



Colorado Department of Human Services
Statewide Strategic Use Fund (SSUF)
Quarterly Narrative Report

Quarterly Reports will be due to Samantha O'Neill-Dunbar, Community Investment Specialist, at samantha.oneilldunbar@state.co.us or at 1575 Sherman Street, Denver 80203 no later than the 20th day of the month following the close of the quarterly reporting period. Reports must be sent as a scanned original or through the U.S. mail. Faxed reports will not be accepted.

Agency Name Mental Health Center of Denver	Project Name Daylight Project (Capacity Expansion Deaf/HH)	Telephone Number (303) 504 — 6521
Service Area (geographical) State of Colorado		Name of Program Coordinator/Contact Person Mary Sterritt, MSW, LCSW
Funding Period: <input type="checkbox"/> 5/2009 – 6/30/2010 <input checked="" type="checkbox"/> 9/2009 – 6/30/2011	Reporting Period (check only one): <input checked="" type="checkbox"/> 1 st Quarter <input type="checkbox"/> 2 nd Quarter <input type="checkbox"/> 3 rd Quarter <input type="checkbox"/> 4 th Quarter <input type="checkbox"/> 5 th Quarter <input type="checkbox"/> 6 th Quarter <input type="checkbox"/> 7 th Quarter <small>1st Quarter = September-December 2009; 2nd Quarter = January-March 2010; 3rd Quarter = April-June 2010 4th Quarter = July-September 2010; 5th Quarter = October-December 2010; 6th Quarter = January-March 2011; 7th Quarter = April-June 2011</small>	

Narrative Report — Please provide a complete and thorough narrative addressing the following categories. The narrative report can be as long as you wish – **do not limit it to a single page**. The report should be **thorough** and **extensive**. Cover the activities and events that occurred during the reporting period. Feel free to include photos, flyers, or other attachments that will enhance your report. Remember to sign and date all quarterly reports.

A. Program Summary

In this section, give a short summary/purpose of the project funded through the Statewide Strategic Use Fund.

The SSUF funded capacity expansion project for deaf and hard of hearing Coloradans now has a name The Daylight Project. The Mental Health Center of Denver joins with the Colorado Commission for the Deaf and Hard of Hearing and other stakeholders to implement The Daylight Project. The project is designed to advance access to mental health and substance abuse services for deaf and hard of hearing Coloradans living in poverty and facing disparities in accessing needed services due to linguistic, communication and cultural barriers. The project will assess the training and technology needs of publicly funded behavioral health providers to meet the needs of the target population. Once these needs have been identified, the Daylight Project will identify and recruit providers who are interested in receiving training, support and technical assistance in providing clinical services and utilizing specific technologies that will enhance access to services for this underserved population. Further, to promote and sustain these goals, the project will train and develop deaf and hard of hearing family and consumer advocates. Sustainability will be assured as The Daylight Project, in partnership with the Colorado Department of Health Care Policy and Finance and the Office of Behavioral Health, will develop and promote the adoption of clinical guidelines for deaf and hard of hearing persons.

B. Progress Report

In this section, give a short narrative report describing progress in implementing your program, as described in your approved scope of work (e.g. staffing, client outreach, services provided, collaborations, etc.), during this reporting period.

1) In August 2009, the Daylight Project Implementation team convened including representatives from Colorado Families for Hands and Voices, Colorado School for the Deaf and the Blind, The Legal Center for People with Disabilities and Older People, Dove: Advocacy Services for Abused Deaf Women and Children, Hearing Loss Association of America Boulder Chapter, Pikes Peak Mental Health Center, Colorado Behavioral Healthcare Council, Colorado Commission for the Deaf and Hard of Hearing, Focus Research & Evaluation, Colorado Association of Alcohol and Substance Abuse Providers, Colorado Department of Health Care Policy & Financing, , Mental Health Center of Denver, and the Center for Systems Integration.

2) Also in August, we convened the steering committee for the project otherwise known as the Daylight Project Core Team composed of:
 Cliff Moers, Director of the Colorado Commission for the Deaf and Hard of Hearing,
 Ric Durity, Director of Development for the Mental Health Center of Denver
 Ami Gary with DOVE Advocacy Services for Abused Deaf Women
 Jewlya Lynn, Director of Research with the Center for Systems Integration, and
 Anita Coen, Director of Focus Evaluation and Research.

3) In October, the Implementation Team agreed on a name for the project now known as the Daylight Project as it simply brings daylight, if not hope, to deaf and hard of hearing Coloradans by advancing access to mental health and substance abuse services.



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4) In November 2009, we recruited and hired a Project Coordinator for the project, Mary Sterritt, MSW, LCSW. Ms. Sterritt brings more than 30 yrs of experience in providing and planning for mental health services for deaf and hard of hearing consumers and their families. For the past 15 years, she has been working with the Mental Health Center of Denver as a therapist in the Deaf Counseling Services program. She has a B.S. in Deaf Education & Psychology and a Masters in Social Work. She has extensive experience providing services to deaf and hard of hearing children, families, and adults in residential, mainstream and Bicultural/Bilingual schools, community mental health centers, inpatient psychiatric, and other settings. She has worked with consumers with additional needs related to special education, developmental disabilities and/or substance abuse. Mary has worked with deaf, hard of hearing and late-deafened consumers with diverse cultural and language backgrounds. Her experience also includes participating in collaborative efforts to build mental health services for the deaf and hard of hearing, leading and managing grant projects, supervising staff, working with state and local agencies, consulting with school staff, providing trainings, serving as a field supervisor for graduate students and advocating for consumers. She is a key contributor to a paper published by the National Child Traumatic Stress Network on addressing the treatment needs of deaf and hard of hearing children. Ms. Sterritt is now a member of The Daylight Project Core Team.

In order to ensure the project's integration with existing MHCD priorities and to provide administrative oversight, Ric Durity was identified as The Daylight Project Lead. Mr. Durity's credentials can be found later in this report.

5) In order to ensure stakeholder leadership in the design of The Daylight Project, the Implementation Team held a retreat on November 4, 2009 to draft an overarching project plan addressing each of the seven core components of the project which are:

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

(Please find attached at the end of this document a draft of:

- *The Daylight Project Draft Project Plan
- *The Daylight Project Organizational Chart

Subsequent meetings of The Daylight Project Implementation Team identified the need for seven work groups responsible for developing a Work Plan which would guide the implementation of each component of the Project Plan.

7) Work Plans have been developed for:

A) Training and Technology Needs Assessment Work Group- Led by Jewlya Lynn & Anita Saranga Coen.

The primary purpose of the Training & Technology Assessment Work Group assessment is to document provider skills, training needs, and technology needs. In addition to Ms. Lynn and Ms Coen, the group has six additional members including three from The Daylight Project Core Team and three from the Implementation Team. The group has had several formal meetings in addition to significant work being done outside and between the formal meetings. Target participants in the needs assessment are providers in mental health centers and substance abuse provider organizations. Additional areas of focus include: Organizational level assessment of agencies' and individuals' capacity, willingness, and commitment to participate in training and provide services; Consumer level assessment through focus groups, surveys, and/or other methods to clarify their experiences receiving services from providers/provider organizations interested in participating in the statewide network.

The information collected from these surveys will serve as a foundation for several grant activities to follow, including the development and implementation of the plan for Statewide Training to Behavioral Health Providers and the Technology Training and Distribution Plan. Therefore, work began on this component almost immediately.

Specific Training and Technology Needs Assessment accomplishments during the first quarter include:

Environmental Scan. The needs and priorities of government agencies and public mental health and substance abuse providers will drive the business case (i.e., buy-in) justification for the Assessment as well as determine what type of information will be collected. During September and October 2009, Ms. Lynn conducted 10 key informant interviews with a broad array of government and non-profit stakeholders, representing leadership from the public (Division of Behavioral Health, Health Care Policy and Finance, Colorado Commission for the Deaf and Hard of Hearing) and non-profit sectors (mental health and substance abuse providers, the key provider organization, and advocacy organizations). The effort was very successful and 1) provided an opportunity to touch base with stakeholders who were invested in the project before it was funded and educate them about the current grant, 2) determined if and how their priorities had shifted, and 3) documented their expectations for the Daylight Project with regard to its strategies and focus. The information gathered was displayed in a matrix and used to lay the groundwork for the broader project's move forward and for the Assessment specifically. [attachment? marked not for distribution]

The Daylight Project Training and Technology Needs Assessment Work Group has also been charged with the development of the assessment instruments which has been incremental and inclusive of Work Group members as well as the larger Implementation Team,



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with each stage of the process open to review and input. In keeping with the Daylight Project's overarching principles, there have also been specific efforts to address the cultural and linguistic needs of the diversity within Colorado's deaf and hard of hearing communities.

The Assessment will be implemented in two stages, first to provider organizations and direct service providers, after which a consumer/family member survey will be designed and conducted.

Phase I. Provider Assessment

Identification of Target Agencies/Organizations:

Behavioral Health Organizations (BHOs) and their contractors - The BHOs operate managed mental health care programs serving all of Colorado's 64 counties

Managed Service Organizations (MSOs) and their contractors - The MSOs operate managed substance abuse treatment programs serving all of Colorado's 64 counties.

Community Mental Health Centers and Substance Abuse Treatment and Prevention Agencies and their contractors throughout Colorado

Continuous Engagement of Target Agencies/Organizations: Ms. Lynn, one of the Assessment Work Group Leads, continues to reach out to the target agencies and organizations to keep them engaged in the Assessment process for their input regarding the content and for their suggestions regarding strategies to engage potential respondents.

Identification of individual respondent types: Administrators (e.g., CEO, Executive Directors), Administrative staff (e.g., front desk staff), Direct Service Providers (e.g., case managers, clinicians)

Use of online data collection method(s) – Survey Monkey

Identification of four General Content Areas and seven Specific Question Sub-Sections to be included. The attached charts detail the current layout of Phase I of the Assessment

Phase II. Consumer Assessment – While this phase of the Assessment will not be planned or implemented until Spring 2010 the Work Group has begun preliminary discussions about the general approach and data collection methods that will provide the most information within the grant's time and budget resources. There is an acknowledged that this phase of the Assessment will require both a more personal and diverse approach to outreach and data collection.

B) Implementation Evaluation Work Group led by Anita Saranga Coen, MSW LCSW

The Work Group currently has 6 additional members, three from the Core Team, two from the Implementation Team, and one consumer (i.e., an individual who is deaf or hard of hearing and who has used public mental health services in Colorado). The Implementation Evaluation Work Group will eventually include additional consumers as the Consumer and Family Leadership Component is developed. The Work Group has had one formal meeting with the second planned for January. The group worked on the content and format of the Evaluation Plan and Individual members of the Work Group have been engaged outside of formal meetings.

Ms. Coen is committed to ensuring that the evaluation is informed by the cultural norms and needs of the deaf and hard of hearing communities. As part of this effort, she hired Angie Lawson, Ph.D., a member of the Implementation Team and a clinical psychologist with program evaluation training. Dr. Lawson is also the child of parents who are deaf (CODA), bi-lingual in American Sign Language, and a graduate of Gallaudet University.

Identification of other potential Program Evaluation resources: Recently, Ms. Coen attended the national meeting of the American Public Health Association (not grant funded). During this meeting, Ms. Coen 1) attended a series of scientific presentations (by deaf, hard of hearing, and hearing individuals) regarding the delivery and evaluation of services to individuals who are deaf or hard of hearing. She also met with renowned researchers of services and data collection methods in the Deaf community from the University of Rochester Medical Center and the Rochester Institute of Technology. She is currently in the process of assessing, with the Daylight Project leadership, their potential role in the project.

Draft Evaluation Plan Documents: The Evaluation Team has produced two documents that detail key implementation and outcome evaluation questions and the what, how, and when of measuring whether those questions were answered

Detailed Evaluation Plan: contains Program Evaluation detail for three of the six project components identified in the Project Plan: Training & Technology Assessment; Technology Implementation & Support; and Statewide Training to Behavioral Health Providers. The Evaluation Plans for three remaining components of the grant, Consumer & Family Leadership, Standards Development, and Sustainability Planning will be completed when the Work Plans for these components are completed. An additional evaluation area that assesses the project's early implementation and process was also included as a way to examine the engagement and inclusion of internal and external stakeholders. A Brief Program Evaluation Schematic is attached at the end of this document.

Anita Saranga Coen is the principal of Focus Research & Evaluation, an independent Colorado-based consulting practice. Ms. Coen has extensive experience conducting government- and not-for-profit-funded program evaluations, including extensive professional experience working directly with/within Colorado's public mental health system. She also has experience working with substance abuse providers. She is committed to a participatory and inclusive approach toward developing and implementing the Program Evaluation Plan throughout the project. Ms. Coen has become an integral part of the Daylight Project Team. She has spent critical time continuously learning more about the project, Deaf culture, and the needs of deaf and hard of hearing communities in Colorado.

Jewlya Lynn, Ph.D. (ABD, 2007), the Research Director for the Denver-based Center for Systems Integration. Ms. Lynn has conducted in-depth community and stakeholder driven policy and evaluation research focused on understanding complex policy problems and



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helps identify solutions. She has worked in a broad range of substantive areas including public health, mental health, education, human services, criminal and juvenile justice, diversity and disparities, and natural resources. Ms. Lynn was one of the authors of Colorado's deaf & Hard of Hearing Mental Health and Substance Abuse Action Plan as well as the SSUF grant application for the current project. She also conducted the Survey of Colorado Deaf and Hard of Hearing Consumers and their Families and Providers of Services to the Deaf and Hard of Hearing. This specific experience and contacts in the larger community helped the Daylight Project to hit the ground running on the development of the Assessment process and tools.

Both Ms. Lynn and Ms. Coen attend key management meetings, i.e., the Project's monthly Program Implementation Meetings and the Projects' weekly or bi-weekly Core Team Meetings, where Team Members and Stakeholders are kept apprised of all components of the Daylight Project, including the Assessment and the Evaluation.

8) Work Plans are under development for:

Technology Implementation Support Work Group- Leads: Ric Durity & Cliff Moers
Richard (Ric) Durity, BA is currently the Director of Development for MHCD, and has a longstanding commitment to providing culturally and linguistically competent services to deaf and hard of hearing consumers. As part of this commitment, Mr. Durity was one of the leaders of the development of the Deaf and Hard of Hearing Mental Health and Substance Abuse Action Plan. In addition to his work on the action plan, Mr. Durity served on the leadership team of MHCD's Family Trauma Treatment Program, an original NCTSN site. Prior to his current position, Mr. Durity served as the Program Manager for MHCD's Northeast Child and Family Center overseeing direct mental health treatment services to more than 600 families annually including services offered through MHCD's Deaf Counseling Services program. Mr. Durity is bilingual (English/American Sign Language) and hard of hearing. Prior to joining MHCD, Mr. Durity served on the faculty of the National Technical Institute for the Deaf at the Rochester Institute of Technology. Mr. Durity has more than 25 years of experience in developing, implementing, and adapting progressive programs for traditionally underserved populations including deaf and hard of hearing, people living with HIV disease, and at-risk young children. Mr. Durity served a lead role in the development of the NCTSN's white paper on Addressing the Trauma Treatment Needs of Children Who Are Deaf or Hard of Hearing and the Hearing Children of Deaf Parents.

Cliff Moers is a native of Colorado and is the third generation of a deaf family. He is a 1986 graduate of Gallaudet University and the founder of the Rocky Mountain Deaf School, a bilingual Jefferson County Charter School. Mr. Moers has been involved in many community organizations and has served on numerous committees, task forces, councils and boards, including four years as Colorado Association of the Deaf President. Mr. Moers has a diverse professional background including the coordination of auxiliary aids/services at University of Colorado at Boulder, U.S. Postal Service, and Communication Service for the Deaf/Sign Language Associates. He was also the employment specialist/consultant for the Center for People with Disabilities and Deaf-initely Possible Resources. As the current Director of the Commission, Mr. Moers led the development of the Deaf and Hard of Hearing Mental Health and Substance Abuse Action Plan, playing an important role in convening stakeholders and maintaining their engagement throughout the process.

9) Once the assessment on training and technology needs has been completed it will inform the development of Work Plans by the following Daylight Project Work Groups:
Training and Technical Assistance to Behavioral Health Providers
Guidelines for Care Work Group
Sustainability Planning Work Group

C. Program Changes

In this section, describe any programmatic changes in terms of program staff, activities, timeline, budget line items, collaborations, etc. Please note: changes cannot impact the scope of work you were approved to deliver.
In order to enhance the leadership capacity for The Daylight Project, streamline its management, and ensure its sustainability by integrating it into the development initiatives at MHCD, we have hired Mary Sterritt, to serve as The Daylight Project Coordinator at .70FTE and Ric Durity to serve as the MHCD Project Lead at .30FTE. This change departs from the proposed organizational structure and is shown in the revised Daylight Project budget and budget narrative attached at the end of this document. As originally proposed, Cliff Moers from the Commission on the Deaf and Hard of Hearing will continue to lead The Daylight Project Implementation Team.

While it took us longer than expected to hire The Daylight Project Coordinator, Mr. Moers and Mr. Durity working closely with Ms. Lynn and Ms. Coen have kept the project moving forward. As of this time, the project is accomplishing what it set out to do within the expected time frames.

The Daylight Project has cultivated strong community support at the systems level, from advocacy organizations and provider groups. In addition to the various groups and organizations represented on The Daylight Project Implementation Team others include the Colorado Behavioral Healthcare Council, Colorado Substance Abuse Managed Health Services Organizations, the Colorado Division of



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Behavioral Health.

D. Problems/Barriers

In this section, describe any factors/situations that may impact or have impacted services and contract performances, as well as efforts undertaken to resolve those issues. Factors may include economic conditions, staff transitions, recruiting participants, etc. **If situations were cited in the previous quarter, please give a brief follow-up (update) report on those issues.**

The Daylight Project process could be further enhanced if we had representation on the Implementation Team from a Colorado substance abuse treatment provider. Efforts are underway to engage someone with this expertise.

E. Achievement Description

Please share a program success story. These successes will be utilized during year-round publicity/awareness efforts (please adhere to client confidentiality, as the information may be shared in a public forum.)

We have strong support on a systems level, from advocacy groups and provider groups. The establishment of the seven workgroups is reflective of the investment of community stakeholders and leaders from the deaf and hard of hearing communities. In addition to the number of in state collaborators the project has also benefited from collaborations with nationally and internationally known individuals working with the deaf and hard of hearing population, including 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; Roger Williams with the South Carolina Department of Mental Health Deaf Services, Steve Hammdinger, Alabama Dept of Mental Health Deaf/HH services.

F. Plans/Activities for New Reporting Period

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

Phase I of the Assessment during the quarter. This will require continuous engagement of internal and external stakeholders and adherence to a tight timeline.

Timeline

Week of January 11th:

- Assessment Work Group meeting.
- Develop dissemination strategy.

Week of January 18th:

- Implementation Team and key outside stakeholders pilot assessment.
- Begin developing dissemination materials (email language, email lists).

Week of January 25th:

- Incorporate feedback, revise assessment.
- Final review by Assessment Work Group and additional stakeholders as needed.

Week of February 2nd:

- Finalize Assessment.
- Finalize dissemination strategy and materials.

Week of February 8th:

- Disseminate the assessment and start tracking responses!

Finalize The Daylight Project Program Evaluation Plan.

The Plan will be finalized as the program components are finalized by the various work groups
Determine the most accurate and efficient data collection methodologies, particularly from consumers of public of mental health and substance abuse services.

Engage external stakeholders in the evaluation process

Engage Colorado's consumers in the evaluation process

Develop and finalize Program Evaluation Work Plan. This document will detail the specific activities that will be conducted and the resources needed for the Program Evaluation, including:

*Survey instruments, questionnaires

*Identifying and securing additional consultants and evaluation workers, assistants, as needed

*Collect, review and assemble existing data (state, national, other) that will assist in developing a description of the demographic and clinical characteristics of deaf and hard of hearing individuals who use, who are likely to use, or need public mental health or substance abuse services in Colorado.



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Finalize work plans with:

- *Technology Implementation and Support Work Group
- *Consumer and Family Advocacy Work Group
- *Statewide Training to Behavioral Health Providers,

A Substance Abuse Provider has been recruited and will be joining the Implementation team in February.



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FINANCIAL REPORT

Grant Award	Total Reimbursement Requested This Quarter	Total Reimbursement Requested Year-to-date	Grant Balance Remaining (Grant Amount minus Total Reimbursement, Year-to-date)
\$ 519,352	\$ 10,048	\$ 10,048	\$ 509,305



Signature — Agency Director

January 20, 2010
Date

A signed copy of this report must be sent either as a scanned copy electronically or via an original copy through US Mail. A faxed or unsigned copy will NOT meet deadline requirements.



Daylight Project: DRAFT Project Plan

ASSESSMENT OF TRAINING & TECHNOLOGY NEEDS	
<p>Description: Assessment of provider skills, training needs, and technology needs. Target participants are providers in mental health centers and certified substance abuse provider organizations and those they contract with to provide services to a Medicaid-eligible population. Possible additional areas of focus include:</p> <ul style="list-style-type: none"> • Organizational level assessment of capacity to provide services, access interpreters, utilize telemedicine, etc; or • Consumer level assessment through focus groups to clarify their experiences receiving services from providers/provider organizations interested in participating in the statewide network. • Expanding to assess the only training needs in educational settings and residential treatment centers. 	
<p>Key Activities & Timeline (Nov 2009 – April 2010)</p> <ul style="list-style-type: none"> • Collect statistics on demographics and prevalence to include in marketing & outreach efforts (collect through mental health, substance abuse, primary healthcare providers, or other systems) • Develop marketing materials with messages that resonate with providers • Outreach activities to identify providers and recruit their participation in the assessment (Nov – Dec 2009) • Develop and pilot the assessment tool (Nov – Dec 2009) • Implement Assessment through surveys and focus groups with providers and consumers (Jan – April) 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • A roster of providers & their background information from throughout the state who have the skills &/or interest in serving d/hoh individuals & their families. • Recruitment of organizations interested in being the “early adopters” • A report on the training and technology needs of providers throughout the state • Assessment tool that can be used by other agencies/systems
<p>Implementation Team Members Involved Suggestion of Candice Tate, Sonia to help connect information back to CBHC, Rebecca to help with developing the marketing materials</p>	<p>Staff Leads Center for Systems Integration Focus Research & Evaluation</p>
<p>External Partners/Experts Consultation Needed To help with outreach: Colorado Behavioral Healthcare Council Colorado Providers Association (CAADSP) Colorado Division of Behavioral Health Colorado Department of Health Care Policy and Financing</p>	<p>To participate in the assessment: Mental Health Centers and Clinics Substance Abuse Providers</p> <p>To help design the assessment Expert in assistive technology – Colorado Assistive Technology Partners, Colorado Springs ADA Center, ADCO</p>



Daylight Project: DRAFT Project Plan

TECHNOLOGY IMPLEMENTATION AND SUPPORT	
<p>Description: Distribution of assistive communication technology for telemedicine purposes to participating providers who report gaps in technology access. Depending on assessment results, may include such things as:</p> <ul style="list-style-type: none"> • Personal listening devices, UBIDUO, remote CART (from outside Colorado) • Videophones 	
<p>Key Activities & Timeline (April – Aug 2010)</p> <ul style="list-style-type: none"> • Identify service delivery approaches currently in use with other populations that utilize technology • Identify technology capacity needs and appropriateness in treatment settings • Develop Technology Distribution Plan in response to assessment findings (April 2010) • Distribute technology and connect providers to existing technology • Develop train the trainer or online training modules for each type of technology distributed • Assess provider satisfaction with the assistive communication devices (2011) 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • Technology Distribution Plan • Technology Guidelines, Descriptions, Capacity Needs & Challenges • Early adopters' technology needs are addressed to ensure ability to provide services to deaf and hard of hearing consumers. • Early adopters are trained on the use of the technology.
<p>Implementation Team Members Involved Ric, Cliff</p>	<p>Lead Staff To be determined</p>
<p>External Partners/Expert Consultation Needed Early Adopters (Mental Health Centers and Substance Abuse Organizations) Telemedicine office in Alabama ADA Center in Colorado Springs Communication Services for the Deaf in Ohio</p>	<p>Oklahoma tele-behavioral health MHCD's facilities staff and Dr. March (using tele-behavioral health services), Standards and Policies for telemedicine as developed by MHCD Caloy Fernandez – CO specialist in deaf technology</p>



Daylight Project: DRAFT Project Plan

TRAINING AND TECHNICAL ASSISTANCE TO BEHAVIORAL HEALTH PROVIDERS

Description:

Development, delivery, & evaluation of regional trainings & incorporation of d/hoh curricula/modules into existing training opportunities. Curricula/modules will:

- Include modules and courses
- Is research based;
- Builds off existing curricula available nationally;
- Is customized to the needs of providers in Colorado; and
- Uses train the trainer modules, online, and other technology based training strategies whenever possible

Key Activities & Timeline (May 2010 – June 2011)

- Implement a planning process to develop the curricula and modules
- Deliver the trainings to providers through:
 - Implementing regional trainings
 - Accessing existing training venues (e.g. CBHC's annual conference, existing CAC training programs)
- Sustain the trainings by:
 - Working with the Division of Behavioral Health to incorporate them into the CAC certification process
 - Partnering with higher education programs that provide training to mental health providers
- Revise the trainings based on evaluation results
- Develop some type of ongoing technical assistance capacity for consultation with providers

Key Deliverables

- Providers in early adopter organizations are trained
- A DHoH course is adopted as one of the CAC electives
- A DHoH course/module is developed for mental health providers
- CAC trainers participate in train-the-trainer sessions to implement the DHoH Elective Course
- Specialization/certification in DHoH services tied to the trainings

Implementation Team Members Involved

Jagruti, Laura, and Rebecca

Staff Leads

To be determined

External Partners/Expert Consultation Needed

- Division of Behavioral Health
- Hearing Loss Association of America – American Academy of Hearing Loss Support Specialists (online)
- Higher education programs that provide training to mental health providers, including Gallaudet
- MHCD's mental health provider training program



Daylight Project: DRAFT Project Plan

DEVELOPMENT AND ADOPTION OF GUIDELINES FOR CARE	
<p>Description: Develop and adopt Guidelines for Care in partnership with the Colorado Department of Health Care Policy and Financing, DHOH leaders and consumers, the Office of Behavioral Health, and other providers and service delivery systems. Guidelines for care will:</p> <ul style="list-style-type: none"> ○ Be research based; ○ Build off existing guidelines available nationally, including standards for other traditionally underserved populations; ○ Build off best practices in service delivery, both in Colorado and nationally; ○ Be customized to the design of the behavioral health systems in Colorado; ○ Can be adopted in both substance abuse and mental health; ○ Be driven by deaf and hard of hearing consumers, their families, and their advocates; ○ Address the different needs of sub-populations (e.g. oral deaf, Deaf, hard of hearing, age, ethnicity); and ○ Address many different levels of care; ○ Be monitored/evaluated; and ○ Apply to other settings, such as education. 	
<p>Key Activities & Timeline</p> <ul style="list-style-type: none"> • Design and Implement a planning process to develop Guidelines for Care • Coordinated with the training process 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • Guidelines for Care • Adoption of the Guidelines by state regulatory agencies • Specialization for Substance Abuse Provider Organizations
<p>Implementation Team Members Involved Cliff, Janet (as relates to education), Jennifer, Angie, Pat</p>	<p>Staff Leads To be determined</p>
<p>External Partners/Expert Consultation Needed Colorado Department of Health Care Policy and Financing Colorado Division of Behavioral Health Colorado Behavioral Healthcare Council Early Adopter Providers in Mental Health and Substance Abuse</p>	<p>Colorado Department of Education Colorado Provider Association Other states with standards/models Model from Department of Aging Services, based on Older American Act funding Someone with standards development and public policy expertise (including implementation of guidelines)</p>



Daylight Project: DRAFT Project Plan

CONSUMER AND FAMILY LEADERSHIP

Description:

Provide culturally competent advocacy trainings accessible to the DHoH individuals, families, and natural supports in the community, and include:

- General advocacy skills
- Advocacy skills specifically on mental health/substance abuse issues and systems
- Advocacy skills specifically on deafness
- Community education (e.g. MH First Aid)

Support the advocates as they develop a network of support among each other.

Key Activities & Timeline

- Outreach to consumers and family members to recruit participation
- Provide accessible and culturally competent training to consumer and family members by building on existing training opportunities

Key Deliverables

- Network of trained advocates representing deaf and hard of hearing consumers and family members
- Advocates participate in all components of the Daylight Project

Implementation Team Members Involved

Janet, Laura, Rebecca, Angie, Ami, Pat, and possible Candice

Staff Leads

To be determined

External Partners/Expert Consultation Needed

Hearing Loss Association of America's four Colorado Chapters (and national association)
 Colorado Hands and Voices
 Colorado Association for the Deaf (and national association)
 Advocacy organizations with trainings on mental health and substance abuse (e.g. Federation of Families for Children's Mental Health ~ Colorado; Colorado Chapter of the National Association for the Mentally Ill, NAMI; We CAN – statewide consumer organization)
 Colorado School for the Deaf and Blind
 Department of Education with School Mental Health and Deafness Consultants
 Mental Health Center of Denver
 Colorado's Area Agencies on Aging (advocacy trainings)
 AG Bell



Daylight Project: DRAFT Project Plan

SUSTAINABILITY PLANNING	
<p>Description: Sustainability planning in partnership with providers & the Division of Behavioral Health to ensure long-term availability of training, TA, & technology support.</p>	
<p>Key Activities & Timeline</p> <ul style="list-style-type: none"> • Identify the priority policymaking venues for DHoH leaders to participate, such as the Medical Advisory Board and the Mental Health Planning and Advisory Council. If appropriate, secure formal appointments to such boards and ensure compensation (e.g. stipends, consultation fees, mileage reimbursement, etc.). • Work with the identified policymaking bodies to secure long-term communication access for DHoH participants. • Develop strategies for funding technical assistance, training, and technology, including fee-for-service strategies. • Identify a leadership, fiscal, and administrative structure for the Statewide Service Delivery Network (the Network) to coordinate providers statewide and facilitate providing contract services statewide through a telemedicine system. • Connect the Network to other providers and service delivery systems through contracts, technology, and billing agreements with public and private insurers. • Connect the Network to existing DHoH organizations to develop trusted relationships and referral opportunities within the DHoH communities. • Grant development/funding capacity • Identifying next steps from the action plan that need to be implemented 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • Sustainability plan for the TA center, statewide network, and consumer & family involvement (by June 2011). • MOUs with partner agencies to integrate d/hoh trainings into their existing training infrastructure (by June 2011). • Established mechanisms for providers in the network to refer and bill for client services through telemedicine. • Guidance to provider on strategies for covering the increased expenses associated with providing services to deaf and hard of hearing consumers.
<p>Implementation Team Members Involved Rebecca, Ric, Cliff will take the lead, the evaluation subcommittee needs to be involved, and Implementation Team</p>	<p>Staff Lead To be determined</p>
<p>External Partners/Expert Consultation Needed Division of Behavioral Health Colorado Department of Health Care Policy and Financing Grant writing support</p>	

Daylight Project: DRAFT Project Plan

IMPLEMENTATION EVALUATION	
<p>Description: The program evaluation will provide 1) accountability to the Daylight Project by documenting the activities and deliverables in each of the project components as defined in the Project Plan; 2) a means to for ensure continuous improvement and systemic change; and 3) an analysis of lessons learned regarding effective capacity building and strategies to inform replication in other service systems for deaf and hard of hearing individuals as well as with other populations.</p>	
<p>Key Activities & Timeline</p> <ul style="list-style-type: none"> • Assemble a culturally and linguistically competent Program Evaluation Committee to advise and guide the overall program evaluation • Develop Program Evaluation Plan (Dec. 31, 2009) • Implement Program Evaluation Plan • Data Analysis • Develop internal reporting and feedback plan/timeline • Develop external reporting plan timeline • Prepare and distribute reports 	<p>Key Deliverables</p> <ul style="list-style-type: none"> • Daylight Project Program Evaluation Plan detailing <ul style="list-style-type: none"> 1) indicators of the successful implementation of project components; 2) short and longer-term outcomes of project components; 3) existing or new measures to be used; 4) data collection strategies (methods) and timeline for each indicator. • Program Evaluation Intermediate Report(s) • Program Evaluation Final Report
<p>Implementation Team Members Involved Angie and Candice</p>	<p>Staff Lead Focus Research & Evaluation</p>
<p>External Partners/Expert Consultation Needed To help with culturally and linguistically competent program evaluation:</p> <p>To participate in the evaluation: Consumer, Mya Drexler</p>	

Daylight Project

