

Raising NY Early Intervention Virtual Convening

The Early Intervention (EI) program provides critical services such as evaluations and therapies for infants and toddlers with developmental delays and disabilities. For the first time ever, New York State authorized EI services to be delivered using telehealth during the pandemic as a way to ensure that the program could continue to serve young children and families. We want to thank everyone who participated in the fall 2021 Raising NY virtual convening on telehealth and shared their experiences and insights on the benefits of telehealth and how the State can improve telehealth as a service delivery model going forward in a way that ensure greater access services and equity within the Early Intervention program.

MAJOR THEMES FROM PANELISTS:

Positives:

- Telehealth services can allow providers to serve a larger geographic area, helping more children in underserved areas receive services within mandated timelines. Telehealth also provides more scheduling flexibility for providers and parents.
- Telehealth encourages parents to be much more involved in-service delivery and many benefit from telehealth as a coaching model that allows them to provide ongoing services to their child.



access telehealth. Wi-fi and device availability are critical to telehealth services. Failure to provide technological support can pose a barrier to families from low-income backgrounds and families in remote areas.

- Many families and providers struggle with technology and online platforms. IT literacy training is needed: parents, as well as providers, may not always feel comfortable with the various tech platforms.



Challenges:

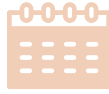

- The EI program does not provide devices or internet to help families






- Services can be challenging to deliver when there are other children and/or family members








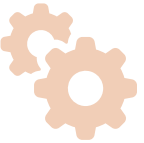
present. Space is an issue as some families are all living in one room or are short of space.

- For children with significant needs, it's incredibly challenging for the child and parent/s to receive multiple hours of EI services on multiple days, every week. 
- It's difficult and may not be developmentally appropriate to engage very young children virtually via screen time. 

INSIGHTS FROM SPECIFIC PANELISTS:

- One parent who is an immigrant and speaks a language other than English stressed the importance of having providers who share a family's language and culture. She also explained that EI services do not exist in her home country, and it's important to remember that EI is not universal in all countries. 
- One parent of a child who requires intense services spoke of the challenges of attending the hundreds of hours per month of telehealth services for her child. 
- A professor of Early Childhood Education highlighted the need to start training current students in the field and include the telehealth service delivery model in early childhood education curricula. 

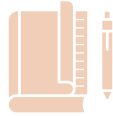
BEST PRACTICE RECOMMENDATIONS:

- All children and families should have the same access to in-person or telehealth services, regardless of where they live. Although a convenient option, telehealth should not be relied upon as the exclusive service delivery model in underserved areas, as that could increase inequities in access to high-quality services. 
- Ensure that all families have access to telehealth services, the EI program should provide digital devices and wi-fi to all families who are receiving telehealth services. 
- EI can maximize the learning potential of early development by offering a hybrid model of service delivery to families so that they can begin receiving telehealth services while waiting for an available in-person therapist. 
- The program must ensure that recommendations for in-person or telehealth service delivery are based on parent choice and the child's needs and not on provider availability. 
- Establish and maintain provider compensation rates that appropriately compensate providers. 
- Develop provider trainings, coaching programs, and best practices on the delivery of services through telehealth. 

- In addition to parent choice, create criteria to identify prioritization of in-person therapy that includes:
 - Child's needs
 - Amount/frequency of services needed
 - Language preference
 - Age of child, the youngest of children are unable to focus on screens



- Supplement telehealth services with materials and equipment that can be mailed to a family's home for therapy sessions, if needed.



HOW CAN I JOIN THE ADVOCACY EFFORTS?

- **The Local Early Intervention Coordinating Council (LEICC)** is an advisory group comprised of EI providers, parents, advocates, and other stakeholders that meets regularly to inform early intervention policies and operations. Visit this [link](#) for information on your local council and upcoming meetings.
- **Advocacy Groups:**
 - Statewide coalitions such as Raising NY and the Kids Can't Wait campaign
 - **ARISE Coalition** in NYC
 - **Parents Helping Parents in Rochester**
 - Support budget advocacy to increase the rate for EI

BEST PRACTICES ACROSS THE COUNTRY:

Illinois Early Intervention

- Site includes links to a parent lending library, tip sheets about virtual visits, technology loan program, and other resources on receiving EI services during covid-19

Report on the Use of Telehealth in Early Intervention in Colorado

- Participants identified several benefits associated with telehealth including its flexibility, access to providers, and more family engagement. The primary barriers included access to high-speed internet and the opinion that telehealth was not as effective as in-person treatment. The results in the report served to identify next steps in the implementation of telehealth in Colorado's Part C EI program.

The Hechinger Report: Online therapy for babies and toddlers with delays often works well-but funding isn't keeping up with the need

- Highlights the experiences of EI providers, who have seen the benefits of virtual sessions as an opportunity for parents to practice therapeutic activities, which has increased confidence for some parents.