**Model Developer Q&A Session**

May 20th, 2020

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**IAFSP Rapid Response Virtual Home Visiting**

Webinar recordings, slide decks and resources are available at:
- [https://institutefsp.org/covid-19-rapid-response](https://institutefsp.org/covid-19-rapid-response)

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**Model VOICES**

Content Outline

I. Virtual Service Delivery
II. Model Fidelity
III. Resources and Support

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**Dynamics in Counties and States**

- Safety and how to stay safe
- Availability of personal protective equipment (PPE), vaccines and treatment
- Political agenda
- Public will

**Model Perspective**

*Virtual home visits should be maintained...*

We recognize that returning to delivering services in homes presents a great risk to both the families we work with and our workforce, and therefore recommend continued use of virtual services at this time.
Virtual Service Delivery

Safety
As states move to "re-open" how should we continue to service families while keeping them safe?

- Will funders and national models support a program-by-program process for re-entering the home?
- When states begin to reopen and home visiting is approved, will families still have the option to conduct virtual visits in lieu of in-person visits until they are comfortable allowing people back into their homes?

Protection
- How do we protect everyone when staff are going in and out of homes?
- What is the model position on personal protective equipment?

Privacy and Technology

Model guidance on what platforms to use?
- Is there a way Facebook can be a confidential form of communication?
- Private and secure technology systems – keeping sensitive information safe?
- What virtual deliveries are also HIPAA compliant?

Issues with access to technology:
- How to get technology for both family and home visitor?
- How to complete home visits effectively when families do not have visual technology?
- What if the family does not want to use their minutes on virtual visits?
How can we best support parents to engage and interact with their children during virtual visits?

- How do we keep focus on parent child interaction in busy households?
- How are home visitors incorporating curriculum or parenting/growth and development into telehealth visits (via phone or virtual platforms)?
- Some families cannot access a laptop and visits are done by phone/video chat. Any suggestions for this?

Model Fidelity

Allowable Changes to Service Delivery

What are we doing to ensure model fidelity during remote?
How is model fidelity monitored or coached to?

Allowable changes in models during this time:
- frequency of visits
- length of sessions
- altering content or focus of visits –primary goal – helping families through crisis, helping them support children through trauma

Consent and Enrollment

How do we get new families interested in virtual services? Ensure access to programs?

Consent Process
- Can we get verbal consent, and document once we are able to visit in-person?
- Using DocuSign, snail mail, drop off, picture text

Enrollment
- by video or phone

Screening and Assessment

- What is the guidance related to resuming assessments that were not completed during this time? Catch up or not just complete them?
- Are there additional tips for screening and assessment in connections?
- How should home visitors best follow-up on child abuse and neglect, and intimate partner violence concerns?
Data and Reporting

- How have family assessment and program measurement guidance shifted to align with virtual visits?
- Will a difference in service uptake and attrition be tracked or reported (the difference between service uptake rates pre-COVID/in-person vs. virtual)?
- How are child health visits being handled? Most clients are not meeting the requirements; therefore, reflects in reporting.

*Federal Guidance states: Well-child telehealth visits completed according to the AAP schedule can be included as meeting the numerator criteria for performance measure 4. The AAP has issued guidance on providing well-child care via telehealth during COVID-19. We recognize that not all providers may offer well-child visits in-person or via telehealth during this time. Awardees should continue to report on well-child visit completion following directions and information in the Form 2 toolkit and FAQs.*

Resources and Support

Workforce and Family Needs

**Workforce Needs:**
- How to continue to support home visitors with virtual platform use? Questioning if some of the discomfort of conducting virtual visits come from home visitors instead of families?
- Where does the mental health of the workforce fit into our plan moving forward?

**Family Needs:**
- Continued referrals and access to emergency services

Program Needs

- Guidance for organizations/executives as they prepare to open? For example, prior to starting home visits, it is the best practice to have...
- Consistent messaging and sharing of best practices for programs

Model Perspective

Safety is our primary concern. As home visiting models, we continue to advise that virtual service delivery is the safest way to serve families.

Home Visiting is Essential

Action steps to ensure program sustainability