



## Implementation Team *Minutes*

**August 4, 2010**  
**8:30 – 10:30AM**  
**MHCD**

**Attendees:** Rebecca Herr, Rachel Moore, Anita Coen, Cliff Moers, Angie Lawson, Janet DesGeorges, Art Schut, Mary Sterritt, Jewlya Lynn, Quinn Lung

### **New action items**

- **Action item:** Provide communication needs assessment information to Jewlya/Standards Workgroup.
  - **Responsible party:** Janet DesGeorges
- **Action item:** Email the referral form for consumer and family interviews to the implementation team.
  - **Responsible party:** Jewlya Lynn

### **Ongoing action items**

- Action item: Discuss dissemination of CART transcripts and recommendation to Implementation Team
  - Responsible party: Core Team

### **Agenda item:** Review of action items from 6/2/10

- Action item: Discuss dissemination of CART transcripts and recommendation to Imp. Team
  - Responsible party: Core Team
  - Status: Ongoing
- Action item: Send Anita a list of independent living centers in the state and some potential consumer interviews.
  - Responsible party: Cliff Moers
  - Status: Complete
- Action item: Email assessment summary to Implementation Team.
  - Responsible party: Ric Durity
  - Status: Complete; all in attendance reported receiving the assessment
- Action item: Set up Colorado School for the Deaf and the Blind as remote site for Z Technology (videophone system) demonstration.
  - Responsible party: Ric Durity and Laura Douglas
  - Status: Completed; the demo was in June. There were a few technical difficulties but School for the Deaf and the Blind and MHCD on Federal were able to connect. The school uses an older phone system, so it gave an idea of challenges that might be faced in the field.
- Action item: Provide Ric with different contact information for Lisa Cannon.

- Responsible party: Laura Douglas
- Status: Completed; Lisa has agreed to be a consultant for the project.
- Action item: Discuss next steps for working with out of state groups.
  - Responsible party: Ric Durity, Mary Sterritt, Angie Lawson
  - Status: Completed. There are groups around the state who have worked on MH and SA issues for DHoH, so Ric, Mary, and Angie are coordinating who is going to contact whom.

**Agenda item: Updates from Assessment and Outreach Workgroup**

- The workgroup is in the process of scheduling interviews with potential early adopters. They felt it was important for administrators to see the strong deaf and hard of hearing leadership in the project. The interview teams are Cliff/Mary and Ric/Ami. The first interview is scheduled for 8/5/2010. The core team has developed the interview guide and reviewed questions, information on deaf statistics, some FAQs that interviewees might have.
- Interviews have been scheduled with 4 of organizations so far: Colorado West, MHCD, North Range Behavioral Health, Pikes Peak Mental Health, and Access in Durango (formerly Southwest MHC). The group hopes to interview a total of 15 organizations; the others are: Aurora MHC, Larimer MHC, San Luis Valley MHC, Boulder MHC, Centennial MHC, Addiction Research and Treatment Services, Arapahoe House, and Boulder County Public Health. The three substance abuse organizations are all in the Denver Metro, so some of the rural perspective is missing, but some of the mental health centers in the rural areas also provide substance abuse services. Interviews are with high level staff-executive directors, quality assurance leads, programmatic directors, etc.
- The list of organizations was taken from responses to the assessment survey that the Daylight Project sent out in March. The survey had asked questions about existing policies on topics such as cultural competencies, working with interpreters, and ASL fluent staff. The organization had to have enough responses to the survey for us to get a sense of what was going on within the organization and whether there were existing policies that would make the organization a good fit as an early adopter. The interviews will focus on topics such as needs for technical assistance, assistive listening devices, how to build ASL capacity.
- The workgroup also discussed how to keep the organizations involved even if they are not selected as an early adopter. Networking is an important part of this process; in mental health and substance abuse, there needs to be inter-agency cooperation in order to have needs met. Learning from the centers and what they provide currently is an important part of that process.
- The workgroup is having some scheduling issues for the interviews but hopes to get back to the organizations in September. The workgroup can give an update at the next meeting.
  - **Agenda item for next meeting:** Give update on early adopter interviews.
    - **Responsible party:** Assessment/Outreach workgroup

**Agenda item: Updates on the Division of Behavioral Health project**

- At the April implementation meeting, Cliff updated the team about \$60k from the Division of Behavioral Health that was from a federal capacity building grant. The Commission has developed a scope of work that the Division has accepted it with a few minor changes. Due to some scheduling

delays, there is not as much time to complete the project; the project follows federal fiscal year, so it needs to be completed by September.

- The project components are community outreach, development of curriculum, and organizational specialization. For the community outreach portion, Jewlya will be meeting with members of the deaf and hard of hearing community to get their perspectives on the current state of service providers. The information gathered will be used to develop a curriculum for mental health and substance abuse providers.
- Currently, there are not any centers that have organizational specializations. The project will start with capacity building for Arapahoe House as a pilot. There are not many options for substance abuse treatment for deaf and hard of hearing people, so having the funding available will go far in building Arapahoe House's capacity.

#### **Agenda item: Updates from Standards Work Group**

- This was part of the original action plan because if Daylight Project is going to build capacity and provide technical assistance, then it also needs to give people a reason why and also try to affect policy. The Daylight Project originally pursued funding for the standards and guidelines component separately from the SSUF grant, but it didn't come through. Now that additional funding is available from the Division of Behavioral Health, we have an opportunity to start this component.
- The Division of Behavioral Health and the Department of Regulatory Agencies both play a part in the licensure and certification of mental health and substance abuse providers. They are moving towards working together to implement a continuing education requirement. Mental health providers haven't previously had to have continuing education. The Standards/Guidelines workgroup will develop a class for individual providers that will satisfy the continuing education requirement for mental health professionals and also serve as an elective for substance abuse providers who are pursuing Certified Addiction Counselor training. The workgroup is looking at all the modules that have been discussed by the Daylight Project, such as working with technology, working with interpreters, how an organization can support an individual provider, etc. Overall, the class will support both mental health and substance abuse providers.

**8/19 Clarification per Susan Drown:** The Division of Behavioral Health & Dept of Regulatory Agencies do not both play a part in licensure and certification of mental health and substance abuse providers. DBH is responsible for establishing the qualifications for certification and licensure for Certified Addiction Counselors (CAC training) but does not hold that responsibility for licensure of mental health professionals.

Both Mental Health and Substance Abuse professionals currently do not have continuing education requirements. Recent legislation was passed that will now address implementing continued competency requirements for both mental health and substance abuse professionals.

- The course can be adopted as a CAC elective at any time, and the Division of Behavioral Health has agreed to waive the fees for the course. The Division has provided very clear guidelines as to what the Daylight Project needs to develop for the course- agenda, modules, evaluation tools, who is qualified to teach, etc. The workgroup had discussed possible pre-training and pre-qualifications before starting the training, but those requirements do not fit into the structure of the Division's guidelines. The CAC elective and/or endorsement are based on building new skills, so it has to be available to anyone who is at a certain level of counseling skill. However, the workgroup can still specify that the elective is only available to CAC II or CAC III levels to require a higher level of counseling experience.

- Training is the first component. The second component is organizational provisions. This is critical because there are issues that cannot be addressed by individual providers, such as access to front door, access to technology, and how auxiliary services are paid. The process of introducing requirements through the Division of Behavioral Health is a long process, but the workgroup can still develop guidelines that the Division may be able to offer in the short-term as recommended practices. There are a few stages as far as developing organizational standards. One is a comprehensive document that explains each guideline/standard and why it is needed. Another component is a shorter, bulleted list that might be 2 or 3 pages. Other guiding documents can be developed as needed.
- Cliff's sister Diana is a potential contact for those interested in standards for sign language fluency. Diana is in charge of the Sign Language Performance Interview (SLPI) at the Colorado School for the Deaf and the Blind. Last June, they provided training to six individuals to become evaluators of the SLPI. SLPI is more ASL specific. SLPI evaluators are available for hire in the event that an organization has staff who are interested in being tested for ASL fluency. There are currently 3 evaluators in Colorado Springs and 3 in Denver.
- A question was raised about being certified in signed English instead of ASL. Anne Marie Baer was suggested as a contact person to get more information on this. Providers need to be aware that there is a difference between signed English and ASL and need to be clear on which one their clients prefer. There needs to be clarity on how flexible an organizations and clients are in being able to switch between ASL and signed English. This goes into the communication assessment component of guidelines and standards.
- Janet has materials that she can provide on assessing communication needs in the educational system. It is a little different because students don't make the decisions by themselves in the educational system but clients do in the mental health and substance abuse systems.
  - **Action item:** Janet DesGeorges to provide communication needs assessment information to Jewlya/Standards Workgroup.
- The next meeting for the workgroup will be August 20.

**Agenda item: Updates from Training Workgroup**

- The workgroup has come up with some outlines on staff trainings. The CAC elective that is being developed with the Standards/Guidelines workgroup would be 14 hours long. They are not sure whether the staff training would be the same. The workgroup has an outline of about 20 hours of material from various sources and need to prioritize it and break it down into smaller units.
- The workgroup has finalized its work plan. Substance abuse seems to be the more established curriculum so far. They have had some problems with hiring an instructional designer and are still looking for someone.
- Once the early adopter interviews are completed, the workgroup will see what organizations will be willing to commit to. For example, they might want a condensed 4-hour basic training for all staff, and then interested staff could pursue the longer 14 hour training/CAC elective.
- Workgroup members attended the Mental Health Breakout Conference in Atlanta and were able to bring back useful information on the disfluency in mental health systems, mental status exams, and current research and activities from around the country. The workgroup is also continuing to consult with experts.

- The next meeting for the training group is not scheduled yet. They are waiting until the training outline is further developed, so it will be in September some time. We have a lot of activities to coordinate with the other workgroups, so once more work on the outline is done, it will be sent out with a meeting request.
- The training coordinator at MHCD said he is willing to put some of his powerpoints into computer modules so they can be offered as online training.
- The training group has also been looking at what can be adapted into the educational curriculum for social work and counseling students. Some instructors ask for guest speakers for interns or other groups. It would be useful to have an internet resource to direct interested people and students. Anne Hatcher with Metropolitan State College of Denver has been in contact with the training group because of concerns about how to place deaf students in internships.
- There is an organization in Colorado called the Leadership Institute that works does some work on captioning. Ami and Karen Boyd are also involved with them.
- There is a need for health education within the medical community as a whole. It might be useful to see what other disability groups are doing with medical education, such as how to dentists treat people who are wheelchair bound. Seeing what else is done in regards to disability awareness in the medical field and in medical schools may be helpful. The Rochester group has some different things on different medical issues, such as obesity for deaf people. MHCD is starting to provide more integrated services and has a physician on staff at some sites.

#### **Agenda item: Updates from Consumer & Family Workgroup**

- The workgroup discussed trainings offered by NAMI and by We Can! We Can! offers a mental health first aid class, so the workgroup is looking into seeing how the training could be offered to deaf and hard of hearing advocates.
- The workgroup also discussed communication access issues and accommodations such as what to do with deaf individuals who prefer training with hearing individuals. The workgroup will have a 4 hour planning meeting to go over some of these issues and what the training curriculum will look like.
- The workgroup is continuing work on its work plan. They are specifically focusing on definitions such as what an advocate is, and what their scope of work would be. Being an advocate is going to be a pretty big time commitment for people, and getting volunteers is going to be difficult. Getting people to commit to 2 days of training is difficult, so the workgroup is not sure how to recruit people as well as condense all of the information into a manageable time frame.
- TDI, Telecommunications for the Deaf and Hard of Hearing, Inc., held a consumer advocate training that was attended by about 26 people, including members of the workgroup.

#### **Agenda item: Updates from Evaluation Workgroup**

- Anita has put together an interim report for the key informant interviews and is working on a two page executive summary. The Core Team is discussing how to disseminate it. A total of 18 people were interviewed. The report is still considered an interim report because there are still some segments of the community that haven't been accessed; Anita is still trying to find interviews with African, Hispanic/Latino, and Asian communities to discuss deaf/hard of hearing and mental health

issues. She is looking for anyone from different ethnic groups at this point just because there have been so few leads. There was a recommendation for Anita to contact the Marion Downs Center because they had something a few years ago on Hispanic families with deaf children. The Colorado School for the Deaf and the Blind has given a few leads for parent interviews. Anita also attended a Hands and Voices meeting and was able to get good feedback from them as well.

- The evaluation will inform the training in 3 ways: the online provider needs assessment survey, the key informant interviews, and informing what's needed at the provider level by talking to consumers and family members directly about their experiences obtaining services.
- The next round of interviews will be completed by a team of interviewers: Anne Marie Baer, Ami, Anita, and Angie. They have performed mock interviews to prepare. The interview training itself is 4 hours and barely scratches the surface. The group has reviewed consent forms, strategies for identifying hearing status, etc. Someone has been hired to translate the consent forms and information sheets into Spanish. Everything has gone into an interview manual that will be updated as needed.
- 2 interviews have been completed so far, and the interviewing team is waiting to hear back from several more individuals that have been referred.
- When someone refers a person to the interview team, they ask that the referring person get a verbal consent for Angie to contact them directly. The interview team asks the referring person some basic questions in order to match an interviewer and interviewee, and then the information is confirmed with the interviewee. The questions include things like who is the person being interviewed (consumer, family member, parent, etc), communication preference, etc.
- The workgroup is hoping for 15-20 interviews total. Of the 4 people on the interview team, 3 can do interviews in ASL or English, and there is a signed consent form as well. Some of the interviews have taken multiple hours because the person being interviewed had so much to share.
- A request was made to have the referral form and information sheet emailed out to the entire team.
  - **Action item:** Jewlya to email the referral form out to the implementation team.
- The Implementation Team discussed posting an announcement on Coloradodeaf.com and sending information to the hearing loss association and decided that more discussion will be needed in order to be clear about what the project is looking for as far as experience. An anonymous feedback method was suggested so that people could send in their experiences without identifying themselves.