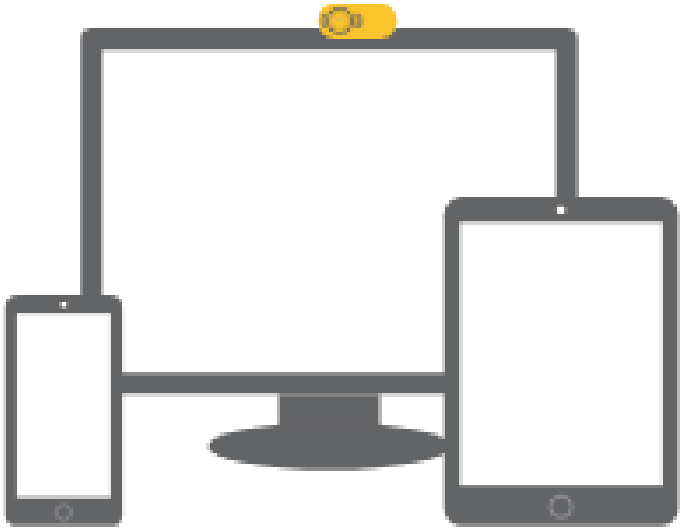
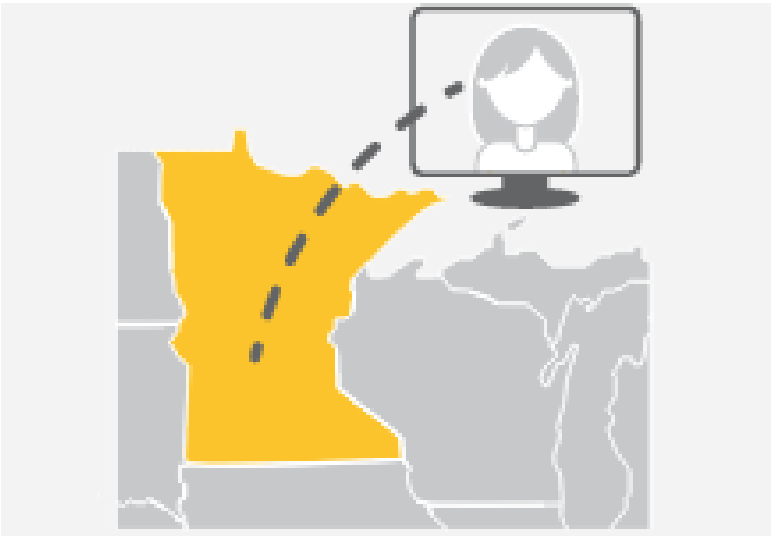
Telehealth and Remote Positive Supports Training





Day 1: Telehealth & Remote Supports to Improve Barriers to Service Access

DEPARTMENT OF HUMAN SERVICES

TELEOUTREACH CENTER

Welcome!

- Plan for today
- Where things are, how to access materials
- What we will co-develop
- Introduction to the training series
- Bi-directional flow of information
  - We want to hear and learn from YOU!
  - Interactive activities
  - Like-learn-change
  - Survey

Day 1: Telehealth & Remote Supports to Improve Barriers to Service Access

Day 2: Supporting Individuals & Families in their Homes and Communities via Telehealth

Day 3: Remote Supervision, Training, Teaming, & Consultation to Enhance Service Quality

Day 4: How to Implement Telehealth & Remote Supports to Improve Positive Support Services

Improve access to and receipt of high quality, flexible, equitable, person-centered support and services. Minnesota providers to learn best practices on the use of telehealth or remote support to deliver positive support services for and overcome barriers to service access for children, youth, and adults in Minnesota

What we hope you leave this training series with..

1. Opportunity to share and be heard on what your experience and needs of your organization and the people you support need,
2. A tool-kit of resources for direct implementation,
3. A map for developing flexible, person-centered services and supports for your organization to improve access and receipt of high quality, equitable services.

Key resources

- Get and stay in touch with us pbs@umn.edu
- Training hub for positive supports: https://mnpsp.org/
- Trainings will be recorded and posted here with materials as 4 modules
- TrainLink
- Individual Google or BOX folders (for organization specific info that you can keep) to leave with a mapped out plan for yourself/your organization
- Telehealth.HHS.gov https://telehealth.hhs.gov/providers/getting-started/
- Family Educational Rights and Privacy Act (FERPA)
  - https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20%20Virtual%20Learning%20032020_FINAL.pdf
- Health Insurance Portability and Accountability Act [HIPAA]
- Health Resources and Services Administration (HRSA)
  - https://www.telehealthresourcecenter.org/

Website as a one-stop connection portal

mnpsp.org

Online modules:
https://mnpsp.org/hcbs-modules/

Positive behavior supports training materials: :
https://mnpsp.org/portfolio-items/positive-behavior-support-intensive-training/

About us

TeleOutreach Center at the Institute on Community Integration and the Masonic Institute for the Developing Brain at the University of MN

Improve access

Support people sooner

Research, training, and outreach

TELEOUTREACH CENTER

About you!

- **In the chat (can send directly to us or share to full group) or live please tell us about yourself (we will start recording AFTER you are done sharing) ☺**
  - Name, what is your role, who do you support?
  - Organization, region(s) served?
  - What kinds of services do you provide, train about, or supervise?
  - Did you use telehealth/remote supports in your role during the pandemic?
  - Do you currently use telehealth/remote supports in your role?
  - If so, what worked well, what didn't?
  - What do you want to get out of this training series for yourself, your organization, and the people who you support?
  - Your learning style: What helps you learn?
    - Do you prefer breakout/small groups (be honest) ☺? individual activities? Large group activities?

Overview to barriers to accessing and receiving high quality services and supports

- What are commonly encountered barriers to evaluation and intervention
- How these barriers result in delays to intervention access
- How this perpetuates health disparities for these groups

Increasing need for support (unmet needs)

Lack of providers, healthcare/funding

Delays, waitlists, unavailability of services

Greater disparities in geographic regions

Greater disparities culturally and linguistically diverse groups

Some common barriers to services and supports

Barriers to assessment/evaluation/specialists

- Evaluation clinics often have waitlists for 6, 9, or 12 months
- Greater difficulty outside (and sometimes, within) major metropolitan areas (Antezana et al., 2017)
- People from culturally and linguistically diverse groups wait longer (Constantino et al., 2020)

Barriers to intervention services and supports

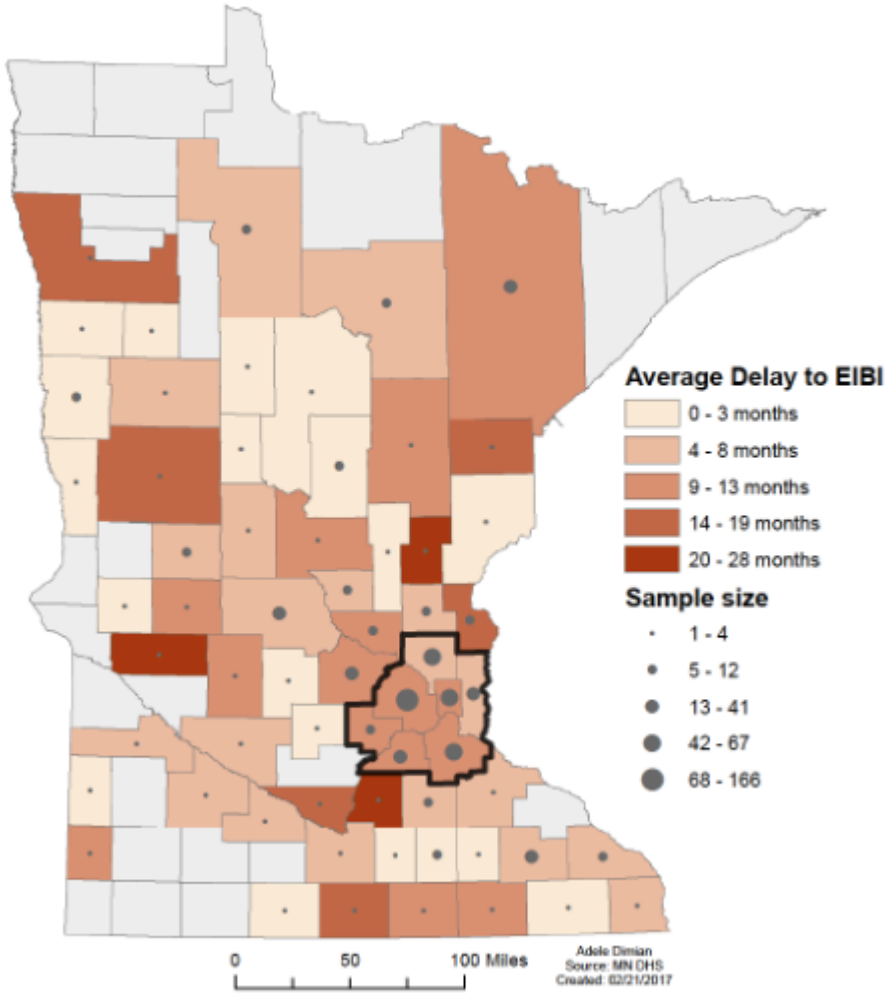
- Provider shortages
- Limited service areas
- Limited supervisory/licensed providers
- High turnover (training needs)
- Providers and systems that do not adequately meet the needs of people in cultural and linguistically diverse communities
- Racism in providers and systems
- Insufficient community services for people with needs that are deemed too “intensive”
- Insufficient “stepped down” support for people exiting for intensive care or support.

Barriers to support can result in the following:

- **Lengthy waitlists/delayed supports: 6 months- several years**
- **Service "deserts"**
  - People driving long distances to access services
  - Fewer hrs than would be optimal for the person's needs
  - People needing to move to access services or supports
  - Unmet needs
- **Lack of support for people with needs deemed "too intense" in community settings**
  - Results in receiving care in highly intensive settings (hospital ED) for long periods of time
- **Lack of "stepped down" supports for people exiting higher intensity settings**
  - Makes it difficult to support people in sustaining improved situations

Start Activity 1: Map out the types of services you or your organization provide. Where are there gaps or opportunities to support people sooner? More individualized? Reach people who are not accessing?

One specific example of delays to service access



Barriers to assessment/evaluation

- Diagnosis age— 4.3 years old (Maenner et al., 2020)
- Waitlists for evaluation (6 to 12+ months)
- Greater difficulty for families who reside outside of major metropolitan areas (Antezana et al., 2017)
- Children from culturally and linguistically diverse groups are often diagnosed later (Constantino et al., 2020)

Barriers to intervention services and supports

- Once diagnosed children often wait on average 9 months (Dimian et al., 2020) to up to 3 years (Yingling et al., 2018) before accessing early intervention services

What do we know so far in regards to inequity in telepractice

- The emerging research is mixed:
  - There are examples of **lower utilization of telehealth among Black and Indigenous people** (Reed et al., 2020; Singh & Marquardt, 2020)
  - As well as promising indicators of improved access (Singh & Marquardt, 2020)
    - such as **reduced wait times and transportation/travel burdens**.
  - Previous studies have demonstrated that telepractice can be used to support intervention delivery to people who reside in rural areas (e. g., Bearss et al., 2018)

“Intervention-generated inequity” *Veinot, Tiffany C., Hannah Mitchell, and Jessica S. Ancker.*

1. Access

2. Adoption/Uptake

3. Adherence

4. Effectiveness

5. Evaluation and reporting

Veinot, Tiffany C., Hannah Mitchell, and Jessica S. Ancker. "Good intentions are not enough: how informatics interventions can worsen inequality." *Journal of the American Medical Informatics Association* 25.8 (2018): 1080-1088.

What helps?

- ***Plan for inclusion and equity from the onset***
- ***Equity of access to telehealth includes recommendations for providers to be flexible in telehealth delivery*** (U.S. Department of Health and Human Services, 2020).
  - For example, the needs and resources of different groups may vary by location (e.g., regionally).
  - Providers should consider mixed in-person and telehealth service delivery offerings (Veinot et al., 2018).
- ***Provide technology access support***
- ***Support people to get through their 1st session***
  - When people do 1 telehealth session, they are more likely to continue to use it in the future (Reed et al., 2020)
  - Support eHealth
    - Using information technology to access information about their healthcare (Norman & Skinner, 2006)

Telehealth, telepractice, remote supports: The nuts and bolts

- **Overview**
  - What telehealth likely **DOES NOT** do
  - What it may help to support
  - Modalities
  - Hybrid models
  - **FLEXIBLE** and **INDIVIDUALIZED** service and support models

What does telehealth **NOT** do

- Telehealth is a mechanism or a way in which to deliver a service to someone
- It is not a service or intervention in and of itself
  - Therefore, it is as “good” as whatever assessment/intervention is being delivered
- It should **NOT** replace in-person services that are going well
- It should **NOT** compromise quality for cost savings
- It should **NOT** be used as a “one size fits all” approach

What can telehealth (likely) do?

- Consider people who are not receiving the service or support that would benefit them
  - Maybe they are waiting for long periods of time,
  - Maybe they are only receiving 1 hour per week because it is a long distance to get to the appointment or there are not enough providers in their area,
  - Maybe they are receiving some services that are going well, but need help to generalize across different settings (school, community, home),
  - Maybe they need to see a specialist who isn't available for 6 or more months in addition to the services they are receving.
- For all of these areas above, telehealth may be one way in which to help deliver, in some situations, services to fill these gaps

Intervention Models

Outpatient/Clinic Functional Analysis (FA)

(Cooper et al., 1990; Harding et al., 1994; Millard et al., 1993; Northup et al., 1991; Wacker et al. 1994)

Home-based FA

(Wacker, 1998)

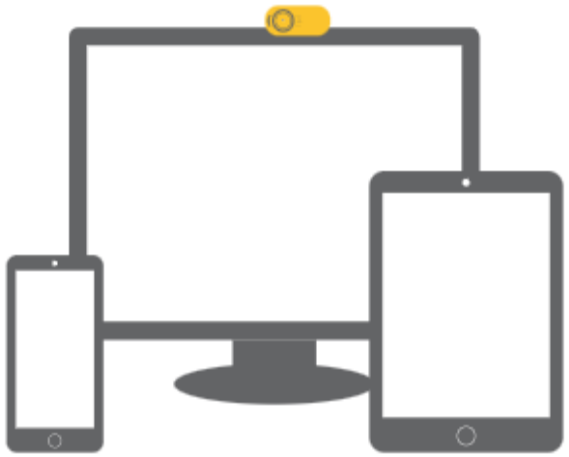
Telehealth FA in Satellite Centers and Schools

(Wacker et al., 2007; Machalicek et al., 2009)

Telehealth in homes

Suess et al., 2014; **Wacker et al., 2013**, Fettig et al., 2016**, Lindgren et al., 2016; Fewell et al., in press**)

Technology to support connection: It is pretty simple these days



Device

Internet access

Secure connection

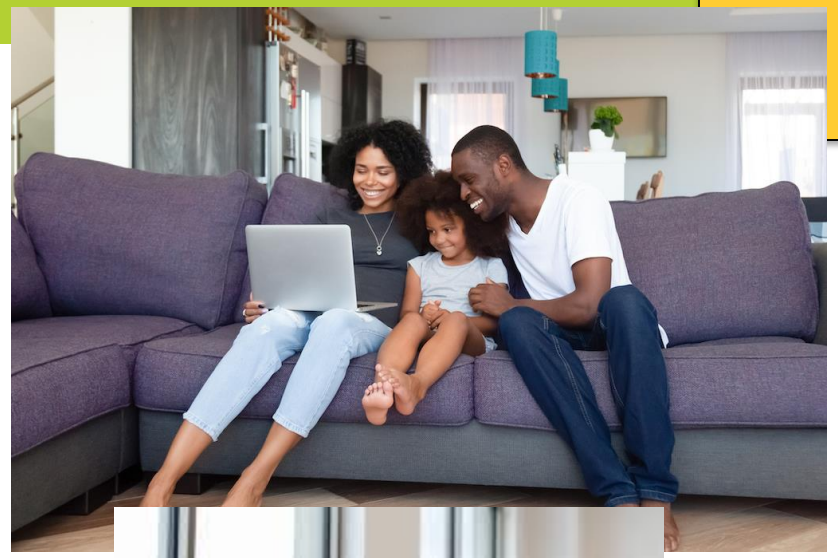
Synchrony of connection

The delivery of clinical services/healthcare over tele-conferencing technology

“Live” connection: “real time” delivery of assessment/intervention through video conferencing (like Zoom or Skype)

Asynchronous connection: Transferring video/audio files to a provider, who views and then provides clinical input

Telehealth Modalities



Synchronous

Asynchronous or “Store and forward”

Remote monitoring

mHealth (messaging at risk population)

Guidance on requirements

- Requirements will vary given the population, setting (location, state), provider type, and type of service provided.
- American Speech Language Hearing Association (ASHA)
  - Code of Ethics (ASHA, 2016a)
  - Scope of Practice for Audiology and Speech-Language Pathology (ASHA, 2018; ASHA, 2016b)
- U.S. Department of Health and Human Services
  - Telehealth.HHS.gov https://telehealth.hhs.gov/providers/getting-started/
- Family Educational Rights and Privacy Act (FERPA)
  - 20 U.S.C. § 1232g; 34 CFR Part 99 https://studentprivacy.ed.gov/sites/default/files/resource_document/file/FERPA%20%20Virtual%20Learning%20032020_FINAL.pdf
- Health Insurance Portability and Accountability Act [HIPAA]
- Health Resources and Services Administration (HRSA)
  - https://www.telehealthresourcecenter.org/
- National Consortium of Telehealth Resource Centers
- American Psychological Association

Roles for telepractice intervention support

- ***Teleprovider:*** The person providing services via telepractice
- ***Enduser:*** The person (people) on the “receiving” end of the telepractice
- ***Child receiving support:*** Could be direct or indirect
- ***eHelper:*** A person supporting the person receiving services, may be implementing (such as a family member, educational assistant)
- ***Consultant:*** A specialist or provider who is connecting with other providers:
  - for coordination of care
  - to provide supervision to a staff member
  - A specialist consulting with a primary provider (e.g., SLP with expertise in AAC consulting with the Special Education teacher)

Getting started via telemedicine

- **Screening for safety**
  - Does the person engage in interfering behaviors that may be deemed severe or dangerous to them or others? (e.g., running into street, self-injurious behavior)
- **Assessment**
  - May be 1st by phone, then by observation via telemedicine
- **Equipment (hardware)/ Telemedicine platform (software)**
  - What do you need to connect?
- **Tele-on-boarding**
  - Practice session, use link, camera/sound on/off, tech support
- **First sessions**
  - Rapport building, person-centered practices, preference assessment, structured descriptive assessment

Pre-set up conditions

Support while getting started

Rapport building: Practice when it is all good

Build in intervention components

Balancing aspects of telehealth start up

Planning for safety and sessions

Complete brief test session

- **Check safety**
  - Practice logging into the session
  - Show area for sessions
  - Check area for potential hazards (stairs nearby, glass vase on table, etc.)
- **Practice set up**
  - Webcam/computer placement
  - Activity placement
  - Other considerations (E.g., others in enviornment?)
- **Follow the same emergency protocols that you would have in person**
  - Have a phone number and physical address to where the people are in case an emergency occurs (remember, if you had to call 911 they would need to go to the person's location, not yours)
  - Have emergency contact information in the same way you would for an in person service
  - Have a plan for the family if you would get disconnected and they would need help
  - Follow mandated reporting requirements in the same way that you would with in person service

Basic equipment

Computer/Laptop may function best,
Tablets and Smartphones can also work

- Adjustable “stands” to hold tablets and Smartphones are relatively inexpensive
- Approx. $10-50
- Recommend to help set up prior to beginning, minimize the need for people to readjust
- May have limitations to screen sharing

Webcam--Built in likely okay, but an external webcam on a tripod can give a broader view of the room

- Approx. $30-70
- Programs that involve “broader views”
- Reduces parent need to move it around

- **Platform**
  - https://telehealth.hhs.gov/providers/getting-started/

Provider end: Equipment needs

- **Computer/Laptop**
- **Clear instructions on professionalism and privacy protection for staff**

Objective: Provider end set up	Yes/No
Professional dress, Camera angle (external webcam or propped laptop so at eye level, not angled upwards), Cell phone put away/minimized distractions, Provider camera stays on unless otherwise communicated why it is being turned off temporarily.	
Secured WIFI, closed door room, no other parties present.	
All other documents/tabs closed that might have other people's information on (e.g., calendar), double check this again prior to screen sharing, tabs and other personal documents all closed prior to session start.	
Provider has all needed documents and information in the same manner as an in-person session, including the address/location of where the person is (in case of emergency).	

User-end (who is receiving the service, can be a staff member)


Webcam

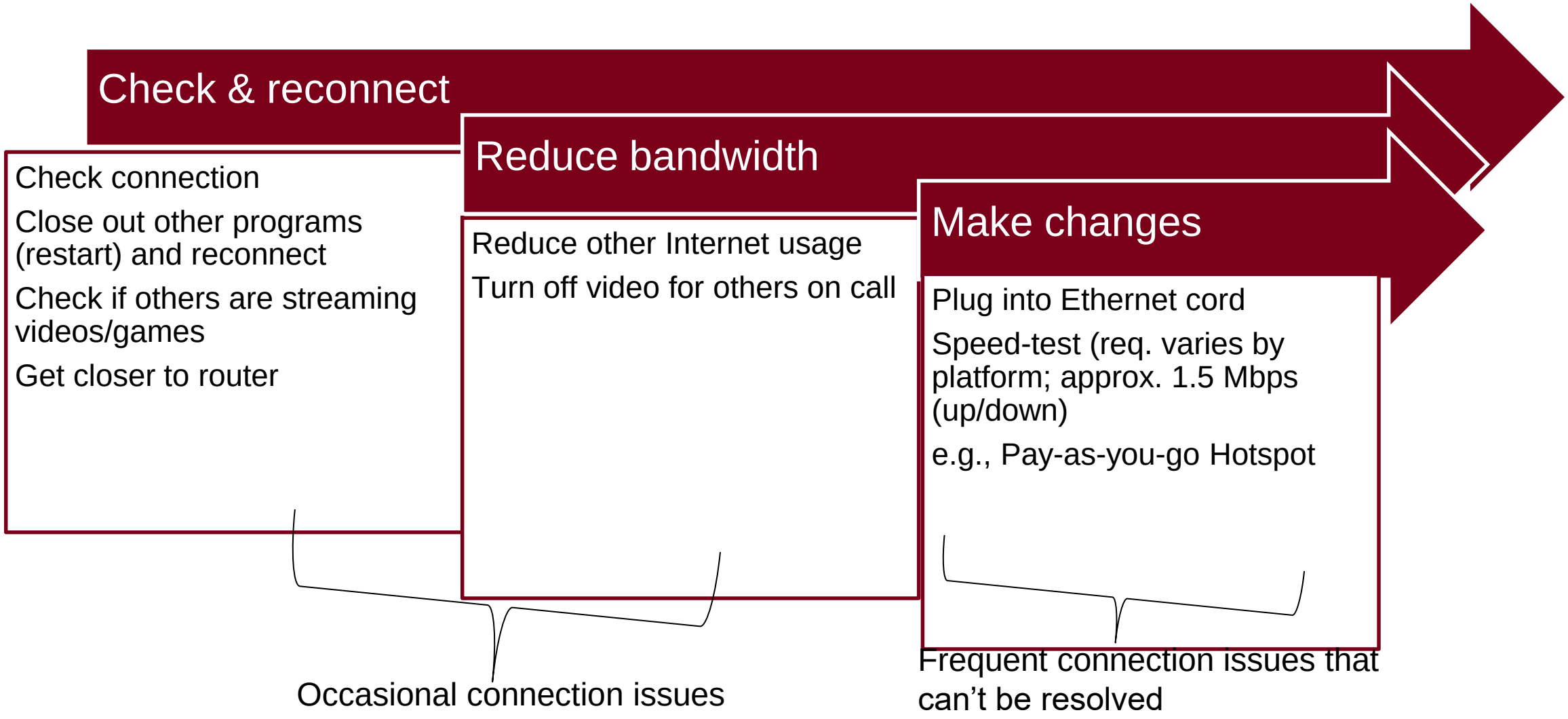
- **Computer/Laptop** may function best, but don't let this limit who can access!
- **Tablets and Smartphones** can also work
  - Adjustable "stands" to hold tablets and Smartphones are relatively inexpensive, May have limitations to screen sharing
- **Webcam**
  - Built in likely okay, but an external webcam on a tripod can give a broader view of the room
- **External microphone**
  - Connects via USB or Bluetooth, Can help to pick up sounds when people are further from the connected device or in group settings
- **External Bluetooth**
  - Can help people hear provider when further away from the connected devic groups/noisy areas.


External microphone

User-end (who is receiving the service, can be a staff member) Internet

- Pay-as-you go hotspots
- Tablet enabled 5G
- Satellite locations (can they come to a nearer site/office location?)

Connection trouble-shooting



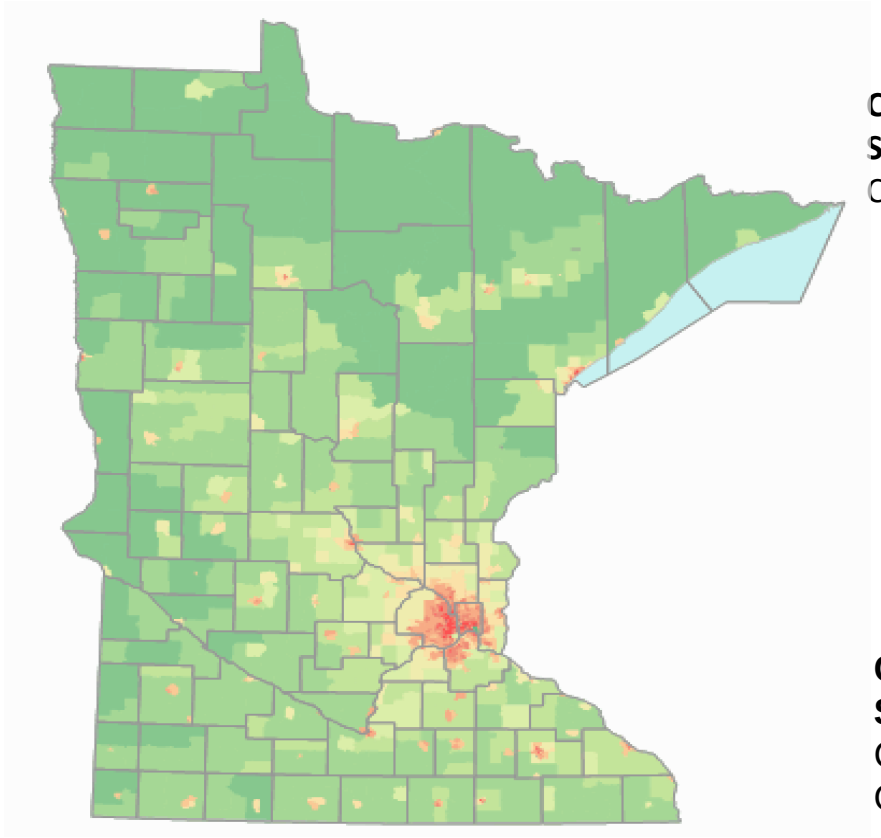
Activity: Practice with rapport building

https://publications.ici.umn.edu/odat/modules/your-first-telehealth-session/what-is-free-play

- **Important elements of rapport building**

Implementer step	Was step implemented (y/n)	Did any variations from the step occur? (please note)
Person has access to preferred activities/people/topics of convo	Y/N	
Implementer is present but not intrusive (not giving demands or removing things)	Y/N	
Did the TeleProvider provide an instruction or feedback to the implementer at least 1 time per minute	Y/N	
Challenging behavior is recorded	Y/N	
Communication attempts are recorded	Y/N	
Did the session end on a good note (no challenging behavior occurring, person appears content)	Y/N	

Minnesota Statewide Plan for Building Regional Capacity

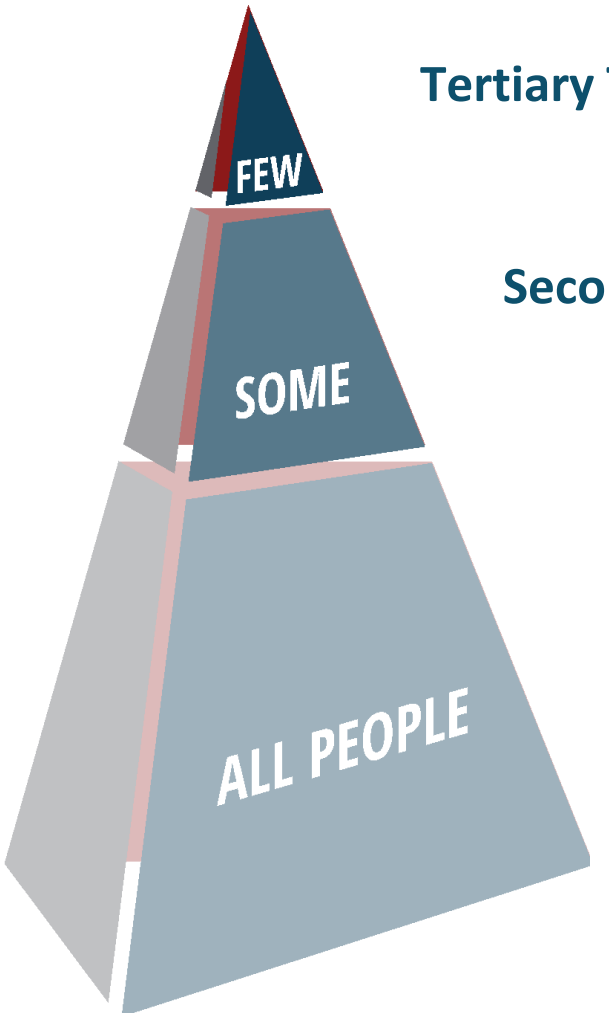


Cohort 2 A
St. Louis County Region
County & Organizations

Cohort 2B
West Central
Counties, Public Health Dept., Organizations
Integrated Model

Cohort 1 & Cohort 4
Support Development Associates
Person-centered Practices Model
County, Organizations

Cohort 3 & 4
Southeastern
Counties, Public Health, Organizations



Tertiary Tier

Secondary Tier

Universal Tier

Series of 6-day PBS Intensive trainings and focused workshops: **Webinar**

telePBS organization-specific visits 1-3 annual visits w/ U of M: **Synchronous visits**

Online learning materials and resources provided: **https://mnpsp.org/**

Tele for State outreach and capacity building: **How to**

Settings:

Fully remote

End-user remote

Satellite site (community location)

Telehealth application type:

Synchronous

Asynchronous

Combination

On-board:

tele-providers

end-users

Implement:

Tele to enhance the model

What should return to in-person, what should remain tele

Collect data

Monitor:

Fidelity & quality

Boosters & additional resources as needed

Build towards sustainability

Website as a one-stop connection portal

Mnpsp.org

Online modules:
https://mnpsp.org/hcbs-modules/

Positive behavior supports training materials: :
https://mnpsp.org/portfolio-items/positive-behavior-support-intensive-training/

Questions?, Next Time, Like-Learn-Change!

- What did you LIKE about today ?
- What did you LEARN today?
- What would you CHANGE about today?

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