



## AUCD- How Can Telehealth Enhance Early Identification and Service?

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MAUREEN JOHNSON:

Hello and welcome to 'How Can Telehealth Enhance Early Identification and Service?' this webinar is part of the autism special interest group webinar series for autism acceptance month and my name is Maureen Johnson the program specialist for maternal and child assistance team and we would like to thank you for joining us today. I would like to address a few logistical details and because of a number of participants you will be muted throughout the call. You can submit questions at any point via the Q&A box on your Zoom consult and there be time for questions at the end and questions will be read aloud to accommodate all attendees during the Q&A and we have CART captioning available and if you'd like to access it please click the CC button to view subtitles and this webinar is being recorded and will be available as well is a transcript. Please walk me and joining the autism special interest group co-chair Brian Be.

BRIAN BE:

Hello and welcome to today's webinar. What is AUCD's autism special interest group? Until now we have been planning this month of webinars as well as the in person conference in Washington DC. What else do we do? Please join us at our open house at the end of this month that will be April 29 at 2 PM Eastern time and get acquainted with each other as well is what is the autism special interest group? Now let us get started. Dr. Zachary Warren.

DR WARREN:

Thanks, Brian. Really flattered to be invited to organize sort of this talk today. I have the position of moderating. I can just sit back and enjoy, because we have a really great group of colleagues here who are presenting today, primarily for autism spectrum disorders. We've got Mary Fleck, Dr. Jeffrey Hine, Dr. Alacia Stainbrook and myself and were fortunate to have champions and partners like Jill Rigsby who partners with TEIS who we talking a little about our partnerships around assessments and capacity building using tele-mediated sort of platforms, so without further ado I will turn it over to the first presenters this morning Dr. Alacia Stainbrook.

ALACIA STAINBROOK:

Thank you, Zach. The work that we are going to talk about today is the result of a critical, very important partnership we have built with TEIS and the work we have done and will be talking to you about and we are very grateful to Jill to be with us today and speak to us directly as we get towards the end of our webinar today.

Here is our plan to prepare I will provide a brief overview of the early intervention system and I think it is helpful to know where we have been to understand where we are today in the partnership and the services we are able to deliver, and we will discuss telemedicine as a early method for identification but also as a service delivery for providing ongoing support to families. What we are mostly excited about is the last piece, which is really examining the impact of telemedicine services on the community and what that is like in Tennessee.

So at Triad we tried to develop service models and programs with these three guiding questions. How do we best provide quality services and roll under resourced and low resource communities in rural communities while optimizing innovation and efficiency for sustainable programming while embedding within existing systems of medicine and education and care. That really requires excellent partners and there is a reason the Tennessee early under versus



those -- early intervention system makes great partners and I can speak for Jill and say they do. We have these shared goals to increase access to quality assessment and intervention for families.

That they have community knowledge of what the needs are for families, for children, for service providers, not just in the cities and counties where we reside but across the entire state. They have a really solid understanding what those specific and unique needs are. They are an established system of care at a network for connecting families to services and services to professional development, so an ideal partner as we are trying to create a service that doesn't stand alone, but can really have a community level impact.

Essentially, taking journeys into telemedicine and they've tried new things and they have an interest in innovative approaches and willing to take novel programming that has the potential to impact families and service providers. Our service model has shifted a lot over the past several years, so when we started the partnership in 2014 our goal was to provide follow-up support to caregivers after evaluation that their child participated in for autism.

We wanted to be able to get good information to families as soon as possible for the valuation and that was our focus, focus in Tennessee and we started with the hope of growing big. We realize pretty quickly we could not have the impact we wanted you with the small scale of our group was, so in collaboration with TEIS we decided we would have a larger footprint not only supporting caregivers but also supporting service providers already embedded with these families and out in the community, so we started coach reading intervention sessions. We develop professional development opportunities for these early intervention providers engaged in support. Overtimes you will hear much more about this from my colleague Mary and Dr. Jeffrey Hine and we provide additional consultation, develop curriculum models for this support and bringing us to today where we have a service line really focusing on these four things.

The first thing is early identification, which is the first step connecting families. Caregiver support providing caregivers with both support around the outcome of the evaluation, whether it results in a diagnosis of autism or not, but also giving tools they can use in their home right away to support their child and give and enhance quality of life. Provider support might look like directly consulting around the family that provider is seeing or providing that provider with some foundational knowledge around autism or evidence-based practices, and developing other ways to reach providers and families, so when we cannot be in direct contact providing direct support, providing online and curriculum modules and toolkits and videos that we can disseminate widely.

As I mentioned, as we started to explore telemedicine as a service model several years ago, we actually started with the goal of using telemedicine to consult with service providers, and we had some success with that, but I would say it was when we started you provide Tele-diagnostic Consultations we started to get more and more bias from service providers and families around telemedicine as a service delivery model and that was really helpful 13 or 14 months ago and telemedicine was our only option for reaching families, so while we had been exploring that service delivery model and had some success, it is really in the last year we have seen our service line transition to entirely telemedicine and have had great success with that.



The success has been aided by the curriculum model supplementing content for families either prior to a visit or after a visit, being able to get these tools to the service providers we are partnering with, and Mary will talk a little later how we use those, and also the work we have done in trying to learn how to support families and providers remotely. We've done that providing networks where they can learn from one another and support in moderation, continuing to coach read and in a lot of ways been able to do this through telemedicine it has supported that model making it easier when were able to join from home instead of having to drive to various parts of the state, and learning how to best coach and support from a distance, which is taken I think a little trial and error on our part, but we've come up with great models and support to teach others how to do that as well.

Now, we would like to dive deeper into what is Tele-diagnostic Consultation look like and what is the experience and then we will ship to what the tele-intervention piece looks like, but with that I will turn it over to Dr. Jeff Hine as our director of primary care outreach at TR IAD.

**DR WARREN:**

Good afternoon everyone. Thanks again, and happy Autism Acceptance Month. I will talk specifically about our tele-diagnostic piece and thank you Alacia for review and cover different pivots during COVID as well. To back up just a little bit, the tele-diagnostic portion of our services started roughly around five years ago. Mary, who will be talking in a few minutes, is stationed in Jackson, Tennessee, and our regional, rural medical Center where families are able to travel to that center, and psychologist in Nashville are able to remotely join families for diagnostic consultations mediated by Mary in person, as well is construction with our part C system, developmental system, so I will talk more about their program, what it looked like and what was the initiation look like and what does the pivot look like for COVID.

Then we will try to present primary diagnostic Center for our state and while our state isn't very tall north to south it can take a long time to travel east to west and vice versa, so many families are traveling very far to see is to get questions answered about autism spectrum disorder, so as Alacia was speaking about, we were able to set up services in a regional setting serving many underserved counties out in West Tennessee, and the tele-diagnostic program was initially set up to stream my care in an efficient manner to rapidly and accurately identify autism for those families that had their concerns are those parents that had clear concerns or in some cases went out for those families.

As we will talk about a little bit later, in terms of use of tele-support or Tele-consultation or Tele-diagnostic Consultation, these type of services are not for every family, not for every child. Of course, for families where children need extensive evaluation and especially children that have more complex medical history or social or trauma history, of course, we want to see those families in person for extended assessment, so we told talk -- we will talk a little about the barriers we will talk about successes to begin.

A little information about what currently looks like. As Alacia mentioned families are already enrolled in our State's Part C system, so they are receiving developmental therapy service, and at some point, concerns were brought up either with the developmental therapist or the State's Part C coordinator regarding autism spectrum disorder and the developmental therapist works with the coordinator and goes in with the flowsheet whether a diagnostic or tele-diagnostic

consultation is appropriate for the family, and if so, again, a psychologist would join that family, Mary, in this case, for one of those consultations. How it looks, Mary or another early interventionists will be working with the family in the regional Health Center and would join them remotely. Mary or another leader interventionists would screen in toddlers, and would also be able to do a record review caregiving or--

As COVID happened and so, the way this model ran was that we had a trained early interventionist working with the family and the development of therapist in person while we remotely moved from Nashville, what if we can't have in person at all and how do we reach families in that way?

And so on to talk about how we pivoted and some of the silver linings of some of the other projects that we had going on at that same time, a year prior to COVID, we were lucky enough as a team to be working on a tool that was explicitly designed for use over Tele-medicine.

The tool was created before COVID, because we have many families that are in parts of our state or portions of our state, where we don't have the resources to have a trained provider in the area. In this tool was designed to be flexible but also be irremediable and wouldn't have to have a psychologist and early interventionist on both ends but instead we could just have a psychologist working directly with the family.

The tool is-- one of my colleagues might be able to put the website in the chat box, that would be helpful, again, we like to direct folks to the website because this tool is free and open access, and we have webinars and training sessions and examples and now a manual for providers who are interested in learning more about or anybody who is interested in learning more about it. Again, the tool was designed specifically for use over Tele-medicine. Designed for open and free access for providers. It uses widely available cheap materials, rather than having a provider or families or clinics having to purchase kits, these toys or materials are readily available.

It was designed to be time sensitive to fit in or be embedded with busy environments. And most importantly, or as important, it was designed to be performed by novel users where a psychologist could work with a parent and have them perform some of the play assessments.

Again, the big change from the initial model to the current tele-ASD model or another model we are able to use when working directly with families, is that the parent walked through a number of playtest and again, these tasks are strictly standardized, there is a flexible nature to them, where yes, we sometimes feel like we are working orders to parents but often, it is our observations and our assessments and kind of the interaction between a parent and child that is helpful for us to be able to help determine whether or not concerns for development are related to autism spectrum disorder are not.

We are able to provide them in the home or in the clinic most often now, directly to parents in their home. What we are learning and what we have learned is of course for these visits we are spending a lot of time on the front end, describing the model, describing what the process will look like, describing for what expectations for their child and what some of the procedures will be from parents who wanted to be as protectable and comfortable as possible we also found it is easier to provide navigation ahead of time before the appointments.

The nice part of our initial model was that the triad early intervention in this case to work directly with the therapist from our part C system. Many of our develop adult therapist that ever been working with families and able to join our Zoom appointments with families is still there again, some references for those that are interested in a deeper dive in terms of the modelling outcomes of that, but in terms of provider satisfaction and using the tele-ASD P or more Tele-diagnostic services, also family's perspectives, we have a little bit of a data and generally speaking, we are finding is providers within our own institution as well as subset of other institutions that we have been working with closely. Been telling us that they have been comfortable completing these types of assessments, comfortable making diagnoses using these tools.

Relatively comfortable for any feedback for families and families have also been telling us they are comfortable playing with their child, instructions, have been easy to use, and they were designed to be fairly flexible. Taking the right amount of time, they felt comfortable discussing diagnoses and their next steps with the clinician and that even though it was via Zoom for the most part, parents felt the provider had seen most often what the concerns or the behaviours of parents were concerned about.

Mary and myself last week, we were lucky enough to give a similar talk, but we were joined by some of our developmental therapist during the talk as well as apparent. It was nice for us because we got the opportunity, just sit back and listen to some of their perspectives about what, how this model impacted them and some of their thoughts. And feedback about that.

One of the things that the parent said that I don't think we have captured quite yet, was that she appreciated being a part of the assessment that her son was more comfortable in his own home with his own toys, and it kind of gets at the sense that the silver lining thing being able to do this, directly into parents and kids homes. Kind of the natural environment of sorts, and they are in their own setting, with people that they like, they will have to interact with strange people like myself, but they are able to kind of take out a lot of those things that were uncomfortable for the diagnostic process I think in terms of familiarity of location and materials and people.

One of those we've been working with had comments I love being a part of the valuations that guide parents through their process, being extra support for them and again, I don't know if we captured this effectively yet, as well, is some of the feedback that we have been getting is often times if during the part C process, if a family has to be evaluated from outside, that the development of therapist doesn't necessarily know or hasn't known what that process looks like, and the feedback we got from her was that it was nice for her to know how the assessment was going to look so she could be support for the family. She knew most likely who the person was going to be providing the diagnostic assessment, and kind of what the steps were and being able to kind of give the parent a lot of information ahead of time, but also be there right after we were given feedback about that to be able to talk about those steps, talk about what this report is going to look like and what the recommendations are. Again, we captured a lot of good information, I think in terms of our outcomes, it was a nice time for us to be able to sit back, kind of learn from those folks that are more embedded, that we can talk about today.

Next, I would like to pass it over to Mary who is can you share a little bit more about the follow-



up services for families that are providing this.

MARY FLECK:

Thank you, Jeff. I'm just going to kind of go over the follow-up services that was briefly mentioned and share some data around that that we were able to get when we switched to telehealth, and then talk about our expansion into East Tennessee. Following the participation in that traditional or diagnostic evaluation, families are referred to us from part C, they are offered the opportunity to participate in her 6 follow-up caregiver education and support sessions that are guided by a consultant, our consultants have training either behavioural analysis, communication disorders and/or early intervention. Importantly, families are offered the service regardless of whether or not they receive a diagnosis of autism and after evaluation. All the follow-up services are provided in collaboration with each family's existing early intervention provider, so that we can collaborate with them to establish the continuity of care, and also to increase the capacity of the early intervention provider to serve other children diagnosed with autism, as well as children with autism but with relevant behavioural support needs. Once the 6 visits are over, our consultants remain available to support the families early interventionists in order to help them either implement a new curriculum when the family is right and move on or to troubleshoot any issues that may arise.

Prior to COVID, follow-up sessions occur mostly in person, some used a combination of in person or in telehealth, depending on the families access to technology and their geographic location. Currently, all of our follow-ups are provided through telehealth.

That shift providing services exclusively to telehealth provided us with an opportunity to evaluate outcomes across service delivery models. By the end of July 2020, we have 3 distinct groups emerge from our 2019 2020 fiscal year, so we have those that had received services entirely in person. Those Who had engaged in a hybrid model with some sessions being in person and some being done through telehealth, then we had a group that received all of their services through telehealth, due to the pandemic. The numbers that you see here are reflecting numbers, the families that completed full sets of data for us to share, I'm going to share some of the data with you now. We are really interested in how much our caregivers learn over the course of our 6 intervention sessions. We assess caregiver treatment fidelity using a checklist that outlines intervention strategies that address within each curricular model.

Generally session includes 3 to 5 objectives that are related to knowledge and implementation of intervention strategies. Our consultants complete the checklist at the end of each visit with the caregiver, they know how many items that we were able to discuss, and how many items we felt the caregiver was able to demonstrate in the understanding of, then at the end of the service, the consultant will know how many items the caregiver was able to maintain through the entirety of the service. Across groups, our consultants reported caregivers achieved an average of 80% of treatment objectives during the course of an intervention, and they also reported that an average of 66% of those objectives were maintained at the end of intervention. It is notable that the average treatment fidelity did not differ significantly between groups. We used to standard measures, that align with our goals of our services in order to measure growth. They are the caregiver questionnaire from the communication and behaviour skill developmental and the MacArthur short form vocabulary checklist. We see shifts on both of these measures over the course of our 6 visits. The CSP SDP questionnaire caregivers report significant increases in

child's use of nonverbal social communication strategies vocalizations, and symbolic communication. And on the short form at Arthur Bates, the checklist, our caregivers report that their children are able to understand more words following intervention prior to intervention.

A most significant for this conversation is that there was no significant difference between groups on either one of these tasks. To assess caregiver satisfaction with services we use a 14 item questionnaire including items related to satisfaction, service model, our consultants, impact on the service themselves and impact of the service on their children. Caregivers reported high levels of satisfaction across all of these components, and we did not find significant differences in caregiver satisfaction between treatment groups.

Caregivers consistently gave high ratings on items like the consultant understood and addressed needs, consultant provided useful recommendations, and I was pleased with the outcome of services for me and my child, being one that received the highest scores across all three treatment groups.

Providers also complete the 14 item questionnaire, scores were high, again, across all groups. We did have one difference emerge. Early intervention providers participating in telemedicine only gave high satisfaction between intervention, consultant and we hypothesize this may be because those providers were able to attend telemedicine business more frequently than with other groups, and it is also possible they found our service more palatable during a time when they were challenge the shift from in-person services to telemedicine services.

Caregivers completing at least one

Telemedicine session and majority of caregivers said caregiver was engaged during the visit, effectively communicating concerns and the visit was just as private as an in person visit. Qualitatively caregivers commented telemedicine visits were convenient and provided an opportunity to continue services in the Covid-19 pandemic.

Following the success of our tele-diagnostic model in West Tennessee we wanted to see how we could expand our services into East Tennessee. As Jeff mentioned in West Tennessee we are fortunate to have myself and another consultant who live in the area that are able to service providers in person or through telehealth. In East Tennessee we wanted to think about a model not requiring extra people on the ground but field professionals already working with the families on a regular basis, so support this we developed TRIAD mentorship and opportunity program and partnerships with resource agencies in East Tennessee. These agencies employ early interventionist serving the families through TEIS and early intervention to participate in training around early identification and treatment around autism.

The initial training for early intervention is consisted of providing access to online training models and adaptive STAT webinar and is similar what we did in West Tennessee where therapists would implement the STEP and the psychologist would observe telehealth, and this changed when in person visits were suspended due to COVID and it was based with a psychologist using the tele-DTs and therapists on the call to observe. Ongoing support and training are provided to the developmental therapists through a monthly professional community led by BCB a.



Currently have about 20 providers that participate and through this we are able to go through our curriculum session by session to ensure that developmental therapists feel confident using them independently with the families they serve and also gives him an opportunity to share their own work experience and learn from each other, and they are also encouraged to share the information they learn it with their colleagues.

As a result of team opportunity we have six agencies collaborating across the state providing tele-diagnostic services to the families they work with and we provided 46 families in East Tennessee with the tele-diagnostic evaluation and 14 families participating in our follow-up tele-intervention services.

So our preliminary data on TEAM Opp is very promising and we asked our team of interventionist to rate their experience participating in our professional learning opportunity, and all providers who responded participated in at least three of the sessions, and the average response was 4.86 on a scale of 1-5 and there were questions about their experiences and cited several benefits including breaking down the curriculum and turn from early interventionist and that they've been very satisfied with each training and found tools and strategies discussed to be beneficial.

We also asked them to give us some feedback on their experience with the tele-diagnostic evaluation and Jeff touch on this a little bit, and their feedback was very positive with an average rating of 4.78 on a scale of 1-5 and there were specific benefits to the family like shorter weights and travel times and been seen in a natural environment and being able to see what the evaluator sees.

The last point is of greatest importance to the developmental therapists and they were part of the evaluation and yet allow them to hear exactly what the parent is being told about their child's diagnosis and that helps him ask any questions that may arise in subsequent weekly business with the family.

Caregivers also completed satisfaction surveys about tell diagnostic services and they reported satisfaction, and on a scale of 1-5 we had all fives, and additionally they reported that tele-diagnostic evaluations saved an average of 4.4 hours of travel time and open ended comments about the strengths of the approach they cited convenience of telehealth and benefit of multiple Tina Mars -- team members participate.

Caregivers had participated in six follow-up visits they completed surveys about their satisfaction and as you can see with the table responses were consistently high from caregivers and providers. One specific resource that early intervention providers reported using frequently is our online trainees. As Alacia mentioned our curriculum is broken down into short video clips for either caregivers to watch or also for early intervention providers to utilize.

They have reported that not only are they super beneficial to their own learning of our curriculum, but early interventionist have found ways to utilize these during their visits, so when every suite – make everything switch to Halla health services visual learners had trouble picking up on some strategies since there was not someone in the home to model those for them, and





early intervention is found using the videos and our online training resources were super helpful to help the families actually see what they are suggesting.

Our next steps, moving forward, we hope to plan to in person service delivery, and for families less likely to benefit from telemedicine due to technology issues or complicated behavior profiles allowing them to be seen in person, we would also like to replicate the extension of DT mediated valuations and end goal of of having a partner access to all families and we continue to develop pilot strategies for getting families information they need following the diagnostic evaluation for ASD and currently we pilot a model requiring two brief follow-up consoles with the psychologist who has access to tip sheets with video examples that the family can easily access a code.

I'm going to turn this over to Dr. Warren and Jill.

**DR WARREN:**

Thanks Mary, Janice zero -- Alacia and Mary were walking through that data. We were doing this before people heard of Zoom before thinking of building service capacity and meeting needs, and kids in the state. I'm wondering to get your perspective and thoughts on this partnership, and what telemedicine has been able to facilitate pre-COVID, during COVID and after in Tennessee.

**JILL RIGSBY:**

Pre-COVID you are right. We were doing this as a partnership way before we were ever thrown off into the deep end of having to go this route, so it is nice to be able to partner with someone who was innovative and we can have conversations about how we do this differently, how can we reach more children and families, and what makes sense.

So being able to do that telemedicine was just a really great thing to add into that West Tennessee component. I said earlier in the presentation, the drive time for families... Tennessee is not every tall state, but it is a very long estate so it takes 10-12 hours to go from one end to the other, so just going from West to middle can be a pretty extensive drive especially for a child who doesn't do well with transitions or been that long in one time -- or been that long in one place.

We try to be family friendly and proactive for supports within the family's community, and we are always looking at ways we can build on that, so that was kind of a natural progression of we are meeting the needs in this area, and want to move over to West Tennessee and, how can we best meet those needs. There were a lot of conversations around that, and we did not look -- look to telemedicine at the beginning, we were looking at other partners.

During COVID last March, we were at the point were all of a sudden services had to stop. All of our early intervention services, and we don't have waiting list. We don't have the option of not providing services, so very quickly for all services we had to look how could we quickly moved into this space for all of our services, and it was great to have that experience at first because I think I called on Alacia and asked if she could give some ideas and tips, how is this going to look?



So it was great to have that as an experience to be able to move that over to our other providers and figure out a way to best serve kids and families during this time. We are still in this time and developmental therapist is still not going into families homes and are still supporting them with telemedicine were possible, and therapist working with TRIAD had that experience of interacting through telemedicine, but it wasn't a completely foreign thing to them.

Moving forward we are getting closer to face to face options, we are looking at that very closely and when is the best time to roll that back into face-to-face. One of the things we decided as an agency is we don't want to lose tele-intervention, telemedicine to provide services, so as long as our regulations allow us to do that we are always going to have that as an option to families. It breaks down barriers, and boundaries. There are not the boundaries anymore, and if it works out for children and families and is an appropriate way to provide that service, we still want to be able to do it.

This partnership has given us some experience, some foundation to move through COVID as successfully as – we had planned on doing tele-intervention, but we would never have moved it -- move into it as quickly as we were forced to. We are trying to move that direction.

ZACHARY WARREN:

It's so interesting because Tele-medicine, really like you said, thinking about breaking down sort of barriers and boundaries for families, where we are observing many families where the prospect of being referred to a tertiary care facility a few hours away, hours, we were just not seeing many of those families come through the doors that we would like to, and so this idea of what our family priorities around identification and service, and are they the same for all families, and the reality is not. It is interesting for me, and thinking forward, saying, that is going to be the case post COVID too, this renewed ability to think, potentially more flexibly about how these options fit in to family priority.

And also, help us deal with, I think the huge issue around capacity, and building capacity, I think, one of the most clever things that the folks designing I think this program kind of built-in was this idea of telemedicine directly to a family, we are actually trying to engage providers who would be serving this family over an extended period of time in other families within system, but I'm curious to hear your thoughts on how telemedicine helps with capacity and whether there might be some limits with these capacities and tools.

JILL RIGSBY:

Again, building capacity, that is one of the things we talked about the very beginning is that we have so many more children that can benefit and try it and then-- so how do we expand the reach? That is why it was very important we had those developmental therapists on board and that was a requirement for going through this process, a family had to be receiving developmental therapy because we knew that was what was going to be capacity throughout the state, the development of therapists was going to be receiving coaching in consultation from the consultants as well as the family receiving that too, then the developmental therapist had access to the tried consultant for many months after the tried services ended. And so those really good skills and strategies that those development of therapist learned can be carried on with any family, not just a family that is going to be receiving services through Triad, it is good child development strategies to work through.



And they very much impacted them in terms of their confidence level. And feeling as yes, this is something that is not just regulated to children with autism, that we can use with all children that we support. It helped them be a little bit more heightened in identifying or having discussions, we never want to develop middle therapists, any kind of diagnosis, but when a family has a concern, it's nice to have someone who was in the home with you say, you know, I hear you, I see what you are concerned about and let's talk about that and let's talk about what the options are. I think it's just not only has it strengthened or expanded the amount of children that we can serve, through the early intervention system, but it also has really impacted the professionalism and the competency of our early interventionists throughout the state that are working with Triad.

ZACHARY WARREN:

You know, it's one of my favourite things in the clinic when I have that ability to connect my families to some of these tele-support services, whether they be one of our consultants directly or find out they are going back to EI providers that are connected to these tools, I can legitimately say, we work very hard define things that match up with your priorities that can be available to you, those challenging things neat clinician, giving families a ton of information at once, and report to feedback about it and kind of move on, and it in many ways, it provides an exceptional bridge to linking families to help.

When I thought about this service, we received a lot of pointed criticism, I think, over the scientific level and critical level of shouldn't every child have these extended evaluations with all of these tools, obviously, going to the centres, and in part, I would say it would be great if we could make that a reality for all families. But somebody suggested that families are necessarily in that sometimes 2, family priorities often, I want the least amount of time that it takes for me to get connected, people who can give me answers but more importantly help, I would like hell, that is why I'm here, just for helping assistance. It's really been nice to see some of that growth. On the flipside of that, thinking about this in terms of moving forward in partnerships like this, and the challenges that are faced within a system and from government and policy sort of level, what are some of the challenges about finding resources through programs like this, for moving in this direction, and how do you all overcome some of those to push on it?

JILL RIGSBY:

I will have to talk about that from a different perspective, because the way we came about doing this, we didn't really have the barriers that I feel like a lot of states and institutions have when Alacia presented part C, or office especially education programs national conference a couple years ago, we had so many states coming up and saying to us how did you do this? We don't have these kind of relationships, how you do this?

This is just so natural trust, this is kind of how we worked. I will say, yes, being that we are on the system, within state government, there are lots of rules and regulations that go around what you can do, what you can't do, there are different players throughout with the legislator as well as in department so you kind of push one way or another. In a direction for services. And I will say, for a system, we have always had an very much so, when we started this process and transitioning over into a different department, we still have very innovative, creative, and open leadership. And so, who are from our Commissioner to assistant commissioner down to myself,



and my team, and that we are wanting to provide services to children and families that best support with families want for their children. Kinda going back a little bit about what you said about what do families really want?

And I think your data shows this is working for families, and what we are doing is providing supports the families feel meet their goals. And help the child progress within the goals that they have established for themselves, not what some else is established but what they want for their family. And we have always had a very open type of dialogue with our leadership about these are the services, these are some new and innovative ways that we can look at providing them. And always taking, not necessarily a problem, but capacity to provide services to children with autism or challenged behaviours, being one of them, looking at her state and looking at where the providers are. And so, how can we creatively look at that and one of the things that I think Triad has done a really good job with us is that we just always have been involved in very similar organizations, you guys have been very active in our state coordinating Council, which every state has to have, there have been other councils that Triad has been a part of that TIS has been a part of to participate in and we do that as well. We always have connections with each other.

And we are very open to what you think about this. I don't know, these are some of kind of-- what you think? One I can really say is that is over communication to being innovative, and there have been times, alacia will ask me for something and I'm like and we put a hold on that for a minute and we will think about it? It's like oh sure, let's figure out how we can do it. Having partners who are open, innovative, and can communicate and feel very comfortable and communicating even when the answer is not really what anybody wants to hear, I think that's what's kept us growing and triad is not the only provider of services to children with challenging behaviour throughout the state. We have some amazing providers of the state, and we are not trying to limit or push them out in any way.

We are just trying to make sure we got capacity. And that we are providing services to children and families in their natural environment, in a coaching method, so that families are the primary supporters for their children. And that is what our goal is, and we want to use everybody who falls into understanding the philosophy and the evidence-based approach to, along with us and do that. It just so happens that we had this amazing partnership with Triad, just a lot of that is just us being in communication with each other.

ZACHARY WARREN:

I can't thank you enough for being on this with us and I think, you know, the reason I think this is been a true partnership, I think we found sort of the shared missions across, and into the institutions and also where the boundaries don't overlap, so I really pushing your time, I think we are towards the end, don't know if I should turn back to Brian or Maureen and see if there any other questions for us or for the group.

BRIAN BE:

Hi folks, this is Brain Be's, AUCD's cochair, please join me in thanking again, our presenters today, 2 of whom are on the screen now, thank you so much for volunteering your time. And I really appreciate how you mentioned basically completing the circle, coming back to the family and saying, are we helping to support to meet your goal? And that is really what the Autism



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Special Interest Group is about an AUCD overall. We help connect the end user with the providers and keep an ongoing conversation. Thank you again to all of our presenters who are here today.

And there is a chance for you to continue to provide your voice, there is a survey evaluation that Miss Johnson put in the chat and would you like to say a bit about that, Maureen?

**MAUREEN JOHNSON:**

Sure, thank you. If you could please provide your feedback on this webinar and it will help us to continue to create more content that will help everyone. The link is in the chat box, and will also be disseminated at the close of this webinar.

**BRIAN BE:**

Excellent, and additionally, please consider joining us at Autism Special Interest Group open house, that is going to be at April 29, what is AUCD's Autism Special Interest Group? Until now we have planned the special month of webinars, as well as head time that we planned for in person, in Washington DC with the November conference. What else do we do? Come to the open house on April 29, there will be a link where you can, in the chat, you can see a bit about what that open house is about, we are looking for autistic people and their supporters to come and join us. I myself am on the autism spectrum and have had the privilege of being cochair-- from South Carolina. We want people involved as well as professionals. Thank you again for joining us, make sure to register for the upcoming webinars, and we will see you at the open house.