



MID-ATLANTIC TELEHEALTH RESOURCE CENTER COMMUNITY RESPONSE TOOLKIT

Leveraging Telehealth for Individuals
and Families with Developmental
Disabilities and Autism



Created in partnership with:



Overall Background



The Virginia Institute of Autism (VIA) is dedicated to helping people overcome the challenges of autism through innovative, evidence-based programs in education, outreach, and adult services. VIA was founded in 1996 by families who were in need of appropriate education services for their children with autism. Over the past 25 years, VIA has expanded from an after-school program to what is now a licensed day school, outpatient, and adult services provider. VIA currently serves over 150 students, clients, and consumers through three core programs for children, adolescents, and adults on the autism spectrum.

Overall Background



The James C. Hormel School (JCH) is a full-time, year-round, day school providing educational and clinical services proven to address the core symptoms of autism spectrum disorder. The school offers state of the art, evidence-based educational and clinical programs formulated to maximize student and family outcomes. This utilizes such resources as applied behavior analysis, early childhood special education, physical and occupational therapy, social work as well as speech and language pathology.

Adult Services through the Center for Adolescent and Adult Autism Services (CAAAS) provide learning and personal growth opportunities for adults in a supported environment which promotes individual choice and meaningful engagement. Adult Services programming is structured around a menu of services which can be provided within the Center, in the community, or in the home. Opportunities include Group Day Support, Community Engagement, Community Coaching, Therapeutic Behavior Consultation, and Sponsored Residential Services. Employment skills training and paid hourly work are available through our VIAble Ventures program.

The Outpatient Behavioral Services program provides intensive early interventions and parent training to

address a continuum of needs exhibited by children and adolescents with autism spectrum disorder (ASD) and related challenges. VIA offers behavioral services in our outpatient clinic, in the client's home, or school-based settings.

The Virginia Institute of Autism is a proud member of the Council of Autism Service Providers and is a provider authorized by the Behavioral Analyst Certification Board. VIA is also accredited by CARF International and the Virginia Association of Independent Specialized Education Facilities. This core commitment of quality prepared VIA to respond effectively to the onset of the pandemic. COVID created a unique series of crises for all three core groups at VIA requiring innovative applications of video-conferencing, in-home education and behavior therapy as well as video as a tool for staff, faculty, team, board and community support.



James C. Hormel School

The Virginia Institute of Autism (VIA) James C. Hormel School (JCH) and Center for Adolescence and Adult Autism Center (CAAAS) is a 501(c) (3) nonprofit school. JCH was founded in 1996 by a small group of parents of children with autism. VIA provides students with autism and other developmental disabilities aged two to twenty-two comprehensive, extended-year, evidenced-based-educational and clinical services. Services are comprehensive and are founded in Applied Behavior Analysis. The school is licensed as a private special education day school by the Virginia Department of Education and accredited by the Virginia Association of Independent Specialized Education Facilities (VAISEF) and the Commission on Accreditation of Rehabilitation Facilities (CARF).

The overall goals of VIA's school program are to optimize each student's learning and level of functional independence in preparation for a meaningful life as an adult. VIA strives to provide a coordinated and progressive program of services that is responsive to the needs of individual students. Although the specific strategies used to achieve goals for individuals in each group may vary, the general approach to education remains the same: the utilization of the best educational practices available. The fundamental components of this approach involve: (1) assessing the needs of each student, (2) developing

plans and goals for education based on each student's needs, (3) applying methods of proven effectiveness based on the principles of applied behavior analysis, (4) evaluating and carefully documenting the progress of each training procedure, and (5) applying strategies for systematic program generalization and maintenance.

COVID Response efforts included the following:

- Individualized Continuity of Education plans were developed for each student, shared with district partners, and reviewed with families. These were based on established IEP goals as well as new needs from each of the families. Once the closure was extended indefinitely, staff training in virtual instruction as well as supporting documents were quickly developed.¹
- Staff provided an average of 2 to 4 hours of instruction daily.
- JCH remained fully virtual until July 16, 2020 when we had gained approval from DOE to open using a hybrid model of in-person and virtual instruction following strict health mitigation guidelines. Students/their families' requests to remain fully virtual were honored.
- JCH returned to full-time, in-person instruction in March of 2021. As of August 2021, we only have one student who is on a hybrid schedule receiving virtual services 2 days per week.

- Leadership and instructional staff across all three VIA departments worked together to ensure we were providing high quality, evidence-based education and therapy.
- A COVID Response Team met weekly to review data collection needs and support creation of committees comprised of instructors across all departments to develop and share virtual resources and materials.
- Tele-education was provided by each student's classroom Special Educator, SLP, OT, instructor, and BCBA. Each classroom is supervised by a Clinical Director, Assistant Director of Education Programs, and Director of the James C. Hormel School.
- Examples of resources added in response to virtual instruction: Google Meet, Zoom, You-Tube, Boom Learning, Google Classroom, tablets/laptops, educational materials and student visual supports.
- At JCH: Tele-education was a combination of synchronous sessions and asynchronous sessions. Type of instruction was determined largely by the needs and circumstances of the family. For example, if the presentation of instruction on the computer resulted in an increase in unmanageable and/or challenging behavior, we would honor the parent's request to move to asynchronous instruction.
- Synchronous sessions were individualized and provided in either a 1:1 or combination of 1:1 and group format. IEP goals were targeted with those identified by the IEP team as being most important for the student in the home setting. Additional sessions were scheduled to provide social instruction and interaction as well as leisure and play activities for the home setting.
- Asynchronous sessions were highly individualized to the learner. They included a combination of detailed daily schedules to help the caregiver structure the day accompanied with lesson plans developed for the home, work packets, books, and recorded lessons in cooking, exercise, English Language Arts, etc.
- Materials were often mailed or hand-delivered. Visual schedules, token boards, and preferred items for the student to "work for" were also sent as needed. VIA also provided tablets or laptops to students who needed these items to complete work.
- Speech and occupational therapy as well as adapted PE were also provided virtually.

James C. Hormel School Team Structure



1. Student's family/caretaker(s) (mission critical)
 - a. Legal guardians as well as immediate family and those hired to care for the student so the parent could continue working
 - b. Supported each student's in-person educational needs
2. School division partners (mission critical)
 - a. Special Education Coordinators and Directors from the sending school division
 - b. Worked as partners of each student's IEP team assisting with IEP addendums as needed, additional technical or community supports, etc.

James C. Hormel School Critical Success Factors & Best Practices

1. VIA's education and treatment approach is based on the principles of Applied Behavior Analysis (ABA), a methodology that applies principles of behavior to learning and utilizes objective data measures to assess desired outcomes. VIA's curriculum is scientifically based, communication focused, developmentally appropriate, and transition oriented. For each student, a plan contains an analysis of the student's primary presenting problems and constitutes an approach to remediating skill deficits and behavioral excesses.
2. VIA's approach as well as established research in telehealth that was already established for the field of behavior analysis allowed our educators and clinicians to quickly adapt, because a strong foundation was already available.
3. Rapid review of the literature, staff training in evidenced based telehealth practices, and supporting documents to guide and track performance of staff and student progress were essential.
4. Access to technology was also very important. Each staff member was provided a laptop or Chromebook to work from home. VIA provided "hot spots" and access to workspaces onsite if needed. Student technology requests were also honored.

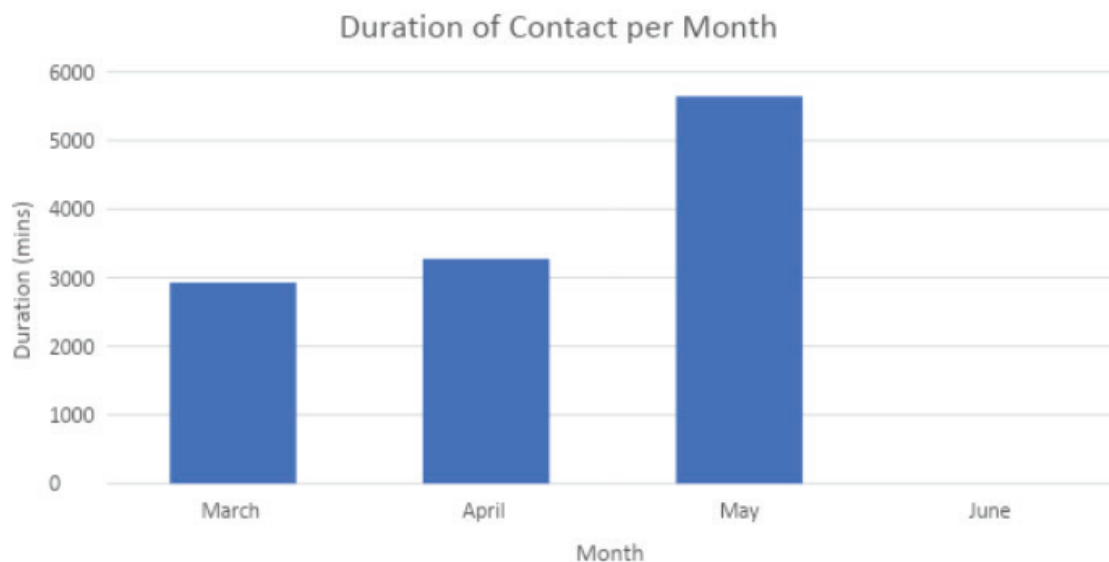
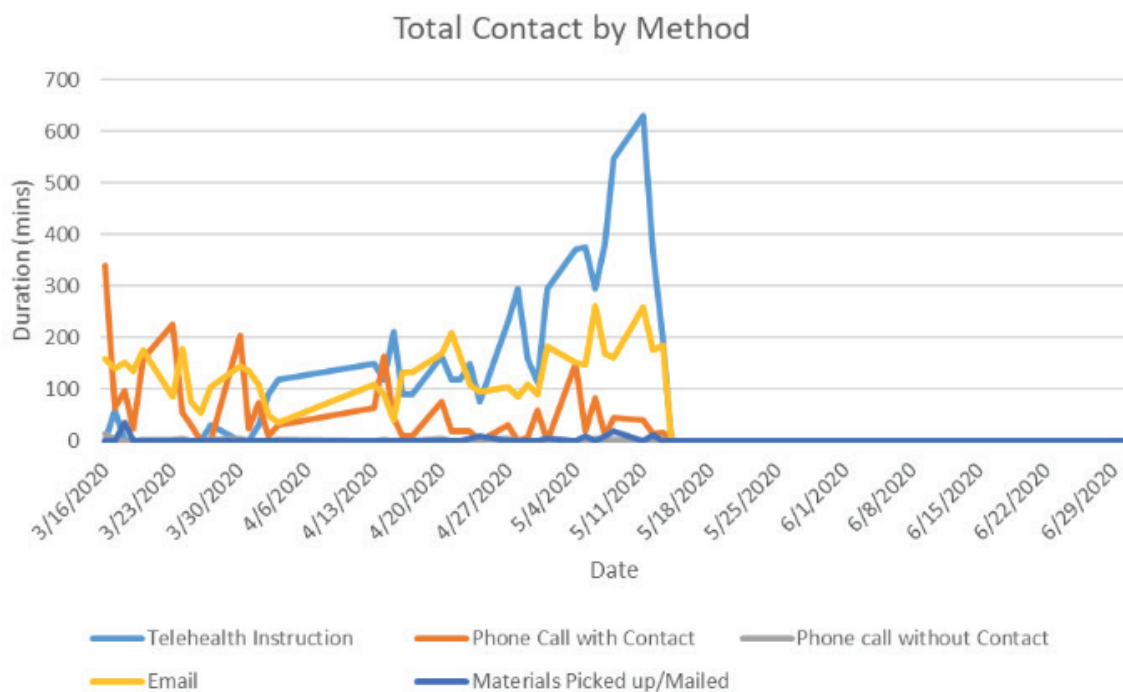
James C. Hormel School Lessons Learned



- We would have liked to conduct more thorough assessments of each student's prerequisite skills to determine which mode(s) of tele-education would most benefit them and their families.
- More time before we started providing services would have been ideal to develop the virtual lessons, get materials to families, and train staff and parents.
- The biggest challenge we faced was caregiver participation and their own barriers to being able to accommodate tele-education. Many scheduled sessions were cancelled without notice. Families reported a high level of stress and communicated that they could not take on the required role.

James C. Hormel School Community Impact & Results

1. In March 2020, 90 tele-education sessions were held during 11 days (avg. 8 per day). This increased substantially in April, with 2333 sessions across 17 instructional days (avg. of 137 per day).
2. In the first 5 weeks of the COVID shutdown, data were collected to evaluate the level of support provided to families. Instructional staff sent home 312 videos and uploaded 165 You-tube videos to a secure channel.
3. Many families were under a great deal of duress as a result of the move to tele-education. In-person services are best suited for the population of students that we serve at JCH. Although we made the absolute best of a difficult situation, a return to full-time tele-education would not be in the best interest of our students.



Adult Services (CAAAS) Background

Telehealth sessions were provided to consumers in the group day support program and those receiving therapeutic consultation. The Center began 15-30 minute telehealth sessions with consumers and their caregivers in the day support program. These initially consisted of teaching participants how to join Google Meet and/or Zoom sessions and sometimes involved talking them through the process on their phone.

Consumers participated in individual sessions to start that were initially focused around talking to them about how they were doing, what they were interested in doing on telehealth sessions, and



encouraging them to participate in the session for increasingly longer periods of time. Staff then started preparing lesson plans for individual sessions that included playing games, reading books, etc. Consumers started asking about other consumers and if they could talk to them as well, so staff organized group sessions. Group activities included exercise activities, interactive games, social skills groups, and topic discussions. Adult Behavioral Consultants provided therapeutic consultation via telehealth as well. Sessions involved parent training and direct interactions with the consumer.

Adult Services (CAAAS) Community Impact & Results

- Staff went from providing four telehealth sessions during the week of March 23, 2020 to 25 one-on-one sessions and nine group sessions per week as of February 2021.
- Parents and adult consumers reported that they enjoyed the telehealth sessions and would ask to reschedule their sessions if they ever had a conflict. Some consumers even asked to keep their sessions when travelling, so staff have run telehealth sessions when consumers were riding in a car and on a boat.



Outpatient Behavioral Services Background



In March 2020, all VIA programs were required to close per the Governor's order in response to the escalating COVID-19 pandemic. Initially thought to be a two-week closure, Outpatient Behavioral Services put two goals in place to respond to the loss of revenue and client intervention hours: 1) Obtain insurance approval for two-weeks of service delivery via telehealth for each client accessing ABA services, and 2) assign experienced staff to deliver telehealth hours at 30% capacity.

The Outpatient Director, Clinical Director, Client Services Coordinator and Supervisors met on March 15, 2020 to secure insurance approval for telehealth for all 45 ABA clients. This group notified staff and families of new schedules and developed resources and documentation including:

- A readiness checklist to ensure technology and receiving site requirements were met prior to the initiation of services²
- A "Frequently Asked Questions" document for families new to telehealth services
- Informed consent paperwork explaining the risks and benefits of telehealth services in comparison with in-person services

- Implementation of an acceptable use policy for the use of technology on loan
- Variety of training tools for instructors with no prior experience with telehealth service delivery

The team also established measures for ongoing data collection and data monitoring, ensured billing software was up-to-date with coding requirements, researched HIPAA requirements and ensured all platforms met requirements. Telehealth procedures were also developed for new client onboarding.

Outpatient Speech Therapy and Psychological services immediately switched to telehealth as procedures were already in place for these services.

Training plans were put into place for instructional staff such that telehealth services could be delivered in a tiered delivery model with supervisory support if needed. Services were geared toward target areas of need, such as feeding protocol implementation, schedule development, functional communication skill building, or response to challenging behavior.

Outpatient Behavioral Services Approach & Infrastructure



- VIA Leadership initiated a COVID response team which met virtually once per week to discuss various issues and challenges.
- A point person was identified and a system per department developed for the distribution of technology to families and staff in need.
- A staff schedule matrix following CDC guidelines was developed to allow for safe delivery of telehealth from our clinic space if internet was not available for the staff at home.
- Rules surrounding the use of various platforms were established.
- Training was provided to all outpatient staff on insurance telehealth codes.
- Checklists and staff monitoring systems were established to ensure appropriate implementation.

Outpatient Behavioral Services Team Structure

- VIA Leadership Team & COVID Response Team managed high level oversight for telehealth implementation across programs.
- VIA Program Staff managed day-to-day operations and communication, ensured trainings were conducted as needed, managed scheduling and guidelines, data collection and analysis.
- VIA IT staff provided technology support, information, maintenance, and development of standards as needed.
- Totoaba and MRC Billing System provided key information regarding insurance regulation and changes.

Outpatient Behavioral Services Critical Success Factors



- Creation of a “COVID Response Team” which met weekly on Mondays to discuss issues and challenges related to COVID restrictions, funding, and telehealth implementation.
- Creation of small department-specific committees to communicate changes and manage the day-to-day needs of staff working virtually.
- Identified the needs of our clients and families quickly utilizing the readiness checklist. Ensured the right platforms were available and compliant, and internet connectivity was solid or alternatives were made available.
- Collaboration with other similar and like-minded organizations experiencing the same challenges/successes. The Council of Autism Service Providers held weekly calls to share information on new regulations, materials, etc.
- Ensured staff had alternative locations for telehealth service delivery made available if they did not have the systems or technology available from home.
- Ensured staff were well trained in telehealth processes and procedures.
- Ensured mastery of one type of service delivery (parent training with Supervisor) prior to scaling-up to include program implementation with instructional staff.

Outpatient Behavioral Services Lessons Learned

- Identify ways to increase client engagement with the platform including:
 - Systems for asynchronous learning and coaching
 - Establishing clinical guidelines
- Determine prerequisites for direct instruction via telehealth and/or parent training. Not all clients are able to participate meaningfully in telehealth sessions due to their level of physical or cognitive impairment. Future use will require client and family assessments to ensure the type of telehealth and the hours recommended are appropriate.
- Identification of specific outcome data. Given our emergency response to COVID, we were not able to identify clear target outcomes and begin baseline/data collection to determine the best skills to teach using telehealth.

Outpatient Behavioral Services Community Impact & Results



As the use of telehealth expanded to instructional staff, performance checklists were developed to ensure appropriate implementation of programs, in addition to appropriate telehealth etiquette and professionalism. Staff performance on these checklists averaged 91% from May 2020 to December 2020.

In September of 2020, approximately 50% of outpatient families continued to utilize telehealth services. In addition, when in-person services were offered, telehealth was used by behavior analysts to supervise client sessions and provide coaching for staff working directly with clients. While in person instruction resumed fully in April 2021, telehealth continues as the preferred method for parent meetings, parent training, and supervision.

Through the use of telehealth, all VIA clients and students were able to receive necessary intervention and continue to build skills during COVID-19 shutdowns. Three key outcomes from this initiative were:

- **Reduction in Cancellations:** Due to the ease of attending sessions from home, both cancellations and no-shows reduced 9% in 2020 from the previous year.
- **Increase in Parent Training Participation:** Parents engaged in the Outpatient program regularly participate in parent training. Prior to telehealth delivery, parent training would occur in the home, or parents would travel to our Outpatient clinic to receive coaching. Families engaged in formal parent training increased 11%.
- **Client Access to Telehealth:** While many programs were closed and services on hold, 100% of outpatient clients were able to access some level of telehealth services due to iPads on loan, the use of accessible platforms, and flexibility with the time-of-service delivery.

Supplemental Links and References

1. Virginia Institute of Autism Resource Templates
<https://www.matrc.org/wp-content/uploads/2021/09/Autism-Toolkit-Resources.pdf>
2. Lerman, DC, O'Brien, M & Neely, L et al. Remote Coaching of Caregivers via Telehealth: Challenges and Potential Solutions. *Journal of Behavioral Education*. (2020) 10.1007/s10864-020-09378-2.

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