



Implementation Team *Minutes*

January 5, 2011
8:30 – 10:30AM
MHCD

Attendees: Mary Sterritt, Kalli Benson, Anita Coen, Mary Pat Graham Kelly, Janet DesGeorges, Quinn Lung, Cliff Moers, Ami Garry, Angie Lawson, Jewlya Lynn, Rachael Moore, Laura Douglas, Rebecca Herr

Action Items

- **Action Item:** Summary of Guidelines of Care for Consumers
 - Description: Develop a 2 pager summarizing the guidelines for care, with a link to where you can get the whole set of guidelines.
 - **Responsible Party:** Standards Work Group

- **Action Item:** Grant Opportunities
 - Description: As anyone finds grants, please send them to the Core Team or CSI. The smaller the grant, the less it is worth the staff time to write the grant, so perhaps nothing less than \$25,000. However, please do send any grants of \$25K or more, even if they are for a focus larger than MH and SA.
 - **Responsible Party:** Implementation Team Members

- **Action Item:** Sustainability Plan
 - Description: The Core Team will bring a rough draft of the Sustainability Plan to the Implementation Team when it is ready.
 - **Responsible Party:** Core Team

Agenda Item: Review of 12/1/10 Action Items

- Action Item: Summary of Guidelines of Care for Consumers
 - Description: Develop a 2 pager summarizing the guidelines for care, with a link to where you can get the whole set of guidelines.
 - Responsible Party: Standards Work Group
 - Status: Development of summary guidelines is on hold pending discussions with the learning collaborative.

- Action Item: Grant Opportunities

- Description: As anyone finds grants, please send them to the Core Team or CSI. The smaller the grant, the less it is worth the staff time to write the grant, so perhaps nothing less than \$25,000. However, please do send any grants of \$25K or more, even if they are for a focus larger than MH and SA.
 - Responsible Party: Implementation Team Members
 - Status: Ongoing; Implementation Team Members can continue to forward opportunities. One application to the Robert Wood Johnson Foundation has already been submitted.
- Action Item: Sustainability Plan
 - Description: The Core Team will bring a rough draft of the Sustainability Plan to the Implementation Team when it is ready.
 - Responsible Party: Core Team
 - Status: The Core Team has continued to move forward with the sustainability plan and hope to have more to report in February. The Learning Collaborative, which is meeting for the first time this month, will be asked for their input on the sustainability. The plan will also include components of sustaining political will.

Agenda Item: Brief Update on RWJ Letter of Intent

A letter of intent was sent in response to a grant program from the Robert Wood Johnson Foundation. Their response is expected next month. The grant program seeks to develop consumer advocacy in medical care. The letter of intent was drafted with input from Dr. Michael McKee in Rochester, who is a deaf physician that has done work on educating the deaf and hard of hearing community about different medical conditions. The grant develops consumer leadership at both the individual and systems level and would help sustain the structure that Daylight has developed with the Consumer and Family Advocacy workgroup.

Agenda Item: Work Group Updates

- Consumer & Family

The group is meeting today to discuss and review the training modules they have developed and handouts to accompany the trainings. There are also logistic issues to work out regarding the trainings, such as who will provide them, where they will be provided, and when they will be provided. Recruitment of advocates will also be part of the discussion. The Colorado Association for the Deaf recently printed an article about the need for more advocacy training, and it did not mention the Daylight Project, so more work can be done in regards to increasing awareness of the Daylight Project.
- Training

The group is continuing the development and refinement of training curriculum. There will be three groups of trainings: one for clinical staff, one for front desk staff, and one for administrators. The clinical trainings will include information on diagnosis assessment and treatment approaches. Front desk training will include information on communicating with deaf and hard of hearing consumers. Administrator trainings will focus on the standards developed by the Standards Work Group and how the standards

can be incorporated into the organization. The trainings and accompanying handouts will continue to be reviewed to ensure that both deaf and hard of hearing experiences are included.

- Evaluation

The one-year evaluation report has been completed. Copies of the narrative were handed out, and Anita will work on how to have the full report, including appendices, available on the internet.

The purpose of the evaluation was to focus on implementation and whether the stated goals were achieved. The evaluation also documents which parts of the project changed and why, what challenges were faced, and what went well. The report is an opportunity for the Implementation Team to see what was accomplished and if there were things they want to change going forward.

Anita and Angie presented on the interviews conducted with key informants and consumer and family members. The interviews showed that advocacy was still very much in its infancy. There have also been negative experiences with unethical work and loss of confidentiality in the small population. The central question posed to interviewees was what do providers need to do differently to provide quality, accessible services to Coloradans who are deaf or hard of hearing. The interview team had a goal of having as much direct communication with participants as possible, so many interviews were conducted in ASL. A 4-hour interview training was held so that interviews would be standardized and an interview guide could be developed. Several potential scenarios were discussed so that the interview team would know how to respond appropriately. At the time of the report preparation, 26 key informants had been interviewed and 12 consumers/family members had been interviewed.

One of the biggest recurring themes brought up by interview participants was the notion of thoughtlessness. This included providers not thinking to prepare for patients who had special needs as well as actual rudeness in interacting with people. Other themes included a lack of knowledge on mental health and substance abuse from the general community, community providers being unknown in the deaf and hard of hearing communities, and people not being familiar with advocacy.

Challenges to implementation include: cultural challenges due to different experiences among and within ethnic, geographic, and sexual minority groups; differences in experiences and needs within and among the deaf and hard of hearing communities; lack of statewide or systems leadership; and time and financial concerns.

Some things that interview participants said made treatment successful include: specialized services, such as direct communication with therapists; therapist characteristics, which include things such as therapists willing to repeat what they said

or speak louder; and knowledge of content of mental health and substance abuse issues by providers who could also provide communication access.

Some barriers to treatment included: problems working with or through interpreters; lack of accessible needed services- one woman reported waiting an entire year for services that were readily available to hearing populations; acceptance of “good enough” services- many people reported not needing accommodations but also reported not being able to hear; distance to services; problems with insurance coverage; assumptions that all deaf and hard of hearing people have the same needs- some hard of hearing people reported being offered an ASL interpreter as the only accommodation; lack of awareness of therapeutic services and a need for precounseling on what a therapy plan is; and system-wide lack of communication among agencies and providers.

There were some mixed feelings regarding the use of videophones to deliver services; it was generally well-received by people who use ASL, but they had little experience with receiving services over videophones. People were extremely cautious about receiving interpreted services through videophone and said it would be a very last resort.

Other comments- The interviewees were not asked their highest level of education attained, but they were asked what type of school they had attended- deaf school, traditional school, etc. It is unknown whether experiences or awareness of resources were affected by education level. The interview team did find that the deaf and hard of hearing participants were less knowledgeable about mental health and substance abuse than would be expected of hearing populations; for example, many were not able to define “addiction.” The issue of accepting “good enough” services may come from people growing frustrated with bad services to the point where they would rather receive bad services than no service at all. The report currently does not include passages describing personal stories because of concerns that doing so would identify the participant.

Agenda Item: Learning Collaborative Update / Discussion

Key staff were identified at early adopters agencies and include administrators, clinical directors, and quality assurance staff. They were invited to join the Learning Collaborative, which is meant to reinforce the information learned in trainings and provide members with an opportunity to discuss how information can be shared in their organizations. Hopefully, members will choose to continue interacting with each other past June 30th.

Agenda Item: Wrap Up

A handout on deaf and hard of hearing statistics was passed out. The number includes children. Laura Douglas provided some estimates of deaf children from the federal Department of Education. As of December 1, 2009, there were 1,439 students aged 3 or older whose primary disability was deafness or hearing loss. This would not include students who have deafness or hearing loss as a secondary disability. The Colorado Home Intervention Program estimates that

there are about 340 children from birth to age 3 who are deaf or hard of hearing. The group discussed that each study that provides estimates on deafness and hearing loss prevalence needs to be reviewed to determine what methodology was used and how that methodology affects the results. The estimates from the Centers for Disease Control and Prevention are very different from the estimates from the US Department of Health and Human Services.