

Hope Health and Wellness Clinic/Colorado Refugee Wellness Center

Aurora Mental Health Center
Aurora, CO

Jan Jenkins, Ph.D., project director; Lauren
Tolle, Ph.D., project manager



Population(s) of Focus

We have identified two main sub-populations for our project: 1) adults with serious mental illness (SMI) served in Aurora Mental Health Center (AuMHC), and 2) refugees settling in Aurora, CO needing both physical health and mental health care.

- Adults with SMI are an underserved population in general. In addition, adults with SMI treated at AuMHC differ from the Aurora population in general in a number of striking ways: African Americans are overrepresented in AuMHC; individuals living below the poverty line is significantly higher in AuMHC; and individuals receiving public insurance or without insurance is much higher.
- Aurora, CO also receives a striking 51% of refugees entering the state of CO. Refugees frequently have not had access to appropriate medical or mental health treatment prior to resettlement, and a majority have untreated medical conditions, and sustained significant trauma. Countries of origin include: Afghanistan, Belarus, Bhutan, Burma, Burundi, Cuba, Democratic Republic of Congo, Eritrea, Ethiopia, Iran, Iraq, Liberia, Nepal, Russia, Rwanda, Somalia, Sudan, Thailand, and Uzbekistan.
- Adults with SMI who are clients of AuMHC are served in the Hope Health and Wellness Clinic (HHW), an onsite primary care clinic – and it is anticipated that we will be able to serve over 200 clients by the end of the first year of grant funding – and an anticipated 800 by the end of grant funding.
- Refugees are served in the Colorado Refugee Wellness Center (CRWC), also an onsite primary care clinic – it is anticipated that over 100 clients will be served through this clinic.



Implementation Practices

- AuMHC has worked hard for the past decade to enhance cultural diversity in staff and clients served.
- The PBHCI project utilizes a Nepali-speaking case manager, an Arabic-speaking care coordinator, a Spanish-speaking medical assistant, and staff with diverse racial backgrounds. Four health navigators will be joining the CRWC shortly who speak Arabic, Nepali, Somali, and Burmese.
- The CRWC was strategically designed to be a culturally sensitive, trauma-informed environment.
- AuMHC staff use live interpreters as much as possible and it is anticipated that the medical clinic will be moving to using live interpreters very soon– currently Cyracom telephonic interpretation services are used.
- Wellness programs for clients in the HHW clinic are offered including: group fitness classes, WHAM, pain management, smoking cessation, health education classes.
- AuMHC staff are preparing to launch wellness programs at the CRWC as more patients with the same language and needs are being seen (Arabic-speaking DV group, parenting group, MHFA for Arabic- and Nepali-speaking individuals).

Implementation Practices

- Thus far, we have had success in outreaching and engaging adults with SMI through AuMHC clinical staff referrals as well as self-referrals.
- The PBHCI staff have met with clinical teams of AuMHC on an ongoing basis to provide information about the clinic and its available services – and announcements are distributed throughout the center on upcoming wellness programs.
- Additionally, staff at CRWC is assisting AuMHC in: 1) placing a clinician on every team who will specialize in treating refugees, 2) providing cultural awareness/competence training, 3) educating staff on different cultures and accessing live interpreters for services.
- Health education information is made available in a number of languages, and staff at CRWC have created tools to help refugees who may not be literate in self-management of medications, and accessing health services among a number of other resources.
- Two certified peer specialists are a part of the HHW team. They attend staff meetings, conduct wellness groups in addition to providing individual support to clients. Both the HHW and CRWC will be including a peer on their team as a part of AuMHC's new Peer University, a peer specialist training program that will allow peers to be embedded throughout the center.
- As a part of a multi-agency collaboration, AuMHC is a part of the Aurora Coverage Assistance Network (ACAN) – a grant that is intended to help eligible individuals in enrolling in Medicaid/Medicare and the health care exchange network. A Nepali-speaking case manager is also trained to assist refugees in enrollment.

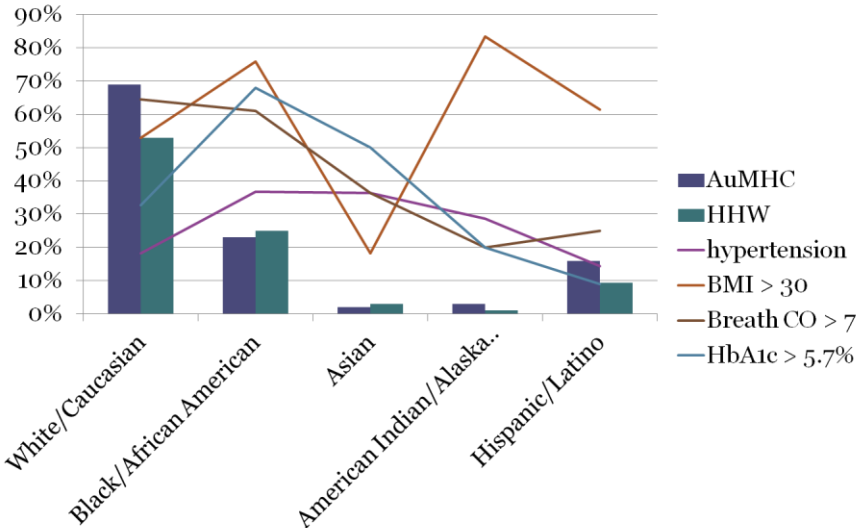
Challenges and Barriers

- Initial challenges we have faced include stressing the importance of using live interpreters with our FQHC partner for the CRWC
- Additionally, some AuMHC staff across the center have also felt unable to meet the needs of refugee clients.
- After persistence with partners including AuMHC, the medical clinic will receive live interpreters for the CRWC for medical visits, and will also be doing trainings for center staff to feel better equipped to treat individuals from varied cultural and linguistic backgrounds
- We have not received a lot of referrals from Spanish-speaking clients, and will be working with the center's Spanish speaking staff to ensure that the clinic is set up to be a welcoming environment for them
- Being embedded in the outpatient clinic that sees the most persistently and severely mentally ill clients of the center ensures ongoing collaboration with clinical staff at this building and clients feel comfortable accessing medical services in the same place as their mental health team. Additionally, the CRWC is strategically positioned in the heart of where many refugees in Aurora live, easing access to services
- AuMHC has a close relationship with the Colorado Language Connection and the Asian Pacific Development Center, which serves individuals from Southeast Asia and the Pacific Islands has a repository of interpreters who speak Asian dialects, has recently become a part of AuMHC.

Data & Collection Measures

- Our health goals specific to our subpopulation include: 1) engaging an underserved group in preventive and primary health care, 2) reducing overweight/obesity; 3) reducing smoking prevalence; and 4) improving management of existing chronic health conditions. Keeping in mind research regarding prevalence rates of chronic health conditions among ethnic minorities, we are monitoring our population's health indicators so that we can address any health disparities that might be identified.
- The RHS-15, a wellness screen that has been normed and validated on the populations seen at the CRWC is used and available in numerous languages frequently encountered at CRWC. In addition, we are training interpreters to administer the NOMs, rather than having it translated, to ensure cultural validity is maintained. Other measures for the project are available in a number of languages (PHQ-9, SBIRT, SF-36)
- We continually monitor use, access, and outcome measures as well as treatment plan data as they pertain to changes in health status, seek feedback regarding satisfaction with services, evaluate engagement in primary care services, ER utilization and unnecessary hospitalizations.
- We are looking at our outcomes for subpopulations as they compare to the majority group, local populations, and overall national statistics.

Data Collection



Successes to Date

- Clients and staff in both clinics express gratitude of having all services coordinated and in the same location – additionally, we have an excellent show rate to medical appts
- High demand for services from clients and staff
- Clinics have allowed AuMHC staff to understand better IPC and its utility – shifting the culture
- Broader community collaborations as a result of clinics, adding to sustainability
- Will use the opportunity of expanding to newly designed, integrated and larger clinic to ensure environment is set up to be welcoming to patients from diverse backgrounds, cultures, race and ethnicity



Looking Ahead

- We plan to become an important fiber of the fabric of the mental health center by making our clinics invaluable to the clients we serve and staff who refer to us
- Through use of live interpreters we hope to demonstrate a cost/benefit analysis of the effectiveness of services delivered this way
- We are collaborating on a number of grant proposals to help support various aspects of our program
- In 6 months we will move into our new HHW clinic, have live interpreters and health navigators for the CRWC, enroll 200 pts, train individuals in clinical teams to treat refugees, and start wellness groups at CRWC