MONTANA HEALTHCARE PROGRAMS NOTICE

March 27, 2020

All Providers

Effective Immediately **Revised**

Medicaid Coverage and Reimbursement Policy for Telemedicine/Telehealth

To mitigate the spread of COVID-19, Montana Medicaid is committed to enabling members to remain in their homes to reduce exposure and transmission, to the extent possible, and to preserve health system capacity for the duration of this public health emergency. To that end, and for as long as this bulletin remains effective, Montana Medicaid will permit qualified providers to deliver clinically appropriate, medically necessary Montana Medicaid covered services to Montana Medicaid members via reimbursable telemedicine/telehealth services (including telephone and live video).

This bulletin shall remain effective for the duration of the state of emergency declared via Executive Order No. 2-2020.

Covered Telemedicine/Telehealth Services

All Montana Medicaid covered services delivered via telemedicine/telehealth are reimbursable so long as a) such services are medically necessary and clinically appropriate for delivery via telemedicine/telehealth, b) comport with the guidelines set forth in the applicable Montana Medicaid provider manual, and c) are not a service specifically required to be face-to-face as defined in the applicable Montana Medicaid provider manual.

Allowable Telemedicine/Telehealth Methods and Technologies

There are no specific requirements for technologies used to deliver services via telemedicine/telehealth and can be provided using: secure portal messaging, secure instant messaging, telephone conversations, and audio-visual conversations.

Payment Rates for Covered Services Delivered via Telemedicine/Telehealth

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

Originating site providers are reimbursed $26.65 per site use.

Requirements for telemedicine/telehealth encounters

- To the extent possible, providers must ensure members have the same rights to confidentiality and security as provided during traditional office visits.
- Providers must follow consent and patient information protocol consistent with those followed during in person visits.
- Telemedicine/telehealth does not alter the scope of practice of any health care provider; or authorize the delivery of health care services in a setting or manner not otherwise authorized by law.
- Record keeping must comply with in Administrative Rules of Montana (ARM) 37.85.414.

Billing for Covered Services Delivered via Telehealth

Enrolled providers delivering services via telemedicine/telehealth should submit claims using the appropriate CPT or HCPCS code for the professional service along a place of service code of 02 (CMS-1500 billers) or with the GT modifier (UB-04).

Montana Medicaid has added additional CPT codes to reimburse for medically necessary telephone evaluations for the duration of the state of emergency. Billing must follow CPT guidelines and be within the scope of practice for the enrolled providers license. The available codes are:

- 99441
- 99442
- 99443
- 98966
- 98967
- 98968

Tele-dentistry services will be reimbursed under billing codes D9995 and D9996 for the duration of the state of emergency.

Enrolled originating site providers should submit claims using procedure code Q3014 (telemedicine originating site fee) for the use of a room and telecommunication equipment. Originating site provider claims must include a specific diagnosis code provided by the distance provider.

Definitions

Distant site is a site where the enrolled provider providing the service is located at the time the service is provided. While all applicable licensure and programmatic requirements apply to the delivery of the service, there are no additional geographic or facility restrictions on distant sites for services delivered via telehealth.

Distance provider is the enrolled provider delivering a medically necessary and clinically appropriate service from the distance site.

Enrolled provider is a practitioner enrolled in the Montana Healthcare Programs.

Originating site is the location of the member at the time the service is being provided. There are no geographic or facility restrictions on originating sites. A member's home is a valid originating site; but cannot be reimbursable as an enrolled originating site provider.

Enrolled originating site provider is an enrolled provider operating an HIPPA compliant originating site with secure and appropriate equipment to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics. Originating providers must assist the member using the technology, they do not have to participate in the delivery of the health care service.

The following provider types may be enrolled originating providers and be reimbursed for procedure code Q3014:

- Outpatient Hospital;
- Critical Access Hospital*;
- Federally Qualified Health Center*;
- Rural Health Center*;
- Indian Health Service*;
- Physician;
- Psychiatrist;

- Mid-Levels;
- Dieticians;
- Psychologists;
- Licensed Clinical Social Worker;
- Licensed Professional Counselor;
- Mental Health Center:
- Chemical Dependency Clinic;
- Group/Clinic;
- Public Health Clinic; or
- Family Planning Clinic.

*Reimbursement for Q3014 is a set fee and is paid outside of cost to charge ratio, facility specific PPS rates, or the IHS all-inclusive rate as applicable.

A member's home cannot be reimbursable as an enrolled originating site provider.

Contact Information

Health Resources Division (406) 444-4455
Addictive and Mental Disorders Division (406) 444-3964
Developmental Disabilities Division (406) 444-2995
Children's Mental Health Bureau (406) 444-4545
For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.

MONTANA HEALTHCARE PROGRAMS NOTICE
April 1, 2020

All Medicaid Providers

Effective Retroactively to March 20, 2020

Suspension of Face to Face Requirements for Some Medicaid Programs

Montana Healthcare Programs is continually working to improve safe access to Medicaid services throughout the public health emergency. This provider notice is the second action by Montana Medicaid to expand the availability of telemedicine/telehealth coverage for Montana Medicaid Members during the statewide emergency declared in Executive Orders 2-2020 and 3-2020.

This provider notice temporarily removes the face-to-face delivery requirements in from the list of services provided below.

Addictive and Mental Disorders Division

- 72 Hour Presumptive Eligibility Program
- Community Based Psychiatric Rehabilitation Services
- Day Treatment
- Foster Care for Adults with Mental Illness (requirement for adult foster care specialist to meet with the provider in his or her home)
- Intensive Outpatient for Substance Use Disorder (SUD IOP)
- Medication Assisted Treatment (MAT)
- Peer Support Services for Mental Health and Substance Use Disorders
- Program for Assertive Community Treatment (PACT)
- Psychosocial Rehabilitation

Developmental Services Division / Children's Mental Health Bureau

- Autism State Plan Services
- Comprehensive School and Community Treatment Services (CSCT)
- Community Based Psychiatric Rehabilitation Services (CBPRS)
- Home Support Services / Therapeutic Foster Care (HSS/TFC)
- Supported Employment Follow Along - Tier 1
- Supported Employment Follow Along - Tier 2
- Supported Living Base
- Supported Living Flex
- Targeted Case Management - Individuals with Developmental Disabilities
- Targeted Case Management - Youth with Serious Emotional Disturbances

Health Resources Division

- Federally Qualified Health Clinics (FQHC)
- Rural Health Clinics (RHC)
- Targeted Case Management - Women with High Risk Pregnancies
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- School Based Providers

Senior and Long Term Care

- Community First Choice
- Home Health Agency Services
- Hospice Care
- Personal Assistance Services

These temporary changes will remain in effect from March 20, 2020 throughout the declared state of emergency as established in Governor Bullock's Executive Orders 2-2020 and 2-2020.

Contact Information

Health Resources Division (406) 444-4455

Addictive and Mental Disorders Division (406) 444-3964

Developmental Disabilities Division (406) 444-2995

Children's Mental Health Bureau (406) 444-4545

Senior and Long Term Care Division (406) 444-4077

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email MTPRHelpdesk@conduent.com.

Visit the Montana Healthcare Programs Provider Information website at https://medicaidprovider.mt.gov.

Frequently Asked Questions on Telemedicine / Telehealth

1. Who can be an originating site?

The originating site is the physical location of the member receiving services, including a member's home. If the originating site is at an enrolled Montana Healthcare Provider's location, the enrolled provider is the originating site. There are no limitations on which enrolled Montana Healthcare Programs provider can be an originating site.

When the member's home is the originating site the provider who renders service to the member in their home is the distance provider.

For example, a nursing home can be an originating site for a member and is able to bill the Q3014 code.

2. How and when is Q3014 billed?

Q3014 is the CPT code billed by the originating site for reimbursement related to the use of a room and telecommunication equipment. The provider who is supplying the room and telecommunication equipment would bill Q3014. Only enrolled Montana Healthcare Program providers are eligible for reimbursement related to Q3014.

Claims for Q3014 **must** include the diagnosis provided by the distance provider.

NOTE - When the member's home is the originating site, no one can bill Q3014.

3. If I am the originating site can I bill for the other services provided during the visit?

Yes. Any service you provide can be billed. The services provided by the distance provider are billed separately by the distance provider.

4. Who can be a distance provider?

Any enrolled Montana Healthcare Programs provider can be a distance site, if telemedicine is appropriate within their license and scope of practice.

It is important to verify the service(s) provided are covered by Montana Healthcare Programs. Coverage requirements are the same for telemedicine as they are for traditional (e.g., in-person) methods. Telemedicine is not allowed when face-to-face encounters are required by individual provider type or service requirements.

5. How are distance services reimbursed?

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

6. How do I bill for distance services?

If you are a provider billing on a CMS-1500, the Place of Service on your distance service claim must be 02. If you are a provider billing on a UB-04, modifier GT must be appended to the services provided via the telemedicine/telehealth encounter. For Dental providers billing on the ADA Dental claim form, the Place of Service on your distance service claim must be 02.

7. My clinic is in Billings. Can I be a distance provider for an originating site also in Billings?

Yes. There are no geographical limitations for telemedicine/telehealth services.

8. We have a satellite clinic in a different city, are we eligible for reimbursement of both the originating site fee and the distance service reimbursement?

Yes, providers who have the same tax identification number are eligible for reimbursement as the originating site and the distance provider. If you do not have separate provider enrollments for your clinics, medical records must reflect where the member was located, and which clinic provided the distance service.

The distance service and originating site claims **must** be billed on different claims.

9. What are the reimbursement rates for the medically necessary telephone evaluation codes?

Prior to billing ensure you are billing for the most appropriate CPT code for your license and all CPT guidelines are satisfied.

99441 – 99443 is priced at the physician conversion factor multiplied by the CMS established RVUs. The 10% reduction for mid-levels providing services to adults does apply.

98966 – 98968 is priced at the allied health services conversion factor multiplied by the CMS established RVUs.

99441 - $14.08
99442 - $28.42
99443 - $42.50
98966 - $ 8.77
98967 - $17.71
98968 - $26.47

Provider types reimbursed under non-fee schedule reimbursement (e.g., FQHC, RHC, IHS/Tribal 638, and Critical Access Hospitals) will continue to be reimbursed under their existing reimbursement methodology.

10. What are the rates for tele-dentistry codes D9995 and D9996?

Tele-dentistry codes are reimbursed at $26.65 for all provider types who can provide this service within their license and scope of practice.

ADAGuidetoUnderstandingandDocumentingTeledentistryEvents_v1_2017Jul17.pdf is found at https://www.ada.org/~/media/ADA/Publications/Files/D9995andD9996.

Provider types reimbursed under non-fee schedule reimbursement (e.g., FQHC, RHC, IHS/Tribal 638, and Critical Access Hospitals) will continue to be reimbursed under their existing reimbursement methodology.

11. Are there maximum units allowed on the telephone evaluation codes?

Yes, CMS requires a Medicare unlikely edit of 1 on these codes.

Certified Behavioral Health Peer Support Services (BHPS) – Mental Health

Definition:

BHPS is a face-to-face service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SDMI diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Provider Requirements:

(1) In order to bill Montana Medicaid, BHPS must be provided by a Certified Behavioral Health Peer Support Specialist (CBHPSS), certified by the Montana Board of Behavioral Health (BBH) and provided by a licensed MHC, Federally Qualified Health Center, Rural Health Clinic, Urban Indian Health Center, or IHS Tribal 638.

(2) Mental Health Centers must:

(a) ensure staff are certified by the BBH;

(b) develop policies and procedures for initial and on-going staff training for these services;

(c) assure ongoing communication and coordination of the treatment team to ensure the services provided are updated as needed; and

(d) establish the frequency of services as determined by needs and desires of the member.

Medical Necessity Criteria:

Member must meet the SDMI criteria as described in this manual.

Prior Authorization:

Prior authorization is not required.

Service Requirements:

(1) BHPS must be a direct service provided in an individual setting.

(2) Group peer support is not a Medicaid reimbursable service.

(3) Transportation of a member in and of itself does not constitute an allowable direct service.

(4) The ITP must include peer support goals that address the member's primary behavioral health needs.

(5) Individual BHPS is not a bundled service and must be billed using the appropriate HCPCS code.

(6) BHPS includes the following:

(a) coaching to restore skills;

(b) self-advocacy support;

(c) crisis/relapse support;

(d) facilitating the use of community resources; and

(e) restoring and facilitating natural supports and socialization.

(7) It is not required that each member receiving BHPS receive every service listed above. Medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's treatment file.

(8) BHPS services must be delivered by a BHPS whose primary responsibility is the delivery of BHPS services.

Continued Stay Review:

Not applicable.

Continued Stay Criteria:

Not applicable

UR Required Forms:

Not applicable.

SUD Certified Behavioral Health Peer Support Services (BHPS) – Adult

Definition:

BHPS is a face-to-face service provided one-to-one to promote positive coping skills through mentoring and other activities that assist a member with a SUD diagnosis to achieve their goals for personal wellness and recovery. The purpose is to help members through a process of change to improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Provider Requirements:

(1) In order to bill Montana Medicaid, BHPS must be provided by a Certified Behavioral Health Peer Support Specialist (CBHPSS), certified by the Montana Board of Behavioral Health (BBH) and provided by a state-approved program, Federally Qualified Health Center, Rural Health Clinic, Urban Indian Health Center, or IHS Tribal 638.

(2) The state-approved program must:

(a) ensure staff are certified by the BBH;

(b) develop policies and procedures for initial and on-going staff training for these services;

(c) assure ongoing communication and coordination of the treatment team to ensure the services provided are updated as needed; and

(d) establish the frequency of services as determined by needs and desires of the member.

Medical Necessity Criteria:

Member must meet the SUD criteria as described in this manual.

Prior Authorization:

Prior authorization is not required.

Service Requirements:

(1) BHPS must be a direct service provided in an individual setting.

(2) Group peer support is not a Medicaid reimbursable service.

(3) Transportation of a member in and of itself does not constitute an allowable direct service.

(4) The ITP must include peer support goals that address the member's primary behavioral health needs.

(5) Individual BHPS is not a bundled service and must be billed using the appropriate HCPCS code.

(6) BHPS includes the following:

(a) coaching to restore skills;

(b) self-advocacy support;

(c) crisis/relapse support;

(d) facilitating the use of community resources; and

(e) restoring and facilitating natural supports and socialization.

(7) It is not required that each member receiving BHPS receive every service listed above. Medically necessary services must be provided and documented in the treatment plan and the services received must be documented clearly in the member's treatment file.

(8) BHPS services must be delivered by a dedicated BHPS whose primary responsibility is the delivery of BHPS services.

Peer Support Note outline

Problem area: Peer Support Services
Objective: Engage in Recovery support

- Intervention: Attend peer support groups to understand the key components of the recovery process and be able to connect to community resources
- Intervention: Gain knowledge of the mind body connection and its relation to recovery through education around wellness and recovery
- Intervention: Accept assistance from others in developing their own wellness or recovery plan in a mutual and respectful manner by sharing their own recovery story in a meaningful and hopeful way

Objective: Access mentoring through peer support

- Intervention: Accept assistance from peer support specialists in recognizing and building natural supports through a strength-based approach
- Intervention: Accept support from peer support specialists to plan and achieve their own goals at their own pace

Objectives: Engage in education around advocacy

- Intervention: Accept education around self- advocacy and learning about your rights and responsibilities
- Intervention: Peer support specialist will provide referrals to other community supports

DAP note required

In person:

Client and PSS met today to (insert appropriate objective) through (insert appropriate intervention).

Telehealth/phone call:

Client attended their individual session on this day via Telehealth/phone call due to the current COVID-19 crisis. Clinician conducted telehealth services from home via online meeting/phone call and the client was also at home. A brief COVID screening was conducted; client denied traveling, denied fever, denied respiratory symptoms. Patient was reminded to practice 'social distancing', practice healthy hygiene habits and other safe practices. It was recommended to this patient that they promptly call their physician if they begin to experience any symptoms.

Rimrock Verbiage for Telehealth Notes – March 23, 2020

"I met with _____today via telehealth (telephone). As this was our first tele session, I verbally reviewed with her the limits and practices of using telehealth: the same privacy, confidentiality and duty to warn/report rules apply just as they do when we've met in my office. I also let her know that if I am concerned with imminent safety, I would notify the emergency resources in her community for a safety check. I asked that she help protect her confidentiality by pass coding her device, ensuring that we do our session from a private place, and that if there is breach of confidentiality on her end, that is not my responsibility. I also let her know that if we experienced any technical issues that prevented this session from occurring or interrupted our session, I'd call or email her to reschedule and ensure she is doing well; I confirmed her contact information . I plan to have her sign the paper consent for telehealth at our next face-to-face meeting."

SAMHSA
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane • Rockville, MD 20857
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

COVID-19 Public Health Emergency Response and 42 CFR Part 2 Guidance

In response to the Novel Coronavirus Disease (COVID-19) pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) is providing this guidance to ensure that substance use disorder treatment services are uninterrupted during this public health emergency. SAMHSA understands that, in accordance with the Centers for Disease Control and Prevention guidelines on social distancing, as well as state or local government-issued bans or guidelines on gatherings of multiple people, many substance use disorder treatment provider offices are closed, or patients are not able to present for treatment services in person. Therefore, there has been an increased need for telehealth services, and in some areas without adequate telehealth technology, providers are offering telephonic consultations to patients. In such instances, providers may not be able to obtain written patient consent for disclosure of substance use disorder records.

The prohibitions on use and disclosure of patient identifying information under 42 C.F.R. Part 2 would not apply in these situations to the extent that, as determined by the provider(s), a medical emergency exists. Under 42 U.S.C. §290dd-2(b)(2)(A) and 42 C.F.R. §2.51, patient identifying information may be disclosed by a part 2 program or other lawful holder to medical personnel, without patient consent, to the extent necessary to meet a bona fide medical emergency in which the patient's prior informed consent cannot be obtained. Information disclosed to the medical personnel who are treating such a medical emergency may be re-disclosed by such personnel for treatment purposes as needed. We note that Part 2 requires programs to document certain information in their records after a disclosure is made pursuant to the medical emergency exception. **We emphasize that, under the medical emergency exception, providers make their own determinations whether a bona fide medical emergency exists for purposes of providing needed treatment to patients.**

SAMHSA Substance Abuse and Mental Health Services Administration Headlines

April 2, 2020

Subscribe

SAMHSA Headlines—Your one-stop source for the latest from SAMHSA.

In response to the COVID-19 pandemic, SAMHSA continues to offer new resources for mental and substance use disorder treatment providers and others.

Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

SAMHSA is accepting applications for Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 (Emergency COVID-19). The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, crisis counseling, and other related supports for children and adults impacted by the COVID-19 pandemic. Funding will be provided for states, territories, and tribes to develop comprehensive systems to address these needs. The purpose of this program is specifically to address the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders.

SAMHSA plans to issue 60 grants of up to $2 million per State or up to $500,000 for Territories and Tribes for 16 months.

Application Due Date: Friday, April 10, 2020

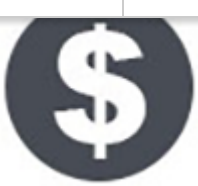
Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak

Training and Technical Assistance Related to COVID-19

SAMHSA's training, and technical assistance centers provide tools and resources to practitioners in the fields of mental health and substance use disorders.

COVID-19 Information for SAMHSA Discretionary Grant Recipients

available during this emergency time period. Flexibility may be reassessed upon issuance of new guidance by the Office of Management and Budget post the emergency time period. The following information and resources are available to assist grant recipients during the COVID-19 emergency. Check this website for updates.



Frequently Asked Questions (FAQs) Related to COVID-19 for SAMHSA Grant Recipients

These FAQs address general questions associated with award and management of SAMHSA discretionary grants that may arise in relation to COVID-19. This information does not apply to SABG, MHBG, PATH or PAIMI grants. Applicants and grant recipients are strongly encouraged to monitor this website for updates.

Training and events are available for practitioners through many of SAMHSA's Training and Technical Assistance Centers. Some of these are highlighted below. Note that some of them require advance registration. Visit SAMHSA's Practitioner Training webpage for a more complete listing.

Note: If you are unable to access an event or webinar or have questions, please contact the source given at the individual event URL.

COVID-19 Grant Opportunity and Resources

Considerations for the Care and Treatment of Mental and Substance Use Disorders in the COVID-19 Epidemic: March 20, 2020

This guidance offers considerations aimed at decreasing the likelihood of infection and viral transmission and providing for the behavioral health needs of patients.

Considerations for Crisis Centers and Clinicians in Managing the Treatment of Alcohol or Benzodiazepine Withdrawal during the COVID-19 Epidemic: March 19, 2020

The COVID-19 crisis has created an additional concern for those with alcohol use disorder, benzodiazepine use disorder, or other conditions that increase the risk of seizures.

Considerations for Outpatient Mental and Substance Use Disorder Treatment Settings

Persons with Serious Mental Illness that are served in outpatient treatment settings may be at elevated risk for acquiring Covid-19 and may have a more complicated course. The Centers for Disease Control and Prevention (CDC) gives some specific guidance for outpatient facilities during the Covid19 emergency.

In contrast to general healthcare settings, psychiatric facilities may have unique challenges in prevention and infection control for several reasons.

Your Recovery is Important: Virtual Recovery Resources

This tip sheet describes resources that can be used to support recovery virtually from mental/substance use disorders. It also provides resources to help local recovery programs create virtual meetings.

Emergency Situations: Preparedness, Planning, and Response

The Privacy Rule protects individually identifiable health information from unauthorized or impermissible uses and disclosures. This guidance addresses the release of protected health information for planning or response activities in emergency situations.

DEA Information on Telemedicine

While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation (21 U.S.C. 829(e)), the Controlled Substances Act contains certain exceptions to this requirement.

DEA Diversion Control COVID-19 Information Page

The mission of Drug Enforcement Administrations (DEA), Diversion Control Division is to prevent, detect, and investigate the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources while ensuring an adequate and uninterrupted supply for legitimate medical, commercial, and scientific needs.

Stay Up-To-Date

Coronavirus.gov

Coronavirus Disease 2019 (COVID-19)

What the U.S. Government is Doing

Other Funding

Treatment, Recovery, and Workforce Support Grant

SAMHSA is accepting applications for Treatment, Recovery, and Workforce Support grants (Workforce Support). The purpose of this program is to implement evidence-based programs to support individuals in substance use disorder treatment and recovery to live independently and participate in the workforce. To achieve this objective, recipients must coordinate, as applicable, with Indian tribes or tribal organizations, state and local workforce development

programs.

SAMHSA plans to issue 8 grants of up to $500,000 per year for up to 5 years.

Application Due Date: Monday, June 1, 2020

State Opioid Response Grants

SAMHSA is accepting applications for the State Opioid Response (SOR) grants. The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose-related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (including illicit use of prescription opioids, heroin, and fentanyl and fentanyl analogs).

SAMHSA plans to issue up to 59 grants of up to $1,420,000,000 for up to 2 years.

Application Due Date: Tuesday, May 19, 2020

Rural Opioid Technical Assistance Grants

SAMHSA is accepting applications for the Rural Opioid Technical Assistance Grants (ROTA). The purpose of this program is to develop and disseminate training and technical assistance for rural communities on addressing opioid issues affecting these communities. Training and technical assistance can also be geared toward addressing stimulant issues in these communities.

SAMHSA plans to issue 5 awards of $550,000 for up to 2 years.

Application Due Date: Friday, May 8, 2020

Tribal Opioid Response Grants

SAMHSA is accepting applications for Tribal Opioid Response grants (TOR). The program aims to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). In addition to focusing on OUD, recipients may also address stimulant misuse and use disorders, including cocaine and methamphetamine.

SAMHSA plans to issue 200 grants of up to $50,000,000 for up to 2 years.

Application Due Date: Monday, May 4, 2020

Rural Emergency Medical Services Training Grant

medical services (EMS) personnel in rural areas. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.

SAMHSA plans to issue 25 grants of up to $200,000 per year for up to 1 year.

Application Due Date: Thursday, April 30, 2020

State Pilot Grant Program for Treatment for Pregnant and Postpartum Women

SAMHSA is accepting applications for the State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT). The purpose of the program is to enhance flexibility in the use of funds designed to:

1. Support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;
2. Help state substance abuse agencies address the continuum of care, including services provided to pregnant and postpartum women in nonresidential-based settings; and
3. Promote a coordinated, effective, and efficient state system managed by state substance abuse agencies by encouraging new approaches and models of service delivery.

SAMHSA plans to issue 5 grants of up to $900,000 per year for up to 3 years.

Application Due Date: Monday, April 20, 2020

Other Resources

Tips for Teens: The Truth about Stimulants

This fact sheet for teens provides facts about stimulants. It describes short- and long-term effects, lists signs of use, and helps dispel common myths. It also can be used by prevention professionals, educators, health care providers, and others who come in contact with teens on a regular basis.

Tips for Teens: The Truth about HIV

This fact sheet for teens provides facts about HIV. It includes information about how the virus is spread and how to prevent transmission and answers common questions. It also can be used by prevention professionals, educators, health care providers, and others who come in contact with teens.

Tips for Teens: The Truth about Sedatives

Tips for Teens: The Truth about Sedatives This fact sheet for teens provides facts about sedatives. It describes short- and long-term effects, lists signs of use, and helps dispel

teens on a regular basis.

Training and Events

National Drug and Alcohol Facts Week®

Monday, March 30 to Sunday, April 5

National Drug and Alcohol Facts Week® (NDAFW), an annual health observance week, connects teens with experts to SHATTER THE MYTHS® about drugs and alcohol, with more than 2000 local events every year.

The Stigma is Real: Pregnant and Parenting Women with Substance Use Disorders – Webinar

Thursday, April 2, 2020 12:00 p.m. EDT

This webinar will provide an in-depth examination of the stigma that women with substance use disorders (SUDs) who are pregnant and/or parenting encounter when seeking healthcare services. Strategies to reduce barriers related to stigmatizing attitudes and practices will be addressed.

COVID-19: Mental Health Challenges & Resilience – Webinar

Friday, April 3, 2020 10:00 a.m. EDT

This webinar will review common psychological reactions to the COVID-19 pandemic and the impact of this pandemic on family, friends, and collegial relationships. The importance of resilience in the face of this adversity will be underscored. Several effective coping strategies will be reviewed:

- Taking care of self,
- Fostering and re-inventing wellness,
- Managing stress/anxiety,
- Staying connected,
- Promoting teamwork, and
- Navigating existential concerns.

Grow Your Knowledge: Cannabis Prevention, Policy, and Pharmacology: Cannabis Pharmacology (3-Part Webinar Series)

Friday, April 3, 2020 1:00 p.m. EDT

This session highlights the major psychoactive and non-psychoactive cannabinoids, how they may affect the human body, how they may interact with other medications, and how the significantly increased delta-9-tetrahydrocannabinol (THC) content in modern cannabis plants may be of greater risk to those with pre-existing conditions, including cognitive or psychiatric disorders. Participants will learn about the evidence-based therapeutic potential

Community of Compassion during Times of Stress – Webinar

Friday, April 3, 2020 4:00 p.m. EDT

Educators can experience compassion fatigue as they care for students experiencing difficulties expressing their emotions in healthy and productive ways. In this webinar, participants will learn the benefits of a practice of mindful compassion on wellbeing, how to practice mindful compassion to cultivate strong school communities, and how to practice self-compassion to enhance resiliency and combat compassion fatigue.

Future webinars in this series include:

- Supporting Educator Wellbeing: Wellness Tips to Help you S.O.A.R. (4/24/2020)
- Trying to Change that Negative Loop of Self-Criticism and Perfectionism? Mindfulness Practices Can Help! (5/15/2020)
- Cultivating a Practice of Gratitude and Appreciation in your School Community (6/3/2020)

Stress Management during Quarantine for Mental Health Providers Serving Latino Clients – Webinar

Friday, April 3, 2020 1:00 PM EDT

This webinar will identify stressors particular to the Hispanic and Latino population that can be exacerbated during quarantine as a result of infectious disease outbreaks. This webinar will also cover stress management tools during a stressful event such as a pandemic for mental health providers to use with their Hispanic and Latino clients. Special considerations for Latino youth mental health will be also provided.

Native American Summit on Spirituality: Cultural Inclusion into Mental Health Assessments for Native Americans – Virtual Meeting

Friday, April 3, 2020 2:00 p.m. EDT

Spiritual leaders from American Indian and Alaska Native communities come together to discuss the importance of spirituality in the treatment of behavioral health and mental health disorders. Spirituality is often left out of counseling and therapeutic relationships, but is an essential part of healing and change for many clients.

What Peer Support Specialists Need to Know about Telehealth in the Current Crisis - Part 1 – Webinar

Monday, April 6, 2020 11:00 a.m. EDT

As peer support specialists seek to offer digital peer support quickly and effectively across the United States, it is important that they—and their organizations—know the practical aspects of using digital peer support to deliver support services. This presentation covers

telehealth technologies.

Helping Assertive Community Treatment (ACT) Teams Deal with the Impact of COVID-19 – Virtual Meeting

Monday, April 6, 2020 3:00 p.m. EDT

Assertive Community Treatment (ACT) is a multidisciplinary, team-based model that provides intensive community-based and outreach-oriented services to people who experience the most severe and persistent mental illness. The vast majority also have a co-occurring substance use disorder and many experience comorbid medical illnesses as well as homelessness.

In addition, there will be **weekly meetings held on Mondays at 3:00 p.m. EDT**. The goals of the meetings are to:

- Connect with one other;
- Share strategies and resources for adapting team practices and communications; and
- Facilitate connection to the most up-to-date resources during the COVID-19 outbreak.

There is also a **Virtual Discussion Forum** to help organize information, resources, and strategies used across teams. You can participate in the forum as a guest, or sign up as a member

Telehealth Billing: Telehealth Learning and Consultation (TLC) Tuesdays – Online Series

Tuesday, April 7, 2020 11:00 AM EDT

This online series will support behavioral health providers who are new to using telehealth. During each hour-long session, specialists will spend the first 20 minutes addressing a specific topic, then answer questions submitted by TLC Tuesday registrants. Recordings of the 20-minute presentations, as well as additional resources will be posted on the web as they become available.

Future sessions include:

April 14: Telehealth Tools
April 21: Telehealth with Children and Adolescents
April 28: Telehealth Troubleshooting

Two-Part Primer: Foundations in Prevention: Opportunities for Building Individual and Community Resilience – Webinar

Tuesday, April 7, 2020 10:00 a.m. EDT

recovery, participants learn strategies for strengthening inclusive communities that foster a sense of belonging for everyone. The second hour will address how to leverage relationships between clinicians, the women they serve, and their children. This overview will introduce the current evidence for healthy families through a developmental lens. Taking this perspective allows clinicians to be more deliberate in fostering understanding, building strength, and increasing resilience.

EPLS: Getting Ready for Sustainability Planning – Online Course

Tuesday April 7, 2020 4:00 p.m. EDT

This 7-week distance learning series offers participants a unique, interactive experience to explore how to develop a sustainability plan. This learning series incorporates online consultation, skill-based learning and practice, self-study and reading assignments, group activities, and discussion designed to guide participants through each of the five critical components of sustainability planning.

Session dates are listed below:

- Session 1 - April 7, 2020
- Session 2 - April 14, 2020
- Session 3 - April 21, 2020
- Session 4 - April 28, 2020
- Session 5 - May 12, 2020
- Session 6 - May 19, 2020
- Session 7 - May 26, 2020

Supervision of Peer Providers: Effective Supervision of Peers by Non-Peer Supervisors – Webinar

Tuesday, April 7, 2020 1:00 p.m. EDT

This webinar series will introduce participants to recovery from Serious Mental Illness and many of the evidence-based and promising practices that support recovery. This session focuses on supervision of peer providers.

Authentic and Intentional Engagement – Webinar format via WebEx

Tuesday, April 7, 2020 1:30 p.m. EDT

This course is being offered in a webinar format via WebEx (i.e., non-visual whereby the PowerPoint slides will be seen; facilitator and participants will not be seen). As provider organizations rapidly shift to telehealth services to accommodate social distancing, there is a great deal of anxiety and uncertainty around best practices for engaging clients via these mediums. Participants will review strategies for preparation, as well as skills to employ during, and following remote counseling conversations.

Suicide Assessment and Response for K-12 Populations – Webinar Series

Wednesday, April 8, 2020 1:00 p.m. EDT

Participants in this session will learn recommended best practices for assessing children and adolescents for suicide and initiating appropriate response to youth experiencing thoughts of suicide in a K-12 school setting.

Other webinars in the series include:

- **Part Two: World Class Resources to Discover Genetic Risks for Suicide Death** – April 15, 2020 at 1:00 p.m. EDT
- **Part Three: School-Based Suicide Prevention Interventions for K-12 Population** – April 22, 2020 at 1:00 p.m. EDT
- **Part Four: Crisis Response Planning for Suicidal Patients: an Introduction** – April 29, 2020 at 1:00 p.m. EDT
- **Part Five: Suicide Interventions and Response for Youth Experiencing Series Emotional Disturbance (SED)** – May 5, 2020 at 1:00 p.m. EDT
- **Part Six: Suicide Prevention and Interventions for Transition Age Youth on College Campuses** – May 13, 2020 at 1:00 p.m. EDT

Healing the Returning Warrior Part 5 – Webinar Series

Wednesday, April 8, 2020 1:00 p.m. EDT

This webinar is part 5 in a five-part series, and it will focus on historical trauma and PTSD. The series focuses on Native veterans, including a historical overview that delves into the history of Native Americans in the military, historical trauma, PTSD, suicide approaches to assessment and treatment, traditional beliefs and healing practices, and most importantly honoring self through Native American teachings and wisdom.

Alcohol Policy Series: Social Host Liability Laws – Webinar

Thursday, April 9, 2020 11:00 a.m. EDT

Lawmakers have developed, enacted, and applied a variety of policy strategies that target society- and community-level influences to reduce underage drinking and its associated consequences. This webinar will highlight Social Host Liability Laws aimed at decreasing social access to alcohol by underage youth and deterring underage drinking parties.

Session I: Changing the Conversation about Mental Health to Support College Students during a Pandemic

Thursday, April 9, 2020 1:30 p.m. EDT

- Ways we can successfully support students' mental health needs remotely;
- Coping strategies for adapting to a new normal; and
- Techniques for supporting social connectedness during a time of social distancing and educational disconnect.

Session 2 will take place on Monday, April 13, 2020 at 1:30 p.m. EDT.

Peer Support Echo (PS ECHO) – Online Community

Thursday, April 9, 2020 1:00 p.m. EDT

The Peer Support Extension for Community Healthcare Outcomes (PS ECHO) is a movement to share knowledge, and amplify capacity to provide best practices. The PS ECHO is an online community for Peer Recovery Specialist and Mental Health Peers to:

- Share community and statewide resources;
- Learn new skills and tools for doing peer work; and
- Meet and connect with other peers.

Transitional Age Youth, Part 1: Young Adult Peer Mentoring – Webinar

Thursday, April 9, 2020 1:00 p.m. EDT

This two-part series will examine the unique challenges that 16-24 year olds with serious mental illness and/or substance use disorders face as they transition out of the school-based or youth service system and into adulthood. Part 1 will discuss Young Adult Peer Mentoring and describe how using it in a therapeutic process can enhance this population's engagement, motivation, and persistence.

Peer Recovery Support Series, Section II: Hiring, Onboarding, and Integration – Webinar

Friday, April 10, 2020 12:00 p.m. EDT

This is Section 2 of a multi-part series. The structure and process of bringing on Peer Recovery Support Specialist (PRSS) staff should be carefully considered before beginning the recruitment process. The objectives of this webinar are to:

- Outline recruitment and hiring practices (develop job description, essential skills, recruitment processes, compensation, etc.);
- Demonstrate onboarding (orientation, job shadowing, determining workload, etc.); and
- Prepare for PRSS integration (build rapport, HIPAA and information sharing, EHR, etc.).

Restoring and Promoting Resilience – Webinar

During this 90-minute webcast, experts in the fields of intimate partner violence, service provision for immigrant and refugee communities, and trauma will provide an overview of the issues confronting immigrant women survivors of IPV at the local, state, and national levels. They will also discuss best practices for restoring and promoting resilience in times of uncertainty.

Screening and Addressing Substance Misuse in Mental Health Settings – Webinar

Friday, April 10, 2020 1:00 p.m. EDT

This interactive webinar will review contributing risk factors for substance use and mental illness, and its impact on diagnosis and treatment. Content will inform on validated tools used for screening substance use. Further, content will instruct on how facilitating brief interventions (Screening, Brief Interventions, Referral to Treatment, SBIRT), that are culturally and linguistically appropriate as well as trauma informed, can help address at-risk substance use in clinical and non-clinical environments, and facilitate patient centered care and support.

De-escalation: Basic Tools for Social Workers – Webinar (Part 1)

Monday, April 13, 2020 12:00 p.m. EDT

Difficult moments don't have to grow into 'incidents' that threaten client engagement and retention. This interactive two-part webinar is designed to equip peers, counselors, social workers, anyone working with people with concepts and preparatory actions that can be used to de-escalate a wide range of interactions.

National ACT Virtual Meetings to Address Impact of COVID-19

Monday, April 13, 2020 3:00 p.m. EDT

Assertive Community Treatment (ACT) is a multidisciplinary, team-based model that provides intensive community-based and outreach-oriented services to people who experience the most severe and persistent mental illness. The vast majority also have a co-occurring substance use disorder and many experience comorbid medical illnesses as well as homelessness. **These meetings will be held weekly on Mondays at 3:00–4:30 p.m. EDT.** The goals of the meetings are to:

- Connect with one other;
- Share strategies and resources for adapting team practices and communications; and
- Facilitate connection to the most up-to-date resources during the COVID-19 outbreak.

Crisis Readiness, Response, and Recovery Webinar Series: Principles of Commemoration and Memorialization

Commemorative activities and memorialization in schools present opportunities for students and staff to take an active role in constructing an enduring memory related to a crisis event and to honor those whose lives were lost. As such, they can be important to help promote adjustment and recovery. This session will review key considerations for planning commemorative and memorial activities in school settings.

Note: There will be two more webinars in this series on efforts for schools to be held May 28, 2020 and August 4, 2020.

Build your Motivational Interviewing (MI) skills through the Motivational Interviewing Learning Collaborative!

Wednesday, April 15, 2020 11:00 a.m. EDT

On the third Wednesday of each month, there will be a series of interactive calls via Zoom for people who want to enhance their motivational interviewing (MI) skills. This learning opportunity provides practitioners with a no-cost, easy to access opportunity to continue to build their practice skills towards fidelity.

Topics by date:

- **April 15**: WHY Not Ask WHY and Other Things to Think About with Open Questions
- **May 20**: Taming Your Inner Cheerleader: Be Proud Of You and How Well You Can Use Affirmations
- **June 17**: Gold Star Things to Say (Genuinely!)
- **July 15**: What to Do When the Client Says Something about Changing Their Behavior
- **August 19**: What to Do When the Client Seems Stuck About Changing Their Behavior
- **September 16**: Pay Attention to Discord
- **October 21**: Guess What Happens When You Ask for Change Talk?
- **November 18**: TBD
- **December 16**: TBD

Behavioral Health Crisis Response Systems Live Webinar Series: Implementing New Crisis Services: The View from the Ground Up

Wednesday, April 15, 2020 1:30 p.m. EDT

This presentation will describe the real-world experience of one community in a rural state (Iowa) in enhancing their crisis services. This webinar will be more of a case study of one community's process of expanding their crisis services, highlighting some of the successes and how those were navigated, as well as some ongoing challenges.

Supports for Teachers Affected by Trauma (STAT) – Webinar

Wednesday, April 15, 2020 2:00 p.m. EDT

and mitigate it. This webinar will teach educators and other school staff about signs and symptoms of burnout, compassion fatigue, and secondary traumatic stress.

World Class Resources to Discover Genetic Risks for Suicide Death

Wednesday, April 15, 2020 1:00 p.m. EDT

This is Part Two of Six in the Webinar Series: Suicide Prevention across the Educational Continuum. This presentation will give an update on research progress and how results may impact the future of prevention and treatment. Other webinars in this series include:

- **Part Three: School-Based Suicide Prevention Interventions for K-12 Population** – April 22, 2020 at 1:00 p.m. EDT
- **Part Four: Crisis Response Planning for Suicidal Patients: an Introduction** – April 29, 2020 at 1:00 p.m. EDT
- **Part Five: Suicide Interventions and Response for Youth Experiencing Series Emotional Disturbance (SED)** – May 5, 2020 at 1:00 p.m. EDT
- **Part Six: Suicide Prevention and Interventions for Transition Age Youth on College Campuses** – May 13, 2020 at 1:00 p.m. EDT

Tools for Engagement in Person-Centered Care Part 3: Approaches for Person-led Crisis Response Planning – Webinar

Wednesday, April 15, 2020 11:00 a.m. EDT

This four-part webinar series shares information and discusses applications that practitioners and others can use to help engage and activate individuals with serious mental illness and/or substance use disorders in person-centered treatment and services. Part 3 will provide an overview of common approaches to person-led relapse and crisis planning approaches including safety plans, relapse prevention/management plans, and Psychiatric Advance Directives.

Professional Boundaries for Peer Advocates (Part One) – Webinar

Wednesday, April 15, 2020 12:00 p.m. EDT

This is part one of a two-part webinar. Peer Advocates play an important part in substance use treatment. There are also some challenges for them. This two-day webinar will focus on Professional Boundaries for Peer Advocates. It will include the Code of Ethical and Professional Conduct. There will be lectures, exercises, and interactive discussions.

Community Engagement Strategies: Best Practices for Preventing Substance Misuse at the Grassroots Level – Webinar

Wednesday, April 15, 2020 12:30 p.m. EDT

This webinar will share how Coalitions or Collaborations in any size community can enhance

grassroots (offline) spheres to educate communities and to mobilize partners and stakeholders, increasing both impact and effectiveness of their opioid prevention and reduction efforts.

Building Successful Programs: Implementing MRT® in Drug Courts – Webinar Series

Wednesday, April 15, 2020 1:00 p.m. EDT

Continuing the webinar series on MRT–Moral Reconation Therapy®–this webinar will focus on the details involved in implementing MRT within drug courts. Attendees will have the opportunity to view a video of a Mock MRT Group, with MRT Trainers playing group participants attending a meeting.

Talking about Sex as Prevention: A Novel Use of Motivational Interviewing

Wednesday, April 15, 2020 1:00 p.m. EDT

The provider workforce is not presently equipped to routinely engage in productive and guiding discussions about sexuality and intimacy with persons living with behavioral health conditions. Missed opportunities have great implications for prevention with a population more likely to be infected with HIV, hepatitis B and C, experience intimate partner violence, and contend with co-morbid substance use disorders. This webinar highlights the contents of a training toolkit that employs the use of Motivational Interviewing (MI) in experientially teaching providers the skills of MI and the practice of having conversations about sexuality and intimacy.

Self-Care in Overwhelming Times – Webinar

Wednesday, April 15, 2020 3:00 p.m. EDT

These are overwhelming times. Stress, anxiety, fear, loss, and grief–all part of ordinary life–are exponentially heightened in this time of pandemic. How do we name what we're experiencing? How do we stay healthy in body, mind, and spirit? How do we keep gentleness and compassion alive for self and others? Please join us in exploring these questions together.

Selecting and Implementing Evidence-Based Practices to Address Substance Misuse among Young Adults: SAMHSA's Resource Guide – Webinar

Wednesday, April 15, 2020 6 p.m. EDT

In this webinar, participants will learn about the findings and resources available in the recently released SAMHSA resource guide Substance Misuse Prevention for Young Adults. This guide was developed to support health care providers, systems, and communities seeking to prevent substance misuse among young adults.

Thursday, April 16, 2020 12 p.m. EDT

Peer Advocates play an important part in substance use treatment. There are also some challenges for them. This two-day webinar will focus on Professional Boundaries for Peer Advocates. It will include the Code of Ethical and Professional Conduct. There will be lectures, exercises, and interactive discussions.

Contact Us

We appreciate your feedback! Please send your questions, comments, and suggestions to the *SAMHSA Headlines* Team. You can call us at 1-877-SAMHSA-7, or email us at SAMHSAHeadlines@samhsa.hhs.gov. We look forward to hearing from you.

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Pacific Southwest MHTTC

Pacific Southwest Mental Health Technology Transfer Center

VIRTUAL LEARNING GUIDE

Supporting those who use virtual platforms to support the mental health and school mental health workforce

Welcome to the Pacific Southwest MHTTC[1] Virtual Learning Guide.

Our primary focus is providing high quality professional development for the mental and school mental health workforce; we created this guide to support both learners and leaders who use virtual platforms to support the mental health and school mental health workforce in our region. As more of us shift to new forms of distance learning, we hope this guide will be timely, relevant, and useful.

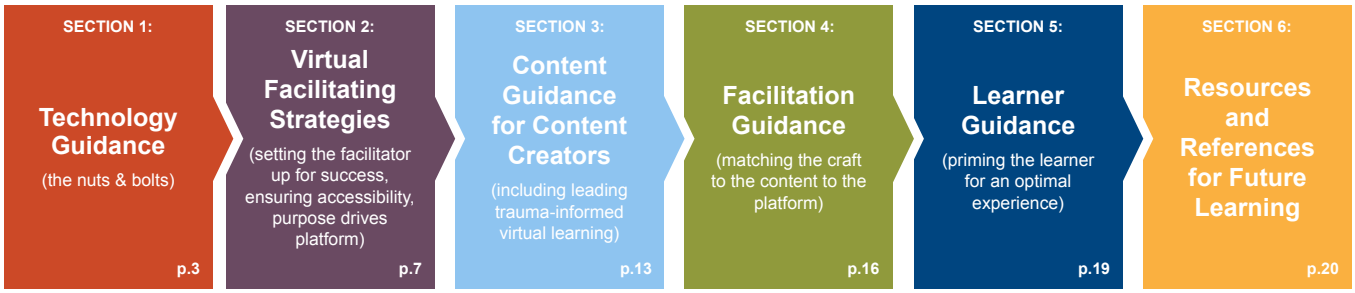
What this guide is:

- This guide is based off of an internal guidance document that the Center for Applied Research Solutions (the umbrella organization of the PS MHTTC) created for their internal specialists and partners. We hope our guidance can be a launchpad for your agency, organization, or team's navigation of virtual learning. Please take, adapt, adopt, and make this your own, and disseminate as is useful.
- This guide provides a walkthrough of both the technical (platforms) and the interactive (the pedagogy) strategies and approaches to virtual learning
- This guide is written for facilitators and presenters who are leading professional development and group learning online.

What this guide is not:

- A guide to creating online courses or to transitioning classes to an online format (though there are many tips that can apply) for k-12 and higher education contexts.
- A guide to telehealth services and systems
- A comprehensive go-to resource on all things virtual: we lightly touch on social media platforms (e.g. Facebook or Instagram Live), and we know there are many other platforms out there
- A comprehensive go-to resource on all things virtual school and mental telehealth[2]

The guide is structured into the following sections:



Delivery & Design: Both Matter, Equally

The **delivery to learners** should acknowledge that learners integrate new things in this sequence: Technology → Content → Pedagogy (How, then What, then Why). Learners must first understand how to use the tool, before they can process the ideas and concepts presented through the tool. It's difficult for learners to integrate new skills and content and application suggestions at the same time (for example, when learning to cook, you might first learn the knife skills before engaging in cooking). Differently, **when designing** professional development through virtual platforms, presenters should first identify the learning outcomes, pedagogy, content, and then select the modality to meet those outcomes: Outcomes → Pedagogy → Content → Technology (Why & who, then what, then how. This guide's sections are sequenced accordingly.

Virtual & In Person: Both Matter, Equitably

Virtual learning has its place and there are many benefits, particularly in audience outreach. And, virtual learning is not an equal replacement for in-person learning. Circumstances may necessitate virtual learning, but it's crucial to be attuned and sensitive to matching certain topics to certain modalities. Teaching, facilitating, presenting, and coaching are uniquely powerful when they are delivered in-person and in community. Online learning cannot replace the power of being together in-person, but good teaching can foster similar connections online. Both matter, and need to be designed and delivered to meet the needs, contexts, and capacities of both the presenter and learner.

And Lastly, We Are Also Learners.

Many of you may have edits, adds, and your own sophistication when it comes to online learning. While this guide holds some content that is most likely going to remain true (e.g. foundations of good pedagogy), some content may need to change with technology innovations (e.g. platforms, modalities, ways to use software, and even web links). We encourage you to use this guide as just that: a guide to make your own to most support the presenters, facilitators, and learners.

[1] The Pacific Southwest MHTTC (PS MHTTC) serves the priorities of SAMHSA Region 9 states and territories, including: Arizona, California, Hawaii, Nevada, and U.S. Pacific Islands of American Samoa, Guam, Marshall Islands, Northern Mariana Islands, Federated States of Micronesia, and Palau. We offer a collaborative MHTTC model in order to provide training, technical assistance (TTA), and resource dissemination that supports the mental health workforce to adopt and effectively implement evidence-based practices (EBPs) across the mental health continuum of care. The Pacific Southwest MHTTC also provides TTA and resources at a national level with a specialty area focused on youth and young adults of transition age.

[2] Note that our PS MHTTC, the National Coordinating Office, and other MHTTCs will be issuing school and mental telehealth specific webinars, guidance, and resources. Please go to our website at https://mhttcnetwork.org/centers/pacific-southwest-mhttc/home for updated telesupport and mental health resources.

Pacific Southwest (HHS Region 9) MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Section 1: Technology Guidance

We start with technology as that is the first gateway to successful virtual learning: the how guides the what guides the why.

Top 5 Virtual Learning Technology Tips

1. *Create guides with visuals to the platforms you use. They'll come in handy when you send out an invitation, start a virtual learning experience, and will help codify the "how tos."*
2. *Don't assume anything: make everything explicit, even the small stuff.*
3. *Technology can make even the most confident feel incompetent, and/or frustrated. Be ready to navigate these feelings in yourself and others.*
4. *Age doesn't mean anything: someone being "young" or "old" doesn't have anything to do with participant capacity in leading or absorbing learning via a virtual platform.*
5. *Digital equity is foundational: don't assume everyone has wifi, hotspots, or a safe and quiet place to learn or teach. Differentiate access to learning as much as possible by determining and mitigating limitations that individual participants may have, and structure the learning to maximize and leverage the skills and contributions each participant brings to the virtual learning space.*

Platforms for Peer Learning - A Checklist

_____ **Research and/or identify the platforms** that your organization will use. There are many low-cost and free conferencing tools that are available to support the transition from in-person to remote learning. Below is a partial list of platforms that can support peer-learning:

- Join.me
- Zoom.us
- Skype
- Appear.in
- Adobe Connect
- Cisco Webex
- Google Hangouts Teams
- Microsoft Teams
- GoToWebinar/ GoToMeeting

_____ **Create internal guidance for digital peer learning.** The Center for Applied Research Solutions created this internal agency guidance for digital peer learning that includes overviews for using online discussion and collaboration forums, web-based live streaming, Twitter Chats, and Facebook Live.

_____ **Develop cheat sheets for each platform** that your organization uses.

- The Center for Applied Research Solutions created cheat sheets (GOTOMEETING Cheat Sheet & Adobe Connect Cheat Sheet) that go out to presenters before the webinar to familiarize presenters to the platform (note that there is usually a walkthrough before every webinar to rehearse both the technology navigation and content delivery). The cheat sheet includes visual demonstration of the platform, responsibilities of the presenter, the host, and the facilitator, and includes the software and hardware requirements to run Adobe Connect.
- Many platforms offer their own cheat sheets. It's helpful to review what the platform offers and then adapt it to your own organization's and participants' needs (e.g. ZOOM cheat sheet from Stanford; Tutorials from Zoom re how to host a meeting)
    - Lumos Transforms begins their Zoom sessions by guiding users through a PowerPoint deck that explicitly shows participants where and how to use each function of Zoom as a participant (chat box, renaming, virtual background, etc).
    - This Zoom Tip Sheet for Educators is designed for teachers who are now leading instruction with K-12 students virtually; many of the tips can easily be adapted to an adult learning audience.
    - New to Zoom? Here are some tips and trick provides great, digestible go tos for presenters and facilitators.

_____ **Select the Platform** that best matches your learning outcomes (see Section 2).

Pacific Southwest (HHS Region 9) MHTTC Mental Health Technology Transfer Center Network
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Physical Set Up - A Checklist[3]

The physical set-up helps create a space that communicates the presence of the presenter or facilitator to the participants.

LIGHTING

- *Good quality lighting makes a difference and allows participants to see you clearly.*
- *Set up at least two light sources pointing at your face.*
- *Avoid being backlit. If there are windows behind you, close the blinds/ shades that can create shadows across your face.*

CAMERA ANGLE

- *Correct camera framing and angle help participants feel like you are speaking directly to them.*
- *Position the webcam at eye level.*
- *Position the webcam at a distance that will show your head and shoulders. You don't want your whole face to take up the video, nor do you want to be so far that you cannot be seen clearly.*

BACKGROUND

Don't forget the space behind you.

- *Consider a background that helps with "legitimacy" and is not distracting.*
- *Set up a wall with simple art or sit in a space with a bookshelf behind you.*
- *Some platforms (e.g., Zoom) offer virtual backgrounds that can help.*

FOREGROUND

Don't forget the space in front of you.

- *What might distract you as a presenter?*
- *What might you need in front of you to encourage you, keep you regulated and energized?*
- *Do you need to have a closed door?*
- *Let others in your shared space know that you cannot be disturbed for a period of time.*

ATTIRE

- *Your presentation and attire influence nonverbal communication.*
- *Dress professionally, but be comfortable.*
- *Avoid busy patterns, such as stripes or polka dots.*

MEMORY AIDS

- *Have your notes readily accessible.*
- *You can tape talking points near your webcam, on a bookstand, or have your notes on the screen. This will help you maintain eye contact with the webcam, rather than looking down at notes.*

OTHER SUPPORT

- *Have other key essentials within reach, like a glass of water, reading glasses, tissue, etc. If your phone is near you, make sure that your phone is also in silent mode.*

[3] Adapted from Hibber, Garber, Kerr, Marquart (2016) The Human Element: Fostering Instructor Presence through Online Instructional Videos. In Creating Teacher Immediacy in Online Learning Environments. Ed D'Agustino, S.

Technology Set up - A Checklist[4,5,6]

_____ **Test your computer speaker and microphone.** All programs allow the user to test their internal speakers and internal microphone prior to joining a session. Make sure that you can both hear the audio and be heard.

_____ **Choose the audio conference option** that will give you the best connection: phone call or computer audio. If your computer audio is not stable or your internet connection is slow, choose the phone call option.

_____ **Prioritize using a headset mic.** The quality of sound is always better with a headset mic, which helps reduce background noise and prevents an echo. Use a headset mic or ear buds whether you are joining by computer audio or phone call.

_____ **Make sure to have a stable internet connection.** A slow connection will affect the session with frozen screens and inconsistent audio, or, even worse, a dropped connection.

- If using a laptop, use a LAN cable to ensure a stable connection.
- If you have to rely on wifi and/or the connection is bad, consider temporarily turning off your video stream and only maintaining the audio stream. Sometimes, running the web camera on your computer will use up bandwidth in a way that might make communication challenging. Turning off the video should improve communication quality and consistency.
- Turn off other programs requiring access to the internet if your internal connection bandwidth is limited.

_____ **Turn off notifications on all of your apps and phone.** Or better yet, just quit all unnecessary programs on your computer. There is nothing worse than sharing your screen and having a personal text alert pop up on your screen.

_____ **Be acquainted with the video conference features.** The presenter and participants should be acquainted with the various tools and features of the platform (hint: check out the cheat sheets above for tips).

- **Sound.** Learn how to mute and unmute the microphone. Some platforms have shortcuts (e.g., in Zoom, you can press and hold the spacebar to temporarily unmute yourself). You can automatically mute yourself and have your video off before joining (particularly for Zoom). This gives you time to ensure you are sitting where and how you want to be when joining a meeting, and sets the default as "mute." To set this up, see How do I turn my microphone and video off when joining a Zoom meeting?
- **Display name on screen.** If the organization uses a general account, sometimes your name may show up as the organization name. Once you log onto the platform, you can change your screen name.
- **Chat feature.** The chat feature is a useful way to share messages, videos, files, screenshots. Depending on the platform, chats can be sent to the entire audience, individual participants, presenters, and/or organizers.
- **Polling.** Most platforms offer polling as a way to gather collective input from participants. If polling is not available, there are other options such as Poll Everywhere, + 1 Polling, Google Doc, and or a simple thumbs up sign if participants are also on video.

_____ **Be intentional about what is on the screen.** (i.e., your virtual real estate). What do you need your audience to be focused on? Is it what you are sharing (e.g., powerpoint, image, document) or the faces of other participants? Remember to stop sharing your screen if the information is not necessary for the discussion.

_____ **Prepare for potential hackers, aka "Zoombombing"**A recent trend that many Zoom users are experiencing is a phenomenon called "Zoombombing," when a Zoom learning space gets hijacked and someone unwarranted and unwanted takes over the audio and video controls to share their screen and show what inappropriate materials and audio. The following resources were created to help prevent Zoombombing from happening: Zoombombing Resources | Keep Teaching | USC, 6 Tips to Deter Zoom-bombers by Michelle Pacansky-Brock, and the company Zoom released preventative tips to prevent "party crashers," too[7].

[4] Adapted from Teaching Effectively During Times of Disruption
[5] Adapted from Hibber, Garber, Kerr, Marquart (2016) The Human Element: Fostering Instructor Presence through Online Instructional Videos. In Creating Teacher Immediacy in Online Learning Environments. Ed D'Agustino, S.
[6] Based on a webinar on online learning facilitation from Adi Hanash, an online learning specialist (3/18/2020)
[7] Note that the content of Zoombombing tends to be racist, xenphobic, homophobic hate speech. As a facilitator, once you interrupt the Zoombomber and mute all and dismiss the user, you may need to offer a breath or ask participants if they want to resume to ensure everyone's emotional safety

Technology Instructions for Participants

Mute and video dynamics are everything. Mute and video issues will make or break a learning experience.

- **If it is a group of more than 10 people** who are not accustomed to Zoom or virtual learning, we suggest automatically muting people as the Host, asking people to "raise their hands" (either literally or use the "raise hand" function in the participant box) to indicate they want to speak, and having the host manually unmute them.
- **Advise participants to mute their microphones if they are not speaking and unmute the microphones when they wish to speak.** Participants may be joining calls from all kinds of different locations, many of which may create background noise. Encourage participants to mute themselves if they're not speaking to minimize unnecessary or distracting background noise. Using the "raise hand" feature or simply seeing the microphone unmuted will give the group a visual cue for when someone wishes to speak.

A FEW MORE TIPS...

- **The best solutions aren't always technical ones.** If you want to use Flipchart, use Flipchart! If you need a quick response from participants, ask for a thumbs up or thumbs down. If you see participants' interest wane, ask a silly question or invite participants to stand up and sit down to stretch their legs.

- **Breathe though it.** Teaching and technology are ripe for blunders, mistakes, and challenges. Give yourself grace. If you as a presenter breathe through it, participants are likely to be less bothered and stressed.

Reflection Question

» *Knowing that many mental health and school mental health professionals may be new to virtual learning, what technology navigation tips are essential to both the presenter and learner's success?*

Section 2: Virtual Facilitation Strategies & Choices

Once you are familiar with strategies to support the set up of physical space and technology, it is important to consider additional processes and structures that set the facilitator up for success.

The following are tips that merge foundational facilitation practices for navigating virtual learning platforms.

Part 1: Setting the Facilitator Up for Success

Teams = Success. If possible, it's ideal to have a host, facilitator, and presenter.

- **Host.** The host is the person who is monitoring the technology, the person to whom participants can send email or chat regarding technology issues, and the person who mutes and unmutes participants experiencing significant background noise. The host can also help with recording.
- **Facilitator.** The facilitator is the person who is online 15 minutes before the session, greeting guests, liaising the host and presenter, and usually introducing and closing the learning. This person can help presenters with time checks; monitor the chat box for questions and comments; and add resources during the presentation.
- **Presenter(s).** The presenter is the person or people delivering content and facilitating the learning experience.

Sometimes the host, the facilitator, and the presenter role gets combined (this happens frequently). When possible, we highly recommend providing a team approach to webinar/workshop presentations/training, or facilitation, especially when hosting large groups.

Note that Teaching Effectively During Times of Disruption suggests that if having a host is not possible for larger sessions, you can pre-identify a colleague or participant to moderate the chat and make sure important questions and comments are addressed. Even for smaller sessions, it may be worthwhile to ask a participant (or two) to take on special roles as "chat monitors" to voice if there are questions that arise that the facilitator has missed.

Part 2: Ensuring Accessibility

Designing for accessibility is fundamental and necessary.

Help ease invitations if participants are from multiple time zones by using apps like Everytimezone to check your proposed meeting time in every time zone.

The National Center on Accessible Educational Materials offers the following mandates for full accessibility: videos must have closed captioning and audio must have transcripts. Here are some resources for live captioning (for participants that may be deaf and hard of hearing):

- CART (Communication Access Realtime Translation) is a service in which a certified CART provider listens to speech and instantaneously translates all the speech to text. Display options include computers, projection screens, monitors, or mobile devices. The real time text may be displayed as a full screen of large text at the front of the room or the text may be incorporated onto the same screen as a PowerPoint presentation.
- Amara--an award-winning subtitle editor and enterprise offering--enables you to caption and subtitle any video for free; for larger subtitling projects, the platform makes it easy to manage teams of translators)

When using Zoom, you can utilize the chat function to support deaf and hard of hearing participants. The whole "room," including facilitators and participants, can engage in a real-time, text-based instant messaging. Messages received in Chat remain archived and will appear in the archived transcript. This can be a nice way for instructors and students/participants to communicate nimbly without needing to use voice-based chat and without needing to use any outside apps or resources.

- **Automatic live captioning is not available in Zoom; however, automatic captions are visible if you record a Zoom session.** You may wish to **use Google Slides** and enable the **live captioning feature within Google Slides.** If you share your screen using Google Slides, your voice will be captured and live captions will appear. See Present Slides with Captions (via Google Drive support) for more information.
- **For participants who are blind or have low visibility, narrate the material that you're displaying visually on the screen.** Just as you might read materials aloud in class, read screen material that you share on-screen just in case

students are not able to see essential text (this is also pertinent when participants cannot see the presentation - no access, poor connections, etc).

Often, and especially for federal or state-funded learning, the content must be 508 compliant. Check out this link for more information.

Reflection Questions

- *What presenter tips require practice for you?*
- *For which presenter tips do you need more information or skill support?*

Part 3: Purpose Drives Platform - Matching Your Learning Outcomes to The Learning Modality and the Technology

Platforms shouldn't drive the learning; the learning outcomes should drive the choice of platform. The following section explores options the facilitator has when designing a virtual learning experience.

The Four Modalities of Engagement

Whether online or in-person, pedagogy and learning usually fall under four modalities: facilitation, keynotes/presentations, coaching and/or consulting, and workshops. Note that "Virtual Learning" does not equal "Meetings" - they have different purposes, outcomes, and approaches.

Quick Tips

AWAKEN notes, "not all virtual programs are created equal," and offers the following considerations when designing a virtual learning program:

Webinar vs. Workshop: *Are you looking for a short, lecture-based webinar format education that is scalable or an immersive, interactive workshop that involves audience participation?*

Lecture vs. Dialogue: *Is your top priority finding the most efficient way to deliver information or is it engaging your team to learn while having open dialogues?*

On-demand vs. Live: *Do you want a self-paced, pre-recorded, click-through on-demand education solution? Or do you want a live-facilitated, small group learning experience?*

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FACILITATION

Participants are usually part of an affinity group (a grant, a work position, an identity position) and the facilitator's job is to:

a. Open the session (welcome, purpose, outcomes, introductions, connector, norms)
b. Provide guiding questions to bridge and build discourse between and across participants or between participants and a presenter
c. Close with summary and organization of the conversation, next steps, thank yous, and close out

Note that as a facilitator, your voice should be the least heard except for the opening and closing. Your job is to set participants up for engagement.

KEYNOTES/PRESENTATION

Participants are usually joining to gain knowledge and information and the presenter's job is to provide content and direct instruction. These usually take the form of a webinar. See Designing Interactive Webinars for more tips about webinar engagement.

COACHING & CONSULTING

Participant(s) are joining to receive individualized, intensive support on a practice, skill, dilemma, or inquiry. This could also include collaboration, in which the coach/consultant works on a document (e.g. a school's trauma-informed policy), or with a team or individual.

a. Coaching implies that the participant is engaged in thought-partnership; the coach assumes that the participant has the solution to their own challenge and the coach provides reflective guidance. See Costa & Garmston (2002)'s guidance for coaching questions. This model is suitable for on-going interactions.
b. Consulting implies that the participant is seeking concrete advice, solutions, or an answer to a particular question. Consulting is usually a one-time, short-term interaction.

WORKSHOPS

While workshops are recommended for in-person, virtual workshops (usually recommended for 60-90 minutes) can be effective, though this is the most difficult form of virtual learning. We recommend that you lead a virtual workshop with a co-trainer.

For other ideas of how workshops flourish online and other platforms that support success, see: Remote workshops: collaboration done virtually or Running a Virtual Workshop - Ashley Crutcher

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Matching Platform to Modality to Purpose; What To Use for What and with What

The following is a sample of a chart created for a team to help select which platforms and modalities to use for various outcomes. Please note that the opinions in the chart reflect team members' feedback; when creating your own organization's guide, you and your team members may have different experiences, opinions and preferences.

Adobe Connect

MODALITY

Webinars (panels, presentations)

PURPOSE/FEATURES

Presentations, chat box, screen share, easy for multiple presenters to access, webcam usage, uploading handouts

PROS

- *Intuitive for new users*
- *High quality video streaming for presenters*
- *No longer a requirement for you to use Adobe Flash Player*
- *As a presenter, there are separate chat functions for participants and presenters*
- *The host has meeting controls (presenter can mute others)*
- *Supports up to 500 participants at once*

CONS

- *Usually requires the use of a technology host*

zoom

MODALITY

Discussion Hours, meetings, coaching and consulting, small group workshops Webinars (panels, presentations, breakout rooms)

PURPOSE/FEATURES

Coaching or consulting for groups of 10 or fewer, meetings

PROS

- *Screen sharing*
- *Easy calendar invite abilities with Outlook*
- *Useful for brainstorming sessions with Zoom's on-screen whiteboard feature*
- *Start using for free (Zoom's free plan lets you host up to 100 participants in a video call) Zoom's pro plan supports Breakout Rooms to help participants talk in smaller groups*
- *See Managing Video Breakout Rooms.*

CONS

- *Unpredictable video quality (pixelation)*
- *One chat box can be confusing or lead to errors (the facilitator and participants have to be keenly aware of when they are sending a message to the whole participant list, to the presenters, or one particular person).*

RingCentral

MODALITY

Facilitation, presentation, coaching, consulting, group meetings

PURPOSE/FEATURES

Video conferencing, recording available, chat, whiteboards, meetings on your schedule, up to 200 participants

PROS

- *Each staff person has their own line*
- *RingCentral Meetings' video conferencing feature is powered by Zoom and is essentially identical*
- *Video conferences, share screens, exchange files*
- *Lets users join in by phone*

CONS

- *Unpredictable video quality (pixelation)*
- *One chat box can be confusing or lead to errors (the facilitator and participants have to be keenly aware of when they are sending a message to the whole participant list, to the presenters, or one particular person).*

skype

MODALITY

Collaboration (workshops), meetings, calls

PURPOSE/FEATURES

Coaching or consulting for groups of 10 or less, meetings

PROS

- *Skype For Business will soon become a part of Microsoft Teams*
- *It has been around for many years, which may increase participants' familiarity with it.*

CONS

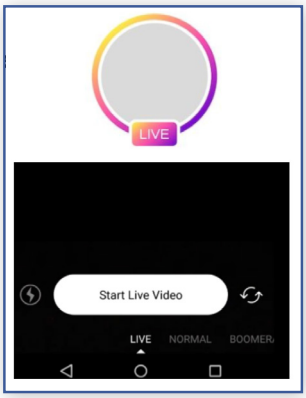
- *Group calls are free, but you can only meet with up to 10 people*
- *No meeting controls (you can't mute a noisy participant).*

The platform chart on the previous page is a sample of one agency's internal guide. You may also consider: Google classrooms, O365 Teams, Go To Meeting, Joinme, Appear In, and more. Facebook Live and Instagram Live are examples of utilizing social media platforms for virtual learning; see below for pointers.

Facebook Live Tips:

- **Generating interest** before you go live is key so you let your viewers know when to tune in, and what key messages you'll be sharing. Think of this like a campaign: the more you market beforehand, the better the turnout.
- **Create a virtual flyer** 1-2 sentence description, engaging photo, and remind folks the date and time.
- **Tag/call out other organizations** that you may be addressing, or hoping will join when you go Live (e.g., "Hey @nonprofit we'll be discussing [#topic] and hope you'll join the conversation!").
- Since Facebook Live let's you target certain events and groups with your promotions, it's ideal to have more focused content. **Identify 2-3 key takeaways** and guide the conversation around those points.
- You can record your Facebook live either horizontally, or vertically, so **pick which visual composition** makes the most sense given your scenario.
- **Timing is key.** Determine when your audience will be online and more likely to engage. You can check Facebook Insights data, and think about real-life scenarios (e.g., after school, or after work)
- Facebook Live viewers can join at any time, so be sure to **continuously offer context throughout the viewing**. For example, "Hey, if you're just joining us, welcome to our broadcast. We're currently talking about [topic] and we've just covered [previous topic]."
- A powerful way to increase engagement online is to **address comments that appear live on air**. This builds a culture of sharing, engagement, and responding to them in real-time encourages others to ask questions.
- After your Facebook Live concludes, **check out your analytics**. Checking the "Peak Concurrent Viewers" is the metric that represents the highest number of concurrent viewers watching the video while it was live.

Instagram Live Tips:



- To start an Instagram Live, **click on your Story profile photo and toggle over to the "Live" camera setting**.
- Once you go Live, your friends and followers who are online, will receive a notification that says, "[Username] has started a live video"
- While you're streaming live, you'll be able to **receive comments that both you and users can view**.
- To end the Live broadcast, tap the top right corner. You can **choose to save the video file in your camera roll, or share it to your Instagram Story** (Note: comments and reactions won't be saved)

Project Management. Note that this section does not include collaboration (project management) platforms. You can create the same guidance to those platforms as you would for virtual learning. For example, the Center for Applied Research Solutions created this menu of available online discussion and collaboration platforms. The menu covers the following: Google Group, Slack, Asana, Basecamp (see this CARS-created deck on using Basecamp), Bitrix, Dropbox, Yammer, Wizehive, Group Rocket, Clinked, Social Hubsite, and Groupspaces.

Reflection Questions

- *Which platforms does your organization have access to? What's missing? What should you keep?*
- *How might you make this chart reflective of your own organization's usage and availability?*
- *When putting the chart together, how might you do so with input from both presenters, participants, and technology staff?*
- *How might you integrate social media platforms in the chart? What platforms do your populations of focus use?*
- *What other tips do colleagues need in selecting their modality?*

Section 3: Content Guidance for Content Creators[8]

Some of us create content for ourselves to present. Some of us hire or partner with external presenters. Just like having norms to guide a virtual learning session is essential, so too is having guidelines for content creation to ensure fidelity to the values, principles, and audience for your project or your organization.

The guidance below was written for a federal project focused on education, mental health, and youth of transition age. You can adapt your content guidance to the context of your current project and/or audience.

Creating Content for Webinars and/or Presentations

The presenter should ensure that the content and format is inclusive, respectful, and serving diverse perspectives.

The following is a sample of guidelines employed by the PS MHTTC when contracting with external presenters; these are sent to all contractors before any engagement.

- The webinar/presentation will include a few slides at the beginning introducing [the initiative] and the technology tools that the participants will use.
- Start the presentation with some material about the "why" of the topic (Why are we here? Is it in response to a big event, or does it align with a project goal?)
- Use examples that connect to the work lives of the participants as much as possible.
- Focus on **practical, in-depth, useful, "how to" information**, not the history or excessive detail about the particular program, system, or approach. Participants usually want strategies, knowledge, and skills that they can apply. Focus not only on successes but also on barriers and how these were overcome, and on problems encountered and solutions attempted.
- We recommend presenters end the presentation with the "top ten takeaways" or lessons learned.
- **Avoid lengthy presentations** and avoid having presenters rush through material or try to cover too much information in too short a time period. This detracts from the learning potential of the presentation.
- **Bring an equity lens.** Incorporate information and perspectives related to serving ***culturally and linguistically diverse populations***, achieving cultural and linguistic competence, and reducing disparities into presentations.
- Make sure to provide clarification of any acronyms or other professional language that may not be widely understood. It is best to avoid using acronyms or abbreviations.
- **Keep slides simple** with limited text.
- Graphics are encouraged and should be identified within copyright limitations (i.e., use images from a stock library). Any copyrighted materials such as scales or tools cannot be included without the consent of the copyright holder.
- Any photos, quotes, and related information provided by a youth, young adults, or family members cannot be included without written consent or must be de-identified.
- Recognize that all notes and other materials included within the presentation will be visible to reviewers, so they should be customized for this particular presentation and clear to the reader.
- Remove any material in the presentation that is not directly relevant to this particular presentation, including old notes or other material that will not be used in this presentation.
- View ***Applying Multimedia Learning Principles to Presentations*** online at https://cars.bitrix24.com/~RuTWs for 12 evidence-based principles that should guide the design and organization of multimedia presentations.

Reflection Questions

» *How might you create, adapt or adopt content guidelines for internal and external presenters?*

» *How might these guidelines reflect your principles and values?*

[8] Adapted from Springmeyer & Oshel for CARS, 2017

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Leading Trauma-Informed[9] Virtual Learning

Many of the practices on the previous page in the content guidance section reflect trauma-informed principles, values that are designed to ensure everyone's safety, wellbeing, and optimal ability to engage and reflect in the learning. Trauma-informed principles such as safety, transparency, peer support, empowerment, and cultural competence and humility can and should inform guidelines for presenters and content creators.

Virtual learning spaces can heighten vulnerability- no matter the content- because people are in uncontained spaces; the facilitator has a limited ability to read how the conversation is landing with participants; and there is unpredictable access to follow-up when someone is activated. Unfortunately, there isn't a lot of work *yet* that explicitly guides the intersection between trauma-informed teaching and virtual learning (though there is this good 2016 article: Virtual Academic Challenges To Real-Time Trauma).

Fortunately, many teachers, instructors and facilitators model trauma-informed virtual pedagogy. For example, in a recent webinar on trauma-informed pedagogy, presenter Alex Shevrin-Venet (www.unconditionallearning.org) first briefly introduced participants to the Zoom platform, invited participants to check in with themselves (taking a breath, rolling shoulders stretching) and mirrored the invitation herself. *Participants' regulation was prioritized*. Next, Shevrin-Venet asked all participants to get connected by entering something that was positive and challenging in their lives in the moment. *Participants' connection was ensured*. Then, Shevrin-Venet offered one norm "Take what you need" and closed the opening with assuring participants that the only visuals participants would see would be stock photos of nature; no explicit graphic or triggering content would be offered. *Participants' safety was explicitly named* so that the learning could begin.

As such, we suggest the following basic parameters:

- ✓ **Do offer activation warnings** at the onset of the learning (e.g. "I want to forecast that we will be discussing suicide during this time. You may opt out or mute for the next ten minutes").
- ✗ **Do not use case studies or stories that involve explicit harm**
- ✓ **Do offer moments of quiet, breath, or regulation** throughout a virtual learning space that may be emotionally charged (even if it is subject-driven, it can still be emotional)
- ✗ **Do not use images or video that graphically illustrate harm or violence**
- ✓ **Do offer concrete ways for participants to access healing modalities** if the topic is potentially emotionally activating
- ✗ **Do not post pictures of your Zoom of virtual learning space online,** especially if the picture shows the faces of students (who may not have granted permission) or participants'- in no way do you want to potentially violate the school's obligations under FERPA or other student privacy laws

The following are two examples of guidelines that reflect the audience and outcomes of federally funded projects.

EXAMPLE A: *Cultural Competence (A Trauma-Informed Principle) In Content Guidance*

1. Share your lens and biases (historical, social, political, racial, etc) and acknowledge your limitation as it relates to the content you are presenting. For example, if you are presenting on historical trauma in Cambodian-American communities, and if the presenter identifies and is identified as someone who is not from a Cambodian-American community, name and acknowledge that position.
2. Use language that is respectful of culturally and linguistically diverse communities, and always use first person terminology (e.g. "students who identify as queer" vs "LGBT students").
3. Incorporate the perspectives of family members and youth of culturally and linguistically diverse backgrounds into sessions.
4. Incorporate information and perspectives that support cultural and linguistic competence, equity, and eliminating disparities in mental health care, including access, utilization, appropriateness, and outcomes of services and supports.

[9] Note that when using the term "trauma-informed," we are using it to reference the approach (design & delivery) of virtual learning. It is not exclusive to content that may be about trauma or mental health. Trauma-informed virtual learning pedagogy can be employed for any audience and any content, and especially when in the context of school or mental health related learning.

5. Use the terminology communities identify with to describe their group membership. For example, for persons of "Asian" ancestry, use the specific ethnic group(s) identity term to the extent possible; avoid gendered terms whenever possible. "Congressperson" is always better than "congressman" or "congresswoman."
6. When providing demographic and statistical information, share disaggregated data and the data collection methodologies, noting limitations, whenever possible.

EXAMPLE B: *Collaboration & Mutuality (A Trauma-Informed Principle) in Content Guidance*

The following is a sample of guidance given to presenters creating content for a project that specifically addresses youth and family engagement and mental health. While this language is specific to the project, it is also good practice for other populations and presentations.

1. Acknowledge the level of family and youth involvement and partnership in the work you are presenting. Provide examples of how families and youth are included as full partners in your work to achieve family-driven and youth-guided services and systems and how barriers might be overcome.
2. Use language that is respectful of families and youth and of their roles as equal partners in activities and interventions.
3. Avoid any language that could be misunderstood as blaming or degrading, e.g., "dysfunctional families."
4. Use terms such as youth, young person/people, young adult(s), youth advocate(s), advocate(s) for youth, and do not use kid(s) or youths, plural.
5. Use terms such as "family member" or "care provider" instead of "mom or dad" to interrupt heteronormativity and other assumptions about family structures.

Reflection Questions

» *How might you create trauma-informed and culturally competent virtual learning guidelines for presenters so that your learning spaces are safe and supportive regardless of the content's topic?*

» *How might you create trauma-informed and culturally competent virtual learning guidelines for presenters so that your learning spaces are safe and supportive, especially if the topic is on issues related to crisis, mental health, trauma, or other potentially distressing topics?*

» *If you are presenting content that might activate a participant, how can you provide the pre-, during, and post-supports to optimize regulation?*

Section 4: Facilitation Guidance

Welcome to facilitating virtually! This section covers the sticky stuff: the art and craft of facilitating generally and through virtual learning platforms. Virtual learning is a special skill. Here are some tips from our internal trainers and external experts in the form of a checklist to help your facilitation maximize.

_____ **Prepare well.**

- Set up your space: water, back up plugs for your computer, phone, etc. Ensure that if you are on video, preview what participants will see behind you (see Section 1).
- Choose which platform and tools to use (see Section 2).
- Practice and do a content run AND a technology run through. Even if you think you're comfortable with the content and the platform, do it. It never hurts.
- Take a moment to ground: facilitating or presenting virtually can be extremely vulnerable. It's hard to gauge learning; there are many elements out of your control (no matter how well you prepare); and all of that can create anxiety or other feelings that might block your ability to present smoothly.
- Take a moment to debrief, and choose how you want to debrief: you might need a walk, you might need to have a call immediately after facilitating with a colleague or participant to get direct feedback, or other. Choose the way you want and can regulate to transition to the next part of your day.

_____ **Plan learning time intentionally.** It can be hard on the eyes to look at a screen for long periods of time, and hard on the learner to sit and watch both the presenter and often themselves as well. Just as one would do for an in-person learning experience, and even more important when virtual, create a learning experience that is time sensitive, bound, and attuned.

- Break up any conversation flow into 15-20 minute segments[10]. Adi Hanish's rule is to not go more than 5 minutes without asking participants to do something.
- If you are providing content, pause and provide time for participants to make meaning of their learning (chat box reflections, polls, etc).
- If there is a panel or segments of the presentation, pause between presenters and ask participants to share (again, by chat box usually) one learning, takeaway, or "ah ha."
- If there is a co-facilitator, designate one of you to code the themes of participant input (e.g. "Many of you are writing about leadership challenges"). The colleague could also take participant chat box input and make it into a word cloud and then send it to the prime presenter to share out at the end to create reflective facilitation.
- Be kind to yourself and to learners with the time of virtual learning. We do not recommend more than 90 minutes.

_____ **How will it go? Flow matters.** In any format, there should always be an opening (technology platform review, welcome, norms, objectives, and agenda), middle (content + questions and answers), and close (next steps, thank yous, and, if applicable, feedback forms or surveys).

Note that you can choose how to utilize the chat box as a presenter. Hanish encourages presenters to not get distracted by the chat box, but to teach and then move to the chat box.

For example, you can explicitly note when as a presenter or facilitator you will be pausing for questions and responses (e.g. "I will be pausing every 15 minutes or so to review and respond to questions" or "I will respond to questions at the very end of the learning session" or "the chat box is for you; I will not be responding to your questions but encourage participants to do so." Hanish reminds us that just like a presenter wouldn't stop mid sentence during a training to respond to a hand, the same goes for virtual: you can choose when and how you want to respond, as long as you communicate that to participants.

_____ **Is instruction diversified? Plan pedagogy intentionally.** Offer multiple ways of learning: text study, multimedia[11], examining images, etc. (if appropriate for time, audience, and learning outcomes). Diversify instruction! Offer case studies and open ended activities (again, only if appropriate).

_____ **Are you ready? Presenter energy = participant energy.** Virtual learning requires at least 10% extra "umph" to keep participants engaged and interested. Vocal intonation is crucial. Speak slowly but with diversified patterns, engage in humor (if appropriate), speak with warmth (always appropriate), and repeat lines that you want participants to hear and internalize. A special note for hosting: virtual hosting is just like hosting a dinner party in your home. Identify who is going to be welcoming people (so that you avoid having multiple people sitting in silence waiting). Welcome people as they enter, greet with energy and connect participants to one another.

[10] As Howspace notes in How to Facilitate a Virtual Workshop, "at live workshops, facilitators are usually good at proceeding one thing at a time. In virtual workshops, however, we tend to provide all of the information at once. Breaking things down into manageable parts is also a good idea in digital workshops. Make use of limited-scope questions and multiple-choice polls to ensure rapid responses."

[11] See either Section 1 (Technology Guidance) or go to each platform's site to learn about their backend suggestions for loading up video files and playing them for participants

_____ **How will you relate? Establish connection:** With any learning experience, creating and cultivating relationships in the virtual learning space is foundational. And even more so in the virtual learning space. As Adi Hanish reminds us, it's essential to establish connection with the individuals in your session. Reflect what responses you see put in the chat box (e.g. "Heliana is mentioning that one of her leadership challenges is xyz. That resonates with what Christina is also putting in the chat box."). Hanish also notes that if you ask people to do something, but don't acknowledge that they did it, you'll lose them. If you ask people to put their name, role, and organization in the chat box, verbally welcome them and thank them for doing so.

_____ **Are you fostering a warm virtual environment? Names matter.** Mention names as much as possible (e.g. "I see that Leora is writing that she recommends X in the chat box"). Make connections between participants, even in the chat box (e.g. "Christina and Leora are both bringing up questions about how to define school safety") or, even better, encourage participants to resource one another (e.g. "Leora, I see that Christina is offering youth engagement best practices. Perhaps the two of you could exchange information in a 1:1 chat and connect offline").

_____ **Are you setting learners up for successful engagement? Be specific when you ask a question of participants or have a request.**

- This includes the mode of response (e.g. are you going to call on one person? Two people? Say so); how much time participants have to respond; and where are you expecting participants to put their answers. In the chat box? Unmuting?
- This includes, is possible per platform, what you suggest for the view (e.g. if on Zoom, do you want participants in gallery view so they can see colleagues, or on in speaker mode so they are only looking at the presenter, or minimized so that they don't get distracted by looking at themselves?)

_____ **Are you setting yourself up for your role? Establish roles.** We have already discussed that on webinars, it's helpful to have a host and facilitator in addition to presenters. In presentations, who is taking notes (e.g. recorder)? Who is the backup presenter in case the primary presenter's technology crashes?

_____ **Do you have working agreements in place? Establish norms for the virtual learning space.** Even if you've worked together for years, norms help people in various settings, places, and circumstances settle into shared working agreements and expectations for the session (hint: this also helps reduce anxiety). **See the box to the right and below for sample norms.**

Note that we highly recommend checking for agreement with norms. While you may want everyone on video, that may not be the most equitable or safe option for some people[12]. While you may want all participants to avoid multitasking, that may not be possible for reasons beyond your or your participants' control.

GROUP NORMS

For Better Remote Meetings

ONE REMOTE, ALL REMOTE.
If even one participant can't be there IRL, everyone joins from their own device to endure everyone's ability to participate fully.

PLUG IN AND STAY PUT.
Find a quiet spot with reliable internet from which to participate. Plug in chargers and headphones if possible.

CAMERAS ON.
Show up and engaged, just as you would in an in-person meeting.

HIT RECORD.
Record meetings for folks who can't attend, have technical difficulties, or just want to review portions of the agenda later.

USE A PARKING LOT.
Post questions for presenters to the chat, trust that they will be addressed at regular intervals throughout the presentation.

ONE MIC.
Mute when you're not speaking to reduce background noise. For large groups, raise your hand when on video to indicate you'd like to speak.

@openclssrm

[12] Brene Brown offers: "Do not assume every student has the same attention span, the same level of wi-fi, access to private space, and the same number of supportive people in their homes. I teach grad students who have to use their phones as hot spots and log-in between jobs or in closets. We have to check our expectations and privilege. We want everyone to be seen and belong."

Sample Norms for Virtual Learning (Meeting focused)

- *We will create a "virtual water cooler." Each [discussion hour] will begin with a check-in, and will include discussion on what's going well and what's challenging with [topic]. We will include ideas, resources, and suggestions in the chat box when possible.*
- *We will expect and accept a lack of closure- we won't get to everything, but we'll get to as much as possible.*
- *We will ask for clarification even more than we usually do: with virtual meetings, communication can be challenging. Not being able to talk things through face-to-face leaves room for misunderstandings. If one of us doesn't understand a share, we'll ask a clarifying question.*
- *We will be patient and respectful with speaking turns and speaking times. During voice calls, it's not unusual that meeting participants start talking over each other. We agree to give everyone a certain amount of time; in this way, everyone can get more structured when speaking and have equal time.*
- *We will spell out acronyms and avoid shorthand to ensure cohesive collaboration.*
- *We will state our name each time we speak to build relationships.*
- *We will avoid multitasking during this virtual learning space (this can also be re-termed as "name needs", e.g. "I am on but I have a pressing deadline so I am in listen mode and need to tend to a prioritized ask")*
- *Other?*

Adapted from:
Virtual Meetings: How to Hold Meetings as a Remote Team
Human Capital
Whitepaper: The Rise of Virtual Meetings

Are you being kind to yourself? Brene Brown notes that presenting and facilitating online and virtual learning is the peak activator of collective vulnerability. In her words[13] (excerpted) about virtual learning:

> *The bad news: The wheels will fall off. It will NOT go as planned...Neurologically – it's screen time. Here's the good news: If you're someone who is driven to show up for your students and connect, if you're willing to be a learner, if you're willing to stay curious, if you're willing to change course (478 times in one semester or one week), YOU WILL TOTALLY CRUSH IT!*

Brene notes that "sometimes it works and sometimes it does not. And, it mostly works if you can be nimble and change course."

Keep learning. Other links to great virtual learning tips:

- 8 Virtual Facilitation Lessons Learned (Claycomb, 2016)
- Getting Started with Online Training & Facilitation (Rewa, 2018)
- Teaching Remotely in Times of Need (Dr. Torrey Trust)
- The Rise of Virtual Meetings (Michael Wilkinson)
- 10 Ways to Use A Spectogram Online

Reflection Questions

» *As a virtual facilitator or presenter, what are your top three tips that you want or need to practice the most?*

» *With whom will you practice?*

» *How will you measure your success and celebrate your facilitation growth points?*

[13] Collective Vulnerability, the FFTs of Online Learning, and the Sacredness of Bored Kids

Section 5: Learner Guidance

Just as we want to ensure our presenters, hosts, and facilitators have an optimal facilitating/presenting/teaching experience, we want to set up our learners for an optimal participant experience. This is often called "priming." Here are a couple tips to ensure learners come to the virtual room ready, willing, and excited.

Send preparation emails that not only include a calendar reminder, but also are **clear about what kind of technology and interaction you are expecting:**

- Are participants expected to be on video?
- Will you be on video, but participants can be by audio?
- If on video, how can participants ensure that they first are muted and off video when they sign in?

Preparation emails can also include **explicit modality expectations:** if someone is expecting to interact but ends up in listener-only mode, this can be frustrating. The reverse is true: if someone is expecting to be in listener-only mode but ends up being invited to be on video and verbally engage, this can be frustrating. Provide clear pedagogical expectations.

Priming can also include providing 1-2 readings, podcasts, or other webinars for participants to check out before joining the session. Expect that no one will be able to, but provide just in case there are learners who are eager to flatten their learning curve.

Gather pre-learning data. Dr. Trust uses this check in form with their students to gather pre-learning data regarding how participants are feeling before virtual learning. The form asks about participant access to technology, wifi, etc., and can easily be adapted to meet your audience needs.

Settings matter: Note that many people call in from cubicles and are generally limited with audio contribution (e.g. people may feel hesitant to share via voice on webinars if their environment is not set up for that; chat box is a good alternative).

Virtual learning should always end virtual learning sessions with **what happens next:**
How will people access the recording, if it's recorded?
When might they expect to receive the recording?
If there are notes sent out, how will they be accessed and disseminated?

Always end virtual learning sessions with **resources and references for continued learning.**

Pacific Southwest (HHS Region 9) MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Section 6: Resources & Reference for Continued Learning

- Remote Teaching Tips from Faculty & Staff
- The Ultimate Guide to Webinars: 37 Tips for Successful Webinars
- 5 TECHNIQUES TO DELIVER AN EFFECTIVE VIRTUAL CLASS
- Five Pedagogical Practices to Improve Your Online Course
- Ten Online Teaching Tips You May Not Have Heard
- Open source: "Remote Teaching Resources for Business Continuity"
- Collaboration - Online Courses, Classes, Training, Tutorials on Lynda
- E-learning methodologies A guide for designing and developing e-learning courses
- IDEO U: Design Thinking Online Courses
- Tools from Training for Change
- EdTechTeacher- Innovators in EdTech in the Classroom
- http://jareddees.com/facebook-live-webinars/
- Meeting and Webinar Best Practices and Resources (Zoom)
- New to Zoom? Here are tips and tricks to make you a pro user
- Distance Learning: A Gently Curated Collection of Resources for Teachers (Gonzalez, 3/30/2020)

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AWAKEN, Lumos Transforms, The Dinner Party, Melissa Jones, and many, many other fantastic virtual learning leaders.

Pacific Southwest (HHS Region 9)
MHTTC Mental Health Technology Transfer Center Network
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SAMHSA
Substance Abuse and Mental Health Services Administration

TAKING CARE OF YOUR BEHAVIORAL HEALTH

Tips For Social Distancing, Quarantine, And Isolation During An Infectious Disease Outbreak

What Is Social Distancing?

Social distancing is a way to keep people from interacting closely or frequently enough to spread an infectious disease. Schools and other gathering places such as movie theaters may close, and sports events and religious services may be cancelled.

What Is Quarantine?

Quarantine separates and restricts the movement of people who have been exposed to a contagious disease to see if they become sick. It lasts long enough to ensure the person has not contracted an infectious disease.

What Is Isolation?

Isolation prevents the spread of an infectious disease by separating people who are sick from those who are not.It lasts as long as the disease is contagious.

Introduction

In the event of an infectious disease outbreak, local officals may require the public to take measures to limit and control the spread of the disease. This tip sheet provides information about **social distancing**, **quarantine**, and **isolation**. The government has the right to enforce federal and state laws related to public health if people within the country get sick with highly contagious diseases that have the potential to develop into outbreaks or pandemics.

This tip sheet describes feelings and thoughts you may have during and after social distancing, quarantine, and isolation. It also suggests ways to care for your behavioral health during these experiences and provides resources for more help.

What To Expect: Typical Reactions

Everyone reacts differently to stressful situations such as an infectious disease outbreak that requires social distancing, quarantine, or isolation. People may feel:

- **Anxiety, worry, or fear related to:**
  - Your own health status
  - The health status of others whom you may have exposed to the disease
  - The resentment that your friends and family may feel if they need to go into quarantine as a result of contact with you
  - The experience of monitoring yourself, or being monitored by others for signs and symptoms of the disease
  - Time taken off from work and the potential loss of income and job security
  - The challenges of securing things you need, such as groceries and personal care items
  - **Concern** about being able to effectively care for children or others in your care
  - **Uncertainty or frustration** about how long you will need to remain in this situation, and uncertainty about the future
  - **Loneliness** associated with feeling cut off from the world and from loved ones
  - **Anger** if you think you were exposed to the disease because of others' negligence
  - **Boredom and frustration** because you may not be able to work or engage in regular day-to-day activities
  - **Uncertainty or ambivalence** about the situation
  - **A desire** to use alcohol or drugs to cope
  - **Symptoms of depression,** such as feelings of hopelessness, changes in appetite, or sleeping

too little or too much
- Symptoms of post-traumatic stress disorder (PTSD), such as intrusive distressing memories, flashbacks (reliving the event), nightmares, changes in thoughts and mood, and being easily startled

If you or a loved one experience any of these reactions for 2 to 4 weeks or more, contact your health care provider or one of the resources at the end of this tip sheet.

Ways To Support Yourself During Social Distancing, Quarantine, and Isolation

UNDERSTAND THE RISK

Consider the real risk of harm to yourself and others around you. The public perception of risk during a situation such as an infectious disease outbreak is often inaccurate. Media coverage may create the impression that people are in immediate danger when really the risk for infection may be very low. Take steps to get the facts:

- Stay up to date on what is happening, while limiting your media exposure. Avoid watching or listening to news reports 24/7 since this tends to increase anxiety and worry. Remember that children are especially affected by what they hear and see on television.
- Look to credible sources for information on the infectious disease outbreak (see page 3 for sources of reliable outbreak-related information).

BE YOUR OWN ADVOCATE

Speaking out about your needs is particularly important if you are in quarantine, since you may not be in a hospital or other facility where your basic needs are met. Ensure you have what you need to feel safe, secure, and comfortable.

- Work with local, state, or national health officials to find out how you can arrange for groceries and toiletries to be delivered to your home as needed.
- Inform health care providers or health authorities of any needed medications and work with them to ensure that you continue to receive those medications.

EDUCATE YOURSELF

Health care providers and health authorities should provide information on the disease, its diagnosis, and treatment.

- Do not be afraid to ask questions—clear communication with a health care provider may help reduce any distress associated with social distancing, quarantine, or isolation.
- Ask for written information when available.
- Ask a family member or friend to obtain information in the event that you are unable to secure this information on your own.

WORK WITH YOUR EMPLOYER TO REDUCE FINANCIAL STRESS

If you're unable to work during this time, you may experience stress related to your job status or financial situation.

- Provide your employer with a clear explanation of why you are away from work.
- Contact the U.S. Department of Labor toll-free at 1-866-487-2365 about the Family and Medical Leave Act (FMLA), which allows U.S. employees up to 12 weeks of unpaid leave for serious medical conditions, or to care for a family member with a

Toll-Free: 1-877-SAMHSA-7 (1-877-726-4727) | Info@samhsa.hhs.gov | http://store.samhsa.gov

serious medical condition.
- Contact your utility providers, cable and Internet provider, and other companies from whom you get monthly bills to explain your situation and request alternative bill payment arrangements as needed.

CONNECT WITH OTHERS

Reaching out to people you trust is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. You can:

- Use the telephone, email, text messaging, and social media to connect with friends, family, and others.
- Talk "face to face" with friends and loved ones using Skype or FaceTime.
- If approved by health authorities and your health care providers, arrange for your friends and loved ones to bring you newspapers, movies, and books.

Sources for Reliable Outbreak-Related Information

Centers for Disease Control and Prevention 1600 Clifton Road
Atlanta, GA 30329-4027
1-800-CDC-INFO (1-800-232-4636)
http://www.cdc.gov

World Health Organization
Regional Office for the Americas of the World Health Organization
525 23rd Street, NW
Washington, DC 20037
202-974-3000
http://www.who.int/en

- Sign up for emergency alerts via text or email to ensure you get updates as soon as they are available.
- Call SAMHSA's free 24-hour Disaster Distress Helpline at 1-800-985-5990, if you feel lonely or need support.
- Use the Internet, radio, and television to keep up with local, national, and world events.
- If you need to connect with someone because of an ongoing alcohol or drug problem, consider calling your local Alcoholics Anonymous or Narcotics Anonymous offices.

TALK TO YOUR DOCTOR

If you are in a medical facility, you may have access to health care providers who can answer your questions. However, if you are quarantined at home, and you're worried about physical symptoms you or your loved ones may be experiencing, call your doctor or other health care provider:

- Ask your provider whether it would be possible to schedule remote appointments via Skype or FaceTime for mental health, substance use, or physical health needs.
- In the event that your doctor is unavailable and you are feeling stressed or are in crisis, call the hotline numbers listed at the end of this tip sheet for support.

USE PRACTICAL WAYS TO COPE AND RELAX

- Relax your body often by doing things that work for you-take deep breaths, stretch, meditate or pray, or engage in activities you enjoy.
- Pace yourself between stressful activities, and do something fun after a hard task.
- Talk about your experiences and feelings to loved ones and friends, if you find it helpful.
- Maintain a sense of hope and positive

thinking; consider keeping a journal where you write down things you are grateful for or that are going well.

AFTER SOCIAL DISTANCING, QUARANTINE, OR ISOLATION

You may experience mixed emotions, including a sense of relief. If you were isolated because you had the illness, you may feel sadness or anger because friends and loved ones may have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious.

The best way to end this common fear is to learn about the disease and the actual risk to others. Sharing this information will often calm fears in others and allow you to reconnect with them.

If you or your loved ones experience symptoms of extreme stress—such as trouble sleeping, problems with eating too much or too little, inability to carry out routine daily activities, or using drugs or alcohol to cope—speak to a health care provider or call one of the hotlines listed to the right for a referral.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Helpful Resources

Hotlines

SAMHSA's Disaster Distress Helpline
Toll-Free: 1-800-985-5990 (English and español)
SMS: Text TalkWithUs to 66746
SMS (español): "Hablanos" al 66746
TTY: 1-800-846-8517
Website (English): http://www.disasterdistress.samhsa.gov
Website (español): http://www.disasterdistress.samhsa.gov/espanol.aspx

SAMHSA's National Helpline
Toll-Free: 1-800-662-HELP (24/7/365 Treatment Referral Information Service in English and español)
Website: http://www.samhsa.gov/find-help/national-help-line

National Suicide Prevention Lifeline
Toll-Free (English): 1-800-273-TALK (8255)
Toll-Free (español): 1-888-628-9454
TTY: 1-800-799-4TTY (4889)
Website (English): http://www.suicidepreventionlifeline.org
Website (español): http://www.suicidepreventionlifeline.org/gethelp/spanish.aspx

Treatment Locator
Behavioral Health Treatment Services Locator Website: http://findtreatment.samhsa.gov/locator/home

For help finding treatment 1-800-662-HELP (4357) https://findtreatment.gov/

SAMHSA Disaster Technical Assistance Center
Toll-Free: 1-800-308-3515
Email: DTAC@samhsa.hhs.gov
Website: http://www.samhsa.gov/dtac

Note: Inclusion or mention of a resource in this fact sheet does not imply endorsement by the Center for Mental Health Services, the Substance Abuse and Mental Health Services Administration, or the U.S. Department of Health and Human Services.

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SAMHSA
Substance Abuse and Mental Health Services Administration

Montana Department of LABOR & INDUSTRY

Montana Board of Behavioral Health

COVID-19 FAQ

(FAQ updated 3/27/20)

This FAQ is specific to frequently asked questions from licensees and the public in the context of the COVID-19. This FAQ will be updated on an as-needed basis. Check back periodically for updates. If you have a question regarding COVID-19 and Board of Behavioral Health licensing that is not on this FAQ you can e-mail department staff directly at dlibsdbbh@mt.gov.

If you have general questions pertaining to licensure and the board that are not specifically related to the COVID-19 situation we recommend you review the general board FAQ and the board website at www.bbh.mt.gov. For questions that are not specifically related to the COVID-19 situation you can continue to e-mail customer service staff at dlibsdhelp@mt.gov.

General Message Concerning the Governor's Stay-in-Place Directive

Below is an excerpt from the Governor's directive concerning essential businesses.

- For further questions you are encouraged to review the Governor's directive which can be found at https://covid19.mt.gov/.
- If a business has questions, or believe they should be categorized differently/want further clarity you should contact the Governor's Office call line at 1-800-755-6672. That is the quickest way to get a final response.

Language from Directive of Interest to BBH Licensees:

"Health Care and Public Health Operations. For purposes of this Directive, individuals may leave their residence to work for or obtain services through Health Care and Public Health Operations.

Health Care and Public Health Operations includes, but is not limited to: *hospitals; clinics; dental offices; pharmacies; public health entities, including those that compile, model, analyze and communicate public health information; pharmaceutical, pharmacy, medical device and equipment, and biotechnology companies (including operations, research and development, manufacture, and supply chain); organizations collecting blood, platelets, plasma, and other necessary materials; licensed medical cannabis dispensaries and licensed cannabis cultivation centers; reproductive health care providers; eye care centers, including those that sell glasses and contact lenses; home Health Care services providers;* ***mental health and substance use providers;*** *other Health Care facilities and suppliers and providers of any related and/or ancillary Health Care services; and entities that transport and dispose of medical materials and remains...*

...*Essential Businesses and Operation should also employ, where feasible, telework or other remote working opportunities to limit disease spread...".*

FAQs

Question 1:

I am currently licensed as an [LCPC/LCSW/LMFT/LAC] or [LCPC/LCSW/LMFT/LAC candidate] under the Montana Board of Behavioral Health. Am I allowed to conduct telepractice/telehealth in order to provide services to clients located in Montana?

Response 1:

Yes. Telehealth/telepractice is a method of delivery of services and not a specific type of license or practice. As a licensee you are still held to all the other statutes and rules including ethics, unprofessional conduct, privacy, etc. regardless of the method you are using to deliver those services. Candidates and the licensees that supervised them should remember that regardless of the method of delivery of services, candidate licensees must still be supervised as described in the board's supervised work experience rules (see ARM 24.219.422, 24.219.504, 24.219.604, 24.219.704, or 24.219.5008).

Question 2:

I am currently licensed as an [LCPC/LCSW/LMFT/LAC] or [LCPC/LCSW/LMFT/LAC candidate] under the Montana Board of Behavioral Health and am going to be conducting telehealth/telepractice for the first time. Does the board have any training requirements or recommend any particular types of training so I have more information on how to practice telehealth while complying with all of the laws under this board?

Response 2:

Staff and the board cannot give legal advice so we cannot recommend nor endorse any particular trainings or protocols/best practices. You might try contacting your state and/or national professional association(s) to see if they have any recommendations. As a licensee you are still held to all the other statutes and rules including ethics, unprofessional conduct, privacy, etc. regardless of the method you are using to deliver those services.

Question 3:

I am currently licensed as an [LCPC/LCSW/LMFT/LAC] or [LCPC/LCSW/LMFT/LAC candidate] under the Montana Board of Behavioral Health. I [am providing/will be providing] telehealth/telepractice services to clients located in Montana. Can I bill insurance for those services?

Response 3:

Laws pertaining to billing, including private insurance and Medicare and Medicaid, are outside this board's jurisdiction and regulatory authority. As a licensee you are expected to comply with other state and federal laws that pertain to your scope of practice. However, it is not this board that regulates those specific areas.

You could trying contacting the Office of the Commissioner of Securities and Insurance and the Montana Department of Public Health and Human Services Addictive and Mental Disorders Division for more information. You could also try contacting your state and/or national professional association(s) to see if they have any recommendations regarding resources. Note that the COVID-19 situation is fluid and new information is posted on all these entities websites frequently. One document that was current as of the date of this FAQ is a memo from DPHHS dated 3/19/20 with regard to telehealth/telepractice, including telephone and live video.

Question 4:

I am currently licensed as an [LCPC/LCSW/LMFT/LAC] or [LCPC/LCSW/LMFT/LAC candidate] under the Montana Board of Behavioral Health. I [am providing/will be providing] telehealth/telepractice services to clients located in Montana. Since the state of Montana and the federal government have declared state and national emergencies does that alter the types of services I can bill insurance for?

Response 4:

See Response #3.

Question 5:

Can I conduct telepractice/telehealth in Montana if I am licensed in another state but do not have a license in Montana?

Response 5:

Telehealth/telepractice is a method of delivery of services and not a specific type of license or practice. In order to practice one of the professions licensed under this board you must be licensed in the state of Montana (e.g. where the services are occurring) or be exempt from licensure in Montana. Click on the below links to view the statutory exemptions from licensure for different license types. Also, see Response #7 regarding emergency interstate licensure registration in Montana.

Note that laws concerning telepractice/telehealth vary from jurisdiction to jurisdiction so you should also check with the regulatory entity in the jurisdiction where you are licensed with regard to its laws.

- MCA 37-22-305(3) – LCSW
- MCA 37-23-201(4) – LCPC
- MCA 37-35-201(2) & (3) – LAC
- MCA 37-37-201(5) and 37-37-202(2) – LMFT

- MCA 37-28-201(2) & (3) – CBHPSS

Question 6:

Can I conduct telepractice/telehealth in another jurisdiction if I am licensed in Montana as an [LCPC/LCSW/LMFT/LAC] or [LCPC/LCSW/LMFT/LAC candidate] but do not have a license in that other jurisdiction?

Response #6

Under Montana's laws you would be considered to be practicing in the jurisdiction where the client was located, not in Montana. Laws concerning telepractice/telehealth vary from jurisdiction to jurisdiction and you will need to check with regulatory entity in the jurisdiction where your client is located with regard to its laws.

Question 7:

I read your response to Question #5. Is there some type of emergency exemption for licensure or way to obtain a temporary or emergency license as an [LCPC/LCSW/LMFT/LAC] or [LCPC/LCSW/LMFT/LAC candidate] to provide services to clients who are located in Montana while under the state of emergency declared federally and in Montana?

Response 7:

The Department of Labor and Industry Business Standards Division (BSD) has implemented an interstate licensure recognition registration process to allow expedited registration of professionals who hold an active, unrestricted license in another state to begin working in Montana. There is no cost to that registration.

For more information and access to the registration form visit http://bsd.dli.mt.gov/ or the board's homepage at www.bbh.mt.gov. This registration will only enable people to to work in Montana when they have registered appropriately with the department and have been ***granted*** a registration. This registration will only be valid during the period of time the Governor has declared a state of emergency related to COVID-19. While a future date may show in Licensee Lookup, it should be understood to only be valid when a state of emergency is in effect if next to name it says “Covid-19 Reg”.

Otherwise, in order to practice in Montana you must be licensed in Montana or fall under one of the exemptions listed in Response #5.

Question 8:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LCSW and I need to practice as an LCSW for more than 10 days without a Montana license as allowed under 37-22-305(3)(e), MCA, below. How do I report to the board?

> MCA 37-22-305(3)(e): "activities and services by a person who is not a resident of this state that are rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year or 45 consecutive calendar days if the person is authorized under the law of the state or country of residence to perform the activities and services. However, the person shall report to the department the nature and extent of the activities and services if they exceed 10 days in a calendar year....".

Response 8:

You can notify by the board by sending an e-mail to dlibsdbbh@mt.gov explaining "the nature and extent of the activities and services" along with the date that you began providing services in Montana. Instead of practicing under the exemption you can also register for an emergency interstate licensure registration as described in Response #7.

Question 9:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LCSW and I need to practice as an LCSW for more than 45 consecutive days or 60 aggregate days in the calendar year without a Montana license as allowed under 37-22-305(3)(e), MCA, below.

> MCA 37-22-305(3)(e): "activities and services by a person who is not a resident of this state that are rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year or 45 consecutive calendar days if the person is authorized under the law of the state or country of residence to perform the activities and services. However, the person shall report to the department the nature and extent of the activities and services if they exceed 10 days in a calendar year...".

Response 9:

While Montana is under a state emergency, you can register for an emergency interstate licensure registration as described in Response #7. Otherwise, you will need to apply for and obtain a license as an LCSW in Montana if your practice does not fall under the above exemption or any of the other exemptions in 37-22-305, MCA. You can apply using our online application.

Question 10:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LCPC and I need to practice as an LCPC for more than 10 days without a Montana license as allowed under, 37-23-201(4)(e), MCA, below. How do I report to the board?

> MCA 37-23-201(4)(e): "an activity or service of a person who is not a resident of this state, which activity or service is rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year or 45 consecutive calendar days, if the person is authorized under the law of the state or country of residence to perform the activity or service. However, the person shall report to the department of labor and industry the nature and extent of the activity or service if it exceeds 10 days in a calendar year...".

Response 10:

You can notify by the board by sending an e-mail to dlibsdbbh@mt.gov explaining "the nature and extent of the activities and services" along with the date that you began providing services in Montana. Instead of practicing under the exemption you can also register for an emergency interstate licensure registration as described in Response #7.

Question 11:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LCPC and I need to practice as an LCPC for more than 10 days without a Montana license as allowed under 37-23-201(4)(e), MCA, below.

> MCA 37-23-201(4)(e): "an activity or service of a person who is not a resident of this state, which activity or service is rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year or 45 consecutive calendar days, if the person is authorized under the law of the state or country of residence to perform the activity or service. However, the person shall report to the department of labor and industry the nature and extent of the activity or service if it exceeds 10 days in a calendar year...".

Response 11:

While Montana is under a state emergency, you can register for an emergency interstate licensure registration as described in Response #7. Otherwise, will need to apply for and obtain a license as an LCPC in Montana if your practice does not fall under the above exemption or any of the other exemptions in 37-23-201, MCA. You can apply using our online application.

Question 12:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LAC and I need to practice as an LAC for more than 60 aggregate days in the calendar year without a Montana license as allowed under 37-35-201(2)(f), MCA, below. How do I report to the board?

> 37-35-201(2)(f): "of a person who is not a resident of this state if the activity or service is rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year and if the person is authorized under the laws of the state or country of residence to perform the activity or service. However, the person shall report to the board the nature and extent of the activity or service if it exceeds 10 days in a calendar year...".

Response 12:

You can notify by the board by sending an e-mail to dlibsdbbh@mt.gov explaining "the nature and extent of the activities and services" along with the date that you began providing services in Montana. Instead of practicing under the exemption you can also register for an emergency interstate licensure registration as described in Response #7.

Question 13:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LAC and I need to practice as an LAC for more than 60 aggregate days in the calendar year without a Montana license as allowed under 37-35-201(2)(f), MCA, below.

> 37-35-201(2)(f): "of a person who is not a resident of this state if the activity or service is rendered for a period that does not exceed, in the aggregate, 60 days during a calendar year and if the person is authorized under the laws of the state or country of residence to perform the activity or service. However, the person shall report to the board the nature and extent of the activity or service if it exceeds 10 days in a calendar year...".

Response 13:

You will need to apply for and obtain a license as an LAC in Montana if your practice does not fall under the above exemption or any of the other exemptions in 37-35-201, MCA. You can apply using our online application. Be aware the FBI fingerprint background check that you must obtain through the Montana Department of Justice will take approximately six weeks and that is a required part of your application.

Question 14:

I read your response to Question #5, including the links to the exemption statutes you referenced. What happens if I am licensed in another jurisdiction as an LMFT and I need to practice as an LMFT in Montana but do not meet any of the exemptions described in 37-37-201(5), MCA? Can I obtain type of emergency exemption for licensure or way to obtain a temporary or emergency license

Response 14:

While Montana is under a state emergency, you can register for an emergency interstate licensure registration as described in Response #7. Otherwise, will need to apply for and obtain a license as an LMFT in Montana if your practice does not fall under any of the other exemptions in 37-37-201, MCA. You can apply using our online application.

Question 15:

I am a student enrolled in a graduate degree program. I normally physically attend college in another state or jurisdiction but am now attending class remotely from Montana. As part of my degree program I am being supervised for a counseling internship. My supervisor is located in the state/jurisdiction where I usually practice. Can I continue with my internship while I am physically located in Montana?

Response 15:

You will need to consult with your supervisor and that state/jurisdiction in which you will actually be practicing. Since any clients you would be seeing would be located in that other state/jurisdiction the regulations that apply would be those of your college and/or that state/jurisdiction's licensing entity.

Question 16:

I am supervising a student enrolled in a graduate degree program at a college located outside of Montana. I am supervising that student for an internship associated with that degree program. The student I supervise normally physically attends college in the state/jurisdiction in which I am located. However, that student is now attending classes remotely from Montana. Can I continue supervising that student internship without obtaining a Montana license?

Response 16:

Generally speaking students practicing in the state of Montana as part of their degree programs are exempt from licensure as described in the following MCA: 37-22-305 (social work), 37-23-201 (professional counseling), 37-35-201 (addiction counseling), and 37-37-201 (marriage and family therapy). However, since the student would presumably be offering services to clients located in the state/jurisdiction in which you, the supervisor, were located, it would be that state/jurisdiction's laws that applied, not Montana's. Under Montana's laws, you as the supervisor would not need to be licensed in Montana since you would not be practicing in Montana.

Question 17:

I am currently licensed as an [LCPC/LCSW/LMFT/LAC/CBHPSS]. Many conferences and training courses are being cancelled or changed to online due to health and safety concerns, etc. What should I do if I cannot meet my annual continuing education (CE) requirements?

Response 17:

The issue of conferences and training courses being cancelled is affecting licensees nationwide in many professions. For the time being, keep in mind that this board allows its licensees to: (1) obtain online CE; (2) utilize carryover CE from the previous renewal year; and (3) request CE hardship exemptions. However, as I said, this is only one of many larger issues facing licensees across many professions. If this board needs to take action in the future to deal with licensees' legitimate inability to obtain CE due to the COVID-19 situation it can do so. There is no need to apply for a hardship exemption at this time unless you had already intended to do so for non-COVID-19 reasons.

Question 18:

I am a Montana [LCPC/LCSW/LMFT/LAC candidate] and have completed all my supervised work experience hours but have not yet taken the national exam. Can I take it during the COVID-19 pandemic? Are testing centers closed?

Response 18:

Department staff can still approve you to register for the national exam. However, the exams themselves and where they are administered is not under the purview of the department or board. For information on whether you can still sit for an exam or if special restrictions are in place you will need to contact the national exam entity directly. We recommend you visit their

website since their staff are also very busy and they are also keeping their own COVID-19 specific information posted to their websites.

Question 19:

I have completed all requirements for full licensure as an [LCPC/LCSW/LMFT/LAC] except for passing an approved national exam. I have contacted the exam entity and they are not administering exams and/or testing centers are currently closed due to the COVID-19 pandemic. Can I be issued a full license without having passed the exam?

Response 19:

The issues of cancelled licensing exams and/or closed testing centers are issues that face many licensees and applicants. These issues impact many boards and many licensed professions across the U.S. and other jurisdictions. Just in Montana there are approximately 200 professional and occupational license types under the Department of Labor and Industry, a majority of which require passage of a national exam. The department along with high level state officials are currently exploring options for applicants and licensees. Check back to this FAQ for future updates.

Question 20:

I want to apply for a Montana license as an [LCPC/LCSW/LMFT/LAC/CBHPSS] or [LCPC/LCSW/LMFT/LAC candidate]. Is Montana still issuing "regular" licenses during the COVID-19 situation? Has the normal application process changed? Can I expect delays?

Response 20:

The department and board recognize that the current COVID-19 pandemic has created discord in the normal application, examination, background check, and licensure process. We are striving to address these concerns and potential roadblocks as quickly as possible; however, please understand that this will not occur overnight. The board must continue its public safety mission while adapting to daily changes occurring from the pandemic. This will take time. Applicants are encouraged to begin their application for licensure and to complete as much of the required information as possible. Applications remain valid for one year under normal circumstances. If you submit your application and an item is missing, our licensing specialist will work with you to complete the application. We do not deny applicants for submitting an incomplete application. By completing the application's remaining parts, exempting exams, etc., you can get ahead on the licensure process.

Online applications are always the most efficient application method and allow you to upload your own supplemental forms directly into your application at any time. Paying the fee triggers the beginning of the staff review process. Be aware that to verify authenticity, some documents such as exam results, transcripts, and background checks must be sent to the department directly from the source and cannot be uploaded by the applicant.

View the licensing requirements and application checklists which will assist you with your application process.

- Licensed Clinical Professional Counselor Application Checklist
- Licensed Clinical Professional Counselor Candidate Application Checklist
- Licensed Clinical Social Worker Application Checklist
- Licensed Clinical Social Worker Candidate Application Checklist
- Licensed Addiction Counselor Application Checklist
- Licensed Addiction Counselor Candidate Application Checklist
- Licensed Marriage and Family Therapist Application Checklist
- Licensed Marriage and Family Therapist Candidate Application Checklist
- Certified Behavioral Health Peer Support Specialist Application Checklist

Question 21:

I am trying to get an FBI fingerprint background check through the Montana Department of Justice (DOJ) since it is a required part of my application. However, my local police department, sheriff's office, etc. has been closed to walk-in fingerprinting. Where can I get my fingerprints taken?

Response 21:

As of the date of this memo the DOJ office in Helena is open for fingerprint services by appointment only with reduced hours. They will be open for fingerprinting Tuesday through Thursday 9:00 a.m. through 4:00 p.m. You **must** call and schedule an appointment. Walk-ins will not be accepted. Contact DOJ directly for more information and to make an appointment. Contact your own local law enforcement agency (in Montana or your home state) directly to see if they are accepting appointments and/or taking fingerprints.

Additionally, there are several different board and license types under the Department of Labor and Industry which require fingerprint background checks. Department staff along with high level state officials are currently exploring options for applicants and licensees. Check back to this FAQ for future updates.

Question 22:

If I cannot get a background check but have met all other licensing requirements can I be issued a license during this COVID-19 situation?

Response 22:

The department and board recognize that the current COVID-19 pandemic has created discord in the normal background check and licensure process. We are striving to address these concerns and potential roadblocks as quickly as possible. However, please understand that this will not occur overnight. Department staff along with high level state officials are currently exploring options for applicants and licensees. Check back to this FAQ for future updates. Also see Response #21.