



Implementation Team *Minutes*

October 6, 2010
8:30 – 10:30AM

*Rocky Mountain PBS
1089 Bannock St., Denver, CO*

Attending: Rebecca Herr, Ric Durity, Art Schut, Mary Sterritt, Angie Lawson, Jewlya Lynn, Ami Garry, Susan Drown, Robert Radujko-Moore, Cliff Moers, Anita Coen, Quinn Lung, Namati Katungu, Maria Ruiz-Williams, Mary Pat Graham Kelly

Agenda item: Welcome & intros

The beginning portion of this meeting was filmed for a public service announcement about the Commission for the Deaf and Hard of Hearing.

Agenda item: Mental Health Interpreting

Maria Ruiz-Williams, staff interpreter for the Mental Health Center of Denver, gave a presentation on sign-language interpreting for mental health and substance abuse settings. A copy of her PowerPoint presentation will be emailed to the Implementation Team.

Maria's presentation included discussions on:

- HIPAA compliance- Providing information to interpreters does not require permission of the client because they are considered part of the service team. When freelance interpreters are used, an organization's HIPAA compliance officer should make sure there is a business agreement regarding confidentiality and training on HIPAA.
- Certification of mental health interpreters- Interpreters can register with the Registry of Interpreters for the Deaf (RID), which is a national organization that certifies sign-language interpreters. However, RID does not have a specific designation for interpreters who work in mental health or substance abuse settings. The only specialization is Qualified Mental Health Interpreter (QMHI) licensure through the Alabama Department of Mental Health, which includes a 40-hour, one week training, additional online training, and site supervision. In the past 8 years, 378 people have taken the one week training, but only 32 have completed the entire training and hold the QMHI (Qualified Mental Health Interpreter) designation. None of the 32 are in Colorado. The whole training process is very intensive and can be cost prohibitive because it requires interpreters to be physically in Alabama for the one week training. People applying for the license have one year to complete all the requirements; the entire process must be restarted if not completed in one year.
- Specialized knowledge- Interpreting in mental health and substance abuse settings requires knowledge on issues like diagnoses, types of trauma, roles of persons on treatment teams, and purpose, wording, and intent of tests and assessments.

- Supervision in the interpreting field- The interpreting profession is changing to be a practice profession, which means that supervision is provided. Dr. Robert Pollard and Robyn Dean, who are with the Rochester group, are developing a supervision program for interpreters. Currently, staff interpreters may be able to have supervision and observations from other staff, but freelance interpreters do not have that opportunity.
- Professional boundaries- Interpreters are often very tied to the deaf community and may have pre-existing relationships with the people in the deaf community. Interpreters and clients need to be aware of professional boundaries and how interpreters work within those boundaries.
- Interpreters as part of the treatment team- This is an important thing to remind providers, especially with freelance interpreters. Interpreters must have the opportunity to meet with the provider before they interpret so that they are prepared for the discussion. Pre- and post-session meetings allow for the interpreter and the provider to discuss communication styles and needs. Although they are part of the treatment team, interpreters should not be seen as taking sides with either the provider or the client; an interpreter's commitment is to communication.
- Duty to report- Interpreters need to be familiar with duty to report obligations. Interpreters should not be left alone with clients or have conversations with clients in the waiting room because this can affect what is discussed with the provider; this is different than what is usually recommended as a best practice for interpreters. A client may not want to repeat something to a provider that they already told the interpreter. A client may also tell an interpreter information related to drug or alcohol use, abuse, injury or other safety issues, and the interpreter needs to understand when and to whom such information needs to be reported.
 - A point was made regarding assistance with paperwork. Some providers will request an interpreter to help a client with paperwork before a session, which could place the interpreter in a one-on-one situation with the client.
- Pay- It is unclear whether receiving QMHI licensure would lead to pay increases for interpreters. Freelance interpreters could probably charge more. MHCD do get paid a higher rate than non-licensed staff.
- Best practices- These best practices may not be followed very often, especially with freelance providers because providers are not aware of what best practices are, and the interpreters themselves may not be aware. The Alabama training stresses that interpreters must be firm in expressing their needs and may need to have resources, such as reports and articles, that justify their requests.
- Receptivity among interpreters- Interpreters in Colorado may be more receptive to adopting best practices and receiving additional training if the training was not so expensive. Most people probably would not be able to pay to go to Alabama for one week. Having just one or two interpreters receive the training and then fight for changes would not be received the same way as if training was offered in Colorado and 15-20 people were able to participate.
- CDIs- The Alabama group recommends having a Certified Deaf Interpreter (CDI) in every intake because they are trained to identify whether language disfluency exists or whether the mental health or substance abuse issue is affecting communication. There are cultural nuances and types of sign articulation that hearing interpreters could miss but would indicate disfluency. After the intake, the CDI can recommend whether there are other situations where a CDI should be used.

Agenda item: Early Adopter Selection

A total of 9 organizations were interviewed for potential selection as early adopters. The interviews included discussions on using interpreters, technical assistance on using interpreters, the critical need for training, and other issues. The interview team also asked whether the organizations were willing to assess and track the number of hard of hearing patients that were served because there is not currently a way of capturing that information. Questions about staff training and ability to send staff to a 4 hour training on issues such as front desk access, telebehavioral health and ongoing consultation, and evaluation.

The Core Team is in the process of formulating a letter to organizations that will be invited as early adopters. All the centers will be asked to sign joint Memorandum of Understanding about what the roles of each party will be. Letter has not gone out yet, so please keep in house. The organizations selected as early adopters are: Centennial MHC, Larimer MHC, North Range MHC , Mental Health Center of Denver, Colorado West, Aspen Pointe, Arapahoe House, and ARTS. Some of the mental health centers also provide substance abuse treatment.

The Core Team will continue thinking about how the other organizations can continue to participate in limited ways. The ones that were not selected as early adopters generally had some interest in the Daylight Project but not the full scope, so there may be ways they can participate without a full commitment. It is important to keep them engaged because there are deaf people all over the state, not just where the early adopters are located.

Agenda item: Sustainability discussion

The Core Team has not previously discussed sustainability, but it is an important part of the project. The Core Team has developed a sustainability work plan based on a sustainability tool kit from the Finance Project. Part of the process involves the Implementation Team coming to consensus on what should be sustained, the resources required, and what is politically and financially realistic. Another important step is to build support; early adopter outreach, a relationship with the Division of Behavioral Health, and picking up involvement with the Department of Health Care Policy and Financing will be a part of support building. The detailed work plan will be emailed to the Implementation Team.

An issue was raised regarding the participation of underserved populations in healthcare. How are they reached and how are they enrolled in the appropriate programs? If the deaf and hard of hearing communities are considered underserved populations, the Daylight Project may be able to draw interest from some of the health foundations that focus on the underserved. Also, there will be a lot of changes in 2014-2015 with new healthcare reform, so the Daylight Project needs to consider that as well. To help inform the group about healthcare reform, Dr. Carl Clark will be attending next month's Implementation Team meeting. Also, efforts are being made to re-engage HCPF, since they are the ones charged with implementing reform efforts in Colorado. They have identified employees who will participate with the Implementation Team.

Funding may also be available through prevention organizations. Outreach to consumers is important, and the evaluation interviews have shown that providers need to understand how addressing isolation is a part of prevention.

In addition to healthcare reform, health foundations, and prevention, there is also the issue of how to decide what funding streams should be pursued. There are many grant opportunities, and some of them might serve a smaller geographic area but still advance the Daylight Project's goals.

The group discussed which needs were most critical. The need for technical assistance, a technical assistance center, and continued development of a network of both consumers and organizations were the top issues that the group identified. Some of the work that the Daylight Project is already doing will help with building the network and creating interest.

Agenda item: Wrap up

The Standards Work Group has emailed a draft copy of the Standards of Care to everyone on the Implementation Team, so anyone who did not receive it should email Quinn.