Tech-First Service Delivery

(Assistive Technology, Remote and Virtual Supports, Just-In-Time staff vs. Just-In-Case staff)

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Tech-First Service Provision

A way of thinking where technology is always consideredto help people reach their goals and achieve the life they want to live.

Includes different types of technology, likemedication dispensers, apps, alarms, sensors, and tools for communication. Both high-tech and low-tech options are used.

Through a planning process focused on the person, individuals are supported in deciding how technology can help them.

Technology is combined with other types of support to give people the best chance for independence and control over their lives.

Frustrated by the Status Quo

High Dependency on “just-in case” staff.

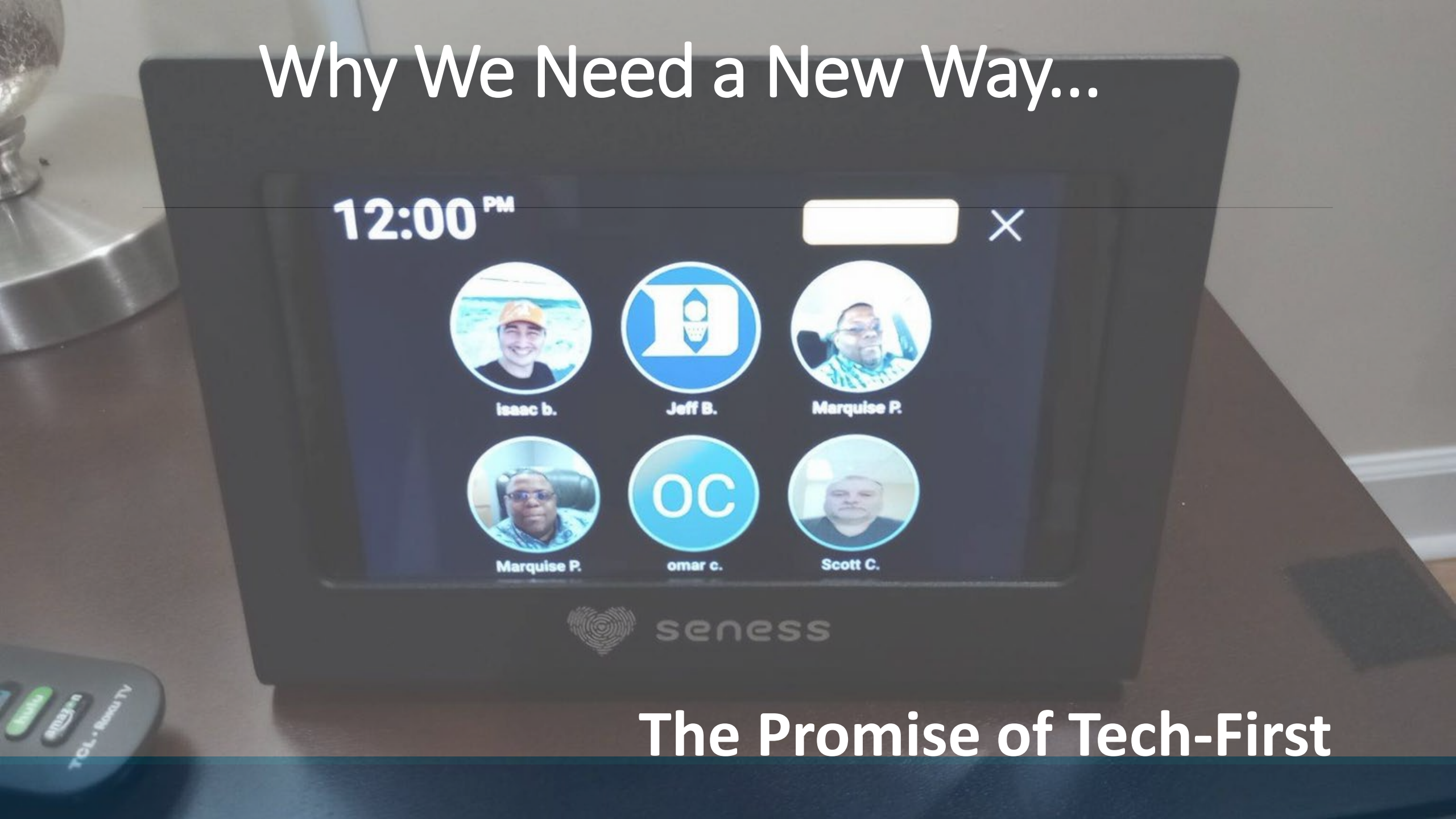
People want more control over their lives and time alone. Having staff or "supervision all the time" might be THE problem.

Not enough resources to cover the current and future support needs.

Risk Adverse and Fear Driven Service Culture. The What if's/They can’t.

Normal **behavior** becomes pathology. Taking a walk for space = elopement, getting mad = **inappropriate** language. Reliving ancient history.

Why We Need a New Way…



The Promise of Tech-First

TECH-ENABLED SUPPORTS

Replace “just in case” with "just in time" staff.

By letting technology provide reminders and safeguards, more control over one's life happens. Opportunities for time away from supervision and time alone emerges.

Resources become better allocated and options exist for when staff are not available to cover support needs.

Risk is embraced, assessed, and mitigated through technology. Why not's/They can's Prevail.

Self-Determination is embraced. Focus becomes on ways unsafe things can be mitigated with technology and just-in-time staff. Ancient history becomes forgotten, and a New Picture begins to be painted.

What is Enabling Technology?

A way to help/support people by using tools and technology. This can include:

1. Assistive Technology
2. Remote Support
3. Durable Medical Equipment

Assistive Technology

- Communication
- Fine Motor
- Gross Motor
- Sensory
- Cognitive
- Employment

Remote Supports

- Two-way video/audio communication
- Door and window sensors
- Temperature/alarm sensors
- Safety monitoring
- Wearable Tech

Enabling Technology Planning and Supports

Always See if Technology can Help:

- Screenings and assessments
- Discussing at all person-centered planning opportunities
- Client-focused opportunities to learn about available tech

Make use of Enabling Technology meaningful:

- All Technology has a purpose and is selected based on preferences and goals.
- Technology use is included Person-Centered and Individual Service Plans.
- Use Enabling Technology Plans (ETPs) utilizing technology, with goals and utilization plans outlined so everyone is on the same page.
- Everyone on the support team including the individual has an orientation and on-going training on the use of the technology.

Case Study #1

Remote Supports in a Group Home

Client #1 - Amy

- Lives in group home
- Works 15 hours/week at a hotel
- Mental health supports
- Intellectual disability
- Motor skills WFL

Case Study #1
Remote Supports in Group Home

Staff/Technology	Areas Supported
Remote Support	• General health and safety (door sensor, motion sensor) • Monitoring for roommate conflict (decibel sensor) • RSP support via tablet for cooking
Assistive Technology	• Smart kitchen appliances for increased independence • Alexa devices / Ring integration • Automated lights and curtains
In-person Staff	• Medication support 2x/day • Meal preparation support 3x/week
Natural Supports	• Roommates share chores/cooking responsibilities

Case Study #2
AT at Work

Client #2 - Bill

- Lives in shared living
- Works 10 hours/week in local deli, walking distance from his home
- Requires support with short-term memory, fine motor tasks
- Looking to increase work hours, reduce need for staffing in his workplace

Case Study #2
AT at Work

Staff/Technology	Areas Supported
Assistive Technology	• Wearable device for safe community navigation • Use of a task-analysis app for step-by-step work task support • iPhone to Facetime job coaches as needed
In-person Staff	• 1x/week DSP check in on workflow
Natural Supports	• Leadership of the job site providing guidance in accessible ways with or without technology

Case Study #3

Remote Supports in Supported Living

Client #3 - Steve

- Lives independently in apartment with intermittent family support
- Receives staffing support 2 days/week
- Requires support with gross motor mobility, and completion of ADLs
- Team is concerned about living conditions (nutrition, organization)

Case Study #3

AT & Remote Supports in Supported Living

Staff/Technology	Areas Supported
Assistive Technology	• Smart alarm clock ensures timely wake ups • Alexa systems throughout house, home automation • Fall detection wearable and smart health monitoring
Remote Supports	• Provide 12 hours per day of remote support/monitoring • Tablet in kitchen provides support with cooking meals -> improved independence and improvements in nutrition • Remote support staff support with appointment reminders and check in regarding completion of ADLs
In-person Staff	• Continue 2x/week drop in support can now focus on community-based support, meaningful skill development
Natural Supports	• Continue intermittent family drop in support as needed

Accessing Tech-First Services in Maine

Section 21 and 29

Assistive Technology

1. Assessment
2. Devices
3. Transmission

Remote Supports

1. Monitor
2. Interactive
3. In-Home Support

Specifics

- Covered Services
- Limits
- Qualifications

Resources

- MaineCare Manual
- Assitive-Technology-Request-Guidelines.docx (live.com)
- 21-29 AT and RS side by side.docx

National Best Practices and Trends

Agencies

Charles Lea Center

Core Services of NE Tennessee

Vista Supports LLC

States

Tennessee DIDD Enabling Technology Program

Minnesota NEAT - Networking in Education and Assistive Tech

Pennnsylvania Remote Supports Requirements

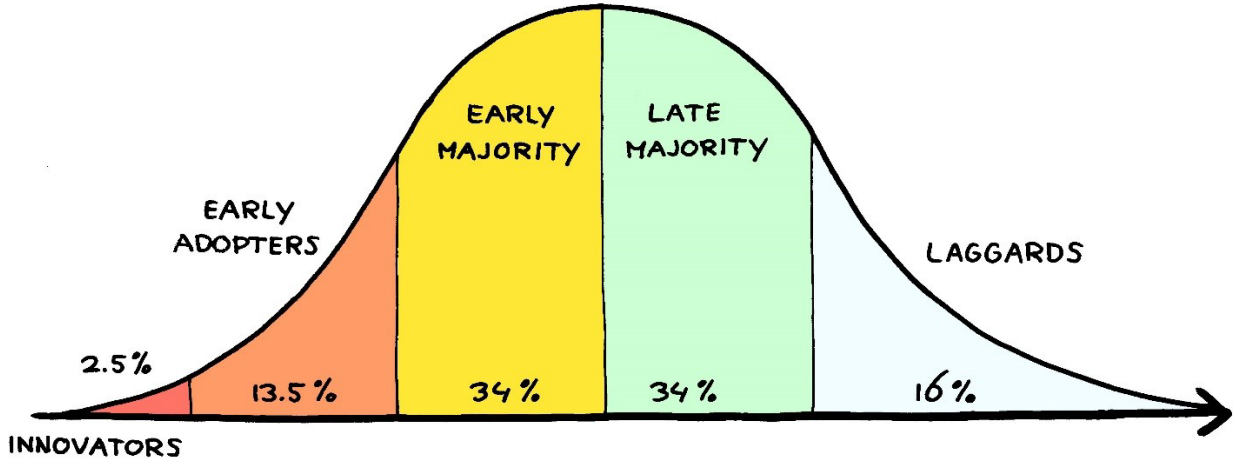
Vendors

Tech-First SHIFT

Simply Home

GrandCare

Everett Roger's Adoption of Change Bell Curve



The Innovators (Catalysts): 2.5% of population. Willing to experiment with new ideas, often without concrete proof.

The Early Adopters (Influencers): 13.6% of population. Need some evidence of success/experiences of innovators as proof.

The Early and Late Majority (Contributors): Together comprising 68% (34% each) of population. Seek substantial proof before adoption.

The Laggards (Delayers): 16% of population. Require extensive proof/special assistance to adopt innovations, if at all

Questions?

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