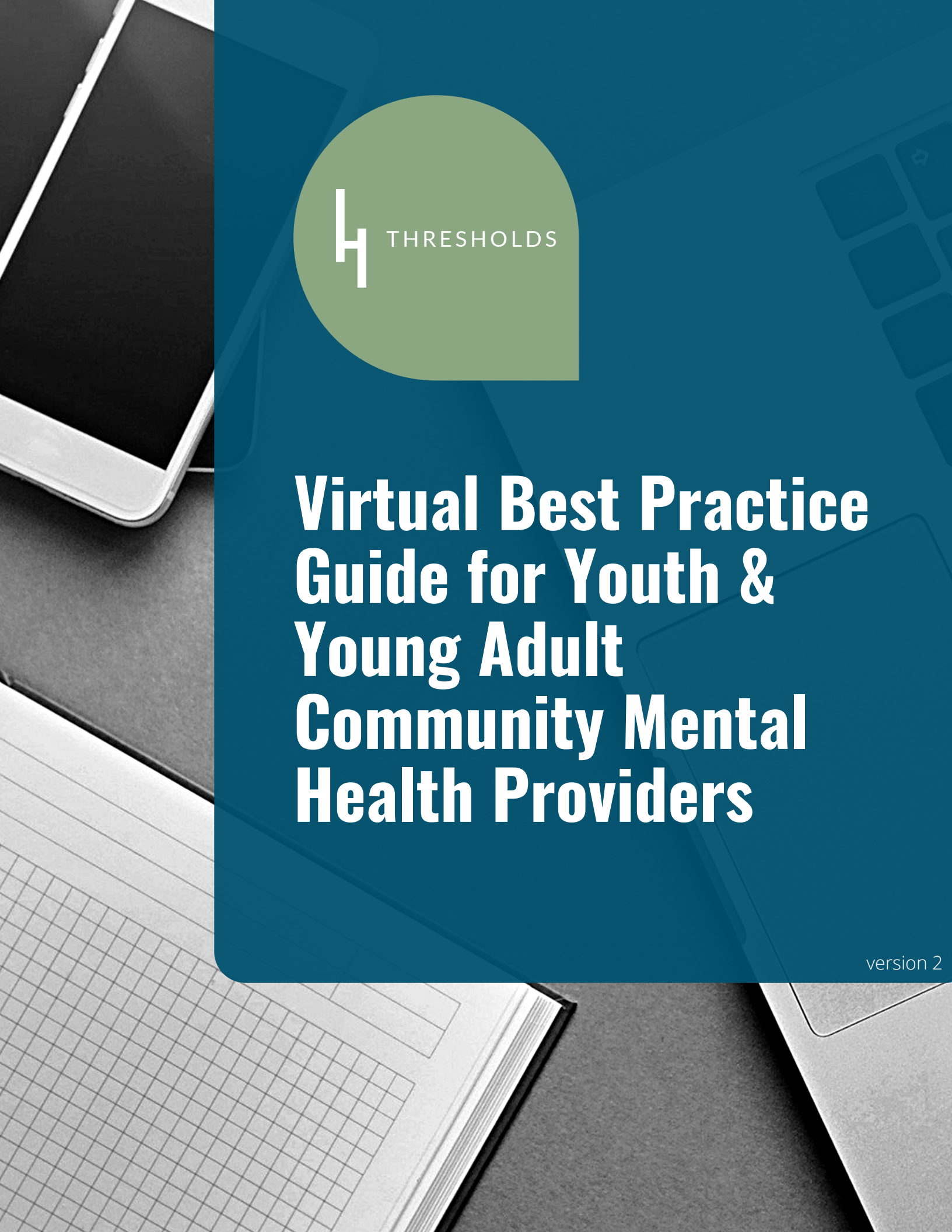
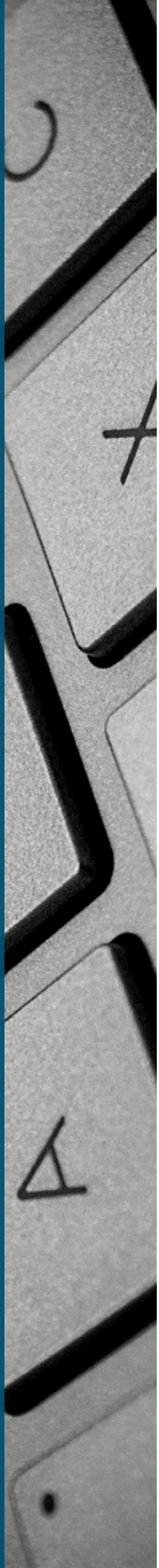


THRESHOLDS

Virtual Best Practice Guide for Youth & Young Adult Community Mental Health Providers

version 2



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Disclaimer:
The views, opinions, and content expressed herein are the views of the authors and do not necessarily reflect the official position of Thresholds nor NIDILRR.

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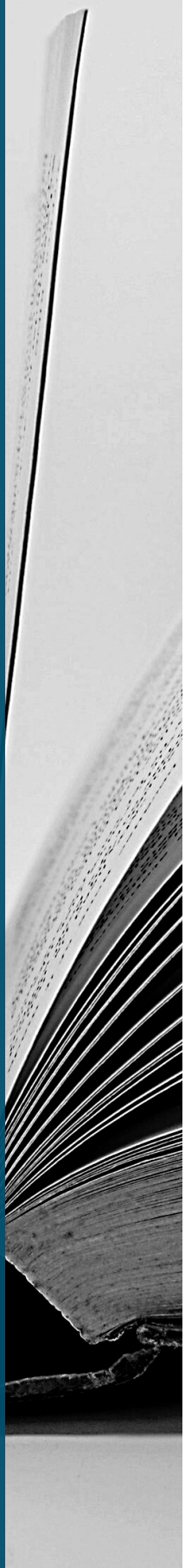
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The Story Behind This Guide

Thresholds is the largest community mental health provider in Illinois. Thresholds has a long history of partnering with researchers—and was part of developing, studying and refining many of the evidence-based practices that are used in community mental health today. **Thresholds has a nationally recognized and expanding Youth & Young Adult Services (YAYAS) division that actively contributes knowledge to both practice and scientific communities.** YAYAS blends evidence-based practices from both child and adult service sectors to effectively engage and support young people with a variety of serious mental health needs in meeting their goals. YAYAS has a dedicated Research & Innovation (R&I) team that supports YAYAS program evaluation, research and continuous quality improvement efforts.

When COVID-19 shelter-in-place mandates began, akin to providers across the world, Thresholds YAYAS rapidly adapted service delivery to include virtual connecting. In particular, a federally-funded research project examining an intervention had just begun. The 3-year project aimed to enroll 75 young people in paid-internships matched to their career interests to improve outcomes of evidence-based supported employment services. **The YAYAS R&I team partnered with vocational and clinical YAYAS operations to figure out how to use virtual technology tools to teach vocational skills, build connections with young people and employers and support internship success.** Through trial and error, the team learned about the challenges and benefits to integrating virtual communication and support.

The R&I team wrote this guidebook to help others successfully integrate virtual best-practices to supplement in-person care. By more deeply understanding what is needed and how to effectively use technology to engage young people, providers can improve engagement and outcomes.

In-person evidence-based services are critical for young people with serious mental health needs and their families. Thresholds YAYAS provides most services in homes and within the community. **Virtual support is not intended to replace face-to-face services.** Rather, virtual tools used in mental health care delivery provide additional ways to connect with young people, support their goal attainment and provide for stronger coordinated care delivery.



PART I

Organization-Level Best Practices

What is Telehealth?

This guide focuses primarily on 1 type of virtual technology: telehealth. Telehealth is the use of interactive real-time technologies, such as video conferencing, to deliver mental health care to patients.[1] Illinois defines telehealth as any interaction between a healthcare professional and a "remote location" through a telecommunication interactive system.[2]

Most young people think of telehealth as video chatting or video connecting. Telehealth can also include texting, group video conferencing and phone services. Therapy delivered through telehealth platforms is effective for mental health assessment and diagnosis, engaging individuals with a variety of mental health challenges, and delivering therapy.[3] **Video platforms used for telehealth service delivery: Zoom, WebEx, Doxy.me, and Google Hangouts.**

Telehealth has expanded access to mental health services in urban and rural areas of the United States, and is particularly promising for engaging populations that experience barriers to care, including transportation, limited availability, and lack of time.[4] This includes young people and families who are racial and ethnic minorities living in neighborhoods with limited mental health care access.[5] In particular, if mental health systems and providers can support access to smartphones + data plans/WI-FI among young people and families experiencing service access barriers (e.g., lack of transportation and/or childcare, unpredictable work schedules, stigma), then providers can leverage telehealth to increase equitable access to developmentally and culturally-attuned mental health services.



Texting

Text-based therapies are also growing in popularity. Text-based therapies are found to be as effective as face-to-face services in addressing depression and anxiety.[6] In community mental health settings, texting and mobile-delivered interventions are found to decrease symptom severity and increase quality of life among participants in Assertive Community Treatment.[7]

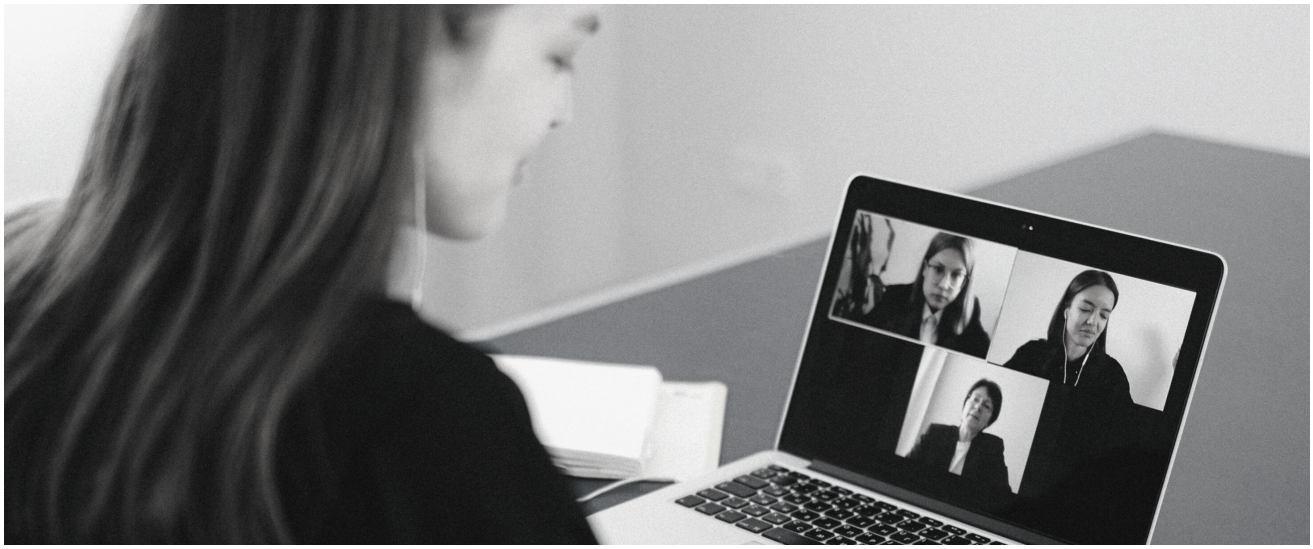
(1) Centers for Medicare & Medicaid Services, 2019, (2) https// curogram.com/blog/telemedicine-illinois, (3) Schieltz & Wacker, 2020; Stewart, et al., 2017, (4) McClellan et al., 2020; Raey et al., 2020, (5) Ramos & Chavira, 2019, (6) Hull et al., 2020; Reynolds et al., 2013, (7) Ben-Zeev, et al., 2021

1.1 Lead & Sponsor

To be successful with virtual engagement, an agency must commit to continually assessing and supporting virtual technology access and use.

It's critical to understand and support:

- Organizational readiness and capacity for virtual connecting
- Staff and participant access to internet and devices with video capabilities



Consider assembling a small team or committee to prioritize virtual technology integration:

- A goal of this committee should be to champion technology integration by seeking to understand, evaluate and build virtual services at your agency.
- Include former or current program participants (e.g., young people and families), direct care staff and staff with lived and living mental health conditions in this committee.
- This group should dedicate time to collecting information, leading integration meetings, collaborating with direct care providers and hosting trainings.

Time must be set aside for staff to engage in committee activities.

Start with leadership—first assess program management's comfort and competence with video technology. Then teach program managers how to use it most effectively. For successful evidence-based practice integration, leadership must sponsor change.

1.2 Examine Virtual Technology Access



Understand

Consider conducting a brief survey with staff and participants to assess perceptions about virtual technology and access to Wi-Fi and smartphones. Seek to more deeply understand both socioeconomic and cultural barriers to access. **See example survey in appendix 3.4, pg. 33.**



Connect

Meet with program leaders, direct care staff, young people and families to understand program technology needs.

- What modalities are staff comfortable using and why?
- Do staff have phones and computers with video options?
- What concerns do leaders have about technology use?



Identify

Consider which virtual platform is best for your staff and participants: Doxy, Zoom, FaceTime, Microsoft Teams, Skype, Facebook Messenger, Instagram, Google Hangouts, WebEx. Identify preferences & access disparities that are cultural & socioeconomic.



Share

Identify and share low-cost/free Wi-Fi access and smartphones with low-cost data plans. Share with programs continuously via email, program meetings and directly with participants if possible. Follow up with teams to learn about Wi-Fi use after resources are shared.



Access

Work within agency and program departments to meet the needs of clinicians and participants. Apply for local foundation funding for Wi-Fi, smartphones and computers to support participants in equitable access to care.



Evaluate

Know what your organization is trying to achieve through integrating virtual technology. During the COVID-19 pandemic, mental health providers used telehealth platforms to promote safe, socially-distanced connecting. However, providers can continue using technology in creative ways to boost engagement. Identify desired outcomes (e.g., increased participation) and measure regularly. Examine disparities in telehealth access and outcomes among racial and ethnic groups and geographic regions.

1.3 Know Virtual Connecting Benefits & Challenges for Staff/Providers

There are risks and rewards to leveraging virtual technology in community mental health service delivery. Expect some initial apprehension from staff (and program participants) about using virtual technology to communicate and deliver/participate in services. **Staff are afraid of: (1) getting into trouble for creative use of technology, (2) not having a strong grasp on appropriate uses of technology, (3) potential ethical violations (e.g., threats to confidentiality and privacy) and maintaining appropriate relational boundaries, and (4) addressing crises that arise during virtual sessions.**

Community mental health centers need sufficient infrastructure to support safe and effective virtual service delivery. Agency leaders in both clinical and administrative (e.g., legal, quality, risk management, information technology, training) areas must convene to review the benefits and downsides for direct care staff and service participants:

Benefits

- Able to assess and observe participants' environments that staff may not have access to in person
- Can break up meeting times into shorter, more frequent increments
- Flexibility in scheduling for challenging-to-engage participants
- Spontaneous, shorter check-ins & video chats can be used to supplement in-person meetings
- Increases opportunity to communicate & partner with natural supports
- Driving time saved, in particular for no-show appointments in community
- Allows for meeting in the case of inclement weather, sickness and/or family emergencies that would have resulted in a cancelled appointment

Challenges

- Can be difficult to convey tone through virtual platforms and video/audio choppiness can cause a loss of nuances
- Sometimes more distractions during meetings
- Privacy concerns, e.g., lack of private space and concerns about HIPAA
- Unclear about how to bill for virtual services
- Changes to agency productivity expectations
- May miss symptoms or decreases in functioning
- "Zoom fatigue"
- May miss out on opportunities for small talk before/after sessions that can be vital to relationship building

1.3 Know Virtual Connecting Benefits & Challenges for Participants/Clients

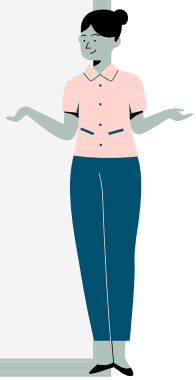


Benefits

- Convenience—able to connect regardless of location
- Easier to engage when depressed and/or not wanting to be in public
- Multitasking over the phone
- Shorter & more flexible appointments
- Low-pressure group settings options via video platforms
- Variety of activities such as exercising or cleaning together
- Excellent way to step down in care (e.g., 1 in-person & 1 virtual meeting per week vs. 2 in-person)
- Easier to bring key supports into sessions

Challenges

- Lack of privacy for talking at home
- Frustrations with Wi-Fi/device access & other technology limitations
- Feeling less connected than in-person
- Psychosis & other sensory overload with video conferencing
- Concerns and/or paranoia related to cameras and recording
- Disliking self view on video chats/distracted by personal image
- Inconsistency and changes to services
- Loss of peer connections and group events
- Feeling isolated



1.4 Train & Empower Staff

Expect some initial hesitation about using virtual technology, but practice increases comfort and competence. Time must be allotted for management and direct care staff to learn how to use virtual technology to support delivery. **It is critical for management to understand that there is a learning curve for all—staff and participants.**

A great way to empower and train staff is to provide live orientations to agency supported telehealth platforms. Teach staff how to best use the technology to connect with one another, with participants, and in groups. **Refer to tip sheets on pages 27-28 and 29-30** for some helpful tips and tricks.



At Thresholds, the YAYAS R&I team led trainings on Zoom with program leaders and other staff. This created a space for staff to practice host functions, including: sharing polls, screen sharing and playing video over Zoom, using and getting the most out of breakout rooms and many other important functions that are specific to the platform.

To ensure meetings run smoothly, it can be helpful to practice features such as creating breakout groups before a virtual event begins. Encourage staff to try out new technology in team meetings to better prepare for working with participants. Inquire about virtual delivery in individual supervision and team meetings. Identify opportunities to supplement in-person services with virtual support.

Finally, **celebrate staff virtual technology use**—we're all learning together! Learning anything new can be stressful and scary at times; increase confidence by complementing staff on creative use of technology.

1.4 Get Comfortable with the Basics

During early virtual interactions with participants, it is important to teach the basics and alternative forms of communication in video settings. This is especially important for group meetings. For Thresholds YAYAS Advisory Board meetings, the coordinator and elected representatives spent time practicing and discussing Zoom basics together to get more familiar and comfortable with a virtual platform that includes a chat box, video, and direct messaging. They also discussed how to feel safe and how to respect one another within virtual spaces. Consider including some of the areas below when developing norms and expectations for groups:



Consider what you're wearing, environment and overall presentation on video.



Learn how to mute/unmute audio + turn video on/off. Understand and utilize chat and video functions. Instruct how to use the chat box to communicate with the host if it feels privacy has been breached.



Explain, model and reinforce professionalism on video calls.



Mute when there are disruptive background noises (e.g., wind in headphones, children yelling, loud environments).



Use neutral electronic Zoom backgrounds supplied by the virtual platform or your organization for privacy and to reduce distractions.



Demonstrate self awareness and consideration for personal behavior during meetings (e.g., consider if eating or movement is appropriate during certain meeting—what are others doing or not doing?).

1.5 Prevent Technology Burnout

Technology use impacts our mental and physical health. Increased dependence on technology for work can affect overall wellness and add to our cumulative "digital stress." This digital technology use can affect individual wellbeing. It is crucial to find balance with technology use and to offset digital intake with real life activities and connection in order to prevent technology burnout.

Digital Wellness Tips

- Reinforce self-care for staff and model digital wellness habits with participants.
- Develop guidelines for managing screen time: Zoom sometimes feels longer than face-to-face meeting time.
- Encourage staff to take breaks for movement, like stretching or doing yoga at home.
- Go for a walk outdoors with a participant or colleague.
- Consider how to work movement into team meetings.
- Remember to eat and stay hydrated, even when sitting for long periods of time.
- Consider distributing blue lens glasses to minimize eye strain and headaches caused by increased screen time. Encourage seeking medical advice.
- Encourage opportunities for staff to "unplug," like guided meditation or group activities.
- Prioritize non-digital pleasure activities and hobbies outside of work.
- Evaluate personal technology use and consider taking breaks from social media or other time-consuming digital activities.
- **Refer to "Setting & Maintaining Virtual Technology Boundaries & Expectations"** for more strategies for digital wellness & virtual work (Section 2.1).



1.6 Learn from Virtual Practice Champions

As your organization starts the process of integrating telehealth into your practice, some staff will be more competent and willing to try out strategies for virtual engagement than others. **Identify champions and teams who are using technology creatively to engage participants in services, in particular those who are working well with young people coming from diverse cultural backgrounds.**

At Thresholds, YAYAS Peer Support Specialists and Mentors were the strongest advocates and educators on using video technology as an engagement tool during the COVID-19 pandemic. Peer Support Specialists opened virtual drop in spaces for program participants to connect and instructed team members on new ways to engage with participants. Direct care staff are truly experimenting the most with virtual engagement—listen and learn from their experiences.



Meet with champions to learn how they're using technology and what resources are needed. Learn about the successes virtual practice champions have experienced, as well as what resources might benefit technology use for the staff and participants. Identify barriers and see what can be done to facilitate staff virtual connecting. Encourage virtual champions to lead discussions and set up spaces for them to teach and support other staff.

Understand that your entire program will benefit from virtual champions sharing innovation and lessons learned. **Demonstrate support of virtual practice success by listening and seeking to understand experiences. Promote staff competency by dedicating resources and time for training and measuring impact.**

Recognize how virtual champions can also gain insight into technology access through trial and error in their practices. For example, YAYAS peer staff that visited residential sites observed issues with consistent computer, smartphone or Wi-Fi access. It is through identification and communication of barriers to successful use of virtual platforms that program leadership can advocate for resources to ensure access to virtual platforms.

1.7 Ethical Considerations & Documenting Virtual Best Practices

In order for staff and participants to use virtual tools in safe and ethical ways, guidelines must be developed, shared and reinforced. Review, identify, adopt and/or develop guidelines based on HIPAA, professional codes of ethics, and relevant monitoring and accrediting bodies (e.g., licensing organization) and funding contracts (e.g., state child welfare system). Partner with your quality compliance and risk management, legal, and IT departments in developing and refining these guidelines. Ensure guidelines are culturally and developmentally attuned by partnering with stakeholders.

Legal & Ethical Guidelines to Consult when Integrating Virtual Service Delivery:

Health Insurance Portability & Accountability Act (HIPAA)[1]
American Telemedicine Association[2]
National Association of Social Work Code of Ethics[3]
American Counseling Association Code of Ethics[4]
American Psychological Association Code of Ethics[5]
TELEMEDICINE and e-HEALTH Article[6]
2020 Counseling Psychology Quarterly Article[7]

Avoid hiding or shaming virtual technology use. Instead, promote exploration when you and/or others hear about creative uses of technology. Encourage staff during supervision and team meetings to share their efforts to leverage technology. Partner with program managers and your agency's quality and risk management departments to determine how to support or limit a particular use of virtual technology.

Remember: *Lack of openness often leads to staff operating under the radar, which can cause more ethical issues in the future. Set the tone, don't be afraid to talk about virtual technology use!*

Explore these when they come up. Ask questions.

- Alternative phone numbers (e.g., Google voice)
- Smartphone texting (e.g., iphone, samsung)
- Messaging apps (e.g., Facebook; Instagram)
- Video chat platforms
- Online games
- Online project management apps

Ethical dilemmas will emerge with integration of virtual technology into care. Identify, discuss and consult with appropriate leadership and agency departments to effectively address "sticky situations" as they arise. **Use lessons learned to refine your virtual technology use guidelines.** See section 2.2, pp. 18-21 for examples of how best to support staff and participants in setting boundaries around technology use and navigating sticky situations. **Developing a plan collaboratively with clinicians and participants is key to effective virtual connecting.**

(1) https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf, (2) https://www.americantelemed.org/resource/learning-development/, (3) https://www.socialworkers.org/About/Legal/HIPAA-Help-For-Social-Workers/Telemental-Health, (4) https://www.counseling.org/knowledge-center/mental-health-resources/trauma-disaster/telehealth-information-and-counselors-in-health-care/telebehavioral-health-ethical-standards, (5) https://www.apa.org/practice/guidelines/telepsychology, (6) Shore et al., 2018, (7) Brashear & Thomas, 2020

1.7 Ethical Considerations & Virtual Best Practice Documentation

Explore social media platforms for virtual connecting with particularly vulnerable and at-risk populations. During COVID-19 restrictions, HIPAA privacy regulations were relaxed to empower agencies to use affordable tools to engage and provide care. Creating professional individual and group social media accounts presents additional, unique privacy concerns, but also holds potential engagement benefits. For particularly difficult to engage populations who are not connecting via in-person nor HIPAA-compliant telehealth platforms that your agency may use (e.g., Zoom, doxy.me), using free social media messaging and video-chat applications may be beneficial. Many young people use Facebook for its free messaging app. Agencies interested in pursuing use of social media platforms as a way to connect with participants must consult with their Quality, Legal and IT departments.



Develop Clear Service Documentation Guidelines for Text & Video-Delivered Care.

To best support effective service documentation, agencies typically develop tools and guidelines that help staff with writing notes efficiently. Review agency consent forms and consider developing language to explain the benefits and risks that come with texting and video conferencing. Train staff to review this information with participants and families upon enrollment and at least annually. See appendix for example consent form language, on page 31.

Insurance Coverage of Virtual Services & HIPAA Illinois

At the start of the COVID-19 pandemic in March 2020, Illinois Governor, JB Pritzker, sanctioned an executive order relaxing HIPAA and documentation guidelines, allowing healthcare providers to be reimbursed by Medicaid and commercial insurance for virtual physical and mental health care. As of June 2021, many states are moving legislation forward to make these changes permanent and increase mental health treatment access. For example, **Illinois House Bill 3498** aims to continue both Medicaid and commercial insurance coverage for many mental health services via telehealth.



PART II

Best Practices for Teams & Working with Participants

2.1 Setting & Maintaining Virtual Technology Boundaries & Expectations



Create a plain-language handout that covers staff and participant virtual technology use basic expectations based on agency ethics guidelines. Create this in partnership with young people, families and direct care staff. This should be a simple tool that is reviewed upon enrolling new participants. It can serve as a mutual agreement between staff and participants, **outlining what is OK with virtual connecting and what is NOT OK.** Consider reviewing these guidelines annually with participants when your agency reviews and updates crisis protocols and/or obtains participant treatment consent forms, or more regularly if issues arise.

- **Specify appropriate times, frequency and capacity for virtual contact.** Explain: *I don't have access to my work phone on the weekends or after 5PM. Sometimes I'm unable to respond to messages throughout the day while I'm working.*

Be consistent. Although answering a quick question received in an after-hours text seems harmless, doing so can send an inconsistent message about availability.

Set up do not disturb or work profile smartphone settings to disable notifications when not working.

Create auto-response texts to indicate why not responding. (e.g., enable driving mode to auto-respond to messages while driving.)

- **When and how to use the agency crisis line and/or other resources for after-hours emergencies. Clearly define what constitutes an *emergency*.**
  For example: *Experiencing a mental health crisis, need for hospitalization, or intent to harm yourself or others are emergencies appropriate for the crisis line. Losing your keys, running out of money, or just wanting to talk to someone are NOT emergencies for the crisis line.* Identify other resources for non-emergency needs like warmlines and natural supports to support important, but non-crisis situations.

- **Learn Virtual Preferences Through Doing.** Assess participant interest in virtual communication and service delivery at enrollment—and regularly throughout services. Staff and participants learn each other's preferences and how to best communicate through doing. Recognize that navigating virtual technology use is a continually changing process and is related to cultural and developmental factors. Take these into consideration when tailoring virtual service delivery.

2.2 Navigating Virtual Sticky Situations

Leveraging virtual technology creates unique challenges and privacy risks between community mental health care staff and: (1) youth and young adult participants, (2) family members, (3) other key supports in the community, and (4) other staff.



It should be expected that direct care staff and program participants will come across information about one another online. This can feel uncomfortable for both staff and participants. Having guidelines on determining if and how to address new information learned online is critical.

Staff and participants can come across information about one another online in a variety of ways *without searching*. Social media websites and apps are where this often happens because they are designed to connect people with shared interests and experiences. They also pull "people you may know" from your contacts and interactions with others.

When staff and participants become aware that they take part in shared online communities, or share friends in common on a social media app, this can lead to unwanted self-disclosure both on behalf of staff and participants. It may also complicate privacy agreements and potentially impair trust between staff and participants. **Alternatively, learning of shared interests or aspects of identity could also help foster connection and boost engagement.** Common sticky situations include staff and participants coming across online content about each other, such as:

- **Online Community & Social Media Profiles & Photos** that disclose information about a person based on both a personally crafted profile as well as the characteristics and purpose of the particular online community (e.g., online support & advocacy communities for particular causes, issues, interests; dating & gaming apps).
- **Problematic Public Online Behavior** This includes photos, videos and posts about or in high-risk settings, e.g., weapons, illegal substances; statements about harm to self or others; bullying and harassment; hate language.
- **Friend, Follow, Join Group Social Media & Online Community Requests** Online communities and social media directly connect people in many ways. Staff and participants may get "follow," "friend" or "join group" requests from colleagues, participants and other work-related contacts. Some agencies forbid being "friends" on social media, which makes it somewhat easy to navigate. Staff can say: "I'm not allowed to be 'friends' with you online." For agencies that embrace "following" on social media, be prepared to navigate information sharing and process online interactions regularly.

2.3 Establishing Virtual Practice Ethics

Online public spaces and apps are communities and can be spaces of connection, self-expression and healing. Threats to privacy that occur in online public spaces are akin to community run-ins between community mental health care staff, colleagues, participants, and other work-related contacts. Use the same approach to figuring out how to respond when unintentionally observing and learning something about your colleague or participant in the community.

Reflect & Discuss Individually &/or as a Team:

- How do we handle running into colleagues/participants after-hours in a similar public space? (Or another staff or participant reporting their observation of behavior that causes concern or worry?)
- If there was a safety or risk concern (e.g., potential or real violence or crisis) observed during the run-in, how do we handle it? What are the steps?
- How and when do we share what we have observed that does not appear to be an immediate safety concern, but still causes concern or worry, with our supervisor, co-workers, participants, and other key individuals?
- What increases or decreases reporting and intervention urgency? (e.g., what differentiates reporting immediately vs. in supervision)?
- How do we address what was learned or observed with others? What language feels both respectful and comfortable to discuss learned or observed information?
- How does the observed information help a provider in better understanding young person & family circumstances and culture? How can these new insights lead to improved tailoring of care?

Take every opportunity to discuss social media and online community interaction when it comes up. Explore how and why the learned or observed information was (or was not) acted on. Amend any guidelines based on new considerations and lessons learned through actions taken. Discuss ethical vignettes with your team to boost team resiliency in managing sticky virtual situations (see section 2.4).

2.4 Social Media, Ethical Vignette Example 1:

While building rapport with Phoebe, a program participant who loves dogs, Diana shares photos of their new puppy named Rosie, taken from an Instagram account that Diana created. Phoebe asks for the account name to follow Rosie on Instagram. Initially, Diana feels comfortable sharing it with Phoebe since it's not their personal account. Later though, Diana grew concerned that sharing Rosie's page would create direct access to their own online network and personal information.





Consider:

- Unlike the brief dual relationship of running into a participant at a shared dog park or groomer in the community, following on social media creates a constant connection.
- What might be the benefits of following each other's pets' social media pages?
- What might be the drawbacks of following each other's pets' social media pages?
- Would staff post differently if they knew participants could see their online profiles?
- Would participants post differently if they knew their staff could see their online profiles?
- Other considerations? Culture? Race and ethnicity? Gender? Sexuality? Age?

2.4 Dating App, Ethical Vignette Example 2:

Chris, a staff member, is close in age to their program participants. Chris is single and has active profiles on dating apps. While using an app, Chris comes across the profile of a participant they work with, Angela. Chris notices that the photos in Angela's profile are very sexually evocative and that the text description is also explicit. Chris does not know if Angela already saw their profile and is unsure how—or, if—to bring it up with them.





Consider:

- What boundaries were crossed by viewing this public content? Privacy violations (for both Angela and Chris)? Anything else?
- Does the content of Angela's profile pose any direct threat or harm?
- Should Chris share what he came across with anyone on their team? Why or why not?
- Should Chris share what he came across with Angela? How?
- How do identity and power dynamics affect this situation? Is Chris the best person to address it with Angela?
- How might broaching this subject affect Angela's & Chris's working alliance?
- How does Chris feel about Angela's potential exposure to any content in their profile? (e.g., location information, identity disclosure, presentation, etc?)
- Does Chris need to delete all of their online dating profiles to avoid these situations?

*Some dating apps, like Tinder, now have features which enable users to block select contacts from seeing your profile. This can be useful for staff who are concerned about running into participants on these platforms.

- Other considerations? Culture? Race and ethnicity? Gender? Sexuality? Age?

2.5 Strategically Determining When to Use Virtual Technology

Virtual modes of communication should be used with intentionality to enhance and/or supplement services. Assessing the circumstances and needs for individual participants and for each session is the key to strategic, intentional delivery. Many factors should be considered when deciding between modes.

Participant-Centered:

- Is this person in a crisis or otherwise currently vulnerable?
- Has this person been consistently engaged with the team?
- What is going on in this person's life right now?
- What are their needs and wants for today?
- Provide options when appropriate.
- Continually check-in about service modes and needs.

According to ethical guidelines, it is important to be aware of when telehealth services are not appropriate.

When a client...

- poses a significant risk to self or others,
- is cognitively impaired, or
- is in crisis



Example: A consistently engaged participant says that they don't feel like meeting today—they're tired or just not feeling up to it. After screening for any "red flags," offer alternatives to an in-person meeting. Would they be up for Zoom? What about a shorter check-in, talking on the phone while doing other tasks at home? Providing choices engages participants by meeting them where they are at. This not only benefits the young person, but it can also yield more productivity for staff—sparing the time of driving to no-show appointments when participants are not interested in meeting.

Get acquainted with the tools in your virtual belt:

- What platforms and service modalities are available to you?
- What is the utility and limitations of each one?
- How/does this mode affect communication?
- How does video chatting function differently than talking on the phone?
- In what situations has one worked better than the other?

2.6 Hidden Treatment Engagement Benefits of Virtual Services



Opportunity for Observation. Video chatting provides insight into participants' home environments that you may not otherwise see. This can be beneficial for observing physical environments as well as other factors (e.g., culture and family values, other household members; lack of privacy; etc.)



Engagement when Away. Ability to engage when young people are out of town or unable to travel to meetings.



Engagement Across Context. The convenience of technology modalities enables staff to communicate with participants while they are at work, with family, or otherwise busy and unable to meet in person.



Crisis Intervention. Technology can also be used as a tool in the time between crisis intervention. For example, staying on the phone with someone as they wait for additional help. It can also be used to provide immediate support, like when a participant is feeling anxious or distressed during a particular situation, before an interview, after a conflict, or while in an unfamiliar setting.



Develop plans to support staff working remotely or in a hybrid system. Along with assessing the needs of young people, it is imperative to assess staff needs to support their effective delivery of a hybrid service format (a mix of in-person and virtual connecting). Staff need consistent access to technology to connect with young people and each other.



PART III

Appendicies & Tip Sheets

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3.1 TIPS FOR WORKING VIRTUALLY

WITH PARTICIPANTS

Split time between phone calls & video conferencing

Start with video chat to assess participant presentation, environment, etc. Then, switch to non-video phone call. This approach can be tailored to individual needs & preferences. It's helpful to increase engagement with those who dislike long video chats, as well as multitask.

Help participants with accessing technology

Help participants set up email & Google Voice accounts for communicating. Support participants with finding affordable &/or free WiFi, phone service & devices through income-based programs (e.g., AT&T Access).

Be creative, do things "together" virtually

- Support participants in practicing life skills over video (e.g., laundry, dishes). Complete similar tasks at the same time (just in different places). Discuss experience while doing it.
- Go on walks "together" around your communities while talking on the phone. This mimics the style of community support, encourages movement, & decreases physical isolation.
- Practice a mindfulness exercise together outdoors (e.g., *five senses* grounding technique).
- Walking outdoors and talking over the phone was cited as preferable to video chat by clients who lack privacy to talk at home. Ensure privacy precautions are identified.

Be willing to try new things!

Willingness to explore new ways of engaging is crucial. It is especially important for working with young people, who are typically more familiar with and open to virtual communication than older adults.

Divide appointments

Consider breaking weekly hour-long appointments up into multiple, shorter meetings or check-ins throughout the week to accommodate participants who are unable to sit through longer telehealth meetings.

3.1 MORE TIPS FOR WORKING VIRTUALLY WITH PARTICIPANTS

Try virtual activities

- Successful activities include guided meditation, the MyLife app, and yoga videos from YouTube. These can be done together by sharing a video on the screen, then muting and turning cameras off during the activity. Afterward, check-in & process the experience together.
- Activities that are more therapeutic & fun, rather than skill-based or "outcome-focused" were more successful than others. For example, "Draw Something" in addition to evidence-based practices delivered through a videoconference platforms.

Check-in regularly about privacy & preferences

Anticipate changes to participants' preferences & offer flexibility. Someone who typically prefers video chat may want to try a walking phone call one day. Continue to provide options!

Communicate about privacy online and PHI. Provide privacy statements and consent forms to clients and discuss together.

Crisis Planning & Assessment

Crisis plan intentionally with all participants before a crisis occurs. Modify/update existing crisis plans to account for virtual tech service integration. Discuss when in-person visits are necessary & beneficial. Identify circumstances that may lead to crisis & create a stepped plan (e.g., speak with staff, meet with staff in person, seek further intervention &/or go to the hospital).

Create virtual groups

- Create spaces for participants to connect with each other virtually, in safe & fun ways.
- Schedule regular support & common interest groups, as well as more open-format "drop-in" style groups to engage young people with varying interests & motivations.
- Survey participants to determine the best days & times to schedule groups. Re-evaluate set times & participants interest periodically to tailor group schedule, content & activities to young people.

3.2 TIPS FOR WORKING VIRTUALLY

AS A TEAM

Clearly communicate what acceptable virtual practice is

Determine if & how Protected Health Information (PHI) can be shared across various platforms. Be clear about agency guidelines & ethics. Develop clear agency ethical virtual connecting guidelines. Review & revise virtual practices regularly. Communicate openly about technology use to empower staff to get creative & feel secure in their virtual practice.

Validate tech fatigue & promote digital wellness

Encourage staff to disable work-related phone notifications after hours. Explore ways to practice mindfulness or relaxation techniques virtually. Try including a short meditation exercise before team meetings and periodically designate time to socialize as a team.

Create a team group chat

Messaging apps (e.g., GroupMe) are useful to communicate & share information quickly among teams. Chatting together helps everyone stay on the same page.

Use a shared team calendar

Keep track of participant appointments, important dates & staff schedules in a format that all staff can access & edit (e.g., Famcal, Outlook, Google Calendars).

3.2 MORE TIPS FOR WORKING VIRTUALLY AS A TEAM

Use technology creatively to build team member collaboration & cohesion

"Photo challenges," meme sharing and simply creating space to share non-work related content strengthens connection when staff are physically separated.

Rely on pre-existing strengths as community providers

Community support is adaptable by nature—and even more so with adolescents & young adults. Approach changes to technology use with this seasoned flexibility.

Increase staff options for communication

Can supervision or client-centered consults be done over the phone to reduce Zoom fatigue? Does another staff prefer video conferencing and face-to-face communication?



Create space for staff to process thoughts & feelings

- Discuss how changing technology use impacts staff individually and as a team. Create space for staff to process thoughts & feelings about these changes such as during team meetings, supervision, or other designated time.
- Encourage staff to share & provide feedback on what has and hasn't worked for virtual engagement.
- Provide support with navigating challenges & determining the best route of engagement based on evolving participant needs & goals.

3.3 Supplemental use of Virtual Connecting

Education & Employment Support

- Coach on coping strategies in the moment after young person reaches out for support.
- Help with reviewing & editing cover letter, resumes, applications, and any other school/work related documents during application process, especially if urgent.
- Provide positive reinforcement before & after a stressful vocational experience.
- Peer-to-peer tutoring, homework support, and connecting with other students at different colleges and universities who are navigating school with mental health needs.
- Connect between classes about frustrations and conflicts that come up.
- Brainstorming and in the moment support around missing class due to distress.

Engagement Strategies & Clinical Services

Consider strategic virtual connecting with participants who:

- Have childcare barriers, and/or multiple family commitments that make in-person meeting challenging.
- Are experiencing housing instability, and temporarily, are geographically inaccessible but want to stay connected to the team.
- Are experiencing significant depression or social anxiety impacting in-person meeting. Leverage virtual connecting to transition to a mix of virtual & in-person meeting.
- Family, friends, and partners who live out of geographic catchment or work during hours of program operation and are unable to participate in services otherwise.
- Are transitioning to a new team or provider.

Consult with your supervisor & team to determine when virtual connecting may be the most beneficial based on participant needs, team availability & context. Be creative & intentional with virtual connecting and support.

- Strategically bring young people together with similar interests who are socially isolated to play games, engage in discussion - & get to know one another.
- Host virtual events as a step towards participant feeling comfortable with attending in person social groups (less pressure to talk, feel less visible in some cases)

If a young person is at risk for self-harm or harm to others and refuses to communicate or meet with their provider, virtual tools can be used as LAST RESORT to move the participant towards in-person/phone/hospitalization when needed.

- Examples of potential virtual support during crisis include: the use of texting to support a participant experiencing domestic violence who cannot safely leave home or talk on the phone; or sharing guided breathing skill videos to support a participant in to talk on the phone when experiencing extreme anxiety.

3.4 Virtual Communication Best Practices for Youth & Young Adult Services

Virtual communication includes texting, email and video-conferencing (commonly referred to as video chatting).

These communication guidelines are intended to reduce privacy risks of virtual communication between staff and participants.

- At the time of enrollment, staff assess participant and family's preferred communication methods. Communication methods should be customized based on preferences, accessibility and individual needs.
- Staff check in with participants about communication preferences regularly.
- Staff review the agency's virtual communication policy with participants and families at enrollment and every 6 months thereafter.
- Participants sign a "Release of Information" for staff to communicate with their families and other supports that the participant identifies.
- Participants sign a consent form for virtual connecting and acknowledge use and agreement to texting, emailing, and video-conferencing as a way to participate in services and communicate with their team.
- Staff review their program's crisis line policy with participants at enrollment, and on a regular basis. Staff remind participants about the crisis line before weekends and holidays, during times of concern and whenever need for intervention or risk is suspected. Staff explain the purpose of the crisis line and discuss why it is the best way to get crisis support after program hours.
- Staff develop individualized plans with participants and families for if staff is contacted with an emergency outside of regular work hours.
- If an agreement has been signed but hesitancy from a participant or family remains, staff connect and assess to determine the safest, most productive way to engage.
- When considering meeting virtually rather than in-person, staff consult their team to determine if doing so would be supportive and productive for participants.
- Staff follow the established guidelines for email, texting, and virtual-connecting below.

Participants and families can change their virtual communication preferences at any time by communicating with their staff.

Texting Guidelines

- Participants and guardians (if under age 18) must sign the consent form in order to communicate via texting.
- Staff texts to program participants never include any personally identifying information or protected health information (PHI).
- Staff use a separate line (such as Google Voice) from their personal number.
- Staff only text consenting participants and their family members during program hours unless there is a specified mutual agreement.
- Staff do not respond to after hours texts. Staff set clear boundaries for appropriate texting and ensure that participants and families have access to the after-hours crisis line information in case of an emergency.
- Staff monitor texting content and frequency, and consult with their team and supervisor regarding any sudden changes to communication patterns.
- Examples of use for staff texts to participants:
  - Upcoming appointment reminders
  - Rescheduling missed appointments
  - Check-ins or follow-ups to an activity or appointment that staff is supporting
  - Prompting a phone call because the team has important information to share
  - Brief statements of encouragement before a big moment (e.g. job interview)

Email Guidelines

- Email sent outside the agency can only include personally identifying information or personal health information (PHI) if a secure process is used AND the information is requested by the participant or family member with the participant's consent.
- Email to participants and/or family should only be initiated during working hours. Staff should use the "send later" function if sending information after hours.
- Staff typically respond to email within 24-hours unless they are out of the office.
- Examples of use for staff email to participants:
  - Reminders of upcoming appointments and other tasks
  - Sending resources, worksheets, articles and other information
  - Sending updates on an ongoing process between sessions

Video Confernce Guidelines

- The agency uses a HIPAA compliant version of Zoom, an online video-conference platform.
- When meeting with participants, staff "lock" the Zoom room to prevent any unapproved guests from joining.
- Staff and participants have the option to use a virtual background for privacy.
- Staff consult with participants/family to determine how to respond if another person enters the space where the participant is conferencing.
- Staff engage in every effort possible to maintain privacy and confidentiality.

3.5 EXAMPLE PARTICIPANT CONSENT FORM FOR VIRTUAL CONNECTING

HIPAA Acknowledgment: Texting & E-mail Consent Form

Participant Name: _____ Date: ___/___/___

____ (Participant Initials) Note of Privacy Practices. I acknowledge that I have received *[organization name]'s* Notice of Privacy Practices, which describes the ways in which *[organization name]* may use and disclose my healthcare information for its treatment payment and healthcare operations, and other described and permitted uses and disclosures. I understand that I may contact the Privacy Officer dedicated on the notice if I have a question or complaint.

____ (Participant Initials) I understand that text messaging and unsecured e-mail systems are not secure and may be read by others. I understand that *[organization name]* cannot guarantee the privacy confidentiality or security of information sent by text message and unsecure e-mail and *[organization name]* will not be held responsible for any breaches of confidential information transmitted by these methods. Other forms of communication (ex: telephone, personal visit, etc.) should be used for communicating sensitive matters.

I understand that I may use text messaging to communicate with [organization name] regarding my care and treatment and with [organization name] regarding general matters arising from services provided to me. The program cannot guarantee that emails and texts will be read and responded to within any particular period of time. I may not use text messaging or email to communicate with [organization name] for emergencies, other time-sensitive issues, or any sensitive information.

I understand that I may change my preferred communication methods at any time by notifying *[organization name] staff*. My signature below indicated that I have decided to use the communication method checked below.

Text Messages*
____I consent to receive text messages from *[organization name]* regarding my care, with the understanding that it may not be a secure transmission.
Cell phone number I authorize to receive messages: _____
____I decline to receive text messages from *[organization name]*.

E-Mail Messages*
____I consent to receive e-mail messages from *[organization name]* regarding my care, with the understanding it may not be a secure transmission.
E-mail I authorize to receive messages: _____
____I decline to receive text messages from *[organization name]*.

*If I do not make a check to indicate my preference for email or text messages or decline to acknowledge by signing below, then I am choosing to decline to receive email messages from *[organization name]*.

_____ ____/___/____
Signature of Participant/Parent/Legal Guardian Date

3.6 EXAMPLE SURVEY TO ASSESS TECHNOLOGY NEEDS

1) What type of cell phone do you have?
a. Smartphone
b. Non-smartphone (Skip logic → #2)
c. No phone (Skip logic → #3)
d. Both smartphone & non-smartphone

2) (Skip logic → if they have a non-smartphone phone) Why do you have a non-smartphone? Check all that apply.
a. It's easy to use
b. It's the only phone I can afford
c. It's the only phone I know how to use
d. Other, please indicate: _____

3) Are you interested in having a Smartphone?
a. Yes
b. No

4) (Skip logic → if they have no phone) Why do you not have a phone? Check all that apply.
a. phone is lost or stolen
b. cannot afford cell phone
c. does not want cell phone
d. Other, please indicate: _____

5) If you do not have a phone currently, do you reach out to your team in a different way?
a. Email
b. Call or text from family or friend's phone
c. Other, please indicate: _____

6) How reachable are you via phone?
a. Very reachable – I speak with the team 76%-100% of the times I call
b. Somewhat reachable – I speak with the team 51%-75% of the times I call
c. Hard to reach – I speak with the team 26%-50% of the times I call
d. Very hard to reach – I speak with the team less than 25% of the times I call

7) How reachable are you via text?
a. Very reachable – texts back 76%-100% of the time
b. Somewhat reachable – texts back 51%-75% of time
c. Hard to reach – texts back 26%-50% of time
d. Very hard to reach – texts back less than 25% of time
e. Does not text with team

8) What is your preferred method of communication with the team, please rank:
-Phone call
-Text message
-Email
-Other, please indicate: _____

9) What do you use your cell phone for? Check all that apply.
a. Phone calls
b. Text messages
c. Emailing
d. Video chatting
e. Web browsing for current events, healthcare, information, Online shopping
f. Watching TV, movies, YouTube; listening to podcasts, reading, and games
g. Social media (e.g., Facebook, Instagram)
h. Other Life Skills (e.g., job searching, banking)
i. Using apps to manage their mental health
j. Other, please indicate: _____

10) Do you know your cell phone number?
a. Yes
b. No

11) How often do you use your cell phone without encountering any problems?
a. They almost never encounter problems
b. They sometimes encounter problems
c. They almost always encounter problems

continued on next page

3.6 EXAMPLE SURVEY TO ASSESS TECHNOLOGY NEEDS

12) What are your barriers in using your cell phone? Check all that apply.
a. Hearing challenges
b. Dexterity challenges
c. Visual challenges
d. Cognitive functioning
e. Limited knowledge on how the cell phone works
f. Frequently loses cell phone
g. Frequently changes cell phone number
h. Frequently lends out or shares cell phone
i. Participant runs out of minutes
j. Participant generally not interested in using a cell phone
k. Symptoms of psychosis, including paranoia
l. Other, please indicate: _____

13) How often are you willing to use your cell phone to communicate with staff and/or other service providers?
a. Almost always willing
b. Sometimes willing
c. Rarely or never willing

14) How interested are you in using your cell phone to participate in services?
a. Interested in receiving many services through cell phone
b. Interested in receiving some services through cell phone
c. Not interested in receiving services through cell phone

15) If you have a Smartphone, in what ways would you be interested in using it to participate in services?
a. Do not have a Smartphone
b. Not interested in using cell phone to participate in services
c. Text messaging with team across platforms
d. Appointments through telehealth across platforms
e. Appointments through phone calls
f. Appointments through patient portal
g. Appointments in virtual group formats
i. Other, please indicate: _____

16) For connecting through video, which do you most prefer?
a. doxy.me
b. Zoom
c. Skype
d. Facetime
f. Google hangouts
h. Facebook
i. Instagram
j. Other, please indicate: _____
k. None, does not connect via video.

17) During COVID-19, which team-provided virtual connecting opportunities did you participate in (select all that apply):
a. Individual doxy.me video sessions
b. Individual zoom video sessions
c. Group zoom video sessions
d. Individual Skype or Facetime video sessions
e. Other platform video sessions (e.g., via Google Hangouts, Facebook, Instagram, etc.), indicate which platform: _____.
f. Did not participate in any video sessions
g. Other, please indicate: _____

18) If you did not like virtual connection opportunities provided by your team, why?
a. Using the mode (e.g., zoom) for other things and get tired of using it.
b. Problems with internet connection.
c. Do not like seeing self on the computer.
d. Do not have privacy in my current residence.
e. The people I live with are not aware they receive mental health services.
f. Prefer to receive services over the phone.
g. Other, please indicate: _____