

Deaf and Hard of Hearing Individuals in Colorado: Capacity Building Project

Evaluation Update: October 7, 2009

1. Committee Membership

- Anita Saranga Coen
- Cliff Moers
- Jewlya Lynn
- Ric Durity
- Candice Tate
- Angie Lawson

Consumer involvement: Several very cogent points were made during a discussion with Ric, Jewlya and Cliff, suggesting that we consider waiting before actively recruiting.

- In traditional mental health and substance abuse programs, there is usually a core group of consumer advocates with knowledge of the system, some with experience serving on committees with professional leadership, from which to draw. This does not appear to be the case with this project - a reflection of the state of the current system. Even if we were able to find a consumer or consumers from the treatment or general community to sit on the committee, this person(s) may feel overwhelmed, isolated or intimidated - defeating our purpose.
- The current evaluation committee membership, project leadership, and Implementation Committee include very skilled and diverse representation from the d/hoh community, albeit mostly not from the traditional consumer population/groups.
- One of the goals of the grant is the development of Consumer and Family Leadership - which aims to address the limited consumer-based advocacy and leadership in the community. If this piece was implemented, we could draw from this group as soon as feasible/appropriate.

I was concerned that by waiting, we will be inviting consumer(s) to join an already formed and functioning committee, wherein much planning had already occurred and relationships had been developed. This too may be isolating and intimidating and inhibit true partnering. This was run by the current evaluation committee.

The idea of waiting was confirmed by Angie Lawson who had a chance to speak with Amanda Kearney Smith at WE CAN! She did suggest that if consumers join mid-project, it would be a good idea to have two consumers working as a team so that they could support each other. Ideally, they would go through training together before joining the committee.

In the meantime, Jennifer Peterson sent out information about the committee and there is a consumer who already has advocacy experience who is interested.

We will discuss when and how to start meetings at the October 7th Implementation Committee.

2. Consultant?

Candice has given me two leads with which to start a discussion as to whether we will need consultation from a professional program evaluator, either hearing or deaf/hoh, who has specific experience in this area. I am pursuing contact with them as well as identifying a few evaluators from the literature.

3. Retreat. Will be working closely with Jewlya and committee around planning for the November 4th retreat toward the ultimate goal of having a final evaluation plan by the end of December.

Attendees

Anita Coen, Lead, Mary Sterritt, Jewlya Lynn, Angie Lawson, Mya Drexler

ACTION ITEMS

- **Action Item:** Send out a doodle scheduler for the next meeting.
 - Responsible Party: Anita
- **Action Item:** Revise the format of the Evaluation Plan to tie questions more clearly to data and indicators.
 - Responsible Party: Anita with support from Angie
- **Action Item:** Prepare a package of cultural competence materials and bulletins for research with deaf and hard of hearing individuals, to distribute to the Evaluation Subcommittee.
 - Responsible Party: Anita
- **Action Item:** Meet Mya over video phone. Determine the technology and interpreter needs.
 - Responsible Party: Anita
- **Action Item-** Anita will finish the work she's started engaging the people she met in Rochester to learn more about their institutes and Centers and how they may be of help with the Daylight Project.

MEETING NOTES

Agenda Item: Welcome and Introductions

Background: Anita provided background on the components of the Project Plan: Assessment, Training, Technology, Standards/Clinical Guidelines, Consumer & Family Leadership, Sustainability Planning, and Evaluation. This project is funded by a funding stream focused on low-income families with dependent children, Temporary Assistance for Need Families (TANF). This somewhat focuses on the project, by limiting it to public systems providing services to low-income families.

Agenda Item: Review Project Plan for the Program Evaluation. Background provided by Anita

Background: The Evaluation Plan is developed to be in a similar format as the Project Plan. It will look at how the project is implemented, how external factors influence the implementation, and the results of the implementation. The evaluation will provide information back to the leadership of the project to help improve its implementation.

- The data collection methods for the evaluation include observation, review of meeting minutes, review of data collected for other purposes (e.g. the environmental scan and assessment), interviews with key stakeholders, surveys, and focus groups/group interviews.

- The evaluation will seek to be culturally and linguistically competent. The engagement of consumers who are deaf and hard of hearing is part of this strategy. Additionally, Anita has identified other strategies for increasing cultural and linguistic competence. Lydia Prado from MHCD will be doing some work on the program evaluation to support culturally competency.
- The evaluation will evaluate each component, but is also looking at how the project preparation has occurred in the first six months.

Description of the Evaluation Plan: Project Component, Project Preparation:

- The target population is not a population of consumers, but rather a population of organizations, policy leaders, and other stakeholders involved in systems work.
- Although no specific data collection is planned currently, it may be worth talking to some of the project leadership or key stakeholders in the community to see if things are progressing as everyone hoped, and see if everyone is engaged.
- Some of the information is already captured, such as how the Environmental Assessment/Scan was used to inform the Project Plan, the development of the Project Plan, etc.

Discussion:

- Angie suggested the format of the evaluation plan be revised to a more traditional style logic model (i.e., horizontally) to more clearly tie the evaluation questions to their data, outcomes, and indicators. Anita will look at how to create these linkages, but will try to stay on letter-size paper.
- Angie suggested without interviews/contacting individuals outside, it would be difficult to know if we're engaging outside stakeholders. Jewlya suggested that interviews would make more sense if we have lost a key stakeholder group, rather than interviewing stakeholders successfully engaged.

Description of the Evaluation Plan: Project Component, Training & Technology Assessment:

- Although this section of the Evaluation Plan is not complete, it gives some insight on how large the document could become if we move it to a full logic model with all of the Project Plan components included.
- Currently, this section of the plan has many different evaluation questions, but these are the things the report will need to address.
- Second column asks which agencies or people are the target of this component of the evaluation.
- One of the challenges is the need to collect information from consumers to understand their experience of accessing or attempting to access services. The majority of deaf and hard of hearing individuals may not even know that services are available. Anita noted there seems to be a general consensus that consumers who have received services through the priority providers are the group of consumers we're interested in for this project. We will need to develop strategies to capture this information.

Discussion:

- Jewlya pointed out that the two bullets related to system capacity questions and training need questions should be answered through the training and technology assessment itself, where the evaluation could lift those results, rather than recreating any special data collection or analysis.
- Angie asked whether we were limiting the assessment/surveying to public mental health and substance abuse systems. At the retreat, Angie and Jewlya agreed that the decision was to focus only on these systems, but ask them to consider their contract relationships in education, residential treatment, and psychiatric in-patient settings as well. This is a conversation that needs to happen at the Assessment meeting as well, as the subcommittee expanded the focus in their last meeting.
- Mya has experienced data collection with deaf senior citizen community, finding out about assistive living experiences. Mya thinks that MHCD might already have some data on consumer experiences of service delivery, including questions about communication access. (e.g., MHSIP Consumer Satisfaction Survey). Mary indicated there is a questions included in the consent form signed by patients that asks whether they would be willing to be contacted about their experience of services.

Decisions:

- **Action Item-** Anita, with support from Angie, will revise the format of the Evaluation Plan to tie questions more clearly to data and indicators. She will ask for help on the content of the Evaluation Plan from the subcommittee as needed.

Agenda Item: Insights/Challenges Learned at the American Public Health Association Meeting

Background: Anita attended the Association's Annual Meeting. She will be using what she learned from this meeting to put together a document regarding organizations doing research regarding deaf and hard of hearing individuals in this part of the country.

- One piece that stood out was a presentation on a Community-Based Participatory Research project that brought volunteers and leaders from the deaf community together to collect program evaluation research. To protect the subjects of the evaluation, they had all of their volunteers go through a certification as part of a Human Subjects Review Board. They determined that the certification learning was better done in group settings for this population and trained them in program evaluation together and completed the certification.
- They have collected data from consumers using focus groups, with no hearing people in the room. This is labor intensive and expensive (everything was filmed and then translated into English), but they considered it the "gold standard" for data collection. The next best format was having a hearing person in the room with an interpreter for note taking.
- Anita met a researcher from New York who offered to fly a deaf researcher in for us to facilitate focus groups if we wanted to use that approach.
- Another data collection strategy is a video ASL interface. The respondent can select among 6 interpreters, providing race/gender options along with the ability to turn English subtitles on/off.
- Anita shared a National Center for Deaf Health Research's draft cultural competency curriculum. She felt the researchers she met would be happy to help us and perhaps even without being reimbursed for their time. This website includes many policy statements, ethics documents, etc. Anita will prepare a package on this.

Discussion:

- Jewlya suggested a two part approach that engages culturally and linguistically competent individuals who may not have personal experience in the system; and culturally and linguistically competent consumers who may not be ready to fully participate as advocates.
- Mary noted that we are focusing on deaf children and families; this means we need to engage multiple consumer populations: deaf consumers, deaf parents of deaf children, hearing parents of deaf children, and deaf children/youth.
- Mya reported that as an independent living coordinator, many of the clients needed advocates or were their own advocates. She did some work with consumers on motivational speaking?
- Anita talked about the challenge of getting responses/participation in surveys, focus groups, and other data collection activities. She hopes that Mya and other consumers who join the project can help with strategies to get the most participation possible – identifying factors that make a difference in whether people will respond.
- Angie suggested in person outreach/data collection might be more effective as a starting point – including going to community sites where deaf individuals are already assembling. The trust building needs to be face to face, even if data collection was later done online.
- Anita explored the idea that Colorado could attempt to recreate part of the work of the National Center for Deaf Health Research’s work to move our research forward.
- Everyone agreed that an adequate assessment of needs will have a broad target population, where bringing them all together into one group interview/focus group is not appropriate.

Decisions:

- **Action Item-** Anita will prepare a package of cultural competence materials for research with deaf and hard of hearing individuals, to distribute to the Evaluation Subcommittee.
- **Action Item-** Anita will finish the work she’s started engaging the people she met in Rochester to learn more about their institutes and Centers and how they may be of help with the Daylight Project.

Next Meeting:

- Agreement to use a doodle scheduler to set up the next meeting, prior to the December holidays.
- Anita will do a follow-up with Mya individually and explore video phone options for future meetings.

Attachments:

1. Draft Program Evaluation Project Plan – sent to Evaluation Work Group previously.



Program Evaluation Update

Key Areas of Focus

The program evaluation will provide

- 1) Accountability by documenting the activities and deliverables;
- 2) A means to ensure continuous improvement and systemic change; and
- 3) An analysis of lessons learned.

Some Program Evaluation Goals/Principles

The goals of the evaluation are to document

- the Implementation of each Project Component (also referred to as 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., 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 modification – accountability.

The evaluation may use a variety of data sources and data collection techniques to document project implementation and outcomes:

- Observing and participating in project
- Review of documents (e.g., minutes, reports)
- Interviews (e.g., phone, in person with key informants, consumers)
- Surveys (e.g., online, written, mail)
- Focus Groups or Group Interviews with individuals who have similar characteristics (e.g., 1) consumers who are deaf, 2) consumers who are hard of hearing)

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

- Involve consumers and community leaders in all aspects of the evaluation
- Use of experts/consultants to inform as needed

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

Evaluation Plan

- Is in process – working with formats for easy reading – working toward a linear – horizontal model, for example...

Daylight Project Evaluation Plan: Evaluation of Project Implementation and Outcomes				
PROJECT COMPONENT	TARGET POPULATION/ ORGANIZATION/ ENTITY	DESIRED OUTCOMES	INDICATORS	DATA COLLECTION
<p>Training & Technology Assessment Assessment of mental health and substance abuse provider skills, training needs, and technology needs</p> <p>Key Evaluation Questions 1) What is the overall organizational capacity and readiness of Colorado’s public mental health and certified substance abuse agencies to provide culturally and linguistically appropriate services to Colorado’s Medicaid eligible deaf and hard of hearing consumers?</p>	<p>Organizations and Agencies that manage or provide public mental health and substance services to TANF eligible individuals who are deaf or hard of hearing.</p>	<p>The Daylight Project is able to provide the deliverables listed in the Project Plan.</p> <ul style="list-style-type: none"> • Recruitment of organizations interested in being the “early adopters” 	<ul style="list-style-type: none"> • X agencies/orgs enter into agreements with the Daylight Project to participate (e.g., receive technology, training in its appropriate use, administrative and clinical assessment, service delivery training) 	<ul style="list-style-type: none"> • Meeting minutes • MOUs/other documents <p>Timeline: Mar-May 2010</p>
		<ul style="list-style-type: none"> • A report on the training and technology needs of providers throughout the state 	<ul style="list-style-type: none"> • Statewide report, including barriers/challenges to address, is completed and disseminated internally and to key individual and agency/organizational stakeholders 	<ul style="list-style-type: none"> • Review report • List of agencies, organizations, and individuals to whom report was disseminated <p>Timeline: Mar-May 2010</p>
		<ul style="list-style-type: none"> • Assessment tool that can be used by other agencies/systems 	<ul style="list-style-type: none"> • Completed Technology & Training Assessment and suggested methods are and made available for adoption or adaptation other agencies/systems 	<ul style="list-style-type: none"> • Review report • Review dissemination effort to other agencies/systems <p>Timeline: Mar-May 2010</p>

We are gaining insight and knowledge in key areas from the work of researchers in the field, including

- Conducting ethical evaluations with individuals who are d/hoh
- Implementing cultural and linguistic competence in the evaluation
- Training community members as researcher assistants/data collector
- How we can potentially use computer-based ASL video surveys
- Different strategies for using focus groups to collect data from d/hoh consumers
- Resources that are available in the evaluation community that may help us

Meetings: First meeting was held on November 24th



Rochester-Daylight Conference Call

January 19, 2010: 9:15-10:15 AM

AGENDA

- Introductions
- Brief overview of Daylight Project - see attached list of components and update
- Overview of Rochester's areas of expertise and what may be available to the Daylight Project, and through what mechanism, e.g., charges
- Data Collection Methods specific for Consumers (i.e., individuals who are deaf or hard of hearing who use or have used Colorado's public mental health or substance abuse services) – including deaf or hard of hearing family members of consumers- useful for Program Evaluation and Assessment Components
- Other areas if we have time: lessons learned from Rochester work, rural experience
- Next Steps

Participants

Dr. (Steve) Barnett with the Department of Family Medicine and the Associate Director of the Rochester Prevention Research Center: National Center for Deaf Health Research (NCDHR)

Dr. (Bob) Pollard with the Department of Psychiatry and Director of the Deaf Wellness Center, University of Rochester

Anita Saranga Coen, Principal, Focus Research & Evaluation, Evaluator for the Daylight Project

Ami Garry, with DOVE - Advocacy Services for Abused Deaf Women and Children, a Denver non-profit - member of Daylight Core Team and Implementation Team - also has been involved with the development of the project from day one.

Cliff Moers, the Administrator for the Colorado Commission for the Deaf and Hard of Hearing - key partner in Daylight Project and chair of the Implementation, which did the broad work underpinning the grant - *will not be able to join us.*

Mary Sterritt, the Project Coordinator for the Daylight Project with the Mental Health Center of Denver (MHCD) - key partner in Daylight project and recipient of the grant (the private not for profit community mental health center that serves the City and County of Denver and houses the Deaf Counseling Services Program.

Lydia Prado, Director of Cultural Competence, Mental Health Center of Denver; Consultant to the Program Evaluation



Rochester-Daylight Conference Call

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Dr. (Bob) Pollard with the Department of Psychiatry and Director of the Deaf Wellness Center, University of Rochester

Daylight Project Participants

The meeting was conducted at MHCD with Ami, Mary, Lydia, and Anita on speaker phone (2 interpreters were also present); Jewlya, Mya, and Drs. Pollard (Bob) and Barnett (Steve) calling in.

Notes (I have not included information that we shared about Daylight)

- Introductions
- Brief overview of Daylight Project:
We reviewed the seven major components of the grant
- Overview of Rochester's areas of expertise and what may be available to the Daylight Project, and through what mechanism, e.g., charges

Bob - University of Rochester and Deaf Wellness Center (DWC)

http://www.urmc.rochester.edu/smd/psych/fac_staff/pollard_robert.html,

<http://www.urmc.rochester.edu/dwc/index.htm>, and Steve - Rochester Research Center - CDC-funded

http://www.urmc.rochester.edu/FamMed/about/fac_staff/barnett_steven.cfm,

represent multiple organizations and projects. Some highlights:

- Programs provide training and education at all levels, BA, MA, and PhD
- Focus is on academic and community (Rochester Deaf community) partnership that works to identify and improve the measurement of the health issues in Rochester's Deaf community
- Focus is on prevention and includes a Community Health Board
- Faculty is Deaf and hearing
- Major recent work has been on the adaptation of the [Behavioral Risk Factor Surveillance System](#) (BRFSS) – see news article <http://www.news-medical.net/news/2008/07/29/40331.aspx>
- Specialized Interpreter Training, http://www.urmc.rochester.edu/dwc/scholarship/Interpreter_Training.htm
Robyn Dean, from the DWC. This training is now available on DVD and text book; 5 yr study concluded and results just accepted for publication. He will forward an advance copy to us (done).

Questions: (Anita) What is the most efficient way to collect info state wide from consumers and & family members? Where do they (Bob and Steve) see the potential overlap between their interests, what they might have to offer?

(Bob) First emphasized that it is important to know the degree to which DLP is/isn't connected to larger picture of MH issues enhancement Nat'l Coalition on MH & Deaf individuals (NCMHDI) - subsidiary of sorts of NASMHPD (National Association of State Mental Health Program Directors) founded (C Tate, CEO/ED) that group includes 5 of the US state directors of state MH programs. Important link to ensure that Daylight project is understood and informed by what a number of leaders in US have tried to do in their state MH improvement of Deaf MH services. The history is interesting and spotty. Some states do good job, some nothing, some fall apart when key people leave. He is optimistic about this program. These directors in various states have a wealth of experience that can be useful. Daylight needs to connect to other large initiatives as

well. Anita shared Candice's role with Daylight and support from DBH.

ACTION: Anita will touch base with Candice to talk specifically about NCMHDI

2) Bob/Steve-Strong Connections (tele med)

<http://www.urmc.rochester.edu/strongconnections/> it is a program with goal to provide certified MH interpreters to remote hospitals/other settings to place were no access to qualified interpreters. They page 24/7 and go through Video conf equip, our interpreter pops up on their video screen, we can control the camera to see all around the room, (Fort Collins uses this) and interpreters hear and see all. Provide direct services remotely.

Sign fluent staff of DWC offered to remote locations to client and fluent provider. Procedure and mechanism in place for doing it, providing video conferencing. Strong Connections tested a lot of equipment and connections to make sure video clear, quality needed for health evaluations using ASL is different than for standard telemedicine. Infrastructure requires adequate bandwidth for ASL assessment. Bandwidth, quality - are both ISDN lines rather than internet - also concerns about HIPAA, concerns about guaranteed bandwidth. Polycom equipment is used at all locations. Kathy Miraglia is the contact for this program.

ACTION: See specs at website. Is George's and hospital group familiar with this and is this the equipment that is being installed? Are we aware of Ft. Collins' use of Strong Connection?

Anita- For evaluation and assessment components. We have strong interest in learning how to collect best info from consumer & family members that is realistic, efficient, and give us diversity in our respondents. What have been their experiences in collecting information from consumers? What doesn't work, things you found particularly helpful?

Surveys that target providers, deaf consumers, family members (hearing & deaf), and data collection for groups from which we need data may be different. Online survey seems most appropriate.

For consumers who are deaf, survey (even using computer or kiosk) may not be best:

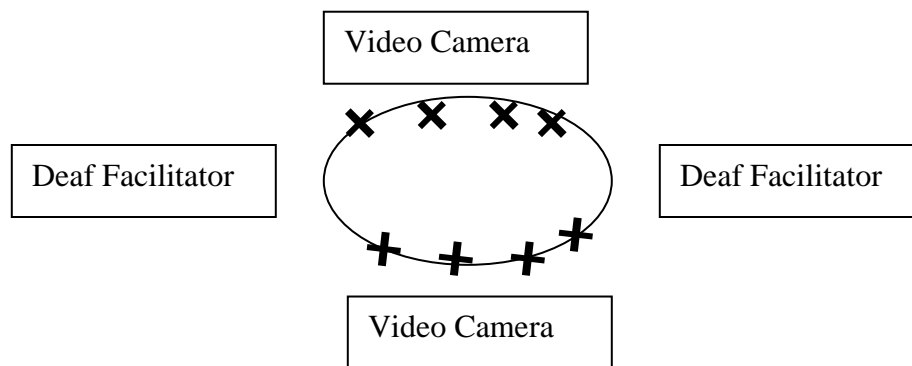
- Deaf communities/individuals don't have as much experience with written surveys as most hearing individuals - language and structure is unfamiliar/uncomfortable
- Deaf communities/individuals don't have the same relationship with surveyors - more likely to have trust issues, question the reason for and use of data/collection.
- The information we are looking for really doesn't really lend itself to quantitative data collection - You want minority experience, key informant interviews and focus groups best.
- Minority individuals who are grouped together feel safer than one on one. Will be more meaningful if they can interact w/ea other

- Recommend
 - Initial series of focus groups to gather info
 - Look at what we found, then go to town hall mgs to share findings, did we miss anything, overemphasis.
 - Use this to drive next step or participant verification, ask people to prioritize (participant verification)
 - Do not recommend an ASL survey for this.

Anita: -Focus group leadership. What are their thoughts about whether focus groups are best led by a deaf person with no hearing person in the room (as was described at the APHA meeting)?

Marjorie F. Goldstein, MPH, PhD with the National Development and Research Institutes, Inc. (NDRI) <http://www.ndri.org/ctrs/deafresearch/staff.html> uses deaf research assistants and Beth Eckhardt (hearing), a medical anthropologist for conducting focus groups. Rochester researchers wondered how information collected during focus groups might be different w/o hearing person in the room, i.e., would quality or content of info be different - power differential is even greater than with other minorities? Focus groups were conducted as part of a CDC Prevention Study (perceptions of heart disease risk) in Rochester, NC, and CO (Denver).

Two researchers from Rochester lead the group, 2 cameras, oval table and facilitator on each side of oval.



Videos were translated and transcribed into English. The facilitators review and make any comments, notes. Rochester analysis team (deaf & hearing and not all hearing are fluent in sign language). Deaf staff mostly does analysis from the video. Careful to watch for biases of interpreters/translators.

Anita- what is the cost per focus group for that?

8 hours per hour of group. Not to think of the above as the gold standard, but rather to think about the sophistication of research. Do you need that level of data integrity for this kind of data collection project? Will you be analyzing for themes/analysis or more

for general ideas suggestions. Want people to interact, what add to each other and foster a safe environment for exposure. It is expensive,

Anita. If we don't need that level of data or don't have resources, what is next level?

Steve - Matching resources and needs. Sit down with representative group, discuss the kind of information we want to gather, and ask them what is best way to get honest responses, how to make the environment.

Need to assess how comfortable consumers who are deaf with mental health and substance abuse problems are with hearing mental health providers. This will help determine who facilitators should be so as to not inhibit feedback. Video record is fine, note taking in room, flip charts, or on white board to do ongoing participant verification step. You can have video or skip it, depends if you need.

Steve - you can also have interpreters quietly translating into voice tape recorder that can be transcribed. Transcription time 4 hrs for audio tape hr.

Bob agrees that focus groups are the way to go.

Sign Language Dysfluency - summary.

- 1:1 interviews with individuals who are dysfluent - will share much more if not intimidated and uncomfortable with those who are more fluent [critical within larger deaf diversity]. Also need to be aware of the extent to which sign language dysfluency may be a function of the mental illness - may be very difficult to tease apart. Anita wondered if this issue will turn out to be related to geography, i.e., will we find more dysfluency in rural regions where individuals who are deaf may not have as much opportunity to be around other people who are deaf and acquisition of sign language is impeded [question for key informants perhaps].

Consumers may not know sign language well for various reasons; language disfluency proportion of MH pop is even larger in this area and difficult; service providers can work with this, this is a very big deal in mental health services to deaf, substantial need, ability to be engaged in non specialized services questionable.

Anita asked about cultural competence/focus groups beyond deafness with regard to ethnicity - issues related to recruitment and openness vs. intimidation in the group (as found in previous work).

Bob - with regard to language, see more Spanish speaking parent/family of a deaf child, can happen with other languages as well. Encounter foreign sign language much less frequently.

Anita asked for their ideas on how to get Ethnic representation? Seen any special needs in recruiting or managing data collection.

Bob - Important to see the focus group as learning *from* deaf people @ core topics to do research and identify the deal breakers to participating. They have done several focus groups where participants were selected based on demographics, e.g. Deaf elders in Rochester, African American, Asian graduate students. The report is completed and they are working on a manuscript. He will send us the report.

Lydia asked Steve to speak to the differences they found between the focus groups that were led by deaf individuals without hearing people in the room vs. the way they usually do it. Having an Anthropologist [facilitator] from outside of community helpful. Have mixed deaf & hearing group analyze. There were differences, but what they are exactly has not been determined yet. Has not been analyzed yet but there are indicators of differences in what was disclosed. "Difficult subject"

Anita asked about their specific availability for consultation and possible mechanisms.

Bob provided a number of mechanisms.

- 1) NCDHR, DWC - where a percent of faculty time can be purchased - such as on grants
- 2) Consulting fees
- 3) Phone calls like this one because they are nice guys
- 4) Contractual arrangement for x,y z services, e.g. , NCDHR paid for CDC

Steve emphasized the need to get broad input and identified other resources.

- 1) Melanie Navajo, UC San Diego. (Anita was aware of a paper she did thru Co Rehab) Cancer Ctr, and Sadler, Georgia runs it, does a lot of cross cultural work and Melanie has some experience, qualitative in co. May be worth chatting with her
- 2) Elaine Jones- Ph.D. Nurse hearing U Arizona Tuc, cardio vascular disease/reduction in deaf community. Has sign language. Some qualitative data collection. May be resource as well.

They also referred to NCDHR's cross-cultural competencies/ethics curriculum <http://www.urmc.rochester.edu/ncdhr/training/cross-cultural.cfm>.

Anita - we will review all of this within the context of our objectives, resources - time and budget and determine what is the best work we can do?



Evaluation Work Group

Meeting Minutes
January 28th, 2010

Attendees

Cliff Moers, Anita Coen, Jewlya Lynn, Ami Garry, Mary Sterritt, Mya Drexler

ACTION ITEMS

- **Action Item:**
 - Responsible Party:
- **Action Item:**
 - Responsible Party:

MEETING NOTES

Agenda Item: Logistics

Agreement to look into the videophone/videoconferencing capacity.

Request next meeting on February 25th, 3:15 – 4:45pm; March 25th, 3:15 – 4:45pm, April

Agenda Item: Update

Background: Anita has begun developing the evaluation work plan and distributed it for review. We requested data from the Division of Behavioral Health on prevalence and needs. They have agreed to allow Angie to run the data on February 3rd and provide the results to the Daylight Project.

Anita organized a call with Rochester to identify expertise and capacity to support the Daylight Project, and best practice strategies for data collection with consumers.

Decisions:

- **Decision Item-** Decision to call it a Project Evaluation instead of a Program Evaluation.
- **Action Item-** Evaluation committee members will review the Work Plan and the Evaluation Project Plan by February 5th and provide comment to Anita.
- **Action Item-**Anita will share the results of Angie's work to pull data on prevalence.

Agenda Item: Timelines for the Project

Background: Anita needs more information on proposed timelines.

- *Provider Assessment:* Jewlya provided an update on the timeline of the Assessment of Provider Capacity, with a goal of being able to use the information by April from the analysis.
- *Consumer Assessment:* Anita plans to do key informant interviews and look at the distribution of where consumers are getting services before she creates the timeline for the consumer assessment. She estimates data collection in March – May.
- *Training:* Mary is developing the work plan for the training, and the work group will wait on the provider assessment results to start developing curriculum.
- *Guidelines:* The Clinical Guidelines development doesn't have a timeline yet.

Discussion: Project Evaluation Plan has research questions and outcomes. Work Plan has the activities. To complete all of the activities in the Work Plan, Anita will be bringing in others, including Angie, CSI, and additional consultants.

- The work plan talks about specific data collection strategies. One of these is to *find out what the provider needs are from consumer perspective*. The evaluation, as written in the grant, is supposed to be inclusive of this. The assessment information becomes the Pre-Test.

Decisions:

- **Action Item-** Ami will share with Anita some information she put together on the cost of conducting focus groups/interviews.

Agenda Item:

Background: The evaluation plans to collaborate with the Consumer and Family Work Group. Request to have the evaluation on their agenda. At the Work Group, they discussed having a summit with organizations that represent deaf and hard of hearing consumers to present on the project and discuss it. This is hopefully a way to connect more with the community and help identify consumers.

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Discussion: Collection of data from consumers:

- Will the focus groups give us an opportunity to evaluate the project through focus groups? Yes, we will collect information at the beginning and then return later in the project to see what has changed. Prior discussion included doing surveys on laptops at community mental health centers – but the Rochester contacts advised against that due to the kind of information we're collecting. They believe it will be best gathered by individual interviews and with focus groups/discussion groups. Both methods are expensive and time consuming – e.g., the interviews would require transcription.
- Question regarding whether to just do the focus groups at the end of the project. Note that there is value to early collection of consumer data.
- The Rochester contacts described how the "best practice" focus group is conducted, which is expensive in terms of staff, technology, and transcriptions. This may be the best practice, but we may not need that level of care in the data. They also suggested an interpreter present in the focus group, and have what the interpreter says be recorded with a note taker.

- Consumers need to be identified by the providers, due to confidentiality issues. Concern raised that if the focus group was held at the mental health center or substance abuse facility, would the consumers feel safe? Suggestion of identifying people to interview through Ami's outreach work with consumers throughout the Front Range, and learns about barriers. However, her contacts are largely children and women.
- Question on whether we have a specific number of consumers in mind. We also need to consider representation: hearing parents of deaf children, deaf children/youth, deaf adults, late deafened adults, oral deaf adults, hard of hearing adults, different ethnic backgrounds, gender, and different types of services.
- Identifying the population through CCAR data is limited because it only asks for Hearing Impaired.
- Interview process might be a better approach to start with than the focus group approach (Mya)
- Rochester contacts indicated we need to talk to people in our community to find out how they want to provide information.
- We need to consider that if we only talk to people who are current consumers of services, we will get different information than if we talk to people in the community at large. This is the population that can tell us about experiences with providers (including the organizational environment), what kinds of accommodations have been made, what do they need that they haven't received, and what kind of recommendations would they have for changes at the provider level.
- Have we considered doing a consumer assessment and how that might conflict with the evaluation in terms of the consumers?
- Before and after comparison data can be challenging when using focus groups and interviews. The design of the evaluation will have to keep this in mind.
- Consumers who are the highest priority are consumers of public mental health and substance abuse services and their family members. The next priority is former consumers or family members. Third group are people who attempted to access services and have been unable to, and their family members. Which ones should we focus on? The population who attempted to access services includes people who accessed some services (e.g. medication assessment, prescription, and management), but not other services (e.g. counseling). Note that this happens to hearing people as well.
- Janet DeGeorges from Hands and Voices identified a consumer/family member who has experience in the mental health system and might be a good fit for this project as a key informant interview.
- We need to reach out to people who have networks of consumers they can connect us to. As we start to have consumers identify as being interested, Mary can keep track of everyone.
- Anita is looking to put together a list of people who might be interested in doing interviews. Angie and Ami are both interested. Anita would train anyone interested in interviewing (ethics, confidentiality, interview skills, content of the interview). Interviewers would be compensated for their time.

Discussion:

-

Decisions:

- **Action Item-** Evaluation Work Group members will identify key informants.
- **Action Item-**
- **Action Item-** The evaluation will start with key informant interviews with people who have access to consumers, including those who tried to access services and were unable to.



Project Evaluation Work Group

Meeting Minutes
February 25, 2010

Attendees

Cliff Moers, Anita Coen, Ami Garry, Mary Sterritt, Mya Drexler

Includes notes from Core Meeting – relevant to evaluation

MHSIP: Cliff notes that the MHSIP responses were fairly good, demonstrating that consumers and some family members did respond to written surveys. Important information for future efforts.

Comments from MHSIP will be very important. Satisfaction surveys are notoriously positive.

ACTION ITEMS

- **Action Item:**
 - Responsible Party:
- **Action Item:**
 - Responsible Party:

MEETING NOTES

Agenda Item: Logistics

Agreement to look into the videophone/videoconferencing capacity.

Request next meeting on February 25th, 3:15 – 4:45pm; March 25th, 3:15 – 4:45pm, April

Agenda Item: Update

Background: Anita has begun developing the evaluation work plan and distributed it for review. We requested data from the Division of Behavioral Health on prevalence and needs. They have agreed to allow Angie to run the data on February 3rd and provide the results to the Daylight Project.

Anita organized a call with Rochester to identify expertise and capacity to support the Daylight Project, and best practice strategies for data collection with consumers.

Decisions:

- **Decision Item-** Decision to call it a Project Evaluation instead of a Program Evaluation.
- **Action Item-** Evaluation committee members will review the Work Plan and the Evaluation Project Plan by February 5th and provide comment to Anita.
- **Action Item-**Anita will share the results of Angie’s work to pull data on prevalence.

Agenda Item: Timelines for the Project

Background: Anita needs more information on proposed timelines.

- *Provider Assessment:* Jewlya provided an update on the timeline of the Assessment of Provider Capacity, with a goal of being able to use the information by April from the analysis.
- *Consumer Assessment:* Anita plans to do key informant interviews and look at the distribution of where consumers are getting services before she creates the timeline for the consumer assessment. She estimates data collection in March – May.
- *Training:* Mary is developing the work plan for the training, and the work group will wait on the provider assessment results to start developing curriculum.
- *Guidelines:* The Clinical Guidelines development doesn’t have a timeline yet.

Discussion: Project Evaluation Plan has research questions and outcomes. Work Plan has the activities. To complete all of the activities in the Work Plan, Anita will be bringing in others, including Angie, CSI, and additional consultants.

- The work plan talks about specific data collection strategies. One of these is to *find out what the provider needs are from consumer perspective*. The evaluation, as written in the grant, is supposed to be inclusive of this. The assessment information becomes the Pre-Test.

Decisions:

- **Action Item-** Ami will share with Anita some information she put together on the cost of conducting focus groups/interviews.

Agenda Item:

Background: The evaluation plans to collaborate with the Consumer and Family Work Group. Request to have the evaluation on their agenda. At the Work Group, they discussed having a summit with organizations that represent deaf and hard of hearing consumers to present on the project and discuss it. This is hopefully a way to connect more with the community and help identify consumers.

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Discussion: Collection of data from consumers:

- Will the focus groups give us an opportunity to evaluate the project through focus groups? Yes, we will collect information at the beginning and then return later in the project to see what has changed. Prior discussion included doing surveys on laptops at community mental health centers – but the Rochester contacts advised against that due to the kind of

information we're collecting. They believe it will be best gathered by individual interviews and with focus groups/discussion groups. Both methods are expensive and time consuming – e.g., the interviews would require transcription.

- Question regarding whether to just do the focus groups at the end of the project. Note that there is value to early collection of consumer data.
- The Rochester contacts described how the “best practice” focus group is conducted, which is expensive in terms of staff, technology, and transcriptions. This may be the best practice, but we may not need that level of care in the data. They also suggested an interpreter present in the focus group, and have what the interpreter says be recorded with a note taker.
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- Identifying the population through CCAR data is limited because it only asks for Hearing Impaired.
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- Rochester contacts indicated we need to talk to people in our community to find out how they want to provide information.
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- Have we considered doing a consumer assessment and how that might conflict with the evaluation in terms of the consumers?
- Before and after comparison data can be challenging when using focus groups and interviews. The design of the evaluation will have to keep this in mind.
- Consumers who are the highest priority are consumers of public mental health and substance abuse services and their family members. The next priority is former consumers or family members. Third group are people who attempted to access services and have been unable to, and their family members. Which ones should we focus on? The population who attempted to access services includes people who accessed some services (e.g. medication assessment, prescription, and management), but not other services (e.g. counseling). Note that this happens to hearing people as well.
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Discussion:

-

Decisions:

- **Action Item-** Evaluation Work Group members will identify key informants.
- **Action Item-**
- **Action Item-** The evaluation will start with key informant interviews with people who have access to consumers, including those who tried to access services and were unable to.



Project Evaluation Update: Core Meeting

March 11, 2010

1. General
 - I will be away from April 1 through April 13th
 - Attending Core meetings
 - Staffing
2. DBH Data – sample attached
3. Stakeholder/Key Informant/Consumer/Family Interviews for Assessment and Project Evaluation-
Diagram attached
4. Indicators of Cultural Competency
 - Project-wide - attached
 - Evaluation -
5. Community-Based Participatory Evaluation
 1. Questions, discussion – independence, conflicts of interest, capacity building?
 2. Michigan online training: <http://sitemaker.umich.edu/cbpr/home>
6. Appendix J – CMHS-TRAC Infrastructure Categories and Indicators



Program Evaluation Work Group Agenda

- **March 25, 2010**
-

Daylight Project: Program Evaluation Work Group Meeting Notes

Thursday, March 25, 2010

3:15 - 4:30 PM (we have extra interpreter time if needed)

Call in telephone # to Mt Elbert conference room is 303-504-6669

1. Introductions
2. Stakeholder/Key Informant (KI), Consumer, Family Interviews – dual purpose
 - Update on progress – hand out
 - Review of Interview Guides
 - Stakeholder/Key Informant Guide
 - Consumer/Family Guide (can we ask Consumer/Family Work Group to review?)
 - Review of Consumer/Family Consent Form
 - Next Steps - timeline
 - Finish KI interviews
 - Pull and review themes from KI Interviews(analysis)
 - Recruit and train additional interviewers
 - Recruit and interview consumers and family members to be interviewed
3. Review Cultural Competency Indicators
 - Indicators of cultural competence of Daylight Project
 - Indicators of cultural competence of the Project Evaluation
4. Discuss: Community-Based Partnership Approach to evaluation
5. Schedule next meeting – Friday, April 23rd?



Evaluation Work Group

Meeting Minutes
March 25th, 2010

ATTENDEES

Cliff Moers, Anita Coen, Jewlya Lynn, Ami Garry, Mary Sterritt, Mya Drexler

ACTION ITEMS

- **Action Item 1-** Anita will provide a clear “ask” for the Evaluation Work Group members regarding key informants to outreach to.
 - Anita
- **Action Item 2-** Ami will help access key informant/consumers in Gunnison, Vail, and possibly Aspen; Mary will help access MHCD staff at El Centro who has served ethnically diverse families with deaf children; Cliff will provide contact information at the Rocky Mountain Deaf School.
 - Ami, Mary, and Cliff
- **Action Item 3-** Anita will send everyone the consent form to review.
 - Anita
- **Action Item 4-** Evaluation Work Group members will send feedback to Anita on the consent form and cultural competency indicators.
 - Ami, Mary, Cliff, and Mya

MEETING NOTES

Agenda Item: Welcome and Introductions

- Future meetings will be rescheduled to better allow for communication access through video conferencing.

Agenda Item: Update on the Key Informant Interviews (attachment)

Background: The evaluation is interviewing people who are (1) Implementation Team members; (2) Core Team members; and (3) people in the community who are aware of the kinds of barriers that exist and what works to overcome them.

- Priority of the Key Informant Interviews is to learn about access to public behavioral health settings.
- Request for the Evaluation Work Group to help think about key stakeholders in rural areas, who are ethnically diverse, hard of hearing, and who are connected to the substance abuse system.
- Preliminary finding: When it comes to accessing services, people are *deaf* first, *ethnically diverse* second. General lack of information among key informant interviewees so far on this issue. However, the data on who is coming into the mental health system, about 18% of deaf individuals

- Preliminary finding: There are substance abuse problems in the community, but unless court ordered, people aren't actively going out and looking for substance abuse treatment services.
- Preliminary finding: Consent forms are hard to deal with in paper format. An online, ASL format would be helpful.
- Preliminary finding: Key informants don't want signed services to be provided remotely.
- Preliminary finding: Pikes Peak Mental Health has two direct services providers responsible for direct services to deaf consumers. Otherwise, there are not many people providing direct services to deaf consumers.
- Request for the Evaluation Work Group to explore the questions being asked of key stakeholders, including consumers and families.

Discussion:

- Suggestion that key informant interviews include someone from the Colorado Association of the Deaf, who could represent a similar perspective as the Hearing Loss Association, only for the deaf community.
- Suggestion of following-up with schools to interview stakeholders. Rocky Mountain Deaf School has a school counselor, but only provides educational counseling. Agreement to follow-up with Rocky Mountain Deaf School. Cliff will provide contact information.
- Suggestion that Denver Public Schools may have more diverse deaf children than Rocky Mountain Deaf School.
- Mya worked at the Denver Center for Independent Living, where an AA group was offered for deaf individuals, with 3 – 5 in attendance regularly. A part-time deaf and hard of hearing coordinator works at the agency (Ody Allen), who serves low-income deaf consumers. Agreement that interviewing her would be a good next step.

Decisions:

- **Action Item-** Anita will provide a clear “ask” for the Evaluation Work Group members regarding key informants to outreach to.
- **Action Item-** Ami will help access key informant/consumers in Gunnison, Vail, and possibly Aspen; Mary will help access MHCD staff at El Centro who has served ethnically diverse families with deaf children; Cliff will provide contact information at the Rocky Mountain Deaf School.

Agenda Item: Review of Interview Guides (attachment)

Background: Because there are multiple people conducting interviews, having an interview guide helps with consistency. Questions specifically address cultural issues (deaf, ethnic, and rural) and disfluency issues, particularly as relates to consent to treat. This is a qualitative exploration of themes, rather than a count. Last couple questions help with identifying referrals – called a “snowball” technique for identifying people to interview.

- Currently planning to conduct consumers and family members interviews in the second part of April and on through May and June.
- Planning to pay consumers/family members \$25 to participate in interviews.
- The family member Anita interviewed appreciated that she was an independent program evaluator and does not work for any of the service delivery organizations. This may require that some thought be put into who does which interviews.

Discussion:

- Based on key informant interviews, can we tell if providers are culturally competent? No, we're learning about their experience, but we aren't learning enough to determine whether providers are culturally competent.
- Key informant questions look very good.
- Consumer interviews may be lengthy, but that's not a bad thing.
- Questions relating to consumer experience are good. We'll want to make sure to get positive feedback too.
- First question on page 6, related to stigma, is a good question, but is it important? Anita noted that from the key informants, they are learning that access to services is limited by the stigma. This question helps to confirm that. The question gets at a highly variable issue, where the general concerns about stigma are understood beyond deaf and hard of hearing population – will a specific question provide us with more feedback on this issue. Agreement to look at the Community Readiness Model's wording of this type of question. This question gets at issues that keep people from accessing the system.

Decisions:

- **Action Item-** Anita will send everyone the consent form to review (attachment).
- **Action Item-** Evaluation Work Group members will send feedback to Anita on the consent form and cultural competency indicators (attachment).

Agenda Item: Cultural Competency Indicators

Background: The indicators were developed from Lydia Prado and from national materials.

Discussion: The cultural competency indicators for the evaluation itself are a concern to some participants, because of the idea of evaluating the evaluation, and the additional outreach involved.

- Even the Implementation Team process is doing what it can with the resources available (including the number of deaf people who are available). The indicators may be hard to achieve.

Decisions:

- **Action Item-** Agreement to revisit the cultural competency indicators for the evaluation itself.

Attachments:

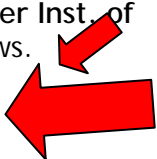
- Assessment & Evaluation: Stakeholder/Key Informant/Consumer/Family Interviews Update
- Interview Guide for Stakeholder Interviews
- Cultural Competency Indicators
- Consent Form



Project Evaluation Work Group

Update
April 26, 2010

I prepared this update of key Project Evaluation issues in lieu of our meeting this month. I've also identified a bit of input I've received from *Jessica Cuculick from the Rochester Inst. of Technology* (in italics), as well as **Action Items** that need your attention. See arrows.

Action: Let's look at dates at the end of May for our next meeting - May 28th? 

- **Budget** - I am working on a 15-month projection. If I continue to attend the same meetings (2 Core, 1 Evaluation, 1 Implementation) as I do now, it will use about 1/3 of the remaining Evaluation budget. I propose that I attend Implementation Meetings and one Core Meeting per month (every other meeting). This brings the cost down substantially and gives me some flexibility to attend other Work Group Meetings as needed. I have also asked Mary Sterritt to ask all Work Group Leads to include me in their general and distribution emails (done) - this will help me stay in the loop and know better when I need to follow up and use my time efficiently.

I also think from a general communication and sharing point of view, we can have Evaluation Work Group Meetings every other month. I am not sure about how that fits with the partnership approach and if using email updates and other contacts to ensure good communication and involvement will work, but it deserves some thought and a try.

Action: If you have not already given me your thoughts about this, please do. 

- **Key Informant Interviews** - Angie and I have completed 14 Key Informant Interviews and are now prioritizing hoh, rural, and ethnically diverse informants. I have an appt. with Debbie Mohney, the Colorado State Coordinator for Hearing Loss Association of America and a commissioner with the CCDHH representing the Hard of Hearing Community, next week and will be asking her and others for more names re: hoh. I sent Ric Durity an email regarding rural informants. We hope to wind these down by the end of April, early-mid May and start on the interviews with consumers and family members.

Continued

- **Consumer/Family Interviews** - We will be re-contacting key informants who suggested they may be able to connect us to consumers and family members. We will also be working on consent forms and flyers (I would also like us to review the flyer that is being developed by the Consumer and Family Leadership Work Group and will share this when I receive it). We hope to start these interviews in early May.

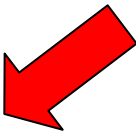
- I will find out how we can give people gift cards for these interviews.

Action: What do think is the ideal amount to thank someone for a 60-90 minute interview (taking into consideration that communication will vary and may take longer than what I would usually schedule - 40-60 minutes)?

- So far, I have identified 3 people, in addition to me, who are available to conduct interviews. They have varying backgrounds, experience, and skills. I would appreciate your thoughts, comments?
 - **Angie Lawson** - Daylight Implementation Team, Evaluation Team: CODA and licensed psychologist at the Colorado School for the Blind and the Deaf - bilingual English/ASL. Angie, along with me, is currently conducting interviews using ASL with key informants who are deaf. We will complete over 20. She will share the training responsibilities with me.
 - **Anne Marie Baer** - a woman who is deaf and firmly entrenched in a segment of Colorado's Deaf community - bilingual Eng/ASL - is a doctoral student studying language development in deaf children - she also assesses and rates ASL skills in others. Anne Marie also has experience and equipment to video record interviews for translating/transcribing. We have a signed contract.
 - **Craig Hamilton** - a social worker who has become hard of hearing - sister who is deaf. Some of you know him. He has done psychiatric inpatient therapeutic work with deaf children and their families. While he can use ASL, describes his specialty as working with individuals with minimal sign language, including home sign and pigeon sign.

Input from Jessica Cuculick:

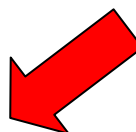
I would recommend interviews to last at least two hours (if it ends early, great-this way you don't have to worry about running out of time), especially if it is somewhat structured. Deaf people answer questions using storytelling and are NOT timely - best to give more time for such storytelling. You will get data that is much more meaningful. Deaf people respond well with Deaf interviewers that know ASL or can match their communication preferences. I would suggest that you try to avoid using any hearing interviewers. Again, data will be more meaningful-Deaf people trust other deaf people; the trust is not the same with hearing people-so they may not share much.



Additionally, when you train interviewers-set up a mock interview and show them how to conduct interviews-using open ended questions when necessary, refrain from asking "why", instead to use "tell me more about this and that", and so forth. Use videotape these practice sessions so that interviewers can see what they are doing that is correct and incorrect.

There are always going to be trust issues no matter how involved a hearing person is with the Deaf community. Additionally, Deaf people understand what other Deaf people say better than hearing people, regardless of the hearing person's ASL fluency. You don't want to miss out on important data if there is a communication and trust breakdowns. You want to minimize that for any research projects involving Deaf people. It is the same principle with White interviewers interviewing Black people. You just won't get the same level of data as opposed to Black people interviewing Black people.

Action: What are your thoughts about this? This is different from what we've been doing so far but it is certainly something we can strive for. I am sure Anne Marie and others can help us find deaf people



to conduct interviews with deaf consumers and family members. Angie, can you relate your experience/perceptions/recommendations as well?

- We haven't thought too much about recruiting consumers and family members, other than through our key informants. Of course there will be concerns about confidentiality.

Input from Jessica Cuculick:

*I agree that this will be challenging. Have you thought about disseminating flyers with contact information at places that are frequented by deaf people? That way they can contact you themselves without worrying about confidentiality. Advertise on Facebook if you have a list of Deaf friends-or have your group (like Mya Drexler) advertise for you. **Please give my hello to Mya-glad she is working with you.***



- We (Daylight Evaluation) haven't discussed training interviewers yet but Jessica has a specific process.

Input from Jessica Cuculick:

We have a community committee (Deaf Health Community Committee) that informs and advises NCDHR-National Center for Deaf Health Research <http://www.urmc.rochester.edu/ncdhr/community/>. Each member is required to take and pass the University of Rochester's quiz (<http://www.rochester.edu/ohsp/certification/eprp.html>) to be certified. This allows these members to help out with interviews, surveys and so forth. In order to prepare for the EPRP quiz, I developed a Power Point presentation in order to prepare deaf people to take the quiz. We do group training for this, and this is conducted in ASL. We discuss the quiz questions together and they decide on the answers. This is much more accessible for the committee as all of the training, questions and answer choices are signed in ASL by a Deaf person. In the PPT we discuss informed consent and other important ethical issues in research.



I have asked Jessica if we may use the PowerPoint - she is checking this out.

The Deaf Health Committee to which she refers is what I envision the model into which the Project Evaluation Work Group could evolve.



Program Evaluation Work Group Agenda

June 7, 2010

Daylight Project Evaluation Work Group Meeting
9-10:30 AM
MHCD Board Room – 2nd Floor
4141 East Dickenson Place, Denver, CO 80222
Call in telephone # to Board Room is 303-504-0052

Introductions

Welcome guests:

- Anne Marie Baer, a doctoral student in ASL Development at University of Colorado Boulder
- Austin Butterfield, a 4th-year medical student at the UC doing a psychiatric rotation at MHCD

6. **Stakeholder/Key Informant Interviews** with selected Daylight Project staff and stakeholders and Other key informants in the community –.

OBJECTIVES

1. Assess, from their perspective, MH/SA providers' training and technology needs (to supplement provider survey and inform training and technical assistance priorities)
 - Barriers and facilitators to d/hoh individuals having access to and receiving competent public MH/SA services
 - What do mental health and substance abuse providers need to be doing differently to build this capacity
2. To provide the Daylight Project Evaluation links to
 - Other community members who may have a role in Evaluation (e.g. key informants, interviewers)
 - Consumers and family members who may be willing to talk with Daylight Project Evaluation about their experiences and what is needed at the provider level to increase capacity

Results: Review and discuss available results – discuss strategy and role of Work Group in reviewing and presenting results to Implementation Team and others

What still needs to be done regarding analysis?

Reporting

Additional interviews needed – prioritize.

- 7. Consumer/Family Interviews** with a broad array of d/hoh individuals and their family members who have tried to use or who have used public mental health or substance use services.

OBJECTIVE: Assess MH/SA providers' training and technology needs from consumer/family perspective directly (to supplement provider survey and inform training and technical assistance priorities) :

- Barriers and facilitators to d/hoh individuals having access to and receiving competent public MH/SA services
- What do mental health and substance abuse providers need to be doing differently to build this capacity

Plan for Next Data Collection Effort/timeline

- How many interviews? Criteria?
- ID Interviewers - sufficient
 - Anita
 - Angie
 - Anne-Marie Baer
 - Craig Hamilton
- Train interviewers – set time
 - General procedures, techniques
 - Ethics and confidentiality; Rochester curriculum
- Review Consumer/Family Guide Interview Guide
- Review of Consumer/Family Consent Form
- Flyer and Referral Form
- Gift cards/thank you to interviewees – \$25/interview? – how to bill? Paperwork?
- Recruit consumers and family members to be interviewed
 - Create information flyer
 - Contact key informants, others
 - Capture demographic information and communication preferences to assign interviews

- 8. Hands & Voices – Staff & Board Meeting in Colorado Springs– July 14th:** invited to present about Daylight and facilitate discussion about how to best approach the discussion of access to mental health and substance abuse services with parents.

9. Cultural Competency Indicators

1. Indicators to evaluate cultural competence of Daylight Project
 - a. Review and modify as needed
 - b. Approve
2. Indicators of cultural competence of the Project Evaluation
 - a. Review and modify as needed
 - b. Approve, pending further discussion of implementation/resources

10. Other items

11. Schedule next meeting



Program Evaluation Work Group Agenda

July 22, 2010

Daylight Project Evaluation Work Group Meeting

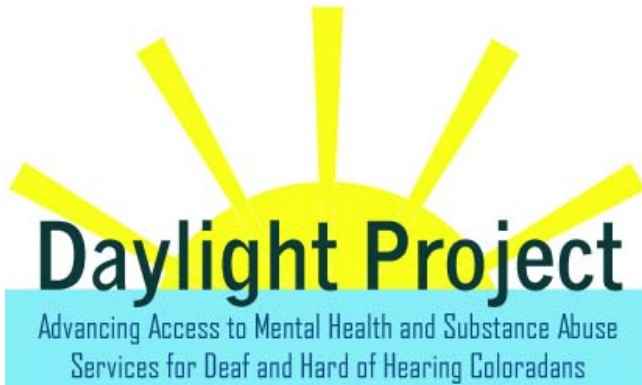
3:15-4:45 PM

MHCD Board Room – 2nd Floor

4141 East Dickenson Place, Denver, CO 80222

Call in telephone # to Board Room is 303-504-0052

- 1.** Project Evaluation Quarterly Report and Next Steps - Anita
- 2.** Key Informant Report and Interviews - Anita
 - Still need reviews
 - Still need some interviews
- 3.** Consumer/Family Interviews – Angie
 - Training
 - Pilot
 - How process relates to Community Based Participatory Evaluation/Capacity Building
- 4.** Hands & Voices – Staff & Board Meeting in Colorado Springs– July 14th
 - Update on meeting
 - Planning for data collection from parents
- 5.** Schedule next meeting



Project Evaluation

Meeting Minutes

July 22, 2010

Attendees

Anita Coen, Jewlya Lynn, Ami Garry, Mary Sterritt, Mya Drexler (remote), Angie Lawson, Anne-Marie Baer

MEETING NOTES

Agenda Item: Draft Key Informant Report

Background: Draft Report submitted for review; more ethnically diverse respondents needed

Decisions:

- **Action Item-** Anne Marie will outreach to diverse deaf colleagues to expand the Key Informants.
- **Action Item-** Plan to present the Key Informant results in August
- **Action Item-** Anita will write an Executive Summary. Anita, Jewlya, and Angie will work on a list of key issues that will be important to highlight in the Training and Early Adopter Interviews:

Agenda Item: Quarterly Report

Background: Quarterly report for the project will be available on the CSI/Daylight website

Decisions:

- **Action Item-** Mary will send the Quarterly report to the Evaluation Work Group

Agenda Item: Logistics

Decisions:

- **Action Item-** Request from Mya to participate by videophone in the Work Group meetings. Mary will talk to IT people at MHCD to set that up. Her videophone number is:.

Agenda Item: Hands and Voices

Background: Parents would like a choice (online survey, interview, focus group) for providing input about mental health and substance abuse providers' training and TA needs

Decisions:

- **Action Item-** Anita will work with Janet (and other H & A members) to move the data collection forward.

Notes:

Agenda Item: Draft Key Informant Report

First draft of Key Informant report has been distributed with results of over 20 interviews. We are continuing to collect comments from Daylight CoreTeam. There are a few remaining interviews to be conducted before the report can be finalized. Challenge to access ethnically diverse deaf key informants. Some discussion on strategies for accessing this population, including some offers from Evaluation Work Group members to outreach.

Decisions:

- **Action Item-** Anne Marie will outreach to diverse deaf colleagues to expand the Key Informants.
- **Action Item-** Plan to present the Key Informant results in August
- **Action Item-** Anita will write an Executive Summary. Anita, Jewlya, and Angie will work on a list of key issues that will be important to highlight in the Training and Early Adopter Interviews:

Agenda Item: Consumer and Family Interviews

Background: Consumer and family interviews are underway.

- Interview training went really well. The forms and materials were adapted after the training to improve them (an example of Community-Based Participatory Evaluation in action!). By having members of the community learn to do the interviewing process, it is building capacity in the deaf community (another example of CBPE). Four interviewers with consumers and family members, with referrals coming in from Key Informants. Anita will be interviewing the hearing parents. Anne-Marie has background communicating with consumers who have limited ASL. Commitment to consumers and families that they will be interviewed through the communication modality they prefer.
- Hoping to do 15 interviews. Stipend for participation is \$20.
- Pilot interview happened earlier this week. Anne-Marie conducted an interview with a adult woman who is deaf. Individual was very responsive. They met in person in a library. The interview was videotaped for note taking purposes. The interview process went very smoothly. Anne-Marie used the questions more as a mental guide than a specific question by question format, but covered all the information through an informal dialogue. It took about an hour and a half. She had the participant fill out the demographic information form on her own, during which Anne-Marie set up the video camera. Technical difficulties with the battery of the video camera. Documented her memory of the second section. Total process, including travel, took about 4 hours.
 - Demographic questions she responded to – questions about identification with deafness and community were of interest – rich information.
 - Suggestion of having more paper in the packet for long answers to be recorded.
 - The services question need to be better defined (mental health and other?).
- Discussion about how the evaluation's consumer interviewing process is also helping to build capacity for the Daylight Project, learning to engage consumers through an appropriate process with training and consent forms.

- Discussion on when Certified Deaf Interpreters are useful, largely in medical and court situations. The referral form does include gestural/home sign, so that the interviewer can be matched to the level of language proficiency. If a CDI is needed, it will be arranged. MHCD has a CDI available if needed.
- There may be others in the community who want to be interviewers. We will see how many referrals come and whether more interviewers are needed. It is also hoped that as more interviewers are needed that Anne Marie or Ami will be able to do the training. Another way to build evaluation capacity in the community.

Agenda Item: Hands & Voices Staff and Board Meeting

Background: Hands & Voices is a parent organization that educates and advocates for parents of deaf children. Also do some policy advocacy to improve services for deaf children's needs. National organization, founded here in Colorado.

- Anita was invited to their meeting by the Executive Director, Janet DeGeorges. Participating in the meeting gave her an opportunity to discuss with the Hands & Voices Board the issue of mental health not being discussed in advocacy meetings or more generally in the deaf/hh community. She also provided background information. They said they had not talked about it in meetings before, and discussed stigma and fear of having to take on another problem. When parents introduced themselves, some identified their children as deaf, some identified their children as hard of hearing and some used neither, instead referring to their children as having Cochlear implants. Sense that the group wasn't judging each other over the different communication strategies they were utilizing with their children.
- Suggestion that there should be a choice for how family members provide input on provider needs (not just surveys, not just interviews, but a mix). Offer that Hands & Voices could put a link to a survey on their website. Agreement by the group that the web-based survey would make sense. The survey could follow the flow of the interview, but with the basic questions, not all the detailed questions. Suggestions of having educational materials online with the survey. Janet is open to this.
- Issue that professionals might dismiss mental health problems as being attributed to the deafness, more of a behavioral issue, less of a mental health issue.
- Discussion on how mental health services seems like a better fit for Hands & Voices than they are realizing.
- Deaf Academic Forum had a discussion about the word intervention and the connotation (perceived as very negative by families). Suggestion of "access" instead of intervene.
- Request to provide feedback to the online survey as its developed.

Daylight Project Evaluation

Updates/Items that were not covered fully in Core Meeting

July 25, 2010

Outreach to rural Mh and SA providers for Consumer/Family Interviews.

Highlights for action or decisions

We are technically "in the field" with the consumer/family interviews as we've received a few referrals and completed an interview. I am in the process of sending out requests for referrals to selected key informants and contacts and want to target a few non-Denver Metro areas - I would like your input on which centers, agencies to prioritize and contacts if you have any to recommend. Note: in addition to selected key informant, we have done outreach to PP, AuMHC, MHCD, and Arapahoe House so far).

I am thinking that I would like to start with either North Range or Larimer and either SLV or SW - again, these are to start with. I have already contacted Tom Gangel for Colorado West; North Range I would just go to Wayne directly to start. Is there a rural(ish) or other alcohol or drug treatment provider (aside from AH) that you think would work? Which of the CMHCs I mentioned would you recommend? A different one perhaps? A contact you recommend?

The process is that I (or Angie if she did the interview or has a contact) will send an Information email, which explains the project and data collection as well as our confidentiality concerns. We ask the informant to identify a potential interviewee and make the contact - since we can't have his/her name yet) There is an information sheet and a referral form and a process that would allow the consumer or family member to contact Angie (or me) or visa versa.

- Spanish Translation. Mary has helped me connect with Sylvia Garcia, a certified translator. She will translate the Consent Form and Information Sheet

Key Informant Interview Interim Report

- If you have not given me feedback on the report, please do.
- I would like to present the results of this report to the Implementation Team on August 4th. Mary will be looking at the schedule to see if I can have 30 minutes.
- Dissemination/sharing:
 - I would like to share the Interim Report with Steve Barnett. Is that okay? I will start preparing an Executive Summary – 2 pages –
 - Should the full Interim report be distributed to the Implementation Team?
 - Ric suggested that I recontact key informants and ask how they would like to be kept abreast of the report/project progress. I neglected to do this at the end of each interview. I think this is a good idea – I will get going on this.
 - As reports are finalized, we need to think of other audiences and dissemination.
- I am still determined to find diverse deaf/hoh individuals – Black, Asian, Latino - to interview (i.e., community members as opposed to consumer/family members). I have made national contact with no success. I have asked the Core Team and Evaluation

Work Group to help with this. I understand that it is a small number but think it is worth the effort.

- **Cliff.** Someone mentioned to me during an interview that CAD may have an ethnic minority on the board or ethnic minorities who are active in the organization. Do you know if this is the case?

- **Other ideas**

APHA – highlights are for discussion/decisions

- **Steve Barnett and Michael McKee,** RIT (and others perhaps) from the University of Rochester will be attending APHA. I would like to find a time to meet with them – perhaps dinner one evening, depending on everyone's schedule or, if not, a meeting. Interested? Thoughts?
- **Membership.** I've attached an information sheet that includes some information on APHA Membership Categories/Fees and Registration Fees. It's possible that with some strategizing, more people will be able to attend.
- **Schedule.** The attached file also includes the presentations that seem to have the highest relevance to d/hoh. There are a variety of Posters, Oral Presentations, and at least one roundtable. It is a 10-page file but decided to include the abstracts as well – will save you time checking these out.

Of course, people have additional interests. If you go to this link <http://apha.confex.com/apha/138am/webprogram/start.html>, you can look up sessions by Section, Special Interest Group (SPIG), other groups, and by key word(s). I searched on Deaf and Hearing to put the list together in the attachment.

- **Other get together?** As you review the related presentations, you will see other presenters doing work in this field. Might there be some interest in inviting other presenters to get together – it is a unique opportunity to engage people in the field.
- **More later.** There are ways to develop your own schedule online – makes it easy to plan and see conflicts. I will share this and other helpful information as we get closer.

Daylight Project Evaluation Work Group Meeting

10:00 AM to 11:30 PM

MHCD 1405 No. Federal Blvd.

Call in telephone # to the Conference Room is 303-504-1547

1. General Updates – Anita and Angie
2. Site Visit and Review of Draft **Year-One Evaluation Report** & proposed appendices/outline – focus on Facilitators and Challenges

Appendix A. Project Evaluation Documents and Reports

- A.1. Evaluation Plan
- A.2. Cultural Competency Measures
- A.3. Evaluation Work Plan & Timeline
- A.4. Evaluation Work Group Agendas, Minutes
- A.5. Community-Based Participatory Evaluation
- A.6. Analysis of statewide mental health and substance abuse database
- A.7. Key Informant & Consumer/Family Interviews Report
- A.8. Consumer/Family Interviewer Training Manual
- A.9. Draft Online Parent Survey

Appendix B. *Deaf*initions

Appendix C. Daylight Project Organizational Chart

3. Dissemination/discussion issues
4. Next Steps
 - o ?Survey of providers regarding identification/referral of consumers/family members?
 - o Additional interviews?
 - o Online Parent Survey
 - o Data Collection for Early Adopters (Providers who participate in DLP training and TA)
 - o Pre- and Post Provider Training Assessments
 - o Post-Training Satisfaction (with training) surveys
 - o Collaborator Satisfaction?

Evaluation Work Group

Attendees

Cliff Moers, Anita Coen, Mary Sterritt, Angie Lawson, Jewlya Lynn, Ami Garry

ACTION ITEMS

- **Action Item:** Work the more recent component Work Plans into the Evaluation Plan.
 - **Responsible Party:** Anita
- **Action Item:** Disseminate the Y1 Report to the Core Team before the Implementation Team meeting in January.
 - **Responsible Party:** Anita, followed by Core Team

MEETING NOTES

Agenda Item: General Updates

Update / Background:

- Angie and Anita have been pulling together the year 1 evaluation report. The draft we reviewed at the last core meeting has now changed a lot.
- Angie and Anita have also been trying to finish up the Consumer & Family and Key Informant Interviews.
 - The interviews have really been a challenge as an evaluation tool, in that people are so different. Qualitative data analysis is not what is called “representative”. You can’t sample from a whole population, interview a few people, and say that what we learned applies to everyone in that population.
 - On the other hand, you try as much as you can to get people from different walks of life, gender, culture, and ages. If you get two people from the same demographic, you can get information about that demographic and talk about it, but you can’t say that those two people represent the whole group.
 - However, the interviews do give you discussion points and a peek into what might be going with each group. But it is not comprehensive.
 - Anita worries about that issue and finds it difficult to feel “done” with the interviews. However, Angie and Anita have decided to do the reports as of now, and as opportunities arise, to continue to do interviews. Everything will then be finalized at the end of the project. If there are clues that need to be passed on to the TA people at the end of the project, we’ll do that.

Discussion

- You’ve done so many interviews already compared to what has been done in the past – pulled people out of woodwork – that is a great success!

- Are we getting a good array of demographics? Little peeks into them, yes. We did do one national interview as well as the ones with people in Colorado.
- We did emailed key informant and asked for recommendations for other people to interview. We currently don't have any elderly people, substance abuse people, or a hard of or deaf person who doesn't use ASL.
- Has Ami done any Key Informant Interviews? With consumers, yes. And Angie has done an interview with a deaf teen.

Agenda Item: Site Visit and Review of the Draft Year-One Evaluation Report & proposed appendices / outline – focus on Facilitators and Challenges

Update / Background:

- Last time we reviewed a copy of the report, there was a section at the end with findings. The evaluation plan takes the Daylight Project Work Plan and asks what the evaluation questions are, and how we will measure what we said we would do. There are Work Plans now for each component, like training, HAT, Sustainability, etc. When we first did the Evaluation Plan, there were only a few Work Plans done, so the Evaluation plan stops about 2/3 way through. Anita plans to go back and get the newer Work Plans worked in, as we now have WPs for every component.
 - **Action Item:** Work the more recent component Work Plans into the Evaluation Plan.
 - **Responsible Party:** Anita
- For the areas where Anita did have Work Plans, some of the findings from observation or data collection weren't appropriate to put out for the general public yet. There hasn't been enough time for Anita to talk with the Core Team about how to present those findings, so that we're not talking about them externally without talking about them internally first. Anita is comfortable that everything in the Report is ok to share publicly, but we want to make sure before doing do!
 - **Action Item:** Disseminate the Y1 Evaluation Report to the Core Team for review before the Implementation Team meeting in January.
 - **Responsible Party:** Anita, followed by Core Team

Discussion:

- There is so much information in here – great work!
- Outline of the Y1 Evaluation Report:
 - Introduction
 - Timeline
 - When activities were done, by quarter
 - Discussion of what has worked to facilitate the project
 - Discussion of what was difficult in facilitating the project.
- Pages 2, 3, and 4, are introductory materials about the evaluation, the approach, and the products of the evaluation.
- Page 5: One issue Jewlya brought up in her feedback, which Anita thinks is important, is that not everything was implemented exactly how it said it was in the grant. Some of that gets reported in the Quarterly Reports, but in many cases it is not that the activity wasn't done, just that the intensity changed.
 - CSI had to do a tremendous amount of work on the EA selection; more than you would think from reading the grant. We weren't able to define that when we

- submitted the grant proposal. It needs to be documented, however, because it changes how resources and time were used. Funders and external people should know how hard it was.
- And it was a very positive process for us. The decisions weren't that difficult – we mostly agreed, once the hard work had been done.
 - Anita will flesh this out a little more.
 - If there are other areas you worked on that you think were implemented in a very different way, in a resource intensity way, or approach kind of way, let Anita know so she can pull those out and add those to the report.
 - Cliff feels that we followed our project Work Plan really well. Of course there was additional work done, but we certainly didn't deviate.
 - Comments about the timeline?
 - Suggest making a key about how to read the chart. The shading without an asterisk indicates ongoing work. Shading indicates that some work on that component was done in that quarter, asterisk means that the work is finished.
 - Fourth entry from bottom on page 6: Implementing and supporting use of technology. Ric was working on that Work Plan continuously on and off through the whole 1st year, but it wasn't completed until the end.
 - Anita will move the key to the bottom.
 - Page 11: presentations.
 - CBHC in March,
 - The MSO presentation that Cliff and Anita did was in February of 2010.
 - Presented to Mental Health directors at MHCD in the 2nd quarter.
 - Cliff participated in the LINKS GIG meeting in the 4th quarter. Being visible in the community is important too!
 - Ric and Cliff went to the Mental Health Planning and Advisory Council (MHPAC) and presented twice.
 - Presented to the Division of Behavioral Health (DBH) in March.
 - We had a f/u meeting with DBH during the 4th quarter with Charlie Smith.
 - Colorado Association of the Deaf – Deaf Awareness Week – Ami did a booth at the end of September.
 - Mary presented at the Commission for DHOH in Quarter 2.
 - Maria, who is Certified Interpreter, and Rachael Moore, an MSW student presented on using an interpreter in a MH setting at the MHCD Recovery Conference. In Quarter 3.
 - Page 12: Strategies that facilitated implementation.
 - This is a very nice section!
 - Is there anything to add to these observations? Are there strengths missing?
 - Anita might want to write something about following the Work Plan, but also being flexible and understanding what really needs to be done, even though it might be beyond what was planned or a little different from what was planned. A general openness to be flexible, considering new ideas.
 - Is there a good way to say that we didn't just do surface things to accomplish a goal, that we went really in depth?
 - Our willingness to hire and pay consultants might be something to highlight, because we do that because we do not assume that everyone on the project knows everything already. We really reach out into the local community.

- When we're talking about the leadership provided by MHCD, do we want to mention that MHCD was the fiscal agent, and that was very crucial? It is very crucial that the money be managed appropriately. Mary as project coordinator. Also CSI's huge support.
- Page 13: Challenges.
 - There is a lot more text about the hard stuff than the stuff that worked. This is partly due to the fact that it is harder to explain the harder things in short language.
 - Cliff wants Anita to know that she is a very good evaluator! She is able to look at the whole picture and summarize that well. You have a unique talent!
 - Re the second challenge: As with how hard it is to explain to people who haven't been a part of the meetings – the same thing goes about oppression. It is a real challenge to get DHoH people to feel good about themselves and begin to advocate for themselves. There is a lot more behind the surface. Not only the MH and SA stigma, but the experience of oppression that prevents people from identifying and seeking services.
 - Anita touched on this a little in the interviews. But what Cliff is saying can be used to explain all of that better and added here. It is a compounding effect, compounded by personal and group oppression. This is also an education piece for trainings.
 - Related: do you feel a strategy that facilitated implementation was using culturally deaf interviewers with the consumer interviewees? Yes! That is not articulated here. Anita wants to talk about what the evaluation did from a process point of view. We never got an interview for Ami. Include as a challenge to the evaluation? It was a challenge to the project that it was do hard to find people to interview. Certainly Angie, who identifies as bi-cultural and hearing, did interviews. Angie doing interviews using direct communication was certainly a good thing we should highlight.
- Figuring out all the efforts involved with the Action Plan, and what the vision of the action plan is, versus the work of the project; has been challenging – to parse out some of the work of the DLP from the bigger vision, especially when it comes to disagreements. This is something that needs constant attention. There is a scope of work, but nothing is stand-alone, which makes it complex for everyone.
- One of the things that struck Jewlya is that this project lacks the type of roadmaps that are out there for other systems changes. There are great manuals out there for building Medical Home, for example. But this project hasn't had a road map at all, so that the number of perspectives needed and involved has been very large. So there have perhaps been hiccups, and time needed to hear new expertise and knowledge and integrate it into the work. This group is *drawing* the map. One of the goals of the action plan and the project is replicability – what can be learned from DLP to help capacity building elsewhere. A Road Map has layers – look at what are the most important pieces of what has to be done to make sure of success, regardless of what system, and then adding on the details related to a specific content area. We are setting standards for how to communicate.
- One big aha of the project has been the learning component, every month. There has been a need for everyone to be flexible enough to try a new route, not try to implement a

pre-designed effort. That justifies our needing a TA Center, because you can't replicate this work easily at all!

- Another challenge: culture and diversity. Anita is still struggling to understand it. There is a sense among the key players on the Implementation Team that deaf culture and the need to be able to communicate takes precedence over ethnic culture, because there is not a choice – you must be able to communicate. But there is NOT consensus about that. For confidentiality reasons Anita can't tell you who she's interviewed, but she is pretty sure that culture, and the precedence of different cultures, is a strong influence. When push comes to shove, communication comes first, but comfort level, accessing services in non white communities, non straight communities, other groups; all these things make a difference. There is some natural division that goes on.
- Need to outreach into the communities – providers are going to have to figure out how to reach out to the really diverse communities around Colorado. The black population is very small, but the Latino population is huge.
- Re keeping the Action Plan and the Daylight Project activities separate, we need to mention somewhere that we feel we did a good job of keeping those things separate, and that it was a challenge. Also the DBH project work that was done in addition to DLP work. The DBH project was value added – it improved the DLP without adding cost. The curriculum was much more expansive than what was planned for DLP. It helped move the timeline as well.
- Not sure where this belongs: referrals for interviews. This has really been a challenge. If we get the 2 more interviews we're planning, from teens, then we'll have 14. It has been very hard to get 14. We are going to combine the C&F and Key Informant interviews into one report. The goal of evaluation was to learn about data collection – why it has been so hard even in a densely populated area. The agencies don't have a good relationship with the DHOH communities. Maybe once people are more familiar with our project they will be better able to explain the project and that will help the recruiting for interviews. It could be a combination of factors – we just want to learn!
- This might also give feedback to the satisfaction surveys – making them linguistically and culturally respectful. The Learning Collaborative will be a good place for that.
- Definitions: we will use the same ones Cliff used in his ppt for APHA.
- Parent online survey. Anita met with Hands and Voices about the stigma of identifying children with MH problems, in addition to the dhoh stigma – they thought the survey would be a really good idea. Anita is working on it with Liesel Thomas. It will be for any parents of a child who is DHOH, and it will be anonymous.
- Getting the substance abuse piece integrated has been much harder to represent. That's another challenge to document in the Challenges section in the report.

Attachments:

- Year 1 Evaluation Report