Evaluating Project Implementation and Outcomes

Year One Report

September 1, 2009 – September 30, 2010

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~ Special Thanks ~

Key Informants

Consumers and Family Members

Consultants

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ASL interpreters; Spanish Language translators, Transcribers

Introduction

The Daylight Project (DLP) is funded by the Colorado Works Statewide Strategic Use Fund (SSUF), with in-kind support from the Colorado Commission for the Deaf and Hard of Hearing and is a collaborative effort led by the Mental Health Center of Denver and the Colorado Commission for the Deaf and Hard of Hearing. The DLP is the first step in the implementation of the comprehensive Colorado's Deaf & Hard of Hearing Mental Health & Substance Abuse Action Plan,[1] which details strategies to ensure the provision of high quality culturally and linguistically competent and accessible mental health and substance abuse services (MH/SA) within all services settings and systems in which MH/SA services are needed. The DLP's scope is more limited and is designed to provide assistance to Colorado's publicly funded community mental health centers and substance abuse providers that want to advance access to behavioral health services[2] to Coloradans who are deaf and hard of hearing. [3]

The project evaluation component was included in the grant application and the lead independent evaluator/consultant, Anita Saranga Coen with Focus Research & Evaluation, was engaged in the early stages of the Daylight Project. This approach allowed the evaluator to observe and participate in many planning and implementation activities.

While a one-year evaluation report was not identified as an explicit deliverable, this report is provided as documentation of project implementation work during the first year, which has been extensive. It also provides a summary of the strategies that facilitated implementation as well as implementation challenges. It is hoped that this will assist the leadership and Implementation Team as they move forward.

The Daylight Project Evaluation Year One Report

This report covers the thirteen months, slightly more than the first year of the project implementation and is presented in 6 sections:

Section 1. Scope of the Daylight Project

Section 2. Overview of the Daylight Project Evaluation

Section 3. Daylight Project Implementation Timeline

Section 4. Strategies that Facilitated Implementation

Section 5. Implementations Challenges

Section 6. Next Steps for the Evaluation

In addition, there are several appendices:

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

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[1] Center for Systems Integration (2008). Deaf and Hard of Hearing Mental Health and Substance Abuse Action Plan. Denver, CO: Colorado Department of Human Services, Colorado Commission for the Deaf and Hard of Hearing.

[2] As used in this report, the term Behavioral health encompasses mental health and substance abuse services.

[3] Throughout this report, the terms deaf, Deaf, hard of hearing, and hearing loss are used as defined in Appendix B.

Section 1. Scope of the Daylight Project

The reader is referred to the SSUF Grant for a detailed presentation of the aims and goals of the Daylight Project. As a capacity-building project, the DLP scope is broad and has worked to effect system-level change by implementing multiple strategies and components almost simultaneously. The Project Plan identifies the following as the chief components of the Daylight Project.

Daylight Project's Seven Components:

- 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

* Funded by the Colorado Division of Behavioral Health and not reviewed for this report.

Section 2. The Daylight Project Evaluation Overview

This section outlines the stated purpose, goals, principles, and methods of the Project Evaluation as stated at the outset of the project.

Purpose of the Daylight Project evaluation

The 18-month project evaluation was developed to provide

- Accountability to the Daylight Project by documenting the activities and deliverables in each of the project components as defined in the Project Plan and help stakeholders identify what the program is expected to accomplish (and when)
- A means to ensure continuous improvement and systemic change; and
- 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.

Program Evaluation Scope, Goals, and Principles:

The goals of the evaluation are to document

- the *Implementation* of each Project Component (also referred to as a Process Evaluation)
  - Whether and how the *activities* identified in the Project Plan were accomplished
  - Was the target population/organization/entity reached?
  - Were the *deliverables* described in the Project Plan completed?
  - Was the Project Plan modified, and if so, how and why?
  - Were there other factors that influenced the implementation of the Plan (e.g., political, fiscal, policy changes that were external to the project)?
- the *outcomes achieved* for each Project Component

- Did the target population/organization/entity change (as a result of the project activities) and if so, how
  (e.g., e.g., improved skills, knowledge, provision of service, access to service, organizational structure, policy)?

The intent is to provide ongoing feedback to project leadership and the Implementation Team as information is available to be used to inform ongoing activities, needed modifications, and accountability.

The evaluation will be designed and conducted in a culturally and linguistically competent and accessible manner

- Work toward building the foundation for a Community Based Participatory Evaluation (CBPE) approach, which focuses on building partnerships between evaluation and stakeholders as well as build evaluation capacity in the community.[4]
- Consumers and family members of deaf/hard of hearing individuals and community leaders partner with evaluator in all aspects of the evaluation
- Use of experts/consultants to as needed

Program Evaluation Methods/Approaches

The evaluation may use a variety of data sources and data collection techniques to document project implementation and outcomes: Data collection and analysis techniques vary with regard to effort needed to implement properly (e.g., time, labor, skill).

We will strive to collect the best information possible within the resources of the project

- Observing and participating in project
- Review of documents (e.g., minutes, reports)
- Interviews (e.g., phone, in person with key informants, consumers, family members of consumers)
- Videotapes and translation of signed communication
- Focus Groups or Group Interviews with individuals who have similar characteristics (e.g., consumers who are deaf, consumers who are hard of hearing)
- Surveys (e.g., online, written, mail)
- Town hall meetings, adding surveys on www.coloradodeaf.com, Colorado Families for Hands & Voices, Legal Centers, Independent Living Centers

Summary of Year One Program Evaluation Key Activities/Products

- Regular attendance at Core and Implementation Team meetings
- Initiation of Evaluation Work Group; recruitment of mental health consumer
- Evaluation Plan
- Evaluation Work Plan
- Retrieval and analysis of state mental health and substance abuse databases
- Outreach to and engagement of leadership and service providers in mental health and substance abuse
- Key Informant Interviews (n=23)
- Interim Key Informant Report
- Consumer and Family Interviews (n=12)
- Submission and acceptance of two abstracts to the American Public Health Association for presentation in November 2010.

[4] See for example, Zukoski, A. and Luluquisen, M. (April 2002) Participatory Evaluation: What is it? Why do it? What are the challenges? Community-Based Public Health Policy & Practice, #5. http://depts.washington.edu/ccph/pdf_files/Evaluation.pdf.

Section 3. Daylight Project Implementation Timeline.

This section documents the DLP implementation process, displaying key, defining elements of the implementation process, when they occurred, and when they were completed. Some tasks are ongoing and are identified as such.

As can be seen in Figure 1, the Daylight Project leadership, Implementation Team, and Work Groups completed a remarkable amount of work during its first thirteen months. In face of an almost daunting scope of work, the leadership remained consistent, focused, and worked in a fast-paced mode. **The implementation process was notably enhanced by the leadership and fiscal oversight provided by the Mental Health Center of Denver and the substantial project management, needs assessment, and administrative support provided by The Center for Systems Integration, an independent consulting company. The efforts and donated resources of the key partner, the Colorado Commission for the Deaf and Hard of Hearing, as well as those of members of the Implementation Team and work groups members made the implementation of the Daylight Project a rich, collaborative effort.**

It should also be noted that several key activities were enhancements to what was described in the grant proposal. These changes were the result of experiences and information gathered by leadership or consultants during implementation. While these required and will require additional effort, they were deemed necessary to the implementation process. Examples of these enhancements include

1. The process for selecting the mental health and substance abuse providers that would participate in the DLP training and technical assistance (i.e., Early Adopters) was found to be more complex than originally planned. The process required the development of interview protocols and a consistent scoring strategy; and
2. Once the potential Early Adopters were identified, leadership determined that it would be important for the group to have a structure for sharing information, providing input, and communicating. This was also thought to be critical to the longer term goal of the Action Plan to build an infrastructure that would sustain a statewide learning community. Given that there was no existing natural mechanism that could be used for this purpose, the Learning Collaborative Model was adopted.

It was clearly a strength of the leadership and consultants to identify these and other needs to ensure the success of the project. We will continue to document these efforts.

The evaluator's assessments of Strategies that Facilitated the Implementation Process (Section 4) and Implementation Challenges (Section 5) follow the timeline. Next Steps for the Program Evaluation are presented in Section 6.

Section 3. Figure 1 IMPLEMENTATION STEPS	Qtr 1 (4 Mos.) (9/2009 – 12/30/10)	Qtr 2 (1/2010 – 3/2010)	Qtr 3 (4/2010 - 6/2010)	Qtr 4 (7/2010- 9/2010)
Task				
Defining and Implementing **Management Structure**				
Establishment of **Implementation, Core (Steering) Teams**	*			
Ongoing Meetings	Ongoing			
Substance abuse provider added to Implementation Team		*		
Daylight Project Name/Logo	*			
Hiring Project Coordinator	*			
Organizational Chart completed (see Appendix C)	*			
Role Matrix	*			
Daylight Project (internal) website				
Project Planning				
Environmental Scan	*			
Planning Retreat with Implementation Team	*			
Preliminary Project Plan	*			
Final Project Plan		*		
Completion of Component Work Plan Document				
Assessment of Training and Technology Needs	*			
Provision of Training and Technical Assistance to Behavioral Health Providers		*		
Developing Consumer & Family Leaderships				*
Implementing & Supporting Use of Technology				*
Development and Adoption of Guidelines for Care		*		
Planning for Sustainability				*
Evaluating Project Implementations		*		

[KD] Indicates that task was identified as a deliverable from Work Plan
Shading indicates when task work was conducted.
*** indicates that Task Completed;**
Ongoing = continuous effort

Section 3. Figure 1 (Cont'd) IMPLEMENTATION STEPS	Qtr 1 (4 Mos.) (9/2009 – 12/30/10)	Qtr 2 (1/2010 – 3/2010)	Qtr 3 (4/2010 -6/2010)	Qtr 4 (7/2010-9/2010)
Task				
Component Key Activities				
Assessment of Training and Technology Needs				
Environmental Scan	*			
Direct Service Provider/Administrative Perspective				
Online Survey –survey development KD , identification and engagement of target audience		*		
Online Survey –data collection		*		
Analysis of statewide system data			*	
Presentation of results to Implementation Team KD			*	
Individual provider summaries prepared for EA interviews			*	
Statewide summaries prepared and disseminated throughout MH/SA provider organization			*	
Early Adopter (EA) Identification Process (MH/SA providers that will participate in DLP training and evaluation)				
Development of Interview Guidelines/Scoring criteria			*	
Identification of Early Adopter Interviewees			*	
EA Interviews and scoring				*
Selection of Early Adopters KD				*
Key Informant Perspective - Interviews – see Evaluation Component				
Consumer/Family Perspective – Interviews – see Evaluation Component				

KD Indicates that task was identified as a deliverable from Work Plan
Shading indicates when task work was conducted.
*** indicates that Task Completed;**
Ongoing = continuous effort

Section 3. Figure 1 (Cont'd) IMPLEMENTATION STEPS	Qtr 1 (4 Mos.) (9/2009 – 12/30/10)	Qtr 2 (1/2010 – 3/2010)	Qtr 3 (4/2010 -6/2010)	Qtr 4 (7/2010-9/2010)
Task				
Provision of Training and Technical Assistance to Behavioral Health Providers				
Ongoing meeting of Work Group			Ongoing	
Extensive review of literature, existing curricula, collection of training materials and best practices				*
Consultations with national leaders in MH/SA:Deaf/HoH training			Ongoing	
Review of best practices for substance abuse treatment			*	
Timeline for curriculum development			*	
Presentation to MHCD Recovery Conference			*	
Draft Training curriculum for Early Adopter Training [KD]				
Identification and hiring of Instructional Designer				*
Selection of Learning Collaborative Model for Early Adopter/DLP Partnership				*
Developing Consumer & Family Leaderships				
Ongoing monthly meeting of Work Group			Ongoing	
Identification of co-leads		*		
Identification of Advocacy consultant		*		
Outreach to key mental health advocacy groups		*		
Development of flyer to recruit consumers for advocacy training			*	
Presentations by MH advocacy leaders to Work Group			*	
Retreat to finalize work plan and outline Consumer and Family Leadership Training Modules				*

[KD] Indicates that task was identified as a Key Deliverable from Work Plan
Shading indicates when task work was conducted.
*** indicates that Task Completed;**
Ongoing = continuous effort

Section 3. Figure 1 (Cont'd) IMPLEMENTATION STEPS	Qtr 1 (4 Mos.) (9/2009 – 12/30/10)	Qtr 2 (1/2010 – 3/2010)	Qtr 3 (4/2010 -6/2010)	Qtr 4 (7/2010-9/2010)
Task				
Implementing & Supporting Use of Technology				
Defining sub-components targeting assistive technology and telebehavioral health		*		
Connecting with key informants – Quest CHA/CBHC's *High-Speed Internet Health Information Network;* MHCD informants regarding clinical protocols, standards; City and County of Denver regarding Assistive Technology Loan Program		*		
Identification/hiring of Educational Audiologist/Consultant				*
Demonstration of videophone and polycom teleconferencing equipment			*	
Assessment of MHCD telebehavioral health infrastructure				*
Development of potential telebehavioral health business models				*
Planning for Sustainability (to sustain key elements of the DLP beyond SSUF)				
Exploration of opportunities			Ongoing	
Development of work plan timeline				*
Identify DLP elements to be sustained				Ongoing

KD Indicates that task was identified as a Key Deliverable from Work Plan
Shading indicates when task work was conducted.
*** indicates that Task Completed;**
Ongoing = continuous effort

Section 3. Figure 1 (Cont'd) IMPLEMENTATION STEPS	Qtr 1 (4 Mos.) (9/2009 – 12/30/10)	Qtr 2 (1/2010 – 3/2010)	Qtr 3 (4/2010 -6/2010)	Qtr 4 (7/2010-9/2010)
Task				
Evaluating Project Implementations				
Participation in Core and Implementation Team meetings	Ongoing			
Identification of secondary evaluation resource/contractor	*			
Connecting with national evaluators/leadership	Ongoing			
Establishment of Evaluation Work Group and continued meetings				No Meetings
Evaluation Plan [KD]				
Introduction of Community-Based Participatory Evaluation Approach		Ongoing		
Evaluation Work Plan and Timeline [KD]		*		
Quarterly Reports [KD]	*	*	*	*
Identification of specialized experts, consultants in cultural competence, consumer representation, transcription services, and deaf culturally-based ASL competent interviewer		*		
Identification of Cultural Competency Indicators for project implementation and project evaluation			*	
Review and analysis of data bases Colorado state mental health and substance abuse databases [KD]		*		
Presentation of results to Implementation Team			*	
Preparation of results for Early Adopter Interviews		*		
Key Informant, Consumer, and Family Interviews/Data Collection				
Development of Interview Guides		*		
Development of interview, referral, and confidentiality protocols, consent forms		*		
Conduct Key Informant Interviews				
Key Informant Interim Report [KD]			*	
Recruitment and training of consumer/family interviewers				*
Outreach to mainstream and d/hoh organizations and agencies			Ongoing	
Conduct Consumer and Family Interviews				

[KD] Indicates that task was identified as a deliverable from Work Plan; Shading indicates when task work was conducted.

*** indicates that Task Completed; Ongoing = continuous effort**

Section 3. Figure 1 (Cont'd) IMPLEMENTATION STEPS	Qtr 1 (4 Mos.) (9/2009 – 12/30/10)	Qtr 2 (1/2010 – 3/2010)	Qtr 3 (4/2010 -6/2010)	Qtr 4 (7/2010-9/2010)
Selected Outreach Activities (Presentations, Meetings, Conferences)				
Mental Health Planning and Advisory Council (MHPAC)				
Managed Service Organizations (Substance abuse providers)				
Colorado Behavioral Healthcare Council				
Mental Health Center Directors				
Commission for the Deaf and Hard of Hearing				
Mental Health and Deafness Breakout Conference sponsored by Gallaudet Regional Center and ADARA				
American Public Health Association: two abstracts accepted for 11/2010 conference				
MHCD Recovery Conference: Using Sign Language Interpreting				
Presentation to 22nd Annual Colorado Child and Adolescent Mental Health Conference				
Colorado LINKS Grant Implementation Group				
MHCD Board of Directors				
Division of Behavioral Health				
Deaf Awareness Week				

[KD] Indicates that task was identified as a deliverable from Work Plan
Shading indicates when task work was conducted.
*** indicates that Task Completed;**
Ongoing = continuous effort

Section 4. Strategies that Facilitated Implementation

In order for this amount of work to be accomplished in a relatively short amount of time, much had to and did go extremely well.

- **Organizational structure (Appendix C), roles, and responsibilities were defined early in the project** and refined as needed throughout the year. It was also a strength to have the Core Team as a "final decision-making" body, so not all issues were discussed in-depth at the Implementation Team meetings, which would have been impossible due to time constraints. It also prevented that "diffusion of responsibility" that tends to happen among a larger group.
- **The Implementation Team was engaged in significant planning and decision making efforts.** A retreat with an independent facilitator gave the Implementation Team members the primary voice in defining the project plan. Core Team members used the Team's monthly meetings to present progress on DLP tasks and to seek perspective and guidance regarding community engagement and project implementation. Members also used these meetings as a forum for discussion of some of the more challenging issues – discussed below. Although issues were not always resolved, that the discussions occurred within this structure is a great strength. These were generally well attended and participatory.
- **Documentation (**e.g., work plans for each component, timelines, minutes/action items) that was also used for ongoing priority setting was required and completed.
- **Commitment to choice in communication and providing the necessary human and technological resources was a DLP key value and practice.** It was not uncommon to have multiple modes of communication used simultaneously in meetings– written English, ASL, speech reading, spoken English. In addition, Computer Assisted Realtime Translation (CART) operators and ASL interpreters were employed to facilitate accessible communication.
- **Other communication strategies, including an online calendar, a project website, and routine emails** were used to keep project participants informed of activities and events.
- **Outreach to and engagement of the local community,** including ongoing connections and engagement with government and not-for-profit systems, **was integrated throughout the implementation.** The strategic community engagement and support that began with the Action Plan and Task Force was continued with the Environmental Scan, one of the first DLP efforts. The Scan acknowledged and documented the perceptions and needs of the communities and systems in which change was planned.
- **Outreach to national and local experts.** Although the Core (leadership) and Implementation Teams are comprised of experts (some well-known in the field), there were universal and consistent efforts to seek and reach out to other experts and specialists across the United States and locally. Some of these experts were retained as ongoing consultants to the project. Furthermore, the information learned was integrated throughout the Daylight Project components. The relationships built will help all future work in this area.
- **Collaborative approach.** Even within exacting time and resource constrains, efforts were made to gather and integrate input from DLP leadership, the Implementation Team, community stakeholders, and national experts through meetings, teleconferences, email review of documents, and individual contacts. DLP staff and consultants also participated in numerous conferences, presentations, and key external collaborative meetings; these are listed in the last section of the Implementation Timeline in the previous section.
- **Representation on Teams and Work Groups was relatively broad**. The Core and Implementation Teams included individuals who are: experts and community leaders; Deaf, hard of hearing, hearing, and a child of deaf adults (coda); representatives from the key state agencies and not-for-profits; agencies and organizations representing mental health, substance abuse, legal and education areas. Although turnover and diverse representation presented challenges that are discussed in the next section, DLP leadership and work groups identified and filled some gaps either on the Implementation Team or on component work groups.

- **Filling in Gaps and Work on Sustainability**. The SSUF grant does not cover all the work envisioned by Colorado's Deaf & Hard of Hearing Mental Health & Substance Abuse Action Plan. The need to develop standards to give DLP trainers and Early Adopters context and realistic guidelines against which to measure their efforts to enhance services was deemed a critical gap. **The Core Team secured a grant from the Division of Behavioral Health (DBH) to 1) research extant standards and develop specialized provisions for substance abuse provider organizations interested in specializing as providers to deaf and hard of hearing clients for Colorado, and 2) develop a specialized curriculum for a Certified Addictions Counselor (CAC) endorsement for providing services to deaf and hard of hearing consumers along with a companion exam**. There are strong indicators that another grant will be forthcoming from DBH. The Core Team and other stakeholders are continuously searching for opportunities to fill additional gaps and sustain the momentum, infrastructure, and capacity building efforts of the DLP.

Overall, the Core, Implementation and Consultants approached the Daylight Project with the openness to learning and flexibility needed to design and implement a project that had little established precedence for guidance. While it may have been easier to accomplish many tasks more superficially and still keep to the requirements of the grant, leadership and work groups met each task wholly and in-depth, adapting strategies, trouble-shooting with new ideas, and either gaining knowledge, learning new skills, or adding consultants with different skills needs were identified.

Section 5. Implementation Challenges

As one might expect from a project that aims to improve access to mental health and substance abuse services for individuals with a broad range of experiences and needs, the evaluator identified several areas that presented challenges to implementation. These included:

- **Defining and maintaining focus on target populations and scope for the Daylight Project.** The SSUF grant proposal was clear with regard to the project's alignment with TANF goals to "…support low-income d/hoh individuals and their families to achieve (1) enhanced long-term self-sufficiency; 2) a reduction in the number of children and families living in poverty; 3) strengthening families who are living in poverty; and (4) keep children in their homes. With improved MH & SA outcomes, d/hoh individuals and their families will have greater capacity to succeed in education, employment, and self-sufficiency."

  It is important to note that when the opportunity arises to provide severely marginalized populations, such as Coloradans who are deaf or hard of hearing, with enhanced services, it can be frustrating and challenging to community stakeholders to limit the target and scope of the activities. This was particularly true for key players who were knowledgeable about individuals' broader needs across virtually every service system in the state, particularly in education and senior services. **The Core and Implementation Teams and DLP worked very hard to keep the focus of the Daylight Project while acknowledging and seeking resources to address the expansive needs of deaf and hard of hearing Coloradans.**

- **The discussion of mental health and substance abuse (MH/SA) needs and services within deaf/Deaf/hoh communities presented a new dynamic and set of challenges.**

  Many individuals in the Deaf and deaf communities have experienced various types and severity of oppression during their lives. For many, this leads to a type of *learned helplessness* and difficulty with assertiveness or self-advocacy. In the Key Informant and Consumer/Family Interview Report (Appendix A.6), this is referred to metaphorically as the "quiet wheel" as opposed the "squeaky wheel).

This fear compounds and magnifies the stigma regarding mental health and substance abuse needs and accessing services that is evident in the general community substantially and impacted the DLP in several ways.

- Relatively low number of deaf or hard of hearing people have accessed publicly funded services; this has also left service providers with relatively little experience in the field.
- The lack of a base of deaf or hard of hearing consumers of mental health and/or substance abuse services who have self-identified as such and who have had training and experience in advocacy.
- These factors resulted in a very low number of consumers (i.e., deaf or hard of hearing people who have accessed publicly funded services) or their family members serving on the Core and Implementation Teams or Work Groups during the first year.
- From a program evaluation perspective, it also contributed to the considerable efforts that were needed to recruit and interview deaf and hard of hearing consumers of mental health or substance abuse services.

  However, it is important to note that this was an anticipated challenge. One of the primary components of the DLP was the development of consumer and family leadership. The intention was and is to increase consumer and family participation throughout the DLP and future projects over time, reflecting the new capacity.

- **Colorado's mental health and substance abuse service systems are relatively complex** when geography, point of service, licensure, service integration (or lack thereof), financing, insurance (benefits and reimbursement), and key players are taken into account.
  - As expected, there were different levels of familiarity with these systems and factors, as well as the terminology used to describe them. For example, it could not be assumed that everyone sitting around the table knew what BHO and MSO stand for, how they function, or why that may matter for the DLP, such as access to services or how to engage leadership

    Care was taken to integrate this type of information into discussions and presentations, even using maps and charts. While it appeared that a general understanding of the systems improved among members, this will be an ongoing challenge.
  - A related factor is the challenge of MH/SA integration. Multiple models are used to provide publicly funded MH and SA services throughout Colorado, including stand alone agencies that provide one or the other service and agencies that license to provide both. It is well known that co-occurring MH and SA problems must be addressed in treatment.

    DLP Core and Implementation Team members, who highly value integrated MH/SA services, discussed frequently how this goal would align with the reality of federal and state funding streams and services.
- **Equal representation from substance abuse prevention and treatment providers as well as consumers and family members was difficult.** Leadership recognized this early in the implementation process and successfully recruited additional substance abuse expertise onto the Implementation Team. While many mental health providers also provide substance abuse services, efforts to increase the representation of specialized substance abuse providers will need to be maintained.
- **D/HOH is a convenient but inaccurate, overly-general, and limiting shorthand when service experiences, service needs, and accommodations are the focus**.
  - While some may perceive, deafness, hard of hearing, and hearing loss as a continuum without clear definitional boundaries, the differential options and choices for communication demand that the assessment and accommodation of needs be individualized.

- It took hard work throughout all components of the DLP to ensure that multiple perspectives, including deafness, hard of hearing, and hearing loss, communication and linguistic choices, as well as cultural and community identification, were represented.
- At times, differing needs caused some to perceive an imbalance in the focus of the project, i.e., thinking that more or less attention was being placed on the needs of one group or another. These perceived shifts in balance and focus required careful attention, respect, a willingness to learn, and consideration among all parties. Concerns about bias also highlighted the intensity with which the feelings of being marginalized were experienced.

- **Good communication takes time,** whether it is direct service delivery, project planning, or project implementation. Meetings take longer, presentations take longer. As this evaluator learned at the first meeting she attended, a person who uses an ASL interpreter, CART, or speech reading, cannot read a handout or an overhead and capture what a speaking person is saying – simultaneously. Quite simply, indirect communication takes longer, whether in a meeting or with mental health or substance abuse treatment or counseling.

  While many means of communication were employed and were very successful, the sheer complexity of the project (i.e., multiple components, work groups and plans) made it challenging to keep so many people "in the loop." Sometimes, for example, the Core Team or another work group would make a decision that affected another work plan or activities; it was not always possible to keep everyone informed in a timely way.

- **Representation of minorities with the deaf/hoh communities.**

  Representation of minorities (i.e., ethnic and racial minorities, sexual minorities, and individuals with disabilities) from the Deaf culture and hard of hearing communities was a notable challenge throughout the DLP. This is likely due to a combination of multiple factors.

  - Since statistics are not gathered that ask about both deaf/HOH status and minority status, these individuals are virtually invisible in terms of numbers. DLP leadership has indicated that the numbers who are ethnically diverse in Colorado are very low (one cannot assume that populations will be represented as they are in the general community – access to education, training, and culturally and linguistically competent services motivate Deaf individuals to cluster in urban areas of states and in certain cities in the U.S.
  - There are known challenges to build trust and provide services to individuals from diverse communities who are not deaf or hard of hearing. Individuals with multiple minority issues (i.e., deafness, hard of hearing, hearing loss, ethnic or other diversity such as sexual minority, and mental health or substance abuse problems) experience increased stigma and isolation, further limiting access to services as well as membership in advocacy and other groups.
  - The evaluators observed or participated in many DLP and community-based meetings or events and only noted one instance where a person of color was present. Efforts to engage representatives from diverse groups in key informant and consumer/family interviews were only somewhat successful and are documented in evaluation reports.

    The evaluators will continue to work to understand diverse sub-populations within the deaf and hard of hearing communities in Colorado with the aim of gathering information that will inform the training and technical assistance needs of publicly funded mental health and substance abuse providers.

- **Inadequate statewide data resources to estimate the number of deaf or hard of hearing individuals who have received publicly funded mental health or substance abuse services.**
  - The evaluators worked with the State Division of Behavioral Health (DBH) to access the data collected routinely from licensed Mental Health (CCAR data) and Alcohol and Drug

Abuse Providers (DACODS data). While we were able to extract the number of people who were identified as "Deaf/Severe Hearing Loss" (CCAR) or "Significant Hearing Impairment/Deaf" (DACODS), we also observed:

- There are no definitions provided for the CCAR item; the DACODS manual instructs the clinician to assess whether the client is "disabled." Neither is sufficient to capture the full range of hearing loss accurately or consistently, especially among the hard of hearing; and
- Furthermore, the single item/question combines deaf and hard of hearing, providing no way to estimate or understand the differential communication needs. **This confirms the need for DLP's planned efforts for the evaluators to work with the Early Adopter Agencies to develop and test strategies to document the hearing status and accommodation needs of, and accommodations provided to individuals who are deaf or hard of hearing.**

Evaluator Note. Finally, there were a few evaluation-related challenges and strengths to mention. The evaluator came to the Daylight Project with longstanding experience in program evaluation, including with and for diverse populations, but without specific experience working with projects focused on deaf or hard of hearing individuals and communities. The Core and Implementation Team members were very generous with their acceptance and mentoring of the evaluator and the evaluator outreached into the literature and into local and national communities for cultural interpreters, partners, and ongoing guidance.

With the lack of locally available evaluation expertise within the Deaf culture and other communities, the evaluator proposed building a foundation for a Community-Based Participatory Evaluation (CBPE) approach to the evaluation, which focuses on both partnership and capacity building. This was a new approach for many, who were more accustomed to external evaluators coming in to collect data and then submitting reports, than the CBPE model of participating in the development of tools, collecting data, and interpreting results. As with the communication and consumer/family leadership challenges identified above, CBPE takes a long time to build, but important first steps have been taken.

The evaluator also took steps to help ensure that cultural competency issues in the assessment of the DLP Project as well as in the evaluation process itself, were addressed, including: 1) hiring an expert consultant in cultural competence; 2) expanding the evaluation resources to include a program evaluator who, as a child of deaf adults (coda) also acted as a cultural interpreter to the Deaf community; and 3) developing a relationship with national experts in the assessment and provision of health care to deaf and hard of hearing communities. The final evaluation report will include a more detailed review of the evaluation strategies and modifications that were made to traditional methods as well as recommendations for future evaluation efforts.

Section 6. Next Steps for the Project Evaluation

- Several additional Key Informant Interviews (the community-based portion of the Assessment of Training and Technology Needs) have been conducted since the Interim Key Informant Report was submitted. The data from these interviews will be analyzed and the final report will be submitted. However, interviews with key informants will continue throughout the project as interviewees are identified in an effort to address gaps in representation.
- The base interviews for the Consumer/Family portion of the Assessment of Training and Technology Needs have been completed and the data are currently being analyzed. This report will be submitted. However, interviews with consumers and family members will continue throughout the project as interviewees are identified in an effort to address gaps in representation.
- An online parent survey – for parents of children who are deaf or hard of hearing with mental health concerns – has been drafted in partnership with a parent. This survey is ready for review, after which we will pilot the survey and post on one or more websites.
- The evaluator will work with the DLP committees and the Early Adopters to develop a strategy to accurately identify the deaf and hard of hearing individuals who use their services and the accommodations provided.
- The pre-and post-training assessments for Early Adopter Trainees will be developed, piloted, and implemented.
- The post-training satisfaction assessments for Early Adopter Trainees will be developed, piloted, and implemented.
- The evaluator will continue to develop the Community-Based Participatory Evaluation approach, including seeking additional consumer/family members of the Evaluation Work Group.

  The evaluator will also explore, with the DLP Early Adopters and other mental health and substance abuse services providers, how to improve methods used to recruit consumers who are d/hoh and their family members into data collection efforts.
- The evaluator will continue to provide the Core and Implementation Teams with interim findings to inform their movement forward.
- The evaluator will work with community members and the DLP leadership and Implementation Teams to develop dissemination strategies for evaluation materials.
- The evaluator is considering the addition of a brief, anonymous survey of the Implementation Team and other stakeholders to document their assessment of and satisfaction with their own and other community members' engagement and involvement a well as their assessment of progress and outcomes of key project components.
- The evaluator will develop and submit final evaluation report, which will include a review of the evaluation process and challenges.

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