



Lifetrack

Putting Hope Within Reach

Needs Assessment: Results, Recommendations, and Next Steps

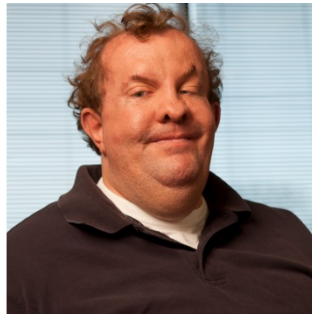
National Center for Hearing Assessment and Management (NCHAM)

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Nicole Brown, MSN, PHN, CPNP, Minnesota Department of Health

Beth Quist, MS, CFLE, Lifetrack

Danelle Gournaris, MA, MS, Lifetrack



www.Lifetrack-MN.org

Our Mission

Work together to develop the strengths within children, families, and adults facing the greatest life challenges.

Our Focus Areas

Child & Family Healthy Development
Employment & Economic Opportunity

www.lifetrack-mn.org

Project Partners



Project Goal

- To develop recommendations for a Minnesota specific D/HH Adult Mentor/Role Model program that is responsive to the following three JCIH Recommendations:

JCIH Guidelines

- All children who are D/HH and their families have access to support, Mentorship, and guidance from individuals who are D/HH and represent the diversity of the EHDI population (e.g. deaf culture, hard of hearing, cochlear implant and hearing aid users, unilateral hearing loss, auditory neural hearing loss, and cultural diversity.)

JCIH Guidelines

- Intervention services to teach ASL will be provided by professionals who have native or fluent skills and are trained to teach parents/families and young children.

JCIH Guidelines

- Individuals who are D/HH will be active participants in the development and implementation of EHDI Systems at the national, state/territory, and local levels; Their participation will be an expected and integral component of the EHDI Systems.

Lifetrack's Guiding Principles

Lifetrack believes child and family success maximizes the potential for individuals, communities and generations. These principles frame Lifetrack's approach to Child and Family Healthy Development:

1. Success for each child
2. Success for each family
3. Success for each community

Methods: Overview

- Advisory committee
- Literature review and field scan
 - Similar programs; best practices; case studies
- Key informant interviews
- Web survey of parents who have children who are D/HH
- Focus groups and interviews
 - Parents who have children who are D/HH
 - Adults who are D/HH

Methods

- Advisory committee
 - Provided advice about all aspects of the project
 - Comprised of individuals from the D/HH community, including parents of children who are D/HH and professionals (teachers and other professionals who work with children who are D/HH)
 - Approximately half were adults who are D/HH
 - Helped ensure that the study was inclusive, respectful, and appropriate for the community's needs.

Methods

	National experts	Lifetrack staff
Key informant interviews	6	13
	Parents	Adults who are D/HH
Interviews	14	32
Focus groups	33	19

Finding

Parent preferences for contact

- Importance of getting in touch right away after diagnosis
- Repeated follow-up; variety of methods

“it’s so overwhelming emotionally...It can be very easy for something to pass over you. Things just don’t sink in if you’re not ready for it yet. It’s very easy for things to not be absorbed at that point, you’re on overload.” (Parent of a child who is D/HH)

Recommendation

Expand outreach and contact points

- Need for clear branding
 - Lack of awareness of the program among families
 - Program benefits
- Comprehensive plan for family contact
 - Follow-up
 - Use multiple modes of communication

Finding

Minnesota's D/HH population diversity and change

- Population of families with young children who are D/HH in Minnesota is very diverse and constantly changing

Recommendation

Future program evaluation

Leadership should be prepared to expand the current program to meet the ever changing needs of families and **develop and implement strategies and processes for continually assessing the needs of the target population**

“What works well is getting feedback from families, parents, and mentors. We find out how long we should gather info, how often the families should get a mentor’s visit.” (National expert)

Types of Program Evaluation

- Developmental—for any new program model or component that provides real-time feedback loops to Lifetrack and program participants to help refine the programming.
- Process—understand experiences with and satisfaction of mentors, families, and other program partners/stakeholders, and how these experiences are contributing to or hindering positive outcomes for participants.

Types of Program Evaluation

- Outcomes—determine impact on children, families, and mentors. Could include assessments of language acquisition, family functioning and communication, academic outcomes, etc.

Finding

Mentors

- Training
- Matching the diversity of families served
- Study participants from this Lifetrack needs assessment also indicated a need for the program to recruit and hire more mentors of varying ethnicity, mode of communication, range of hearing loss, and language(s) spoken.

Recommendation

Mentors

- Lifetrack should consider **recruiting different types of mentors to serve in different capacities and in different phases/tracks to match their interests.** For example, some adults who are D/HH may need a more regular, paid position in order to be able to participate whereas others may be interested in very limited topics and/or lighter engagement with the program, such as only being involved in sessions about cochlear implants, hearing aids, systems navigation or self-advocacy, etc.

Where we are at today

- Convene Advisory Committee
 - Provides counsel to the Deaf Mentor Family Program and the Deaf and Hard of Hearing Adult Role Model Program staff concerning the delivery and expansion of mentoring services to families with children who are deaf and hard of hearing.
 - Creates an opportunity for community stakeholders to share information, attend presentations, and form collaborations

Where we are at today

- Hiring mentors
 - Ethnicity
 - Mode of communication
 - Range of hearing loss
 - Languages spoken

Where we are at today

- Building capacity
- Branding and outreach
- Wilder Research Evaluation Project
 - Deaf Mentor Family Program evaluation
 - Field scan of assessment tools
 - Logic model for program vision

Where we are at today

2015-16 Lifetrack's Deaf Mentor Family Program: An Evaluation of the Experiences and Outcomes for Participating Families

- Purpose: to assess program outcomes and to help Lifetrack understand how to best meet the needs of these families. The evaluation will also inform Lifetrack as they expand programming to include the D/HH Role Model Program.

Where we are at today

Key findings:

- There is universal satisfaction among participants
- The majority of families felt their child's quality of life had "improved" as a result of participating in the Deaf Mentor Family Program
- Two-thirds of respondents said that communications with their child had "gotten much better."
- When asked to self-rate their own ASL skills, most parents/guardians reported their level of proficiency at "intermediate."
- Three-quarters of respondents said that ASL is a "very important" communication tool for their family.
- Nearly all received information on Deaf culture or the Deaf community during their sessions and three-quarters found the information to be "helpful."

Looking to the Future

- Lifetrack should continue to conduct developmental, process, and/or outcomes evaluations of the Deaf Mentor and D/HH Role Model Programs.
- Lifetrack should continue to explore other ASL assessments that better align with the program and staff capacity and with the ASL curriculum being used.
- Lifetrack should continue to prioritize Mentor/Role Model training, staff capacity to administer assessments, and the time and resources needed.

Questions?

To download the full reports:

<http://www.wilder.org/Wilder-Research/Publications/Studies/Forms/Study/docsethomepage.aspx?ID=1500&RootFolder=%2FWilder-Research%2FPublications%2FStudies%2FLifetrack%20-%20Families%20with%20Young%20Children%20who%20are%20Deaf%20and%20Hard%20of%20Hearing%20in%20Minnesota>

Contact information:

Nicole Brown nicole.brown@state.mn.us

Beth Quist bethq@lifetrack-mn.org

Danelle Gournaris danelleg@lifetrack-mnn.org