National Children's Alliance®
The Force Behind Children's Advocacy Centers

Outlasting the Storm

Teleservices, the pandemic, and lasting opportunities and challenges

In response to the COVID-19 pandemic, many Children's Advocacy Centers (CACs) switched at least some services to teleservices, using technology to keep children and families safe while still providing them with the help they need. Four core services were candidates: forensic interviews, victim advocacy, medical services, and mental health care. In our 2020 CAC Census, National Children's Alliance (NCA) asked CACs what, if any teleservices they offered in 2020; whether they had started offering them as a result of the pandemic; and if they started due to the pandemic, whether they planned to continue providing services remotely after the public health crisis was over. While the shift to teleservices remains far from universal, overall, figures show the CAC movement made a rapid and lasting shift toward offering many virtual services indefinitely.

Teleservices Offered by CACs in 2020	% of CACs Offering
Telemental health	71%
Victim advocacy	52%
Forensic interviews	15%
Telehealth – medical services	7%
None of the above	17%

What should be understood from these results is that CACs, however they decide to approach teleservices in the long run, made a remarkable, massive, and lightning-fast shift to keep services to children flowing. What lasting benefits come from these creative adaptations is up to the CACs themselves.

Telemental health:
A bright spot in tough times

Amid a historically challenging year, **telemental health**—using technology to deliver mental health treatments—emerged as a tremendous asset for CACs striving to deliver crucial services to kids in the middle of a pandemic and long after. Of all the services CACs offer, mental health was the most likely to go remote in 2020.

Telemental health had for some time offered a promising solution to the problem of equitable access to high-quality treatment for kids. However, only a few CACs had such programs before the pandemic suddenly made adoption of telehealth services almost a requirement. Some 71% of NCA Member CACs offered telemental health services in 2020, and 95% of them cited COVID-19 as the reason.

Mental health services are also the teleservice most likely to be retained by CACs after the public health crisis is over, with about 65% of CACs that started such services due to COVID-19 planning to continue after the pandemic is over. The possibilities of delivering services to underserved, low-income, rural, and frontier communities through telehealth should and must make expansion and familiarity with this mode of service a staple for CACs for years to come.

71%

CACS OFFERING TELEMENTAL HEALTH SERVICES

*Data from 2020

95%

OF THOSE OFFERING TELEMENTAL HEALTH, % CITING COVID-19 AS THE REASON

Breaking through walls with wires

Offering services remotely helped reduce some barriers to treatment. Anecdotally, clinicians told us more kids showed up for their appointments. No-show rates went down; it was easier to connect online than for caregivers to take time off work or get multiple kids out of the house to an appointment. And clinicians were happy with the results they were seeing children gain from the treatment. A recent study, "**Feasibility and Effectiveness of a Telehealth Service Delivery Model for Treating Childhood Posttraumatic Stress: A Community-Based, Open Pilot Trial of Trauma-Focused Cognitive-Behavioral Therapy**," looked at the effectiveness and feasibility of telehealth delivery of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). In the pilot study, of the 70 youth who participated, nearly 89% completed a full course of TF-CBT, and close to 97% of these treatment completers no longer met diagnostic criteria for a trauma-related disorder at posttreatment.

But that doesn't mean technology clears away all barriers to treatment. In fact, in our 2020 Census, **only 14% of CACs responded said that they had no barriers to telemental health services**.

Most Common Barriers to Telemental Health Services in 2020

CACs needed assistance to implement telehealth programs—learning how to adapt treatments such as TF-CBT to telehealth delivery, what policies and procedures needed to be adapted, and what equipment and resources were needed to make it work. Some government rules and regulations had to be at least temporarily waived or loosened; for example, the federal government expanded allowable uses of Medicaid to cover telehealth. And, for many communities, access itself is a structural problem: Many very rural communities simply lack stable access to high-quality internet connections, and low-income clients often lack personal access to devices. Structural issues must be addressed comprehensively and creatively to meet the specific needs of the service population.

Moving forward, CACs will continue to need training on implementing and effectively delivering telemental health services. They'll need to learn to assess which kids are well-suited for telehealth treatments and which would be better off with in-person sessions. And other barriers—such as geographic restrictions on clinicians' licenses that can keep a client from a frontier community from connecting with an available therapist in a different state—remain to be addressed.

New digital avenues for family engagement

Victim advocacy, also known as family advocacy, was the second-most used teleservice in 2020. Victim advocates help families navigate the criminal justice and recovery process and help connect families with emergency services and resources. The majority of those offering tele-victim advocacy (tele-VA) in 2020 started because of the pandemic.

In feedback we've received from CACs, victim advocates in general prefer the first meeting to be in person, valuing the face-to-face connection. However, ongoing interactions and follow-up are an important part of the advocate's role, and many of those activities can be handled remotely, freeing up case capacity by limiting scheduling friction after the initial relationship with clients is well-developed.

Phone calls and emails are already major tools in the advocate's kit, whether or not they're labeled as teleservices.

In past surveys, we've heard that victim advocates would like more formal training in general. NCA's ongoing **Enhance Early Engagement (E3) Training**

52%

CACS OFFERING TELE-VA

*Data from 2020

79%

OF THOSE OFFERING TELE-VA, % CITING COVID-19 AS THE REASON

research project with the University of Oklahoma Health Sciences Center (OUHSC), which is supported by a National Institute of Mental Health grant to OUHSC, enlisted senior leaders and victim advocates at CACs to study the best methods of training advocates in brief mental health screening, evidence-based practice, identification and referrals, trauma responses, and evidence-based engagement skills. We will share results with the field when the project is completed.

For tele-VA services in particular, in open-ended responses to our Census questions, CACs reported the need for funding for equipment, training on more effective ways to engage with clients via tele-VA, and information on best practices, policies, and procedures.

Rural vs. Urban

Teleservices Provided in 2020	Rural	Urban	National
Telemental health	66%	77%	71%
Victim advocacy	47%	57%	52%
Forensic interviews	11%	19%	15%
Telehealth – medical services	6%	7%	7%
None of the above	20%	14%	16%

Rural CACs were less likely than urban CACs to use teleservices in 2020, including telemental health, although for those that did start offering teleservices in 2020, COVID-19 was just as likely to be the cause for both groups.

For telemental health services in particular, rural centers were slightly more likely to report barriers to offering service. For example, rural centers were more likely to report having insufficient features available in their telehealth platform. But overall, the fact that we don't see larger differences between rural and urban CACs is reassuring.

Teleforensic interviews: Closing the distance

In a forensic interview, a specially trained interviewer obtains a child's statement, which may go on to be used in a criminal case against a suspected abuser and identify future treatment needs to help children heal. Because the statements need to be admissible to—and trusted by—the court, CACs in general are reluctant to deviate from the traditional in-person, face-to-face interview.

Of all the CACs who completed our 2020 CAC Census, 15% offered teleforensic interviews (tele-FI) in 2020, and the overwhelming majority of them made the switch because of COVID-19. Less than half of them plan to continue tele-FI after the crisis is over. Yet given the central importance of the forensic interview to law enforcement and prosecution partners, and to justice for the child, it is remarkable so many CACs were able to make this shift successfully and with buy-in from partner agencies.

While concerns about the viability of post-pandemic tele-FI are understandable, caution is not borne out by research. Researchers who have been studying tele-FI report that it is effective, that children adapt well to the process,

15%
CACS OFFERING TELE-FI

85%
CACS NOT OFFERING TELE-FI

*Data from 2020

97% OF THOSE OFFERING TELE-FI, % CITING COVID-19 AS THE REASON

and that interviewers can learn to adapt through practice and training. Before the pandemic, Dr. Debra Poole of Central Michigan University and Dr. Jason Dickinson and Dr. Nicole Lytle of Montclair State University were studying tele-FI as a possible way to bring forensic interview services to children in remote rural and frontier communities. The lasting case for tele-FI lies in these communities, not just during public health crises. For an interesting discussion on this topic, listen to "**The Intersection of Technology and Forensic Interviewing**," our May 2020 interview with Poole and Dickinson. See also **NCA's guidance** on conducting forensic interviews during the pandemic and resources from **Zero Abuse Project** on the **defensibility of the tele-FI**.

A hybrid approach

In Lansing, Michigan, Small Talk Children's Advocacy Center used a hybrid approach to forensic interviewing, with a child coming into the CAC in person for an interview, but the actual interview took place with the child and the interviewer in separate rooms, talking to each other via computer. **Read the Small Talk profile in our 2020 Annual Report**.

Photos on this page by Luca Giupponi

Telemedical services: For emergencies only

According to the 2020 CAC Census, the average CAC provided medical examinations, either on-site or via a linkage agreement, to about 24% of the child sexual abuse victims served by that CAC in 2019. This is an increase from 20% in 2017. The least-used teleservice was telemedical services: providing medical exams remotely instead of in person. Of those who did offer such exams remotely, 73% started because of COVID-19.

Many CACs either don't offer medical services on-site, referring patients to the medical providers on the CAC's multidisciplinary team. In a CAC setting where medical services aid in the collection of forensic evidence, telemedical services are hardly a viable replacement for an in-person examination in many cases. It's unsurprising that many CACs didn't begin offering these services given the unique medical and investigative needs of children in these settings.

7%

CACS OFFERING TELEMEDICAL SERVICES

93%

CACS NOT OFFERING TELEMEDICAL SERVICES

*Data from 2020

73% OF THOSE OFFERING TELEMEDICAL, CITING COVID-19 AS THE REASON

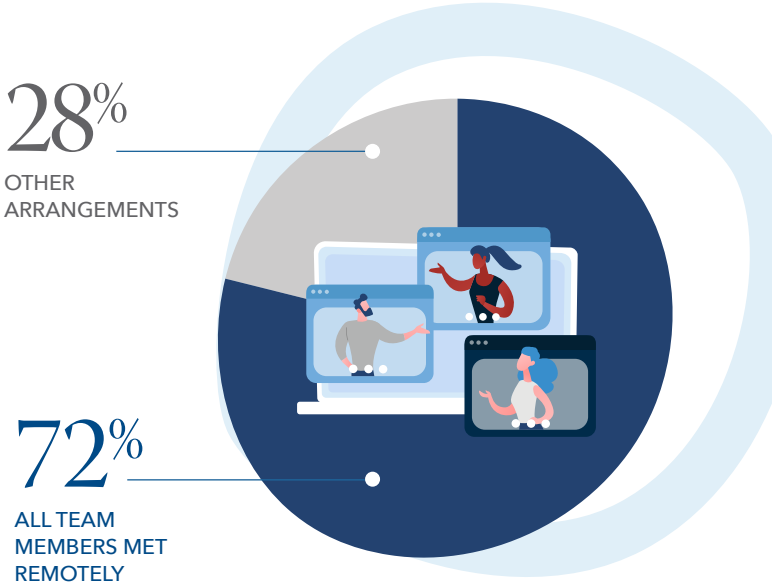
Virtual case review and team dynamics

Finally, in the 2020 CAC Census, we asked CACs whether their multidisciplinary teams had met in person, remotely, or a mix of the two. About 72% of CACs reported that all team members had met remotely to discuss cases and coordinate the team's response. A formal case review process is required in NCA's ***Standards for Accredited Members***, although some CACs reported that case review meetings were temporarily suspended at some points during the pandemic.

In our 2020 Census, only about a third of CACs felt that remote case review meetings were very effective; another 54% considered them somewhat effective. Compare this to data from our 2019 Healing, Justice, and Trust report—based on prior year Outcome Measurement System data—that showed that 92% of MDT members surveyed agreed case review meetings helped with their work, with 65% of those strongly agreeing.

Anecdotally, early in the pandemic we heard that some MDTs appreciated the option to meet remotely, and that it had increased attendance. But open-ended 2020 Census responses show

% of Team Members Meeting Remotely



*Data from 2020

Effectiveness of Remote Options

33% VERY EFFECTIVE

54% SOMEWHAT EFFECTIVE

that while some CACs appreciated this new way of communicating, others struggled: no webcams, weak internet access, dropped calls, or lagging. Yet the real takeaway here is that in the shift toward virtual meetings, more than two-thirds of all CACs haven't decided to go back solely to the old way of doing things. In the words of one respondent:

"I know that some of our providers, especially our children's hospital, can meet with us and give more information when they meet with us remotely."

Another said:

"Even though we have reopened, we have continued offering the possibility of remote attendance, which has significantly increased availability and attendance at case reviews. We plan to continue doing so."

Plan to Continue if Allowed Post-COVID-19?*

Yes	39%
Unsure	30%
No, prefer in-person	30%

*1% say not permissible in their area

Conclusions

The use, acceptance of, and effectiveness of teleservices varies widely by type of service. Yet, in most service areas, the seismic shift caused by COVID-19 will reverberate long after the pandemic is over, with benefits to the children and families served by CACs through a new menu of possibilities and options. Telemental health is clearly here to stay, although for some clients, in-person sessions will continue to be a better choice. Other teleservices, while not as broadly adopted, remain important tools with which many CACs gained familiarity during this challenging period. Whether it's a backup option to hold virtual case review virtually to accommodate swamped team schedules, or a child's preference to tell their story in the next room by video rather than in person, there's an ongoing use case for virtually all of these teleservices in the CAC setting. None of them will disappear entirely, as they have their uses, particularly in reaching rural and remote communities. National Children's Alliance and Children's Advocacy Centers will use lessons learned during the pandemic to inform our work in the years ahead.

Resources for NCA Members

- *Standards for Accredited Members*
- COVID-19 resources for CACs, partners, and caregivers
- Teleforensic interviewing
- *COVID-19 Service Guidelines* (health, physical safety, and psychological safety)
- Telehealth and telemental health resources for CACs
- *From the Director's Desk* email on TF-CBT Through Telehealth (August 17, 2020)

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