



Standards Work Group Minutes

July 8, 2010: 11:00-12:30

Attending: Rebecca Herr, Angie Lawson, Rachel Moore, Mary Sterritt, Mary Pat Graham Kelly, Cliff Moors, Art Schut, Jewlya Lynn, Quinn Lung, Susan Drown, Casey Capps

Action items:

Action Item: Coordinate information sharing with Training workgroup.

Responsible parties: Jewlya Lynn, Mary Sterritt, Angie Lawson

Action item: Send resources on provider and organizational standards (names of experts, articles, etc.) to Jewlya Lynn.

Responsible parties: Entire workgroup

Action item: Check with Judy Moore at DBH to discuss possibility of having separate endorsements for ASL fluency, working with interpreters.

Responsible party: Susan Drown

Action item: Email information for review before August meeting.

Responsible party: Jewlya Lynn

Agenda Item: Discuss Timeline & Key Partners

- The proposed timeline outlined activities from July through September. This timeframe is short due to the availability of additional funds through the Division of Behavioral Health. In order to complete the work, the workgroup will need to meet again in August and September; these will need to be fairly long meetings in order to get through the materials. Subgroup meetings will take place as necessary.
- Because the Training work group has already compiled information from national experts, Jewlya will work with them to share information.
 - **Action Item:** Jewlya will coordinate with Mary Sterritt, Angie Lawson, and the Training work group to coordinate the collection of information.
- A potential Colorado expert is Robert Knox in Colorado Springs. He is a clinician involved with the ADA center and has done advocacy work on access for hard of hearing people.
- Discussion about CAC (Certified Addiction Counselor) endorsement: CAC is a certification that substance abuse professionals can obtain. The Department of Regulatory Agencies (DORA) oversees licensing of mental health professionals and CAC, but the Division of Behavioral Health (DBH) oversees the training for CAC. DBH has been talking about creating a professional development track that would pair with DORA's continued competency requirement. One option would be to have a deaf/hard of hearing endorsement that can be added to the CAC certification. This specialized track would require 14 hours of continuing education on DHOH specialty areas. This would only be available for substance abuse professionals who already have CAC certification.

8/19 Clarification per Susan Drown: Specialized tracks (what we have been referring to at the Daylight Project as an endorsement) do not necessarily require 14 hours of continuing education. The 14 hours is just an example of what was used in a prior professional development series.

There have been adopted rule changes to the Addiction Counselor Certification and Licensure rules, which will be effective September 1, 2010 and then likely implemented sometime after March 1, 2011. This will mean some dynamic changes to current CAC education and training practices, therefore it is not clear if or how specialized tracks will be developed in conjunction with recently passed continuing competency legislation for certified and licensed behavioral health professionals.

- Organizations also have a licensure process, but at this time, specialization endorsements are not provided for organizations. DBH oversees licensure of substance abuse organizations. There are specialty treatment licenses, but this is different than an endorsement. Changes to organizational licensure procedures would require a change in statute or rules and would take at least two to three years. Currently, there are two specialty treatment areas that require special licensing: offender treatment and child welfare, which includes pregnant women. If the Daylight Project wanted to explore the possibility of developing a specialty treatment license at the organizational level, the first step would be to develop the guidelines.

8/19 Clarification per Susan Drown: The licensing process for substance abuse organizations does not contain just 2 specialty treatment areas. If they successfully meet the DBH requirements as outlined in the Substance Use Disorder Treatment Rules, agencies may be licensed for general treatment services, or may be licensed for what is often mandated treatment in one or all of the following areas: offender treatment, child welfare, DUI, Opioid replacement, detox, minor's treatment, involuntary commitments, and gender-specific women's treatment. Specialized treatment in such areas as offender treatment, high risk pregnant women, and juvenile justice are legislatively addressed also in the Colorado Revised Statutes. Changes to these rules and statutes for additional specialty/mandated treatment populations can take years to accomplish.

- Some issues cannot not be addressed at the provider level but can be addressed at the organizational level. These include access to the front door, physical environment, and availability and quality of technology and interpreters. A suggestion was made to contact the Minnesota Chemical Dependency program, which has already done a lot of work on organizational standards for serving deaf and hard of hearing populations.
- A suggestion was made to have the Commission for the Deaf and Hard of Hearing to have a certification process for providers and/or organizations. Cliff advised that he does not feel the Commission has the capacity to undertake that type of project.
- The group discussed the CAC endorsement and that 14 hours of training is not very much time to learn about a culture or complex issue. The group can explore prerequisite requirements for undergoing the training for the DHOH endorsement or continuing education requirements in order to renew the endorsement. One prerequisite could be sign-language fluency prior to the training, but this may not be the best requirement given the long amount of time required to gain fluency in a language. Susan will check with Judy Moore at DBH to discuss possibility of having two separate endorsements- one for ASL fluency and one for

working through interpreters. However, these endorsements would not assist hard of hearing consumers.

- **Action item:** Susan will check with Judy Moore at DBH to discuss possibility of having two separate endorsements- one for ASL fluency and one for working through interpreters.
- MSOs and BHOs would be important partners in developing organizational standards. They may be able to identify one provider organization in their area that can serve as a specialty DHOH provider organization.
- In developing guidelines for working with DHOH populations, the group should look at precedent on serving developmentally disabled and traumatic brain injuries.
- The individual provider curriculum should include a section on organizational standards so that they can identify their organization's needs.
- Group discussed the overall purpose of CAC endorsement. The endorsement would need to focus on the needs and issues related to psychosocial impacts of deafness and hearing loss.
- DBH is in the process of rolling out an endorsement for working with the LGBT community. It was developed through a national training by someone named Dr. Freeze, and the training was also 14 hours.
- Another idea for the organizational standards is to have a contingency plan so that the organization replaces a DHOH endorsed CAC provider when one leaves the organization.
- The group decided to focus on guidelines for the CAC endorsement at this time and also develop organizational guidelines with the knowledge that implementing the CAC endorsement is likely easier in the short-term while implementing organizational guidelines will be a more long-term process.

Agenda item: Discuss Content Areas for Standards and Resources

- Jewlya requested that the team send the names of any national experts or links to documents that would be useful in developing standards.
 - **Action item:** Group to send resources to Jewlya.

A list of possible components was developed based on what has been discussed at previous Daylight Project meetings.

- Information keeping
 - Case file includes record of primary language
 - Case file includes record of communication access preferences (tech/interpreters)
 - Preferred way to contact (video, text message)
 - Emergency contact- same info on preferred way to contact
- Physical environment
 - There are privacy issues to consider with the physical environment to take into account people speaking louder or using physical communication.

- Lighting, background noise
- Use of signals and visual alerts
- Treatment location should be away from sources of vibration such as elevator shafts or construction.
- Access
 - Front office staff should be trained in appropriate responses
 - Appointments can be scheduled through technology, including web-based programs
- Consent
 - Consent through ASL videos
 - Consent through interpreters/communication providers
 - Some organizations have policies against text messages, email, online chat, etc. These are likely due to HIPAA/privacy concerns. May want to address consent for communication through different formats.
- Communication access through technology
 - Standards should address back-up plans for when technology fails. Some technologies, such as remote CART, are not very reliable.
 - Issue of payment is a concern for all auxiliary services, not just interpreters.
 - Assessing communication needs
 - Reliability planning
 - Timing, quality, options
 - Appropriate use in clinical settings
- Telebehavioral health
 - This should be its own section. There should be guidelines or standards on communicating through telebehavioral health.
- Communication access through interpreters/communication providers
 - Assessing communication needs includes a self-assessment. This is more straight-forward for someone who is deaf and ASL-fluent. However, someone who is late-deafened or hard of hearing may not be aware of communication options
 - A standardized form for assessing/documenting communication needs will be helpful so that all options are presented to consumers in a consistent manner.
 - Timing and options
 - Appropriate use in clinical settings
 - Certification/evidence of skills to provide services in clinical settings
 - Policy for payment/funding availability for all auxiliary services
- Quality/qualifications and training of providers
 - There should be an awareness of life experiences, social impacts, etc.
 - Some issues are easier to work into the substance abuse system than the mental health system. The CAC endorsement is a short term goal, but we still need to address the mental health system.
 - Training on working with interpreters
 - Training on deaf/hard of hearing clinical best practices
- ASL fluency
 - Evidence the provider is fluent through a certification, such as the Sign Communication Proficiency Interview (SCPI)- the Commission is the only place in Colorado that offers this.
 - ASLPI- from Galludet and is more focused on grammar.
 - Not aware if either of these are available through teleconferencing.
- Screening and assessment

- Qualifications to screen/assess deaf/hard of hearing consumers
- Communication access at screening/assessment
- Use of written materials/alternatives to materials
- Some written self-assessments are used, but there needs to be a discussion about what to do with people who are highly intoxicated. Substance abuse providers often work with people who can speak and hear but can't communicate because they are intoxicated. Most of what is done in detox is done while clients are impaired. This is also relevant to clients in a psychotic episode or other mental health crisis.
- This is something that we could ask the Minnesota group and Susan Backer.
- Other organizations may not provide detox services but need to know how to handle other situations, such as psychotic episodes.
- The person giving the assessment needs to understand that people who are hard of hearing may report hearing voices or noises, but this could be the brain's normal response to hearing loss.
- Treatment/Clinical best practices
 - There needs to be a discussion about people with cochlear implants who may want to begin signing as well as other racial and ethnic diversity issues.
 - Provider needs to ask whether the person prefers group treatment with other deaf, hard of hearing, or hearing people. Their preference may not always be available, but providers need to recognize that there is a preference.
 - How to adapt services for a variety of sub populations (children, women, etc.)
 - Peer support services and other available resources should be explored.
 - This section should include videos and written materials in general
 - Online training videos (how to manage blood pressure, at-home follow-up care, etc.) are already used by some organizations. These should be captioned.
 - Some providers send written materials home with patients. Providers should be aware that these materials may need to be adapted in order to be sensitive to literacy.
 - All videos, educational materials are captioned
 - Awareness not to use traditional written materials
 - Sensitivity to literacy levels, adapting services

Agenda item: Discuss Next Steps

- The August meeting will need to be near the end of the month, probably the third week. Jewlya will email out any specific next steps and information to review before the next meeting.
 - **Action item-** Jewlya to email information for review before next meeting.
- The September meeting will be during the third week also.

