



Virtual Early Intervention Talking Points for State Staff and Contractors

Introduction: Virtual Early Intervention (EI) is a method of service provision that is delivered virtually using a secure platform. Virtual EI is a tool that can enhance the delivery of services when deemed appropriate. The child's MDT team and the IFSP team, including the family, will determine whether Virtual EI is a good fit, meets the individualized needs of a child and family, and is safe and appropriate. Virtual EI will not be used out of convenience or to address resource challenges if it isn't a good fit, doesn't meet the needs of the child and family and isn't safe and appropriate.

Talking Points:

1. Use of Virtual EI

- ✓ Virtual EI is a method of service provision ITP may use when it is a good fit, meets the individualized needs of the family and child and is safe and appropriate.
- ✓ Receiving Virtual EI is a parent/caregiver's choice when recommended by the MDT team and the IFSP team.
- ✓ If a parent/caregiver is hesitant to receive Virtual EI services, discuss the approach of trying it out first to see if it works for them.
- ✓ If the MDT and IFSP team feel Virtual EI is appropriate, safe and meets the individualized needs of the child and family, but the parent/caregiver wants services in person and ITP does not have a provider available, ITP will inform the parent/caregiver that there is no in-person provider available at this time and offer them the choice to 1) wait for an in-person provider to become available; or 2) start with Virtual EI services while they wait for an in-person provider to become available.

2. Benefits of Virtual EI

- ✓ Early Intervention services provided virtually can be less disruptive to the family's daily routine, while still allowing the provider to join the family virtually in their natural environment.
- ✓ The Infant Toddler Program uses early intervention evidence-based practices which aligns nicely when using Virtual EI:
 - The evidence-based practices include teaching parent/caregivers the skills they need to facilitate their child's development between EI visits during everyday routines.
 - The service provider or service coordinator will rely on coaching through Virtual EI visits to encourage the parent/caregiver to implement strategies with their child in their natural environment.
 - The focus of the session shifts from the therapist and the child to the family and the child. (Blaiser et al. 2013)
 - Caregivers report that therapy conducted via Virtual EI helped them learn how to support their child better than when the therapy was conducted in-person. (Blaiser et al. 2013)
- ✓ Multiple research studies demonstrate that the outcomes of children and families receiving Virtual EI are equal to families receiving in-home services. (Connected Health Policy, August 2018)
- ✓ Virtual EI leads to more consistent services due to decreased cancellations related to illnesses or inclement weather. (Cason et al. 2012)

3. Addressing Parents' Concerns

- ✓ Concerns related to using Virtual EI technology:
 - Since using new technology can be intimidating, the parent/caregiver will be provided with several tools to assist them with becoming more comfortable.
 - The service provider or service coordinator will conduct a practice session with the parent/caregiver to ensure that everything is in place prior to the first therapy session.
 - The parent/caregiver will be provided with a family checklist and directions for using Virtual EI.
 - If the parent/caregiver tries Virtual EI and determines that it is not a good fit for their family or child, we can discontinue at any time.
 - Families should check with their internet or wireless provider for any monthly limits on their data usage plan. The ITP is not responsible for any additional data cost incurred as a result of receiving Infant Toddler Program services through Virtual EI.

- ✓ Concerns related to privacy:
 - The Infant Toddler Program has a very high standard for privacy when delivering services in person or virtually. We have taken many steps to protect privacy, including using a secure platform for state staff and contractors, a DHW network for state staff, and a secure Wi-fi network that requires a unique password for contractors. The service provider and service coordinator will not be recording the session at any time, and they will be located in a private physical location, such as their office. We also encourage families to use a password-protected network, have an anti-virus and firewall protection in place, and to join us from their home.

Tools and References:

NCHAM Tele-Intervention 101 for Families

<https://www.infanthearing.org/ti101/families/index.html>

NCHAM Tele-Intervention 101 for Providers

<https://www.infanthearing.org/ti101/providers/index.html>

Center for Connected Health Policy

<https://www.cchpca.org/sites/default/files/2018-09/Telemental%20Health%20Research%20Catalogue%20%28Aug%202018%29.pdf>

Blaiser, Kristina, et al. "Measuring Costs and Outcomes of Tele-Intervention When Serving Families of Children Who are Deaf/Hard-of-Hearing." International Journal of Telerehabilitation, vol. 5, no 2, Retrieved from

https://padlet.com/tracy_sperry/telehealthresources

Cason, Jana, et al. "Overview of State's Use of Telehealth for the Delivery of Early Intervention Services". International Journal of Telerehabilitation, vol. 4, no 2, Retrieved from

https://padlet.com/tracy_sperry/telehealthresources

