



Daylight Project: Project Plan (rev: 03-30-10)

ASSESSMENT OF TRAINING & TECHNOLOGY NEEDS (Assessment)	
<p>Description: Assessment of provider skills, training needs, and technology needs. Target participants are providers in mental health centers and certified substance abuse provider organizations and those they contract with to provide services to a Medicaid-eligible population. Possible additional areas of focus include:</p> <ul style="list-style-type: none"> • Organizational level assessment of capacity to provide services, access interpreters, utilize telemedicine, etc; or • Consumer level assessment through focus groups to clarify their experiences receiving services from providers/provider organizations interested in participating in the statewide network. • Expanding to assess the only training needs in educational settings and residential treatment centers. 	
<p>Key Activities & Timeline (Nov 2009 – April 2010)</p> <ul style="list-style-type: none"> • Collect statistics on demographics and prevalence to include in marketing & outreach efforts (collect through mental health, substance abuse, primary healthcare providers, or other systems) • Develop marketing materials with messages that resonate with providers • Outreach activities to identify providers and recruit their participation in the assessment (Nov – Dec 2009) • Develop and pilot the assessment tool (Nov – Dec 2009) • Implement Assessment through surveys and focus groups with providers and consumers (Jan – April) 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • A roster of providers & their background information from throughout the state who have the skills &/or interest in serving d/hoh individuals & their families. • Recruitment of organizations interested in being the “early adopters” • A report on the training and technology needs of providers throughout the state • Assessment tool that can be used by other agencies/systems
<p>Implementation Team Members Involved Ami Garry, Ric Durity, Cliff Moers, Mary Sterritt</p>	<p>Staff Leads Jewlya Lynn, Center for Systems Integration Anita Coen, Focus Research & Evaluation</p>
<p>External Partners/Experts Consultation Needed To help with outreach: Colorado Behavioral Healthcare Council Colorado Providers Association (CAADSP) Colorado Division of Behavioral Health Colorado Department of Health Care Policy and Financing</p>	<p>To participate in the assessment: Mental Health Centers and Clinics Substance Abuse Providers</p> <p>To help design the assessment Expert in assistive technology – Colorado Assistive Technology Partners, Colorado Springs ADA Center, ADCO</p>



IMPLEMENTING AND SUPPORTING USE OF TECHNOLOGY (Technology)

Description:

Promote use of assistive communication technology and telebehavioral health technologies to participating provider entities who identify interest in use of technology to advance access for deaf and/or hard of hearing consumers. Depending on assessment results, may include such things as:

- Personal listening devices, UBIDUO, remote CART (from outside Colorado)
- Videophones

Key Activities & Timeline (April – Aug 2010)

- Identify service delivery approaches currently in use with other populations and/or deaf and hard of hearing that utilize telebehavioral health technologies
- Identify how Daylight Project can build on current technology capacity and/or planned infrastructure to deliver telebehavioral health services
- Identify technology capacity needs Identify best practices in use and availability of assistive communication technologies for hard of hearing persons in mental health, education, or public access settings.
- Explore and identify feasibility of integrating telebehavioral health and assistive communication technologies
- Develop Technology Distribution Plan in response to assessment findings and best practices research (April 2010)
- Distribute technology and connect providers to existing technology
- Pilot use of telebehavioral health and assistive communication technologies (April, 2011)
- Develop train the trainer or online training modules for each type of technology distributed
- Assess provider and consumer satisfaction with telebehavioral health and assistive communication devices

Key Deliverables

- Technology Distribution Plan
- Technology Guidelines, Descriptions, Capacity Needs & Challenges
- Early adopters' technology needs are addressed to ensure ability to provide services to deaf and hard of hearing consumers.
- Early adopters are trained on the use of the technology.



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(2011)	
Implementation Team Members Involved Jewlya Lynn, Anita Saranga Coen, Mary Sterritt	Lead Staff Ric Durity & Cliff Moers
External Partners/Expert Consultation Needed	
Early Adopters (Mental Health Centers and Substance Abuse Organizations) States Mental Health programs already implementing TBH with Deaf/hoh Expert in Assistive Communications Technologies ADA Center in Colorado Springs Communication Services for the Deaf in Ohio	Oklahoma telebehavioral health Coordinator MHCD's facilities staff and Dr. March (using telebehavioral health services), Standards and Policies for telemedicine as developed by MHCD Caloy Fernandez – CO specialist in deaf technology



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PROVISION OF TRAINING & TECHNICAL ASSISTANCE TO BEHAVIORAL HEALTH PROVIDERS (Training)	
<p>Description: Development, delivery, & evaluation of regional trainings & incorporation of d/hoh curricula/modules into existing training opportunities. Curricula/modules will:</p> <ul style="list-style-type: none"> ○ Include modules and courses ○ Is research based; ○ Builds off existing curricula available nationally; ○ Is customized to the needs of providers in Colorado; and ○ Uses train the trainer modules, online, and other technology based training strategies whenever possible 	
<p>Key Activities & Timeline (May 2010 – June 2011)</p> <ul style="list-style-type: none"> • Implement a planning process to develop the curricula and modules • Deliver the trainings to providers through: <ul style="list-style-type: none"> ○ Implementing regional trainings ○ Accessing existing training venues (e.g. CBHC’s annual conference, existing CAC training programs) • Sustain the trainings by: <ul style="list-style-type: none"> ○ Working with the Division of Behavioral Health to incorporate them into the CAC certification process ○ Partnering with higher education programs that provide training to mental health providers • Revise the trainings based on evaluation results • Develop some type of ongoing technical assistance capacity for consultation with providers 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • Providers in early adopter organizations are trained • A DHoH course is adopted as one of the CAC electives • A DHoH course/module is developed for mental health providers • CAC trainers participate in train-the-trainer sessions to implement the DHoH Elective Course • Specialization/certification in DHoH services tied to the trainings
<p>Implementation Team Members Involved Laura Douglas, Rebecca Herr, Rachael Moore, Ami Garry</p>	<p>Staff Leads Mary Sterritt & Angie Lawson</p>
<p>External Partners/Expert Consultation Needed</p> <ul style="list-style-type: none"> ○ Division of Behavioral Health ○ Hearing Loss Association of America – American Academy of Hearing Loss Support Specialists (online) 	<ul style="list-style-type: none"> ○ Higher education programs that provide training to mental health providers, including Gallaudet ○ MHCD’s mental health provider training program

DEVELOPMENT AND ADOPTION OF GUIDELINES FOR CARE (Standards)

Description:

Develop and adopt Guidelines for Care in partnership with the Colorado Department of Health Care Policy and Financing, DHoH leaders and consumers, the Office of Behavioral Health, and other providers and service delivery systems. Guidelines for care will:

- Be research based;
- Build off existing guidelines available nationally, including standards for other traditionally underserved populations;
- Build off best practices in service delivery, both in Colorado and nationally;
- Be customized to the design of the behavioral health systems in Colorado;
- Can be adopted in both substance abuse and mental health;
- Be driven by deaf and hard of hearing consumers, their families, and their advocates;
- Address the different needs of sub-populations (e.g. oral deaf, Deaf, hard of hearing, age, ethnicity); and
- Address many different levels of care;
- Be monitored/evaluated; and
- Apply to other settings, such as education.

Key Activities & Timeline

- Design and Implement a planning process to develop Guidelines for Care
- Coordinated with the training process

Key Deliverables

- Guidelines for Care
- Adoption of the Guidelines by state regulatory agencies
- Specialization for Substance Abuse Provider Organizations

Implementation Team Members Involved

To be determined

Staff Leads

Jewlya Lynn, Center for Systems Integration

External Partners/Expert Consultation Needed

Colorado Department of Health Care Policy and Financing
 Colorado Division of Behavioral Health
 Colorado Behavioral Healthcare Council
 Early Adopter Providers in Mental Health and Substance Abuse

Colorado Department of Education
 Colorado Provider Association
 Other states with standards/models
 Model from Department of Aging Services, based on Older American Act funding
 Someone with standards development and public policy expertise (including implementation of guidelines)



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DEVELOPING CONSUMER AND FAMILY LEADERSHIP (Consumer and Family)	
<p>Description: Provide culturally competent advocacy trainings accessible to the DHoH individuals, families, and natural supports in the community, and include:</p> <ul style="list-style-type: none"> ○ General advocacy skills ○ Advocacy skills specifically on mental health/substance abuse issues and systems ○ Advocacy skills specifically on deafness ○ Community education (e.g. MH First Aid) <p>Support the advocates as they develop a network of support among each other.</p>	
<p>Key Activities & Timeline</p> <ul style="list-style-type: none"> ● Outreach to consumers and family members to recruit participation ● Provide accessible and culturally competent training to consumer and family members by building on existing training opportunities 	<p>Key Deliverables</p> <ul style="list-style-type: none"> ● Network of trained advocates representing deaf and hard of hearing consumers and family members ● Advocates participate in all components of the Daylight Project
<p>Implementation Team Members Involved Mary Sterritt, Pat Doyle, Janet DesGeorges, Angie Lawson, Rachael Moore, Mary Pat Graham-Kelly, Ami Garry</p>	<p>Staff Leads Laura Douglas and Rebecca Herr</p>
<p>External Partners/Expert Consultation Needed</p> <ul style="list-style-type: none"> Hearing Loss Association of America's four Colorado Chapters (and national association) Colorado Hands and Voices Colorado Association for the Deaf (and national association) Advocacy organizations with trainings on mental health and substance abuse (e.g. Federation of Families for Children's Mental Health ~ Colorado; Colorado Chapter of the National Association for the Mentally Ill, NAMI; We CAN – statewide consumer organization) Colorado School for the Deaf and Blind Department of Education with School Mental Health and Deafness Consultants Mental Health Center of Denver Colorado's Area Agencies on Aging (advocacy trainings) AG Bell 	



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PLANNING FOR SUSTAINABILITY (Sustainability)	
<p>Description: Sustainability planning in partnership with providers & the Division of Behavioral Health to ensure long-term availability of training, TA, & technology support.</p>	
<p>Key Activities & Timeline</p> <ul style="list-style-type: none"> • Identify the priority policymaking venues for DHoH leaders to participate, such as the Medical Advisory Board and the Mental Health Planning and Advisory Council. If appropriate, secure formal appointments to such boards and ensure compensation (e.g. stipends, consultation fees, mileage reimbursement, etc.). • Work with the identified policymaking bodies to secure long-term communication access for DHoH participants. • Develop strategies for funding technical assistance, training, and technology, including fee-for-service strategies. • Identify a leadership, fiscal, and administrative structure for the Statewide Service Delivery Network (the Network) to coordinate providers statewide and facilitate providing contract services statewide through a telemedicine system. • Connect the Network to other providers and service delivery systems through contracts, technology, and billing agreements with public and private insurers. • Connect the Network to existing DHoH organizations to develop trusted relationships and referral opportunities within the DHoH communities. • Grant development/funding capacity • Identifying next steps from the action plan that need to be implemented 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • Sustainability plan for the TA center, statewide network, and consumer & family involvement (by June 2011). • MOUs with partner agencies to integrate d/hoh trainings into their existing training infrastructure (by June 2011). • Established mechanisms for providers in the network to refer and bill for client services through telemedicine. • Guidance to provider on strategies for covering the increased expenses associated with providing services to deaf and hard of hearing consumers.
<p>Implementation Team Members Involved Core Team: Jewlya Lynn, Anita S. Coen, Mary Sterritt, Ami Garry</p>	<p>Staff Lead Ric Durity & Cliff Moers</p>
<p>External Partners/Expert Consultation Needed Division of Behavioral Health Colorado Department of Health Care Policy and Financing Grant writing support</p>	

EVALUATING PROJECT IMPLEMENTATION AND OUTCOMES (Evaluation)

Description: The program evaluation will provide 1) accountability to the Daylight Project by documenting the activities and deliverables in each of the project components as defined in the Project Plan; 2) a means to for ensure continuous improvement and systemic change; and 3) an analysis of lessons learned regarding effective capacity building and strategies to inform replication in other service systems for deaf and hard of hearing individuals as well as with other populations.

Key Activities & Timeline

- Assemble a culturally and linguistically competent Program Evaluation Committee to advise and guide the overall program evaluation
- Develop Program Evaluation Plan (Dec. 31, 2009)
- Implement Program Evaluation Plan
- Data Analysis
- Develop internal reporting and feedback plan/timeline
- Develop external reporting plan timeline
- Prepare and distribute reports

Key Deliverables

- Daylight Project Program Evaluation Plan detailing
 - 1) indicators of the successful implementation of project components;
 - 2) short and longer-term outcomes of project components;
 - 3) existing or new measures to be used;
 - 4) data collection strategies (methods) and timeline for each indicator.
- Program Evaluation Intermediate Report(s)
- Program Evaluation Final Report

Implementation Team Members Involved

Angie Lawson, Jewlya Lynn, Ami Garry, Cliff Moers, Mary Sterritt

Staff Lead

Anita Saranga Coen, Focus Research & Evaluation

External Partners/Expert Consultation Needed

Mya Drexler