



CMHC Wellness Center New Haven, CT

Connecticut State Department of Mental Health and
Addiction Services

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Population(s) of Focus

- The CMHC Wellness Center provides primary healthcare services for **individuals with a serious mental illness (SMI) who receive behavioral health services** at the Connecticut Mental Health Center- a state-funded Community Mental Health Center located in New Haven, Connecticut.
- Persons with SMI who receive services at community mental health centers are often of low income, living in a depressed urban environment, include a significant percentage of people of color, and have limited educational opportunities and English proficiency.
- Furthermore, within this population, African-Americans and Latino/Hispanics have been identified as having higher rates of certain medical conditions (e.g., Sickle Cell Anemia and Type 2 diabetes), differential rates of and preferences associated with access to care (e.g., at the present time mono-lingual Spanish speaking clients have limited access to on-site medical care at CMHC), and different outcomes associated with different models of care (e.g. familial vs. individual care).
- These risk factors combined are put individuals with SMI at an extremely elevated risk of comorbidity of illness and premature death.





Implementation Practices

The CMHC Wellness Center goals are threefold:

- Goal 1: To improve the physical health of at least 600 adults with SMI (e.g., decreased rates of obesity, hypertension, diabetes, hyperlipidemia, and tobacco and drug use)
- Goal 2: To enhance CMHC clients' experiences of care through the use of an electronic health record and by providing primary care, care coordination, health promotion, and peer wellness coaching/health navigation services on-site.
- Goal 3: To reduce the overall per capita costs of care for at least 600 CMHC clients through provision of a person-centered health home on-site at the CMHC.

Cultural and linguistic needs of all sub-populations are being met through the development of policies and procedures which guide: a) the routine screening and monitoring of health indicators based on normative data for persons of different race, ethnicity, and gender; b) the co-location of services to improve access to primary care; c) the implementation of care coordination to improve the quality of primary care services by enhancing communication among providers; and d) the use of Peer Wellness Coaches/Health Navigators to address a number of the challenges associated with SMI and the disparities experienced by sub-populations within this group (including persons of color, Latinos, women, and LGBT). Specific activities include:

- a Curriculum Development Workgroup, a Community Advisory Board, Peer Wellness Coaches/Health Navigators, modifications for cultural and linguistic responsiveness for monolingual Spanish speaking clients, accessible Hours of Operation, protocols for individuals with specific needs

Challenges and Barriers

- Although the Wellness Center staff have overcome a number of barriers and worked together to develop create solutions to some of the challenges that are presented, we continue to learn and adapt as we go. For example, the Wellness Center staff planned to start a smoking cessation group for Wellness Center clients. Although 7 people signed up for the group, no one came to the meetings. After further discussions with clients of CMHC and representative stakeholders on our advisory committees, we determined that shifting the focus towards the promotion of healthy lifestyles (as opposed to the cessation of unhealthy behaviors), through activities that the CMHC community can unite around (i.e., healthy eating, managing diabetes, cooking classes, and walking group) might be more appealing to all. Thus far, it seems to have worked... CMHC clients and staff alike are coming together regularly to work together towards living a healthy lifestyle.
- The co-location of the CMHC Wellness Center on the second floor of the mental health center (right outside the cafeteria) has been key to facilitating timely and convenient access to primary care services for our clients. Not only is the Wellness Center front and center when walking to most clinical offices and to the common gathering place of the cafeteria, this location allows Wellness center staff and health navigators an opportunity to connect with clients outside of the office, in more informal settings.



Data & Collection Measures

Evaluation plan is based on a “Plan, Do, Assess, Act” (PDAA) model of continuous quality improvement.

A formative evaluation addresses issues around project implementation and any deviation from the original plan, gaps and barriers, successes and challenges. Cost of services are being reviewed whenever possible. A summative evaluation (including NOMS, IPP, and Health Indicator Data) is being conducted to document the effectiveness of the project; that is, whether or not the goal and outcome objectives were met.

The data-driven process by which we will track sub-population disparities in access, use, and outcomes of Wellness Center services includes point of contact tracking, service utilization data, and outcome assessments, all of which will be analyzed and reported in the aggregate as well as by gender, race, age, ethnicity, LGBT status, and primary health condition in monthly, quarterly and annual reports. As sub-population disparities are identified, these findings are shared with the Wellness Center staff who will then engage in a process of PDAA to adjust or augment implementation of practices in order to eliminate disparities.



Successes to Date

- Since March 2013, **over 200 patients have received services** through the Wellness Center
- Peer staff are being hired into permanent state positions and, in this role, will collaborate with other staff and clients to increase access to health care and develop health promotion programming.
- Persons with SMI and co-morbid medical conditions are also on the Chairman’s Advisory Board and Curriculum Development Workgroup, where they play a significant role in shaping the overall project and how the peer staff are trained and deployed.
- Family members likewise are represented on the Community Advisory Board. Satisfaction surveys are being collected on an ongoing basis from both consumers and family members, and these data are being used to improve the quality of care.
- All CMHC Wellness Center activities are conducted so that primary healthcare screening, monitoring, and delivery is accessible to all individuals at CMHC, is culturally competent, and is responsive to individual differences in culture, gender, sexual orientation, and language.
- **JUST IN!** Notice of new funding granted from PCORI that will provide additional resources for expanding the roles of peer health navigators and data collection efforts

Looking Ahead



- In-kind contributions by CMHC staff will continue beyond grant period.
- Peer staff are being hired into permanent state positions, so that the funding for these positions will automatically be picked up by CMHC at the end of the project.
- Wellness Center is set up as a viable satellite clinic for the Cornell Scott-Hill Health Center after the grant period ends.
- Supplemental funds continue to be sought.
- DMHAS, as the State Mental Health Authority and administrator of the SAMHSA Block Grant, is in the premier position to assure continuation of this project. In addition, we will use outcomes from the evaluation to determine whether the model should be replicated throughout the state.