Telehealth and Remote Positive Supports Training

Images of devices, people looking into computer, and the state of MN and line to depict reach of telehealth

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

DEPARTMENT OF HUMAN SERVICES

TELEOUTREACH CENTER

Welcome!

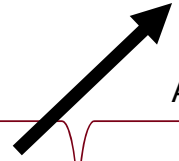
- Plan for today
- Where things are, how to access materials
- What we will co-develop
- Introduction to the training series
- Bi-directional flow of information
  - We want to hear and learn from YOU!
  - Interactive activities
  - Like-learn-change
  - Survey

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

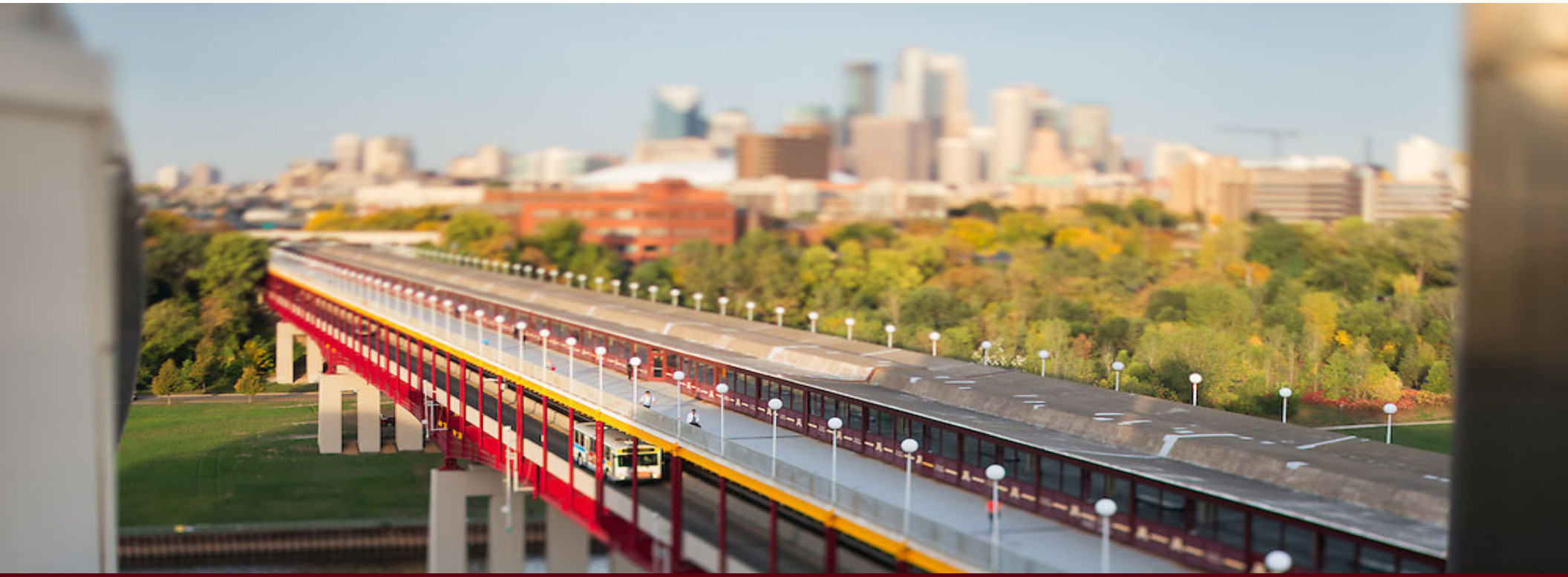


Arrow to indicate Day 3 training

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..

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



YOUR telehealth toolkit

A tool-kit of resources for direct implementation

Question for you: What tools would be helpful in your toolkit?

A telehealth tool-kit for your services/organization

- List of barriers that prevent access to your service and/or quality of service,
- What data sources do you have to understand access and quality, and to see if it is improving over time (e.g., attendance/cancellations, zip codes served)
- Fitting telehealth into your service workflows (see Activity 1 for a start or extend this next)
- What flexible service workflows are available to the people you serve? (e.g., types of services people can access tele vs. in person)

(to work on 2nd half of today)

- How can telehealth be improved for supervision, fidelity monitoring, data collection, consulting, or training at your organization/type of service?
- What data sources do you have to understand the amount, types, and quality of supervision/consultation/training that can be used to understand the gaps/areas for improvement and if they are improving over time?

Step 1: Start an electronic file to keep these documents in (approx. 10 min)	• We will provide a google folder or you can use an offline folder. https://drive.google.com/drive/folders/1CpbQ781qD8SnA2evWx1baH9WqQES5mEM • Please DO NOT provide any identifiable or HIPAA information in these folders.
Step 2: Complete Activity 1 (approx. 15 min)	• Identify barriers (what prevents people from accessing or fully accessing your services, and or the level of the services that would be helpful to them) • Identify places in this workflow where telehealth may be helpful as an option
Step 3: Use Activity 1 to compile individual level (e.g., direct supports) positive support practices telehealth tools (approx. 10 min)	• Take the identified places where telehealth could be inserted, and develop strategies and resources that would be supportive. For example, **the fidelity checklist** we provided for professional engagement expectations of staff during direct support sessions, or materials to remotely coach caregivers. • If you need help with a resource, post it in the chat and we can work through it together!
Step 4 Compile resources for supervision, consultation, training positive support practices telehealth tools	• Identify the types of supervision, training, consultation, and coordination aspects of your services. • What are barriers faced to accessing these?
	• You can add to this at any time!

Remember 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?

Have you used telehealth in your role or organization?

If so, what worked well?

What didn't work?

In a post-pandemic world, what elements would you keep?

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Step 5: Compile overall useful links, resources (hint, hint, some from the “resources slide”)	• You can add to this at any time!

Start Step 3 now

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/

Remote supports for training, supervision, consultation, and coordination

What do these words mean to you at your organization?

- **Supervision**
- **Training**
- **Consultation**
- **Coordination**

Supporting the glue and thread of high quality supports

- **Supervision**—correct implementation, capacity development, individual's goals are being met, coordination amongst team, mentorship and feeling of belonging and building towards staff member's professional development goals.
- **Consultation**—specialty support, capacity development, help teams with less resources or low incidence needs.
- **Training—**Capacity development, buy-in to positive support practices, ultimate goal = high quality services and supports
- **Coordination—**correct implementation, inclusion of family/stakeholders, better practices for the person

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	

Observation via telehealth

- **Take a few minutes to practice camera placement**
  - Can you hear and see the person well?
  - Is the camera in a place that it is not overly obtrusive and will not need to be moved much, if it all?
  - Placing the camera up (e.g., on a shelf) and angled down will capture more interactions between people than having it directly in front of someone.
  - Adding on webcams on USBs and tripods or microphones can be a good way to capture additional sound
- **Is it intrusive or distracting to have the yourself visible and audible during the observation session?**
  - If so, tell person you are there (camera on to say hello) and then shut it off temporarily.
  - If sound is too distracting, communicate by chat, text, or Bluetooth speaker.
  - Make sure if others are present, that they know you are there and that you have permission (e.g., privacy).

When to observe?

- Some times that are going well, some times when support needed,
- The more observations, the better patterns can be observed,
- Telehealth could have potential for observations at times when not possible to do in person observations,
- Fidelity checks and on-going maintenance (e.g., while fading supports).

Just like with direct support models, synchronous & asynchronous models can be used

Synchronous or "live" connection

Image of two people connected over live video conferencing

Range

Asynchronous or Store and forward or "delayed" connection

Image of person watching video of recorded session

Telehealth can be incorporated into different elements of these indirect models to improve quality

Image of teen looking at ipad

Image of people at conference table connected to video conference

- Supervise someone providing services in the moment and from video recordings.
- To supervise or train someone to provide coaching or support to family or staff
- To have new trainees “join” or observe to learn in an unobtrusive way
- “on site” visits or data collection
- To coordinate services (e.g., “join” an IEP mtg)

First step for supporting an individual

- **Screening for safety**
- **Assessment**
- **Equipment (hardware)/ Telemedicine platform (software)**
- **Tele-on-boarding**
- **First sessions**

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).	

Table that lays out steps for professionalism as an example of how to have expectations clear for staff who are implementing via telehealth

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Table that lays out steps to making toolkit, now focused on step 4 which is needs and resources in training, supervision, and consultation

Activity 2. Mapping gaps in training, consultation, supervision, coordination

Training: On-boarding, in service/on-going training, career pathways

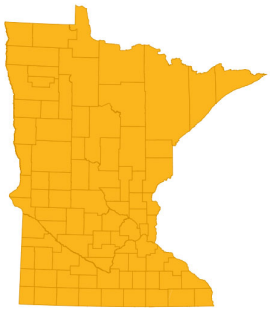
Supervision: Expand service areas, highly trained and supported staff = better outcomes, less turnover

Consultation/coordination: Can people you are supporting benefit from specialized support? Coordinating across providers, Peer-to-peer mentorship within organization

How do **lack of these** affect the quality, ability to individualize, and reach of services?

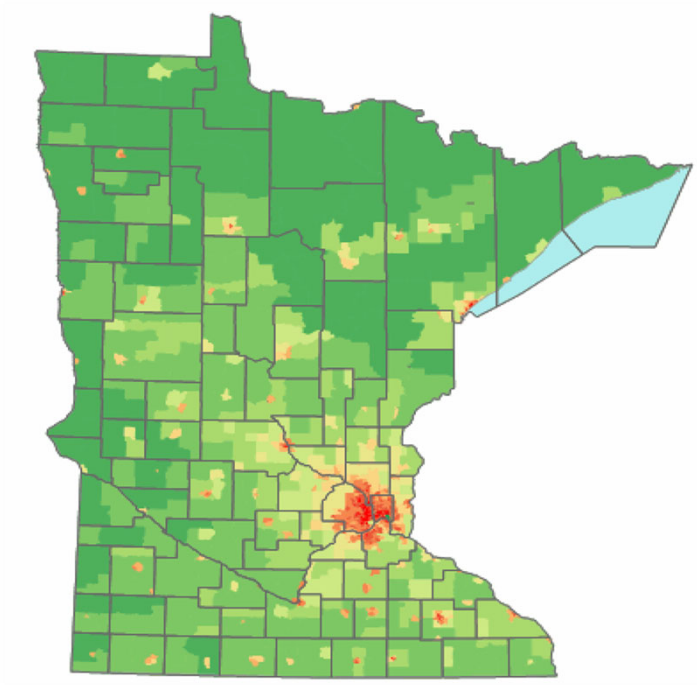
How could **more, different,** examples of these **expand or improve** services?

Comprehensive Example: Positive support practices in Minnesota: Regional capacity-building and weaving in telehealth



Map of Minnesota

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

Map of Minnesota that depicts regions for trainings

Participating provider organizations

- Across 4 regions of the state, 17 agencies with a total of 14 teams
- 10 provider agencies supporting people with IDD
  - 2 lost due to attrition (change in leadership)
- Resulting total of **8 provider agencies**

How telehealth fit into the training model to support PBS Facilitators

Image of people in a conference room connected to people on video conference

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

Tele-based organization-specific visits 1-4 annual visits w/ U of M: **Synchronous visits**

Tele-based “onsite” visit to conduct TOET evaluation

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

Building provider capacity

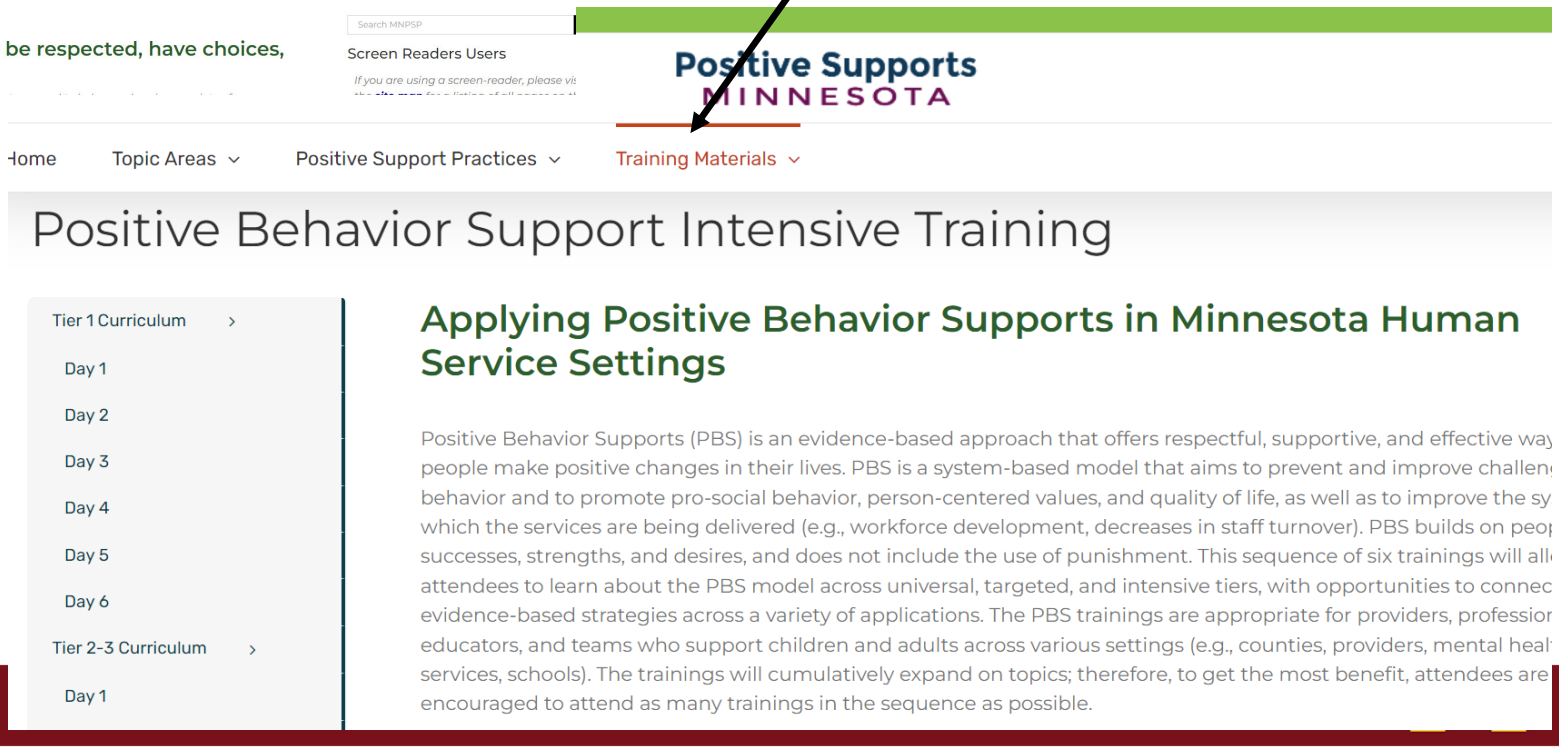
- Connecting professionals
  - “train-the-trainer” models
  - Communities of practice
  - Satellite sites

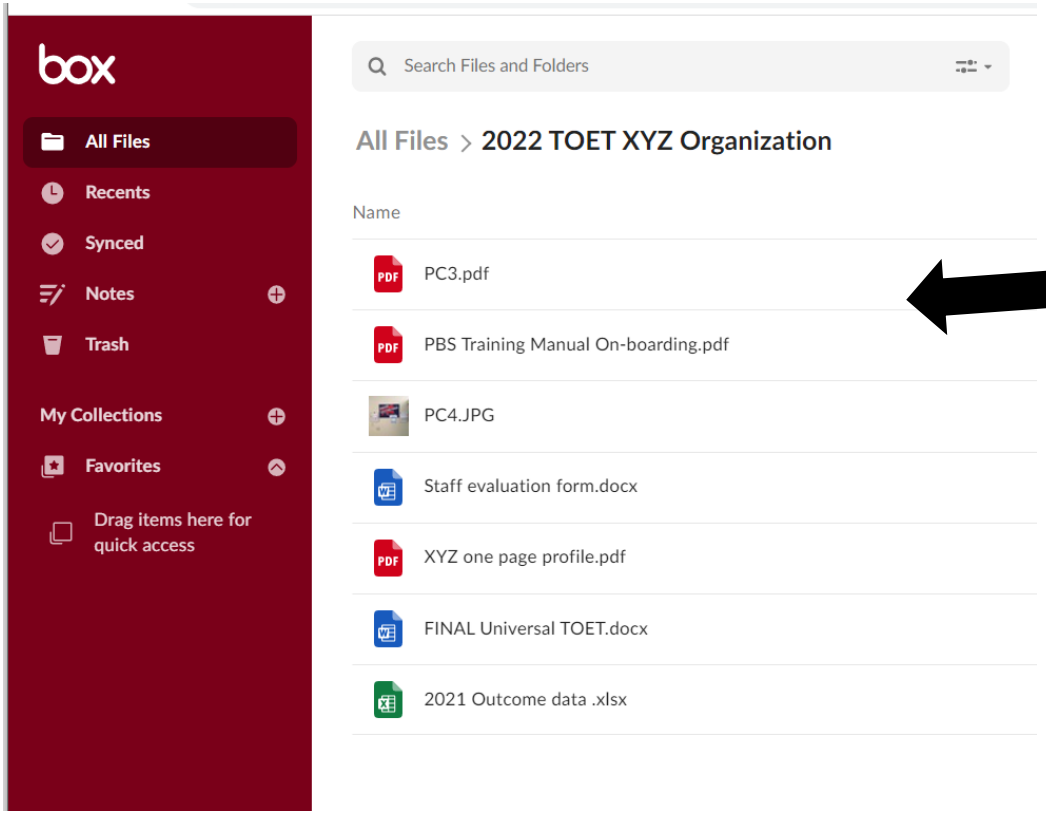
- Supervision/oversight to expand service areas
- Follow up, evaluation, fidelity monitoring

Map of MN, with arrows to depict regions training each other through a combination of in person and telehealth

Mnpsp.org
A hub for updated training materials and resources

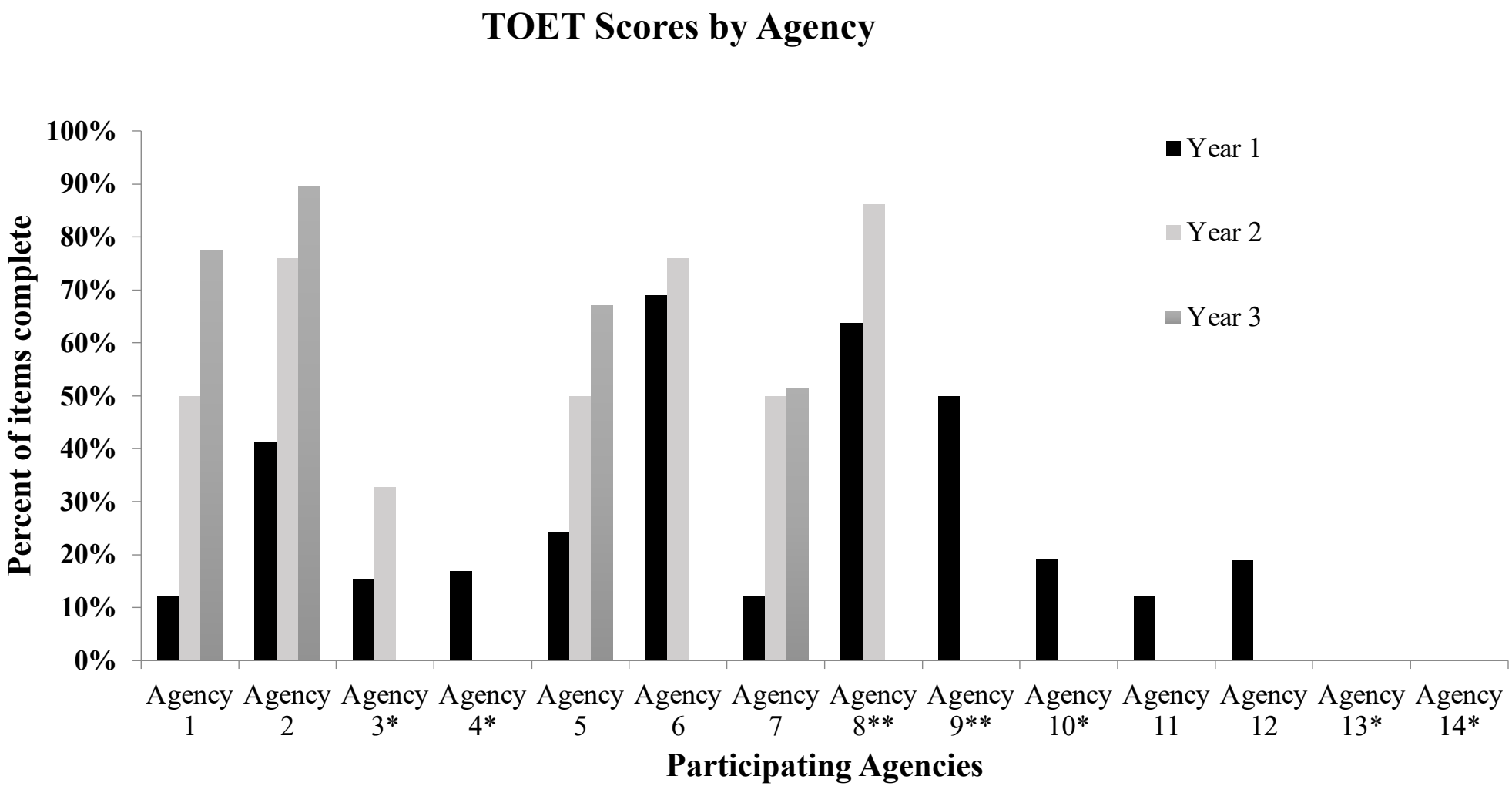
Image of MNPSP.ORG website, with arrows to the “training materials” page



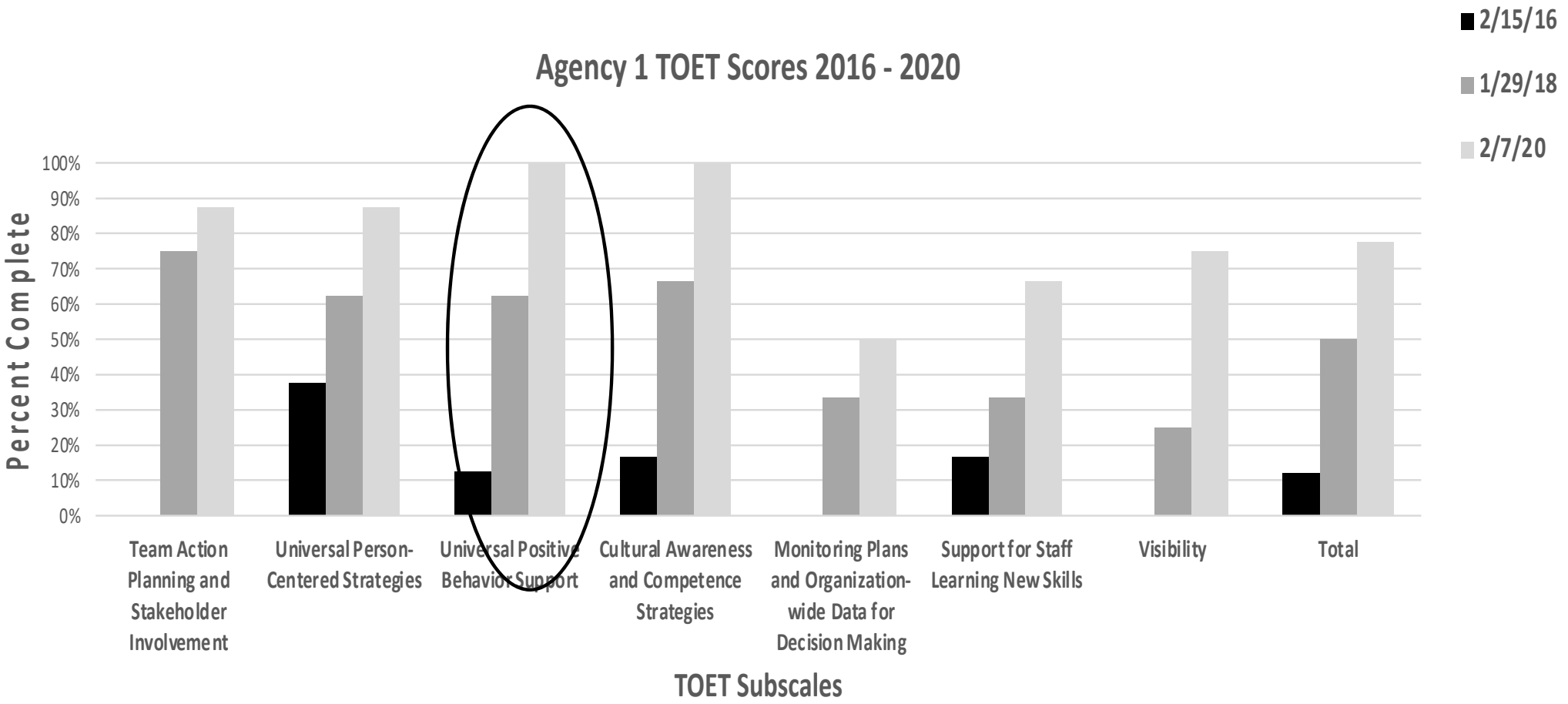


Upload evidence prior to evaluation

Image of a screenshot with of a BOX folder to upload materials for evaluation



Bar graph of agencies participating and the percent of items completed on the evaluation tool over 3 years, overall 7 agencies improved over years, and 5 agencies only had 1 year depicted, and 2 agencies had not yet had evaluation



Bar graph of one agency and their yearly percent complete in each of 7 subscales (which is a different area to evaluate). Overall, the organization increased in each domain across years, with the most growth in universal PBS, cultural awareness and competence, and visability

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Activity 3: Create a task analysis for one of your practices

Observing implementation of family skills	Rank how the step was implemented 0 = not at all 1= partially 2 = consistently	Notes
Did (how) implementer begin with some check in time, ask questions about day?		
How implementer remind family of current goals, give a preview of the session time?	Y/N	
How did the implementer balance providing direct modeling of skills and giving the family a chance to implement? (balance leading and following)	Y/N	
How did the implementer manage the flow of the session, were things family centered? (e.g., pausing for family needs, balancing discussion with implementation)	Y/N	
How did the implementer save time to debrief/wrap up/answer family questions, discuss next steps?	Y/N	

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Resources and guidance

- 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

Questions?

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

Preparation of this presentation was supported, in part, by cooperative agreement from the Minnesota Department of Human Services. The University of Minnesota undertaking projects under government sponsorship are encouraged to express freely their findings and Conclusions. Points of view or opinions do not, therefore necessarily represent official MN DHS policy.