



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 requesting services in the public mental health centers are Hispanic, 5% are black, and smaller percentages for other ethnicities.
- 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.
- services to deaf consumers, which is done through interpreters. Otherwise, there are not many people providing direct services to deaf consumers.
- Request for the Evaluation Work Group to review and provide feedback on the questions (Interview guides were distributed) being asked of key stakeholders, including consumers and families.

Note: a preliminary interview with Jennifer DeGross indicated that Pikes Peak Mental Health has two direct services providers that provide most of the services to deaf individuals – interpreters are used. An interpreter in the community who primarily works in the MH area also provides training to PPMHC staff around how to work with interpreters. We will learn more about this during a more extensive interview.

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