

Colorado Department of Human Services  
**Statewide Strategic Use Fund (SSUF)**  
**Quarterly Narrative Report**

Quarterly Reports will be due to Samantha O'Neill-Dunbar, Community Investment Specialist, at [samantha.oneilldunbar@state.co.us](mailto:samantha.oneilldunbar@state.co.us) or at 1575 Sherman Street, Denver 80203, no later than the 20<sup>th</sup> day of the month following the close of the quarterly reporting period. Reports must be sent either as a scanned original or through the U.S. mail. Unsigned, photocopied, or faxed reports will not be accepted.

Agency Name Mental Health Center of Denver	Project Name Daylight Project (Capacity Expansion Deaf/HH)	Telephone Number (303) 504 — 6521
Service Area (geographical) State of Colorado	Name of Program Coordinator/Contact Person Mary Sterritt, MSW, LCSW	
Funding Period:  <input type="checkbox"/> 5/2009 – 6/30/2010 <input checked="" type="checkbox"/> 9/2009 – 6/30/2011	Reporting Period (check only one): <input type="checkbox"/> 1 <sup>st</sup> Quarter <input type="checkbox"/> 2 <sup>nd</sup> Quarter <input checked="" type="checkbox"/> 3 <sup>rd</sup> Quarter <input type="checkbox"/> 4 <sup>th</sup> Quarter <input type="checkbox"/> 5 <sup>th</sup> Quarter <input type="checkbox"/> 6 <sup>th</sup> Quarter <input type="checkbox"/> 7 <sup>th</sup> Quarter <small>1<sup>st</sup> Quarter = September-December 2009; 2<sup>nd</sup> Quarter = January-March 2010; 3<sup>rd</sup> Quarter = April-June 2010          4<sup>th</sup> Quarter = July-September 2010; 5<sup>th</sup> Quarter = October-December 2010; 6<sup>th</sup> Quarter = January-March 2011; 7<sup>th</sup> Quarter = April-June 2011</small>	

**Narrative Report** — Please provide a complete and thorough narrative addressing the following categories. The narrative report can be as long as you wish – **do not limit it to a single page**. The report should be **thorough** and **extensive**. Cover the activities and events that occurred during the reporting period, including as much concrete data as is available. Feel free to include photos, flyers, or other attachments that will enhance your report. Remember to sign and date all quarterly reports.

**A. Program Summary**

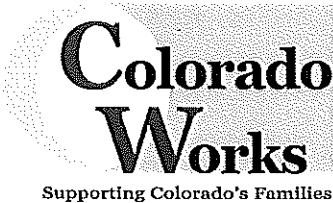
In this section, give a short summary/purpose of the project funded through the Statewide Strategic Use Fund. The Daylight Project is funded by the Statewide Strategic Use Fund to build capacity for deaf and hard of hearing Coloradans living in poverty to access publicly funded behavioral health services. The Mental Health Center of Denver in partnership with the Colorado Commission for the Deaf and Hard of Hearing were funded \$520,000 for this 22-month project. According to the Colorado Strategic Plan for Behavioral Health for Deaf and Hard of Hearing, deaf or hard hearing Coloradans and their family members face significant disparities in accessing needed services due to linguistic, communication and cultural barriers. The Daylight Project is designed to assess the training and technology needs of publicly funded behavioral health providers to meet the needs of the target population. Once these needs have been identified, the Daylight Project will identify and recruit providers who are interested in receiving training, support and technical assistance in providing clinical services and utilizing specific technologies that will enhance access to services for this underserved population. Further, to promote and sustain these goals the project will train and develop deaf and hard of hearing family and consumer advocates. Sustainability will be assured as The Daylight Project, in partnership with the Colorado Department of Health Care Policy and Finance and the Office of Behavioral Health, will develop and promote the adoption of clinical guidelines for deaf and hard of hearing persons.

**B. Progress Report**

In this section, give a short narrative report describing progress in implementing your program, as described in your approved scope of work (e.g. staffing, client outreach, services provided, collaborations, etc.), during this reporting period. The Implementation Team, which serves an advisory function and provides links to resources to support the Daylight Project plan met once monthly. The Organizational Chart and full Project Plan follow this document. The Daylight Project Plan's seven components are:

- \*Assessment of Training and Technology Needs – Uncovers the current capacity of Colorado's providers and determines their training and technology needs
- \*Developing Consumer & Family Leadership – Builds state-wide advocacy capacity by deaf and hard of hearing consumers and their families
- \*Implementing & Supporting Use of Technology – Advances access by developing and supporting the use of tele-behavioral health, assistive listening devices, and other technologies
- \*Provision of Training and Technical Assistance to Behavioral Health Providers—Builds capacity by providing training and technical assistance state-wide
- \*Development and Adoption of Guidelines for Care—Works at policy and systems level to support development and adoption of guidelines and standards of care
- \*Planning for Sustainability—Identifies strategies for sustaining essential project components to ensure ongoing access to services
- \*Evaluating Project Implementation—Informs the development of the project and measures project accomplishments

The Implementation Team is comprised of representatives from the following agencies and organizations:  
 Arapahoe House; Center for Systems Integration; Colorado Association of Alcohol and Drug Service Providers; Colorado Behavioral Healthcare Council; Colorado Department of Healthcare Policy and Finance; Colorado Division of Behavioral Health; Colorado Families



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for Hands and Voices; Colorado School for the Deaf and the Blind; DeafDOVE; Focus Evaluation, Hearing Loss Association of America-Colorado, The Legal Center for People with Disabilities and Older People, and Pikes Peak Behavioral Health Group.

The Core team, which serves as the steering committee for the Project, met twice monthly. During this quarter we reviewed the results of the assessment surveys (reported in assessment section below) to identify providers interested in receiving training and technical support to expand their capacity in serving the target population. Based on the results, the Core team selected 15 potential providers to invite to interview. Interview protocol with a scoring criteria sheet and a FAQ sheet have been developed. The interviews are designed to address providers' questions and outline next steps. We will ask that the Executive Director, Clinical Director and Quality Assurance Director or their designee(s) participate in the interview. We have two interview teams: Ric Durity and Ami Garry; Cliff Moers and Mary Sterritt. They will begin to conduct interviews in July that will finalize the selection of early adopters.

Anne Hatcher, Center for Addiction Studies, Metro State College of Denver, attended a Core team meeting to discuss ideas to advance workforce preparation for deaf and hard of hearing students training to become certified addictions counselors. The roadblock identified was not being able to get experiential hours for deaf students training to be Certified Addiciton Counselors. We will look for opportunities to collaborate as the Daylight Project advances.

Core team members had two abstracts accepted for presentation at the American Public Health Association's (APHA) 138th Annual Meeting and Exposition. The APHA Annual Meeting is designed to bring together public health professionals who wish to learn from the experts in the field and hear about cutting edge research.

\*Assessment of Training and Technology Needs: Jewlya Lynn, from Center for Systems Integration and Anita Saranga Coen from Focus Evaluation co-lead this workgroup. The Assessment results were presented at the May Implementation Team meeting. Assessment surveys were received from 54 organizations with a total of 207 individual responses. General summaries were provided to the Community Mental Health Centers disseminated through the Colorado Behavioral Health Care Council and to the Substance Abuse Providers through The Colorado Association of Alcohol and Drug Service Providers and the Division of Behavioral Health. The summaries are included with this report. Agency specific summaries were prepared to share with the Executive Directors of each agency.

\*Implementing and Supporting the Use of Technology: Ric Durity and Cliff Moers are co-leading this workgroup. The group is focused on supporting the use of technology to create access for deaf and hard of hearing people. There are two components: (1) using assistive technology; and (2) using telebehavioral health to access services.

1) One of the group's tasks is to specify what should be in a technology kit. The technology kit would be provided to a provider agency when needed for a deaf or hard of hearing consumer. The first step is identifying and recommending equipment. We outreached to experts on Assistive Listening Devices, now known as Hearing Assistive Technology, for their consultation. It was determined that this task would best be addressed by hiring an expert consultant. An Educational Audiologist has been contacted and is interested in consulting with us. We are in the process of finalizing this arrangement.

2) A demonstration of the compatability of the Z-150 phone, a video phone, and polycom teleconferencing equipment was held at MHCD. Video phones are now widely used by deaf persons in the same way hearing people use the standard telephone. National Z phone representatives led the demonstration. A three point connection was made between 2 MHCD sites in Denver and the Colorado School for the Deaf and Blind in Colorado Springs. Project staff and external partners participated. This process was helpful in identifying opportunities and challenges to address in providing telebehavioral health services.

\*Provision of Training and Technical Assistance to Behavioral Health Providers: Mary Sterritt, LCSW and Angelia Lawson, Ph.D. are co-leads for this workgroup. Angie and Mary met several times to further develop the work plan with timeline and review widely accepted literature in the field of mental health and substance abuse with deaf and hard of hearing. The larger workgroup met in June. We experienced successful outreach efforts to national leaders in mental health and substance abuse with the deaf and hard of hearing. The purpose was to identify existing curricula that reflect best practices and their knowledge or recommendations of a developed training/curriculum for behavioral health providers in either mental health or substance abuse. We had responses from both mental health and substance abuse experts offering to consult and share materials. As a follow up, Angie Lawson and Mary Sterritt had two teleconferences to further consult with National leaders in providing substance abuse services to deaf and hard of hearing, Debra Guthmann and Susan Fraker. Debra Guthmann, Ed.D is the Director of Pupil Personnel Services at the California School for the Deaf, Fremont where she oversees all clnical services and she is the founding Director for the Minnesota Chemical Dependency Program for Deaf and Hard of Hearing Individuals. She is an author on this subject and presents nationally and internationally. Susan Fraker is the Coordinator of Deaf Off Drugs and Alcohol program under the Boonshoft School of Medicine at Wright State University in Ohio. We will also be doing further follow up with Mental Health experts, Steve Hammerdinger, Director of the Office of Deaf Services Alabama Department of Mental Health and Roger Williams, Director of Deaf Services at the South Carolina Department of Mental Health. We are in the process of recruiting an instructional design specialist as an expert consultant.

We gave two professional presentations this quarter:

Daylight staff, Mary Sterritt and volunteer Implementation team, Core team member, Ami Garry presented at the 22nd Annual Colorado Child and Adolescent Mental Health Coalition Conference on "Increasing Your Capacity in Providing Linguistically and Culturally accessible Services to Deaf and Hard of Hearing Children and Families".

Training work group volunteer and MHCD/Deaf Counseling intern along with MHCD staff interpreter presented at the MHCD Recovery Conference on "Best Practices on How to Use an Interpreter in a Mental Health Setting". Mary Sterritt and Ami Garry provided content



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and consultation in this process.

**Professional Conferences attended:**

Mary Sterritt attended a national conference on mental health and deafness, sponsored by the Gallaudet University Regional Center and ADARA (a national professional organization focused on networking for excellence in service delivery to people who are deaf or hard of hearing). Workshops included adaptations for deaf and hard of hearing of evidenced based practices, assessment issues with dysfluent deaf consumers, differential diagnosis of major mental illnesses, mental status exam with elderly deaf and hard of hearing and other information that will be of value to both the training workgroup and consumer and family workgroup.

**\*Developing Consumer and Family Leadership:** This group meets monthly and is co-lead by Laura Douglas, Ph.D. from Colorado School for the Deaf and the Blind, and Rebecca Herr, hard of hearing consultant. Three new members joined the group: Mary Pat Graham Kelly (mentioned in 2nd quarter report), Jan Dabrosky ( a family member and also with the Colorado Cross Disabilities Coalition) and Jennifer Hill (representing NAMI and a self identified hard of hearing consumer of mental health services).

**Material development:** During this quarter a flyer was developed to be used to recruit consumer advocates

**Adapt training materials for use in developing advocacy skills:** training materials on stigma and advocacy training materials were disseminated and reviewed. Janet DeGeorges shared two Hands & Voices parent advocacy handbooks.

Advocacy training information was also shared by two guest presenters from NAMI and We Can/Mental Health America.

Maureen Martin, Family to Family program facilitator and facilitator trainer from NAMI presented to the group on the NAMI Family to Family program. Ms. Martin is inquiring with NAMI national office on the possibility of adapting NAMI materials for deaf and hard of hearing persons. Some work group members plan to attend the upcoming 12 week Family to Family training. Amanda Kearney Smith from We Can/Mental Health America Colorado presented on that program. We are in the process of setting up an exclusive Mental Health First Aid training for the Consumer and Family work group members, advocates and other leaders from the deaf and hard of hearing communities.

**\*Development and Adoption of Guidelines for Care:** Jewliya Lynn from CSI leads this work group. This work group will be convened in July.

**\* Planning for Sustainability:** The Core team comprises this work group. A sustainability work plan will be developed in the 4<sup>th</sup> quarter. We have an opportunity for additional funding from DBH in October 2010 that will support sustainability.

**\*Evaluating Project Implementation and Outcomes:** Anita Saranga Coen leads this workgroup

Specific Project Evaluation accomplishments during the quarter include:

1. Continued meetings of the Project Evaluation Work Group

• We held two routine meetings during the period, one of which was focused on the preliminary findings from the Key Informant Interviews.

2. Contracted Services

There were no contractors added during this quarter. Contractors include

• Angie Lawson, Ph.D.

• Lydia Prado, Ph.D.,

• Mya Drexler

• Anne Marie Baer

We have not used transcribing services this quarter.

3. Data Collection/Analysis Activities

• Review and analysis of data from the Division of Behavioral Health, including FY 2009 data from the following databases:

The Colorado Client Assessment Record (CCAR)

Colorado's Drug and Alcohol Coordinated. Data System (DACODS)

The MHSIP Consumer Survey

The Youth Services Survey for Families (YSSF)

**Objective:** to understand the distribution and characteristics of deaf (or those with a serious hearing impairment) who use publicly-funded mental health or substance abuse services. These data were all collected previously through routine processes in place at DBH, as opposed to be collected directly by Focus Research & Evaluation. We completed our examination and analysis of the CCAR and DACODS data during the past quarter

The results were presented to the Implementation team on May 5th. The handouts of the PowerPoint presentation are attached. Following this presentation, we re-analyzed some of the data to reflect the Implementation Team's request that the DACODS data include information about individuals who were treated for Detoxification and DUI Offenses. These analyses were completed and submitted to the Core Team.

Overall and individual CCAR and DACODS provider-based data tables were also prepared and included in the Early Adopter Reports



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that will be distributed to providers prior to their meetings with Daylight Staff regarding their involvement in the training and technical assistance portion of the grant. The data tables are available upon request.

The MHSIP and Youth Services Survey for Families data will be integrated into the Consumer and Family Interview Report, which will be available at the end of the next quarter.

•Key Informant (KI)/ Stakeholder Interviews

Objective: Assess providers' current capacity and needs from the perspective of individuals who are knowledgeable about the experiences (i.e., challenges as well as what works) of deaf and hard of hearing people with regard to their use of or attempts to use mental health or substance abuse services. The interviews were started in March and will continue through July 2010.

A total of 18 interviews were conducted by the end of the quarter. The Interim Report, Evaluation of Project Implementation & Outcomes: Key Informant Interviews: Intermediate Report was completed and submitted to the Evaluation Work Group and Core Team for review. This report is available upon request.

While considerable information has been collected, there are still a few types of key informants with which we have not yet conducted interviews. In the interests of time and the need to provide information to the Training and Technical Assistance Work Group, we proceeded with the analysis of available data and will finalize the findings when the remaining interviews are completed.

•Consumer/Family Interviews

Objective: Assess MH/SA providers' training and technology needs directly from the consumer/family perspective to add to the information collected through the online Provider Assessment and the Key Informant Interviews described above

The process for identifying and interviewing consumers of public mental health and substance abuse services and their families was mostly completed during this quarter, including:

- oDevelopment of Interview Guides (adult d/hoh consumers, family members of adult d/hoh consumers, parents of d/hoh)
- oDevelopment of administrative and confidentiality procedures, including Business Associate Agreements, Confidentiality Oaths, Consent forms for Consumers/Family Members
- oRecruitment of interviewers who can conduct interview with deaf consumers and family members in their native language, i.e., ASL or modification

In addition to Dr. Lawson and Ms. Coen, two additional interviewers will conduct the Consumer and Family interviews: Ami Garry, a member of the Daylight Core Team, and Anne Marie Baer, a doctoral student who was identified during the previous quarter.

oPreparation of Interviewer Training Manual and setting training date (July 9, 2010) and agenda.

4. Identification of Cultural Competency. The program evaluator has identified 1) indicators that will be used to assess the cultural competence of the Daylight Project and 2) Indicators that will be used to assess the cultural competence of the Project Evaluation. These have been distributed to the Core and Implementation Teams and to the Evaluation Work Group.

5. Continued communication with expert Evaluation resources, Ms. Coen continues to maintain contact with researchers of services and data collection methods in the Deaf community from the University of Rochester Medical Center and the Rochester Institute of Technology. Recently, they provided training curricula that are used to teach ethics of research and data collection to members of their Deaf Community Team who get involved in various evaluation efforts sponsored by the university. These are being incorporated into the Interviewer Training Curriculum/Manual. She is planning to obtain specific assistance from them in the development of a Community Based Partnership approach to evaluation as well as the recruitment and training of deaf and hard of hearing interviewers to conduct interviews with deaf consumers and family members.

6. Evaluation Plan Documents

The Evaluation Team has produced several documents previous to this quarter, all of which are available on the Daylight Project Website:

- Detailed Evaluation Plan
- Project Evaluation Work Plan.
- Project Evaluation Timeline-update

**C. Program Changes**

In this section, describe any programmatic changes in terms of program staff, activities, timeline, budget line items, collaborations, etc. Please note: changes cannot impact the scope of work you were approved to deliver.

One of the goals of the Daylight Project is to develop mental health consumers and their families as advocates in designing, implementing and sustaining behavioral health services. The research conducted in the first three quarters suggest there is currently very limited advocate capacity within the deaf and hard of hearing communities. Funds were initially requested to engage deaf and hard of hearing mental health consumers and their families as advocates. Since few, if any, of those advocates currently exist, the funds currently allocated to the Consumer and Family budget line item will be shifted to the Expert Consultation budget line item. As we enter



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the 4<sup>th</sup> quarter, we will hire consultants from existing behavioral health advocacy programs as well as existing deaf and hard of hearing specific organizations to advance the advocacy expertise within the deaf and hard of hearing mental health consumer community.

**D. Problems/Barriers**

In this section, describe any factors/situations that may impact or have impacted services and contract performances, as well as efforts undertaken to resolve those issues. Factors may include economic conditions, staff transitions, recruiting participants, etc. **If situations were cited in the previous quarter, please give a brief follow-up (update) report on those issues.** Please present any specific requests for training or technical assistance that could support your project/goals.

Our representative from Colorado Department of Health Care Policy and Finance on the Implementation Team left the agency earlier in this quarter. We are working with HCPF leadership to find a replacement.

**E. Achievement Description**

Please share a program success story. These successes will be utilized during year-round publicity/awareness efforts. (Please adhere to client confidentiality, as the information may be shared in a public forum.)

We had a high response to the assessment survey with thanks to the strong support of all of our partners.

The Division of Behavioral Health has offered an opportunity to a Daylight Project partner organization, the Colorado Commission for the Deaf and Hard of Hearing, to ensure sustainable substance abuse services delivery at Arapahoe House, while developing guidelines for substance abuse provider organizations to be credentialed in serving deaf and hard of hearing, and developing guidelines for Certified Addictions Counselor to receive deaf and hard of hearing endorsement. A proposal was made by the Commission for the Deaf and Hard of Hearing to DBH. These activities will align with the purpose and goals of the Daylight Project while providing additional monies to perform activities that are not funded by this grant.

**F. Plans/Activities for New Reporting Period**

Briefly describe the agency's plan for this program in the next quarter. This may include upcoming events (e.g. training workshops, outreach), goals to be achieved, etc.

Interview and select Early Adopters

Hire expert consultant on Hearing Assistive Technology

Consult with experts in telebehavioral health implementation from other states

Interview and hire an expert consultant on Instructional Design

Continue consultation with national experts

Formalize trainings, begin to pilot and provide trainings

The Consumer & Family Leadership group will continue to develop a plan for training that builds on expertise of mental health/substance abuse advocacy organizations and expertise of deaf and hard of hearing organizations. They will begin to recruit and train consumer and family advocates

Convene Standards work group and establish timeline and activities, content area for standards, identify key partners in Colorado and nationally, identify key resources and research to review

Evaluation component will:

Complete Key Informant data collection and submit final report

Train Consumer/Family Interviewers, conduct interviews, analyze data, and submit final report

Develop Pre- and Post- Training Survey and methodology; develop Post-Training Satisfaction Surveys and methodology

Complete and submit One-Year Project Evaluation Report

Continue learning and disseminating Community Based Participatory Evaluation approach and strategies