealth a virtual counseling service where evidenced based services are provided by MSW interns to California residents.

She is also pursuing her Doctor of Education in Organizational Change and Leadership. Her research is focused on tele-behavioral health and closing the health gap for underserved children and families in California.

USC Telehealth

- Telehealth is a growing trend

- As effective as traditional
  face to face treatment

- Improves access

- Removes barriers

USC Telehealth

- Is a virtual, outpatient behavioral and mental health clinic that uses videoconferencing technology
- Therapy provided to those with mild to moderate psychosocial problems
- Up to 12 free sessions are held weekly for one hour

What is Telehealth? - Security

- Easy-to-use videoconferencing platform
  - Zoom

- HIPPA Compliant
  - Federal security guidelines for encryption

Clinical and Operations Staff

- 40 USC Suzanne Dworak-Peck School of Social Work Graduate Interns - Clinical/Macro Practice

- Graduate interns are trained by Clinical Supervisors

- Clinical Supervisor - Faculty appointments in the USC Suzanne Dworak-Peck School of Social Work

  - Telehealth staff (Outreach Coordinator, Program Manager, & Administrative Assistant)
  - Case Workers – ASWs, USC alum
  - Safe-T, TBH, CalHOPE

MSW Intern Training

- MSW Interns engage in an 6-week rigorous training which covers crisis management, assessment, diagnosis, treatment planning

- Evidence Based Practices – Motivational Interviewing (MI); Problem Solving Therapy (PST); Cognitive Behavior Therapy (CBT) and Seeking Safety (SST); and Psychological First Aid

- Interns participate in weekly individual and group supervision.

- Interns are exposed to variety of diagnoses from mild anxiety to bipolar disorders

Clients We Serve

Diverse demographic backgrounds

Middle, high school, college and graduate students

Parents of children with special needs

Victims of abuse and domestic violence survivors

Transitional age youth

Active duty military, veterans and their families

Foster youth

LGTBQ and transitioning youth

Older Adults

Client needs

- Personal Life Crises
- Grief
- Depression
- Anxiety
- Post-Traumatic Stress
- Substance Abuse
- Personal Life Crises
- Home / Work / School-Related problems
- Behavioral challenges

USC Telesuites

- Partnerships with schools and community agencies
- Partners provide a private, secure space with computer, webcam and high-speed internet so that their clients can access our services
- MOU

USC Telesuites

- Tele-suites provide students with live, "face-to face" tele-behavioral and mental health services.

- The provider and client connect from separate locations via a computer, laptop or tablet.

- Clients can join their virtual sessions from a private

  space

Telesuites

Positives

- Improves access to mental health
- Students seek mental health services on their own
- Safe, private
- Easy set up
- Low Cost

Challenges
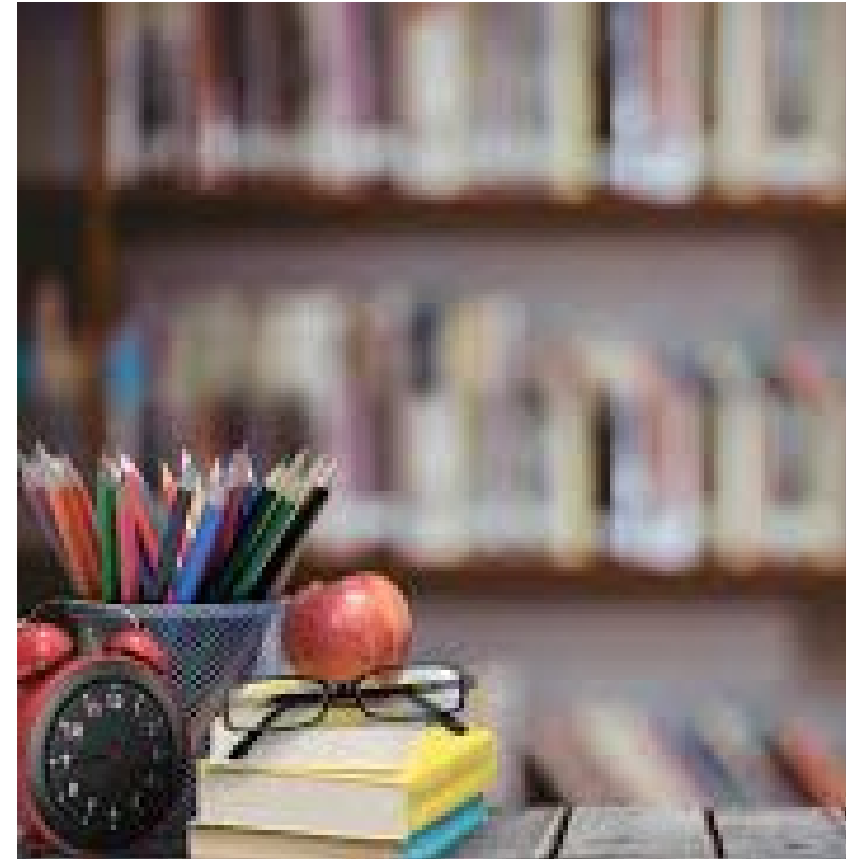
- Space
- Technology
- Staff

Telehealth Clinic's Partners'
Telesuites
Monterey Bay

- Marina
- King City
- Salinas
- Soledad

- Services provided to Monolingual migrant farmers

Telehealth Clinic's Partners' Telesuites

- Hacienda La-Puente USD
- Began partnership in September 2021
- Need for mental health services in the district
- Understaffed

University of Memphis- School Mental Health Access to Resources through Telehealth (SMART) Research, Treatment, and Training Center

Susan Elswick, EdD, LCSW, LSSW, RPT-S, IMH-E

Susan Elswick EdD LCSW

Dr. Elswick is an Associate Professor at the University of Memphis in the School of Social Work.

She is the School Social Work Certificate Coordinator for the University of Memphis.

Dr. Susan Elswick has over 16 years of clinical mental health experience that includes community mental health, case management, residential programming, school-based programming, integrated behavioral health, infant mental health, and home-based services.

One of her areas of research focuses on the use of informatics and technology in the field of social work. Dr. Elswick serves as the Co-chair for the Council on Social Work Education (CSWE) Annual Program Review Technology Track that focuses on harnessing technology for social good in behavioral health practice, and she is a current Faculty Affiliate on campus at University of Memphis with the Institute for Intelligent Systems (IIS). Most recently, she is a Co-PI on the U of M's $2.58 million National Science Foundation (NSF)-funded project, which will lay the foundation for a future Learner Data Institute (LDI) at the university.

What is Telehealth Programming in Schools

Dr. Susan Elswick LCSW-

University of Memphis, School of Social Work
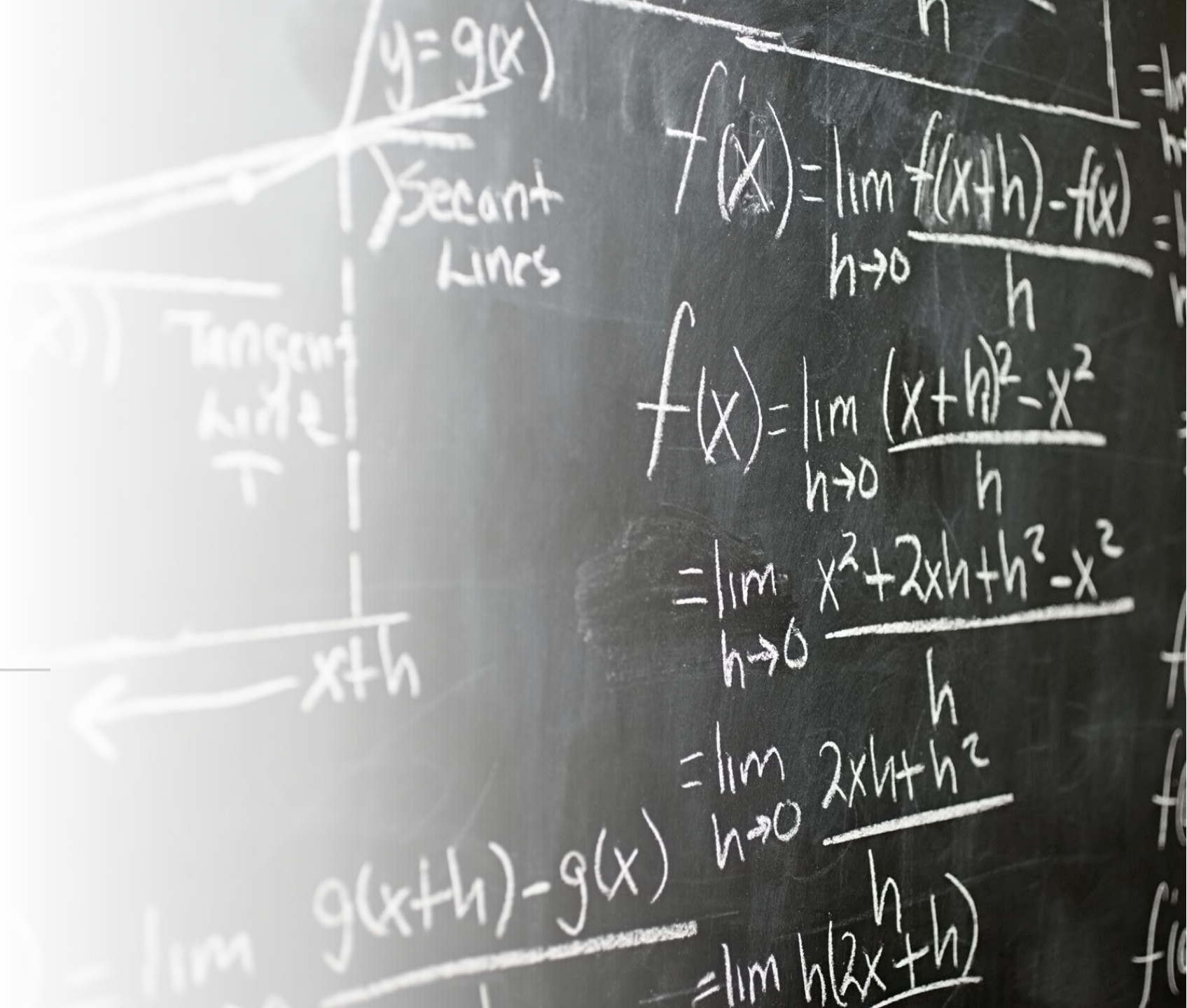
Two types of Telehealth Programming in Schools

Students served in their home environment – COVID-19

Students served at the school in a telehealth suite

The Need for a University Community Partnership

University-Community Partnerships

- Transformative relationships that are reciprocal
  - Direct service delivery
- Support workforce development for student populations
  - School Social Work Licensure in TN requires school placements/ service (we host 5-8 student interns a year)
  - Skill development in EBI adapted to telehealth
- Support service needs of the larger community in underserved and mental health shortage regions
  - Training community partners in tele-behavioral health best practices
  - Supporting community practitioners (we host 5 LMSW volunteers a year)
  - Preparing the next generation of practitioners

# Why Telehealth For School-based Practice?

Tennessee Needs

- 2020-2021 Statistics Across Tennessee

- **39%** of school districts have **no school social workers or access to behavioral health in schools**

Tennessee School Districts
with no school social workers

School social workers provide a critical link between school, home, and community. They consistently focus on coordinating the efforts of schools, families, and communities toward helping students improve their academic achievement by preparing students to be mentally, physically, and emotionally present in the classroom and ensuring equitable education
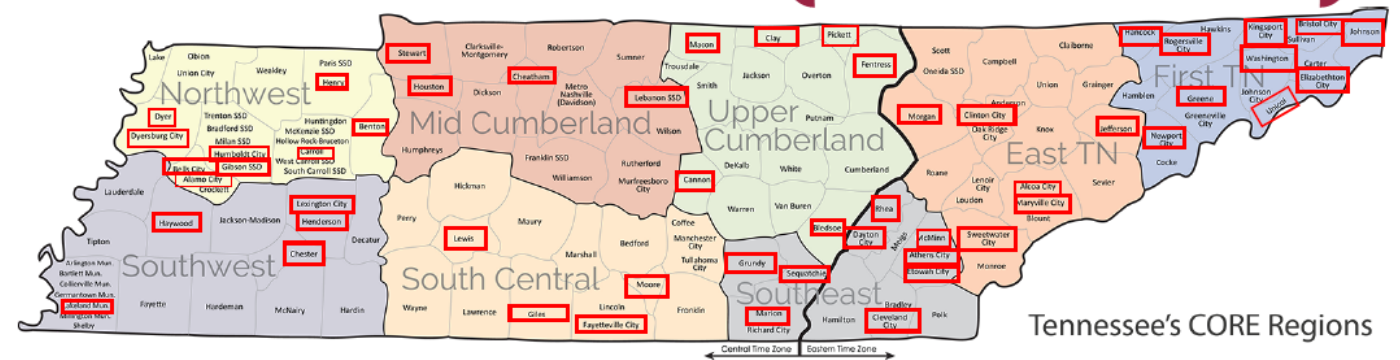
Tennessee's CORE Regions

39% of school districts have **no** school social workers

"We were sending out hundreds of letters from our attendance office weekly notifying parents of 5 day and 10 day absences. With the hiring of four social workers, who are speaking to and connecting families to resources, those attendance letters were decreased to only 12 letters.
Source: Kim Guinn, Anderson County Schools Aware Project Director in 2017

Assessment data from Tennessee Department of Education 2020-2021 Coordinated School Health District Application. Data on map does not include Alvin C. York Institute, Tennessee State Board, Tennessee School for the Deaf, Tennessee School for the Blind, West Tennessee School from the Blind and the following special school districts (Mckenzie, Hollow Rock-Bruceton, West Carroll and South Carroll).

Statistics

- **ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children**
  - 9.4% of children aged 2-17 years (approximately **6.1 million**) have received an **ADHD** diagnosis.[2]
  - 7.4% of children aged 3-17 years (approximately **4.5 million**) have a diagnosed **behavior problem**.[3]
  - 7.1% of children aged 3-17 years (approximately **4.4 million**) have diagnosed **anxiety**.[3]
  - 3.2% of children aged 3-17 years (approximately **1.9 million**) have diagnosed **depression.**[3]
    - https://www.cdc.gov/childrensmentalhealth/data.html

Statistics

- **Treatment rates vary among different mental disorders**
  - Nearly 8 in 10 children (**78.1%**) aged 3-17 years with **depression** received treatment.[3]
  - 6 in 10 children (**59.3%**) aged 3-17 years with **anxiety** received treatment.[3]
  - More than 5 in 10 children (**53.5%**) aged 3-17 years with **behavior disorders** received treatment.[3]
- **Mental, behavioral, and developmental disorders begin in early childhood**
  - **1 in 6** U.S. children aged **2–8 years** (17.4%) had a diagnosed mental, behavioral, or developmental disorder.[5]
    - https://www.cdc.gov/childrensmentalhealth/data.html

Statistics and Need

- **One in five teens (13-18 years)** and more than **one in 10 children (8-15 years)** experience **severe mental illness,** but **almost half of those aged 8-15 years with a mental illness receive no treatment**.

- **Common barriers** to treatment include stigma, transportation, funding issues, time commitments, lack of insurance, and limited availability of providers.

- **The SMART Center Research, Training and Treatment** programs service provisions will **focus on the youth and adolescent** populations of Tennessee who are **at-risk for mental health issues** and **have limited supports**, specifically children in **PreK-12 educational programs with limited school-based mental health programming and will work to develop tele-suite programs across the state in high-risk areas where there is little to no access to supportive services.**

Obligation for Continued FAPE

- During times of crisis, like COVID-19, it is the public school's obligation to ensure ALL services continue based on **Free Appropriate Public Education (FAPE)**

- School Social Workers have an obligation to **advocate** for continued behavioral/ social-emotional services for students during these time and adapt to new models of service delivery (**culturally responsive and equitable programming-accessibility surveys**)*

- After large events it is also likely that **Trauma Informed Services** will be needed by many more students

- There are supporting documents to assist mental health personnel with utilizing technology in practice (**standards of practice in technology use**)*

Statistics on Telehealth in Schools (Before COVID-19)

- Currently some **School-Based Health Clinics (SBHCs**) are using telehealth for school-based mental health supports and **hospitals** are the leading providers of school-based telehealth/ telemedicine

- The use of telehealth in school programming grew from **7%** in 2007-2008 to **19%** in 2016-2017.

- Over **1 million students** in over **1800 public schools** have access to an **SBHC** using telehealth, which represents 2% of students and nearly 2% of public schools in the United States.

- These SBHCs are primarily in **rural communities** and sponsored by **university programs** and **hospitals.**

- This growing model presents an opportunity to expand health care access to youth, particularly in underserved areas in the United States and globally.

SMART Center Background

- In June 2020, Dr. Susan Elswick received funding from the Urban Child Institute and The University of Memphis Institute for Interdisciplinary Memphis Partnerships to Advance Community Transformation (iIMPACT) to develop a tele-behavioral health training and treatment program for the region due to the impact of COVID-19 pandemic on the mental health service delivery in the region.

- With this seed funding, Dr. Elswick launched **the School Mental Health Access Through Teletherapy (SMART) Research, Training, and Treatment Center.**

- *****Supporting Mental Health Access Through Teletherapy (SMART)**

SMART Center

- The University of Memphis School of Social Work **SMART Research, Training and Treatment Center** aims to:
  - **provide evidence-based interventions** for school-based mental health programming,
  - **increase access for school-based behavioral health programming in underserved areas**,
  - provide **training (clinicians/ students) on best practices in tele-behavioral health (workforce development)**,
  - develop opportunities to **research the use of technology in practice**,
  - and **provide direct services to the states most vulnerable populations.**
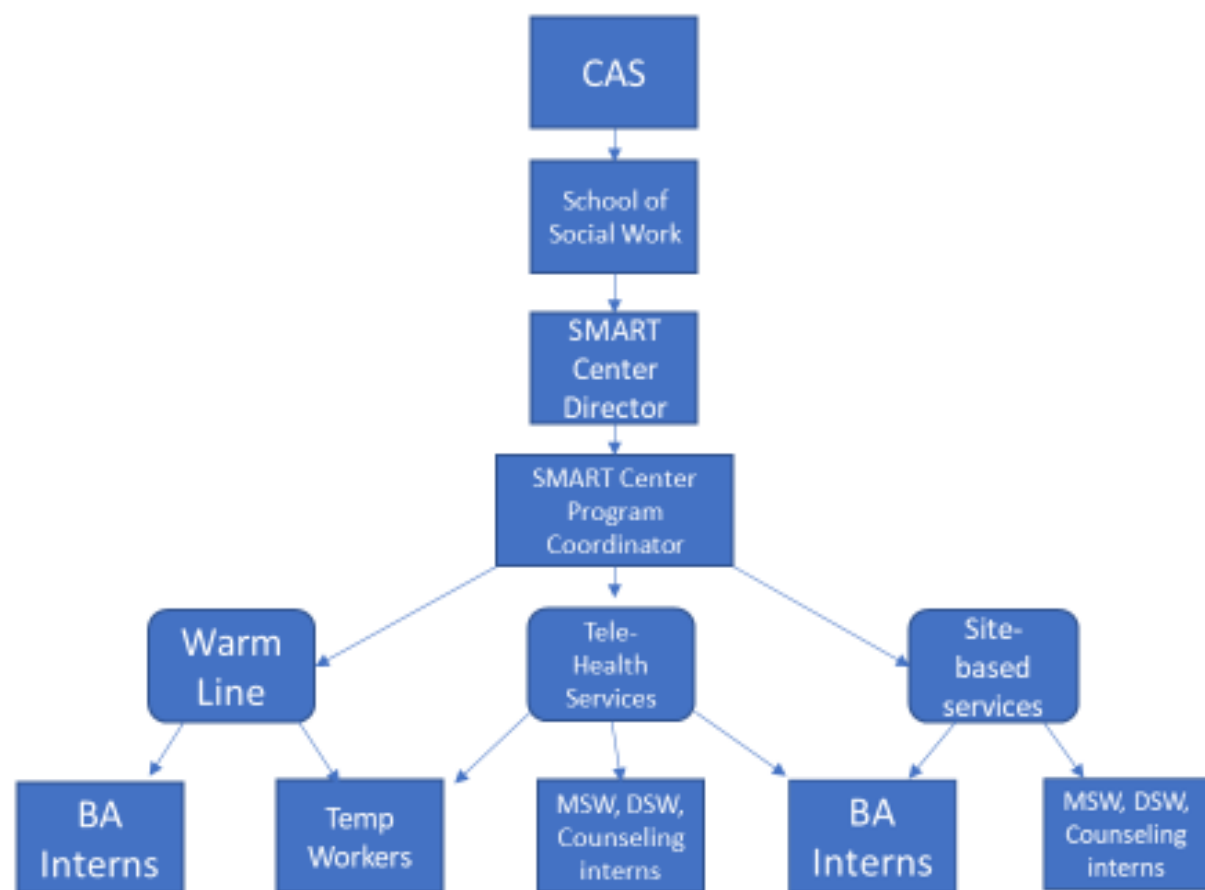
What do we offer?

Telehealth and Warm Line Services

- We provide **100% telehealth services to children PreK-12th in the West TN region**. These services are offered both **during school hours and after school hours** based on the school and student needs.

- The clinic Hours are **Monday-Friday 9:00am-7:00pm and Saturday's 10:00am-3:00pm.**

- The school-based services are offered in conjunction with schools wishing to offer telehealth services through on-site tele suites, and the after-hours services are offered to families in the comfort of their own homes and based on access to technology and internet.

- **Warm Line f**or community needs and families- Our "warm line" is a telephone service (aka a call line) for people who are looking for someone to discuss their daily struggles or needs. Warmlines are staffed with peers who have been trained in supporting others in need.

SMART Center EBI Services

- Clients are referred to us and served for 8-12 weeks (based on their progress and needs).

- We track client symptoms and progress in each session using Rapid Assessment Interventions (RAIs).

- If client needs more than 12-weeks we will refer out to community partners.

- We use the following EBI:
  - **Cognitive Behavioral Therapy (CBT),**
  - **Motivational Interviewing (MI),**
  - **Cognitive Behavioral Interventions for Trauma in Schools (CBITS),**
  - **Play Therapy,**
  - **Trauma Focused Cognitive Behavioral Therapy (TFCBT),**
  - **Psychoeducation,**
  - **Parent Child Interaction Therapy (PCIT),**
  - **Teacher Child Interaction Therapy (TCIT) and**
  - **Solution Focused Brief Therapy.**

SMART Center 2020-2021 Outcomes

- Since launching the SMART Center in June 2020,the following data have been collected:
  - Warm line has provided **direct and indirect referral** services to **over 52 agencies and 580 families** within the city for intervention linkage, education, and technical consultation. The Warm Line was recently established in **September 2021. We have a 97% satisfaction rating.**
  - We also support training and professional development to the community, and to date **have trained over 3000 community partners in tele-behavioral health best practices.**
  - Workforce development **trained 12 student interns (BA, MSW, DSW) and 4 community LMSWs.**
  - Additionally provided direct therapeutic intervention services virtually for **450 children and families in 2021-2022 (equates to 4500 session contacts)**, and outcomes resulted in **over 50% reduction** in symptomology via self report **for 90% of the participants across diagnosis/ need.**

SMART Center Services Now and Future

- **Assessments t**o measure symptom severity or psychological, social, and occupational functioning to determine **DSM diagnosis** for referred youth- monitoring outcomes
- Caseload **of 25-30 students (per clinician)** at a time, **for grades PreK-12th for individual and group tele therapy** services during school day via tele suites. Typically, **8-12 weeks treatment duration**; can be adjusted as necessary.
- **Guidance, training, and technical consultation to schools on the use of telehealth in practice**, adapt interventions to telehealth, and how to establish whole system mental health- telehealth programs.
- Services available in **August 2022** (in addition to current telehealth offerings through the school)
  - On site support for Tier 2 & 3 youth client services **in schools** (provided by MSW interns and LMSW)
  - **On-site Reset room** support staff (provided by BA interns)
  - Offering **Positive Psychology Coaching Sessions** (provided by BA interns)
  - **Onsite services** for community programs (provided by MSW students and LMSW)
  - Supporting **10 Community telesuites** in the region
  - Working collaboratively with the **Wellness Centers in Schools**
  - Expand to adding in **Adult supports** for the community
  - Support school owned, and community embedded tele-suites across the city (SMART Center Support staff)
  - Using **Kiosks in City** for connecting families
  - **In Home direct telehealth services** (provided by MSW interns and LMSW)

Funding

- Currently **we are 100% grant funded (Oct 2021-July 2022) through the Urban Child Institute (UCI)-** possible funding extension

- These services (individual therapy for students**) offered are free of charge with no cost to children/ students or the families participating schools serve**.

- In anticipation of moving to grant funding ending, we will use a braided model of funding to continue services, which will include:
  - Contract services through a fee-based model
  - Additional grant funding options
  - Billing Insurance for services that are billable (to offset cost to schools and agencies)
  - We can provide possible cost coverage options (for future needs)

How to Start Telehealth In Schools

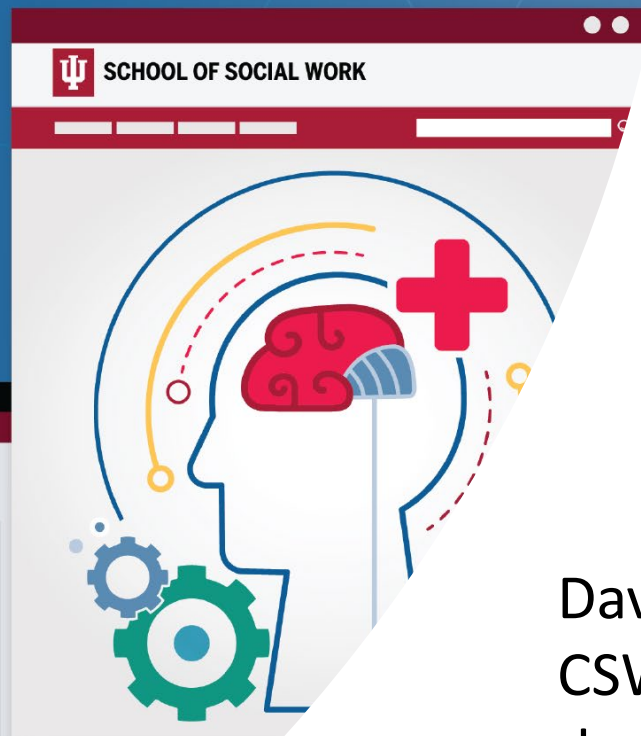Developing a University-Community Partnership

TeleSuites

- Partnerships with schools and community agencies
  - Identify programs and champions that already exist (Wellness Centers, Trauma Responsive Schools, etc)
- Partners provide a private, secure space with computer, webcam and high-speed internet so that their clients can access our services (tele-suites)
  - Funded through grants if needed
- A Tele-suite liaison needs to be identified
  - Our partnership is working with School Nurses/ Counselors/ Hire in Telesuite liaisons
- MOU between the organization and the university should be obtained
- Identify pay source (billing insurance, grant funding, contract/ fee for service)
- Identify clinic workflow, reporting, and other processes with identified schools
  - Some schools have services so how will we support with telehealth?

The **future** of Social Work is here.

FREE Introductory Course

Telehealth Basics for Social Work Educators and Clinicians responding to COVID-19

IU SCHOOL OF SOCIAL WORK

Supporting the Virtual Needs of Students and Community through University Partnerships

David Wilkerson, PhD, Indiana University
CSWE 2022 Technology Summit
dawilker@iu.edu

SCHOOL OF SOCIAL WORK

Welcome to "Telebehavioral Health Basics for Social Work Educators and Behavioral Health Clinicians Responding to COVID-19". The Indiana University School of Social Work is providing this rapid introduction for the delivery of technology-mediated services. The 3 modules in this course were adapted from our IUSSW **e-Social Work Practice Certificate** ⤢ . This course is self-paced, and by completing all modules, review activities, and quizzes, participants can earn 2 CEUs (1 Ethics CEU). The course provides basic information on risk management, ethical principles, and strategies/skills needed for the delivery of telebehavioral health services.

Addressing Critical Uncertainty (CSWE Futures Task Force, 2018)

LEADERSHIP

PANDEMIC

TECHNOLOGY

A FUTURE ROLE FOR TECHNOLOGY
IN SOCIAL WORK PRACTICE?
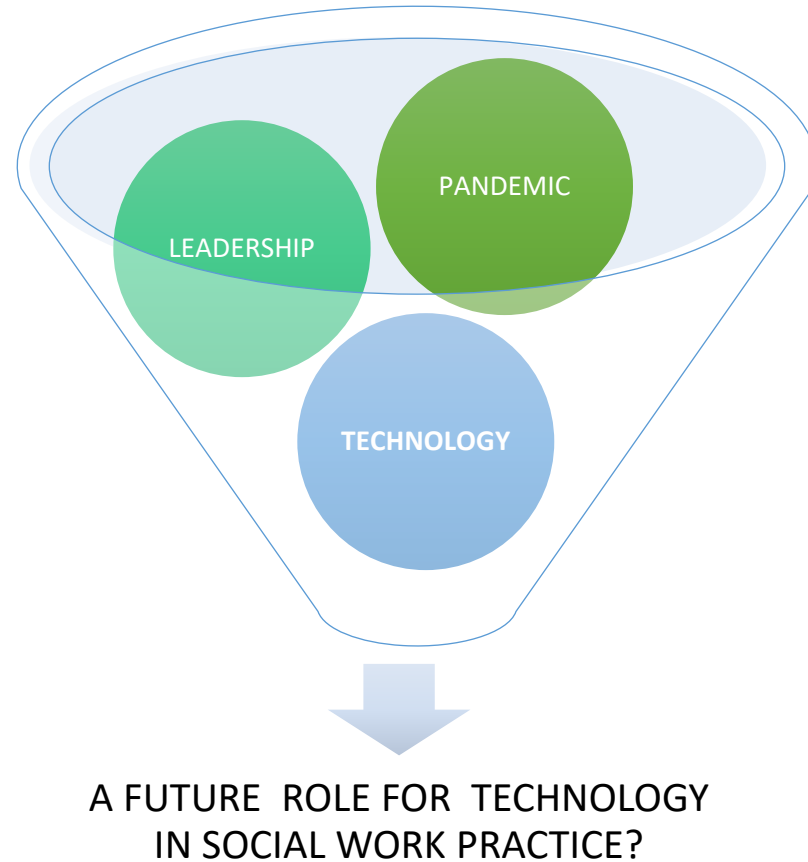
TOPICS

- **Rapid program development**
- **Outcomes**
- **Lessons learned**

SCHOOL OF
SOCIAL WORK

Telebehavioral Practice Basics for Social Work Educators and Clinicians Responding to COVID-19

Program available in April 2020

Mar. 2022

Apr. 2020

over 9,500 enrolled

- US
- Global reach

Context for Educators

Grand Challenge: Harnessing Technology for Social Good

- "…Further progress will only be achieved with significant changes to social work training and pedagogy that supports technology infusion across courses and across schools (Berzin et al., 2015, p.13)".

CSWE Futures Task Force (2018)

- "…Today's social work graduates will still be practicing in 2050 or even longer. What might the profession of social work look like at that time? What might the roles of social workers include?"

Telepractice Basics Free CE Course

Three Modules

- History of Telehealth & e-SW Practice

- Ethical and Legal Considerations

- Developing e-SW Practice Skills

COVID-19 Updating

- Progressive legislative changes
- Fewer restrictions for delivery
- Revised best practices
- HIPAA guidelines
- Federal funding

Leveraging Resources

Administrative support

Significant focus and time needed
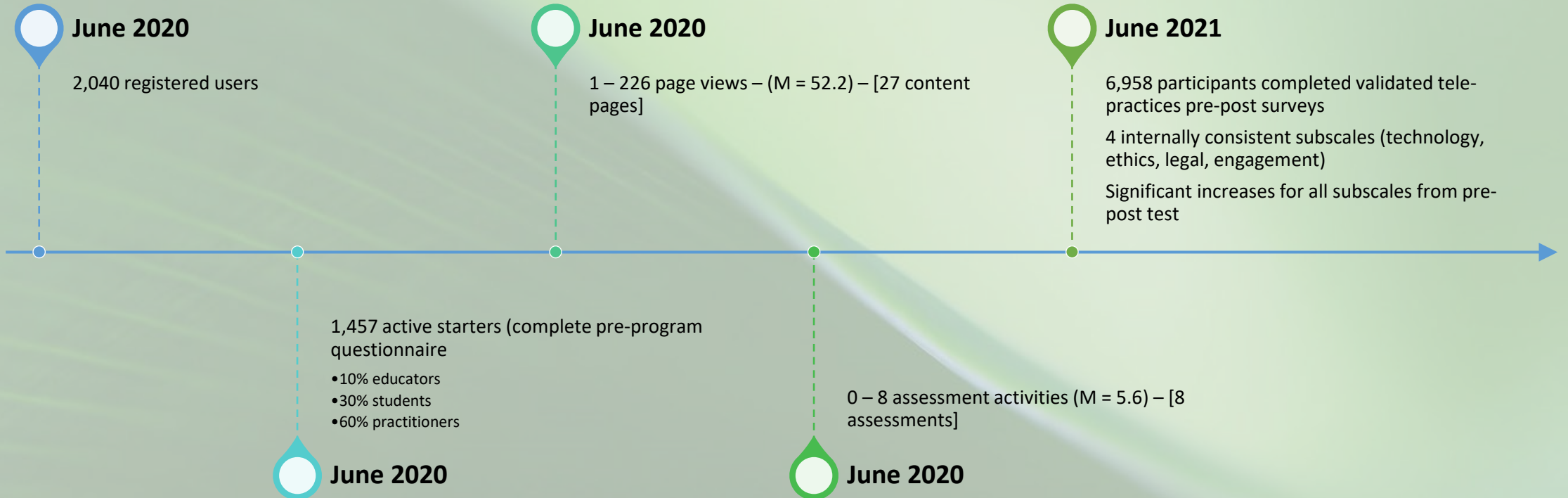
Leveraging communication networks

June 2020 and hunger for telepractice support

105 US colleges and universities

Geographic distribution

Outcomes

June 2020

2,040 registered users

June 2020

1 – 226 page views – (M = 52.2) – [27 content pages]

June 2021

6,958 participants completed validated tele-practices pre-post surveys

4 internally consistent subscales (technology, ethics, legal, engagement)

Significant increases for all subscales from pre-post test

1,457 active starters (complete pre-program questionnaire
•10% educators
•30% students
•60% practitioners

June 2020

0 – 8 assessment activities (M = 5.6) – [8 assessments]

June 2020

Infusing Telepractice into the Curriculum

- Many schools of social work education haven't infused telepractice into their curriculums

- For the past 2 years, student use permissions requested

- Unclear numbers; at least ½ dozen

Lessons Learned

- Timing is everything
- Prioritize
- Administrative support
- Automatize
- Soft Launch
- Community of Practice

Conclusions

- critical uncertainty for social work telepractice adoption was impacted by the pandemic

- Social workers want guidance and education for telepractice

- CE programs can be a highly successful method of providing education nationally and globally

- Program development requires resources and strong administrative support

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Questions and Answers

- Susan Elswick- University of Memphis School of Social Work- selswick@memphis.edu

- Sarah Soto- University of Southern California - scalibos@usc.edu

- David Wilkerson-Indiana University- dawilker@iu.edu