



COLORADO
Department of Human Services

Colorado Commission for the Deaf, Hard of Hearing, and DeafBlind Annual Report

September 1, 2020



INTRODUCTION

This report is being provided on behalf of the Colorado Commission for Deaf, Hard of Hearing, and Deafblind (CCDHHDB) on September 1, 2020 as required by Section 26-21-106(1)(e), C.R.S. It is required by statute to:

Assess the needs of deaf, hard of hearing, and deafblind and report annually to the governor and the general assembly any recommendations for legislation or administrative changes that may facilitate or streamline the provision of general government services to deaf, hard of hearing, and deafblind. Notwithstanding section 24-1-136 (11)(a)(I), on or before September 1 of each year, the commission must file the report required by this subsection (1)(e). In preparing the annual report and recommendations, the commission shall consider the following:

- (I) Whether any existing statutory or administrative provisions impede the ability of the commission to act as a statewide coordinating agency advocating for deaf, hard-of-hearing, and deafblind individuals in Colorado;
- (II) Any methods, programs, or policies that may improve communication, accessibility and quality of existing services, promote or deliver necessary new services, and assist state agencies in the delivery of services to deaf, hard of hearing, and deafblind;
- (III) Any methods, programs, or policies that may make providing access to government services more efficient; and
- (IV) Any methods, programs, or policies that may improve implementation of state policies affecting deaf, hard of hearing, and deafblind and their relationship with the general public, industry, health care, and educational institutions.

The CCDHHDB assessed these areas throughout the year and is providing this report which includes the following sections:

1. Community Projects
2. Legislative Recommendations

COMMUNITY PROJECTS COLORADO DAYLIGHT PARTNERSHIP: BEHAVIORAL HEALTHCARE/ INTEGRATED HEALTHCARE

Through a limited annual federal block from the Office of Behavioral Health (OBH), the Colorado Daylight Partnership (CDP) which is a partnership between the Mental Health Center of Denver (MHCD) and CCDHHDB, continues to provide technical assistance and consultation to local community centers as part of its mission to create statewide culturally affirmative and linguistically accessible behavioral healthcare for people who are deaf, hard of hearing, or deafblind.

Since FY 2017-18, CDP operated the Integrated Healthcare Initiative, a project that is working to improve access to mental health, alcohol and drug treatment (also called “behavioral healthcare”) through primary/healthcare for deaf, hard-of-hearing and deafblind Coloradans. MHCD’s one-time award of unexpended funds made it feasible. These federal funds are projected to expire in FY 2020-21.

The Integrated Healthcare Initiative project has completed the research and evaluation phase and is currently implementing one site for a targeted integrated healthcare capacity-building pilot. Key state stakeholders (i.e. OBH, the Colorado Department of Health Care Policy and Financing, Signal Behavioral Health, Colorado Access, the Colorado Department of Public Health and Environment and Colorado State Innovation Model) have been part of this process.

Without long-term funding, CDP remains in minimal survival mode to maintain this partnership. However, CDP has submitted their recommendations to the Governor’s Behavioral Health Task Force for their consideration and they have adopted several of CDP’s recommendations. Work to sustain CDP with initiatives and funding is ongoing.

LEGISLATIVE RECOMMENDATIONS

In terms of follow up on prior legislative initiatives, CCDHHDB continues to operate one legislative initiative and has completed another legislative initiative.

The first initiative is the Rural Interpreting Services Project (RISP) Pilot, a Joint Budget Committee (JBC) initiative to make rural areas accessible by providing qualified sign language interpreting services to these regions. CCDHHDB just completed the second year of the RISP pilot. Since the RISP pilot started in FY 2018-19, CCDHHDB has submitted quarterly reports that include information on outcomes of the pilot to the Joint Budget Committee. CCDHHDB received funding from the General Assembly in FY 2020-21 to continue to implement the RISP Pilot and is prepared to implement RISP as a permanent, ongoing program beyond FY 2020-21 if the statutory change and funding necessary to do so is made available.

The second initiative, as mandated by HB 18-1108, was a pilot project implemented in 2019 related to the coordination of auxiliary services, i.e. sign language interpreting and Communication Access for Real-time Translation (CART), for the five participating state agencies within the Executive Branch by CCDHHDB. It is known as the Pilot for State Auxiliary Services (PSAS).

The five participating agencies were: CCDHHDB under the Colorado Department of Human Services, Colorado Department of Education, Colorado Department of Public Health and Environment , Colorado Parks and Wildlife under the Colorado Department of Natural Resources, and the Division of Vocational Rehabilitation under the Colorado Department of Labor and Employment.

CCDHHDB contracted with Dr. Katrina Cue at Ktquiet, LLC. to conduct an evaluation of PSAS. Separate surveys were sent out to PSAS consumers and vendors. Gridcheck

(the online scheduling platform used for auxiliary services requests) data was also examined for program metrics. There were five goals with this PSAS evaluation:

1. Understand Executive Branch consumers' experiences as deaf and hard-of-hearing staff and/or agency managers or administrators
2. Understand vendors' experiences as interpreters
3. Understand the overall experience with PSAS
4. Evaluate the overall effectiveness of PSAS
5. Make recommendations regarding PSAS

Findings indicated that consumers and vendors were overall satisfied with CCDHHDB and the PSAS program itself. However, they were frustrated that scheduling was divorced from billing and invoicing. Being a pilot program, PSAS also had some growing pains in terms of coordinating logistics, response times, effectiveness, and efficiency. Agencies that already had programs and procedures in place questioned the need for PSAS. It is understood that there is a need for some type of centralized system where scheduling, billing, and invoicing comes from one source. Some respondents also indicated they would like the option to "opt out" of a centralized scheduling/payment system. Respondents in general were unsure how funding should work, but the majority supported some type of centralized funding and coordination system.

PSAS was effective in terms of meeting program mandates and serving its consumers. Vendor satisfaction with PSAS was particularly high. Areas for improvement include centralizing funding; making PSAS a permanent program under CCDHHDB; centralizing scheduling, billing, and invoicing responsibilities; increasing program efficiency; positioning PSAS as an attractive alternative to existing agency structures; and outreach and training to agencies about PSAS, its purpose, and its benefits. The above areas of improvement guide the set of recommendations issued regarding PSAS.

Based upon the findings, expert knowledge, user experience, and the needs of the Colorado deaf, hard-of-hearing, and deafblind (DHHDB) community, the PSAS pilot program was determined to be effective. It is therefore recommended that PSAS become a centralized and centrally-funded permanent state program housed under CCDHHDB. CCDHHDB is the ideal location for PSAS due to its experience, expertise, and specialized knowledge related to the DHHDB community. Furthermore, CCDHHDB has previous experience in developing, implementing, and operating centralized state programs dedicated to the provision of sign language interpreter and CART services according to section 26-21-106(4), C.R.S., i.e., auxiliary services for Colorado state court and state administrative proceedings, including probation and court-ordered treatment and other services ordered by the courts, and RISP.