



# Daylight Project

Advancing Access to Mental Health and Substance Abuse  
Services for Deaf and Hard of Hearing Coloradans

## Project Evaluation

**Overview and Selected Results**  
**Daylight Project Implementation Team**  
**January 5, 2011**

Focus Research & Evaluation  
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# Thank you!

Core & Implementation Teams

Key Informants

Consumers and Family Members

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# Key Purposes of DLP Evaluation

## ◆ Evaluation of Implementation

To help stakeholders identify what the DLP is expected to accomplish

To enable stakeholders to be accountable and learn how to improve the program

# Key Purposes of DLP Evaluation

- ◆ **Assessment of MH & SA Service Providers' needs from perspective of:**
  - Key Informants in the deaf & hard of hearing communities, and
  - Individuals who are deaf or hard of hearing and who have used/tried to use MH &/or SA services, and their family members
- ◆ **Assessment of effectiveness of and satisfaction with training**
- \* Note (Assessment Providers' perspective of need was conducted/presented by CSI – Winter/Spring 2010)

# **Year One DLP Evaluation Report**

## **Focus on Implementation**

**★ Covers thirteen months**  
**9/1/09 – 9/30/2010**

- \* Scope of the Daylight Project**
- \* Overview of the Daylight Project Evaluation**
- \* Daylight Project Implementation Timeline**
- \* Strategies that Facilitated Implementation**
- \* Implementation Challenges**
- \* Next Steps for the Evaluation**

# Year One DLP Evaluation Report

## Appendix A. Project Evaluation Documents and Reports

- A.1. Evaluation Plan; Cultural Competency Measures
- A.2. Evaluation Work Plan & Timeline
- A.3. Evaluation Work Group Agendas, Minutes
- A.4. Community-Based Participatory Evaluation; Participation Tracking
- A.5. Analysis of statewide mental health and substance abuse database
- A.6. Key Informant & Consumer/Family Interviews Report
- A.7. Draft Online Parent Survey

## Appendix B. *Deaf*-initions

## Appendix C. Daylight Project Organizational Chart

# Community Context

## ◆ Consumers & Family Members

- \* Invisible constituency, advocacy in infancy (compared to MH, Deafness, and HoH separately)
- \* Deaf population's negative experiences with research, mistrust of those from outside culture
- \* Confidentiality issues within small population
- \* HoH population perhaps even more invisible – self-identification

# Overall Strategy

- ◆ To educate respondents and build collaborations and trust between evaluators, members of larger d/hoh communities and smaller d/hoh consumer/family member communities
- ◆ To Model, Develop and Test methods, including Community Based Participatory Evaluation approach

# Approach & Methods

## ★ Interviews

- \* **Key Informants:** individuals who are knowledgeable about the experiences (i.e., challenges as well as what works) of people who are deaf and hard of hearing with regard to their use of or attempts to use mental health or substance abuse services.

- \* **Consumers & Family Members**

## ★ **Direct communication whenever possible**

- \* Hearing to hearing

- \* ASL to ASL

- \* 2 Deaf ASL-fluent interviewers

- \* 1 coda ASL-fluent interviewer

# Consumer/Family Interview Training Manual

## Table of Contents

- Section I:** Training Manual Introduction
- Section II:** The Interview Guides and Forms
- Section III:** Informed Consent
- Section IV:** Conducting Professional and Ethical Interviews
  - Confidentiality
  - Avoidance of Deception
  - Voluntary Participation
  - Objectivity
  - Cultural Sensitivity
  - Prior Relationships
- Section V:** Scheduling and Preparing for the Interview
- Section VI:** Conducting Interviews
- Section VII:** Administrative Procedures

# Key Informant Interviews

(26 Interviews; Hands & Voices Board/Staff; 2 Chapters HLAA)

- ◆ **Implications for Training, DLP Development**
  - \* Attitude: “Thoughtlessness” “Audism” prevalent
  - \* Knowledge/awareness gap – MH/SA
  - \* Providers unknown/not trusted - outreach
  - \* Accommodations are reactive vs. planned
  - \* The “silent wheel” vs. the squeaky wheel

# Key Informant Interviews

(26 Interviews; Hands & Voices Board/Staff; 2 Chapters HLAA)

- ◆ **Implications for Training, DLP Development**
  - \* Cultural challenges - ethnic, rural, sexual minorities
  - \* D/HH – convenient shorthand but inaccurate
  - \* No system, statewide leadership
  - \* Inconsistency within/across systems
  - \* \$\$: Interpreters, equipment, insurance, time

# Consumer/Family Interviews

## \* Description of Interviewees

### \* 12 Interviewees

- \* 3 male; 9 female

- \* 4 parents of D/HH consumers; 8 consumers

- \* 1 Deaf; 1 deaf; 1 hearing-impaired; 4 hearing; 5 hard of hearing; (self-identification)

- \* 10 White; 1 Biracial; 1 Hispanic (self-identification)

# Consumer/Family Interviews

## ◆ What worked?

- \* **Specialized services:** communication access, knowledge of Deaf culture, and connection to other accessible services - coordination
- \* **Therapist characteristics:** primarily for HoH - flexibility, willing to repeat, speak louder, and summarize points
- \* **Knowledge of content** related to mental health or substance abuse needs – often must go to provider with best communication access

# Consumer & Family Interviews

## ◆ What are the barriers?

- \* **Interpreters:** waiting time, different ones for each meeting; not high quality, sometimes don't show up for sessions
- \* Finding providers with **specialized knowledge** in both hearing loss/deafness and diagnoses or treatment needs
- \* **Lack of accessible needed services**
- \* **Acceptance of “good enough” services**
- \* **Distance**
- \* **Insurance**
- \* Assumptions by people that **deaf and hard of hearing people are same with same needs**
- \* Lack of awareness/understanding of therapeutic services – fund of knowledge issue
- \* **System wide:** lack of communication among agencies

# Consumer/Family Interviews

- ◆ For hard of hearing consumers who used Hearing Assistive Technologies (HATs), they brought their own equipment (e.g., pocket talker) to sessions. They had to educate themselves on HATs.
- ◆ Other hard of hearing consumers were unaware of HATs or denied needing them, although they admitted having difficulty hearing speech even in 1-on-1 sessions.

# Consumer/Family Interviews

- ✦ Receiving services over videophone
  - \* **Generally well received** by people who used American Sign Language (ASL) but little experience – need for consumer training too
  - \* **But** interviewees were extremely cautious about receiving *interpreted* services through videophone - very last resort

# Some Key Challenges

- ✦ Building evaluator knowledge, experience
- ✦ Building connections, trust
- ✦ Slower approach
- ✦ Recruitment of consumer/family interviewees very difficult without broad appeal

# Next Steps for Evaluation

- ◆ Ongoing interviews
- ◆ Learn more about recruiting strategies
- ◆ Provider training effectiveness & satisfaction
- ◆ Improving provider data collection
- ◆ Online Parent Survey
- ◆ Stakeholder satisfaction
- ◆ Need consumer/family representation on Evaluation Work Group X 6 months

## More Information

DLP Website: <http://www.csi-policy.org/daylight/>

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