

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.oneill-dunbar@state.co.us or at 1575 Sherman Street, Denver 80203 no later than the 20th day of the month following the close of the quarterly period.

Agency Name Mental Health Center of Denver	Program 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"/> 6/1/2009 - 6/30/2010 <input checked="" type="checkbox"/> 9/1/2009 - 6/30/2011	Reporting Period (check only one) <input type="checkbox"/> Interim <input type="checkbox"/> 1 st Quarter <input checked="" type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter 1 st Quarter - July, August, September; 3 rd Quarter - January, February, March; 2 nd Quarter - October, November, December; 4 th Quarter - April, May, June	

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. Remember to sign and date all quarterly reports.

A. Program Summary

In this section, give a short summary purpose statement of the project funded through the Statewide Strategic Use Fund. Daylight Project is the name of the Statewide Strategic Use Funds grant project. The Mental Health Center of Denver in partnership with the Colorado Commission for the Deaf and Hard of Hearing were funded \$520,000 for a 22-month project to implement the training and technical assistance center described in the Deaf and Hard of Hearing Mental Health and Substance Abuse Action Plan. The Daylight Project is designed to advance access to mental health and substance abuse services for Coloradans living in poverty who are deaf or hard hearing and their family members facing disparities in accessing needed services due to linguistic, communication and cultural barriers. The project will 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.)

The Implementation team welcomed three new members this quarter: Art Schut of Arapahoe House, Susan Drown from the Department of Behavioral Health and Jennifer DeGross of Pikes Peak Mental Health Center. All three have made valuable contributions in supporting the Daylight Project. The Implementation Team met monthly to oversee the seven components of the Daylight Project:

- *Assessment of Training and Technology Needs
- *Implementing and Supporting the Use of Technology
- *Provision of Training & Technical Assistance to Behavioral Health Care Providers
- *Development and Adoption of Guidelines For Care
- *Developing Consumer and Family Leadership
- *Planning for Sustainability
- *Evaluating Project Implementation and Outcomes

The Core team, which serves as the steering committee for the Project and met twice a month. Also Core team members presented on Assessment component of the Daylight Project to the Behavioral Health Organization Executive Director and the Mental Health Center Executive Director committees of the Colorado Behavioral Healthcare Council. Core team members were invited to a meeting with the Division of Behavioral Health to discuss opportunities to expand system capacity building in substance abuse treatment services through the development of program standards for working with deaf and hard of hearing persons.

A Daylight Project website was established for the Implementation team to enhance access to the Daylight Project plans, work group plans, meeting minutes of the Implementation team and work groups and foster improved communication about the project elements.



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***Assessment of Training and Technology Needs:** Jewlya Lynn, from Center for Systems Integration and Anita Saranga Coen from Focus Evaluation co-lead this workgroup. From December to January, the Implementation Team and Assessment Work Group completed the design of the assessment. The unique assessment tool, a survey instrument, was developed to identify the needs, readiness and capacity of provider organizations to participate in the Daylight Project's technical assistance and training. It also helps identify the key issues where training will be needed and some of the barriers that must be overcome before culturally and linguistically appropriate services are possible.

To inform the assessment process, a survey was implemented in February. It had three tracks: The first one was for direct care providers and included a wide range of questions about their experience and confidence in working with deaf and hard of hearing consumers; their experience working with interpreters; specific practices in how they work with interpreters; their knowledge and experience of different assistive technologies; and their experience with telebehavioral health. The second track was for administrators and included similar questions, only focused on their agencies policies and procedures in each of those areas. The final track was for Managed Services Organizations (for substance abuse) and Behavioral Health Organizations (for mental health) and asks similar questions as those for the administrative track, but focused on their oversight of provider organizations.

The survey was disseminated and conducted from early February to mid-March in partnership with the Colorado Behavioral Healthcare Council, the Providers Association, the Division of Behavioral Health, and other key partners. Over 200 people responded to the survey, with most people completing the survey. Some of the initial findings include:

- Most respondents answered don't know to questions about the policies and procedures for quality control with interpreters, including whether they screen interpreters to ensure they are qualified, allow consumers to request interpreters, allow consumer to reject interpreters, and evaluate interpretation services.
- Half of respondents reported that they or their organization uses family members as interpreters. One quarter reported they use family members as interpreters in clinical settings.
- Initial analysis across all the mental health organizations responding indicates different levels of readiness. Some organizations are not prepared to provide services through telebehavioral health, which is a key component for access to culturally and linguistically competent providers. Some organizations report that they are already serving deaf and hard of hearing individuals and have in place policies to support providing services, but most organizations do not have policies. Although providers did report awareness of some of the key types of technology, including videophones and assistive listening devices, neither type of technology appear to be in use in most of the provider organizations.
- Most respondents are interested in accessing training on providing clinically, culturally, and linguistically competent services; providing services through interpreters; and using technology to increase communication access. They are interested in a variety of different training models, including train-the-train, online training, and in-service trainings.

***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. Two components: (1) using assistive technology; and (2) using telebehavioral health to access services.

For the telebehavioral health work, we want to connect with other initiatives in Colorado. Activities have included:

Meeting with George Delgrosso at CBHC to discuss the telebehavioral health project focused on laying the cables for high-speed access.

- Environmental scan included learning about efforts happening on other states, where telebehavioral health is already occurring with deaf and hard of hearing people. MHCD has an initiative doing telebehavioral health services with rural communities, and the psychiatrist involved with that effort was also interviewed.
- A meeting of the Technology workgroup and key MHCD staff to discuss clinical protocols that address issues of appropriateness of using the technology (e.g. community support, coordination of care, crisis emergency response, connections to local providers, age of client); standards for clinicians and technology to support telebehavioral health, confidentiality and HIPAA compliance, medical records and business model, building multi-agency collaboration.
- Consultation with the City and County of Denver regarding their Assistive Listening Devices loan program to learn what equipment is most requested and used by hard of hearing persons and the aspects of their loan program.

***Provision of Training and Technical Assistance to Behavioral Health Providers:** Mary Sterritt, LCSW and Angélica



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Lawson, Ph.D. are co-leads for this workgroup. Meetings and other activities during this quarter include convening the larger Training and Technical Assistance workgroup, collecting training materials, research on best practices with the hard of hearing by Rachael Moore, MSW Intern, meeting with Monica Braden, MEd., MA., NCC regarding best practices for substance abuse treatment for deaf and hard of hearing. Daylight staff, Mary Sterritt and volunteer Implementation team and Core team member, Ami Garry were invited to present at the 22nd Annual Colorado Child and Adolescent Mental Health Conference in April.

***Developing Consumer and Family Leadership:** This group is co-lead by Laura Douglas, Ph.D. from Colorado School for the Deaf and the Blind, and Rebecca Herr, hard of hearing consultant. The group meets monthly. During this quarter Mary Pat Graham-Kelly was interviewed as an expert consultant on advocacy. Ms. Graham-Kelly is Deaf, uses a Cochlear Implant and has been an active advocate for Deaf and Hard of Hearing persons. She will be joining the Implementation team and the consumer and family leadership workgroup in April. We have outreached to other advocacy organizations including NAMI-Denver and Advocates for Recovery and we have invited their representatives to future meetings.

***Development and Adoption of Guidelines for Care:** Jewlya Lynn from CSI leads this work group. The Daylight Project was invited by the Colorado Division of Behavioral Health to develop a scope of work designed to address developing a specific endorsement for certifying addiction counselors to work with deaf and hard of hearing as well as credential substance abuse provider organizations to serve this population. The DBH is currently considering this proposal which will advance the adoption of guidelines for care within the substance abuse treatment system.

*** Planning for Sustainability:** The Core team comprises this work group. Member organizations of the Core team continue to look for funding opportunities to sustain the work of key elements of the Daylight Project beyond the SSUF funding cycle. We have investigated three funding opportunities. One is with the Colorado Division of Behavioral Health and is contingent upon successful completion of the proposed scope of work identified above. Ongoing funding from DBH would support piloting service delivery for deaf and hard of hearing persons within a designated publicly funded substance abuse treatment program.

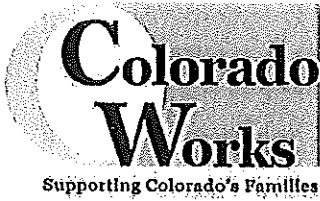
***Evaluating Project Implementation and Outcomes:** Anita Saranga Coen leads this workgroup. Specific Project Evaluation accomplishments during the quarter include:

1. Continued monthly meetings of the Project Evaluation Work Group

- In addition to the routine meetings, we have had one Evaluation Work Group that was set up via teleconference. Mya Drexler, a deaf consultant on consumer issues participated in this call remotely via a video phone. The meeting was held at MHCD using video conference technology and two ASL interpreters. This is a relatively complex arrangement that yielded a lot of useful information regarding remote interpreting and visual needs at both sites.

2. Other contracted services

- Lydia Prado, Ph.D. is a consultant specializing in the assessment of cultural competency at the project-wide level as well as culturally and linguistically competent evaluation methods. She is working with Ms. Coen in the identification of measurable or observable indicators for these two areas of cultural competency
- Angie Lawson, Ph.D., a member of the Implementation Team, is bilingual in ASL and English. She is working as an expert consultant to Focus Research & Evaluation. She is a member of the Project Evaluation Work Group and works closely with Ms. Coen on evaluation planning and time lines and conducts and transcribes interviews with key informant who are deaf and will conduct and transcribe interviews with deaf consumers and family members in the future. Dr. Lawson is also collecting and analyzing data from Colorado's Division of Behavioral Health.
- Mya Drexler is a self-identified deaf consumer of mental health services. Although she currently lives out-of-state, she has used public mental health services in Colorado. She is a member of the Project Evaluation Work Group.
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- Krista Overby and Bonnie Jensen have provided transcribing services to Focus Research & Evaluation for interviews that were audio-taped.
- Anne Marie Baer is a doctoral student who specializes in ASL acquisition in children and in the assessment of ASL. Focus Research & Evaluation is in the process of bringing her on as a consultant to conduct and transcribe ASL interviews with deaf consumers and family members, some of which will be video recorded and translated into English. These interviews will inform design of the system of care that



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the Daylight Project is funded to advance.

3. Implementation of 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)

This data was all collected previously through routine collection processes in place at the Division of Behavioral Health. We began analyzing this data during the past quarter to understand 1) the distribution and characteristics persons with a serious hearing impairment who use publicly-funded mental health or substance abuse services, and 2) to understand more about their satisfaction with and recommendations for improved services.

- Key Informant (KI), Stakeholder, and Consumer/Family Interviews
Objective: Assess MH/SA providers' training and technology needs from consumer/family perspective directly to add to the information collected through the Provider Assessment:
 - To inform the administrative, clinical, and technology training
 - To establish a baseline for the consumer/family perspective to provide context for future data collection

The process for identifying and interviewing consumers of public mental health and substance abuse services and their families has started. This includes:

- o Development of KI interview guide
- o Conducting over 10 key informant interviews and the identification of many others who will help us connect directly to consumers of public mental health and substance abuse services in the deaf and hard of hearing communities
- o Development of draft consent forms for mental health/substance abuse consumers/family members
- o Development of draft interview guide for mental health/substance abuse consumers/family members
- o Recruitment of interviewers who can conduct interviews with deaf consumers and family members in their native language, i.e., ASL or modification
- o Conduct a pilot interview with parents of deaf children

4. 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. 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.

5. Evaluation Plan Documents

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

- Detailed Evaluation Plan
- Project Evaluation Work Plan
- A project evaluation Timeline

C. Program Changes

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



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In February, the Core Team reviewed the Daylight Project plan and the seven components. Recommendations on re-titling project components were proposed to the Implementation Team and accepted. The purpose of these revisions provides clarity to the project work groups as well as external audiences about the component objectives.

D. Problems/Barriers

In this section, describe any factors/situations that may impact or have impacted services and contract performances, and efforts undertaken to resolve those issues. Factors may include economic conditions, staff transitions, recruiting participants, etc. Give a brief follow-up (update) report on any problems cited in your last quarterly report.

The Daylight project reported last quarter the effort underway to engage representation of a substance abuse provider to serve on the Implementation team, to further enhance the process. We were successful in engaging Art Schut of Arapahoe House who is now serving on the Implementation Team.

E. Achievement Description

Please share a program success story. These will be utilized during year-round awareness and campaign efforts, please adhere to client confidentiality.

The Daylight Project Assessment resulted in 200 responses from publically funded mental health and substance abuse administrators, providers, BHO's and MSO's. A total of 53 organizations responded.

The Daylight Project and Implementation Team's activities have been recognized by the Department of Behavioral Health. DBH 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. If accepted, 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. Activity Plans for New Reporting Period

Give a brief description of the agency's plan for this program in the next quarter. This may include upcoming events (e.g. training workshops, outreach, etc.)

Assessment results will be completed in April and utilized by the Implementation Team, the Core Team, and the Work Groups as they move forward on their work.

Please find the Daylight Project plan attached which outlines key activities planned over the next quarter.

Evaluation Plans/Activities for New Reporting Period include:

- Finalize Key Informant and mental health and substance abuse consumer/family interview guides
- Complete Key Informant Interviews and summary report
- Finalize consent forms
- Complete recruitment of interviewers for mental health and substance abuse consumer and family interviews
- Train interviewers
- Implement mental health and substance abuse consumer/family interview process
- Complete analysis of data from Division of Behavioral Health
- Complete first Evaluation Report
- Drafts of Training Evaluation Forms
- Finalize Cultural Competency Indicators

Continue learning and disseminating Community Based Participatory Evaluation approach and strategies.