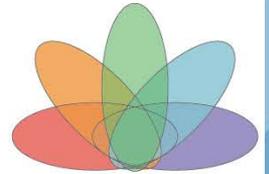


Collective Impact for High Public Service Utilizers Health Disparities Grant Program



Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus • School of Medicine



www.bhwellness.org

A Partnership with:

**Metro Denver Homeless Initiative (MDHI)
Colorado Mental Wellness Network (CMWN)
Denver Public Health
Jefferson County Public Health**

Sites Hosting Peer Navigators

**Metro Community Provider Network (MCPN)
Bridge House
Homeless Outreach Providing Encouragement (H.O.P.E.)**

Project Summary

To connect homeless individuals who struggle with behavioral health and chronic care conditions to healthcare coverage and/or services utilizing peer specialists

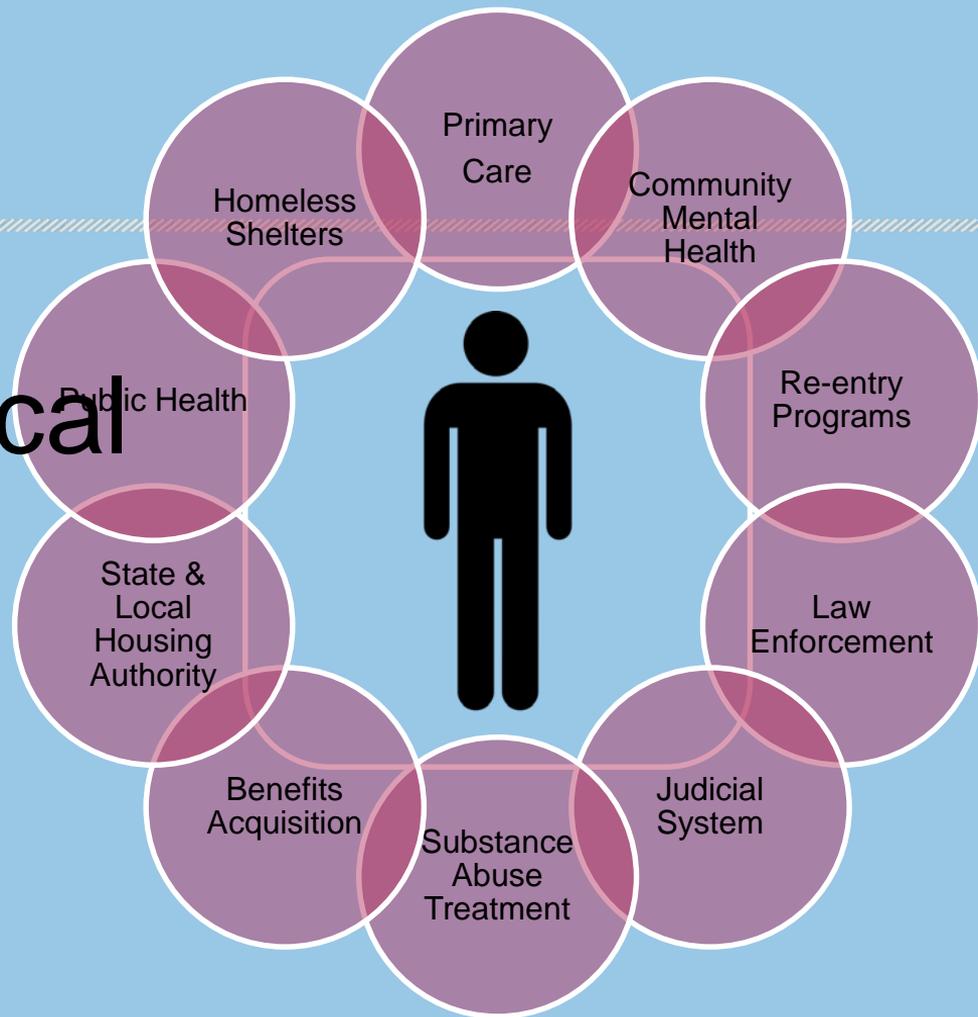
- Close gaps in the provision of chronic disease detection, surveillance, management, and healthy living
 - **Cancer**
 - **Heart Disease**
 - **Diabetes**
 - **COPD**

The Problem

- Denver Metro Point in Time Data
 - 6,130 homeless individuals
 - 13.1% unsheltered
- Higher rates of morbidity and mortality
- Multiplicative risk factors
- Overlapping vulnerabilities
- Insufficient access to care
- Complex healthcare needs



The Patient Centered Medical Neighborhood



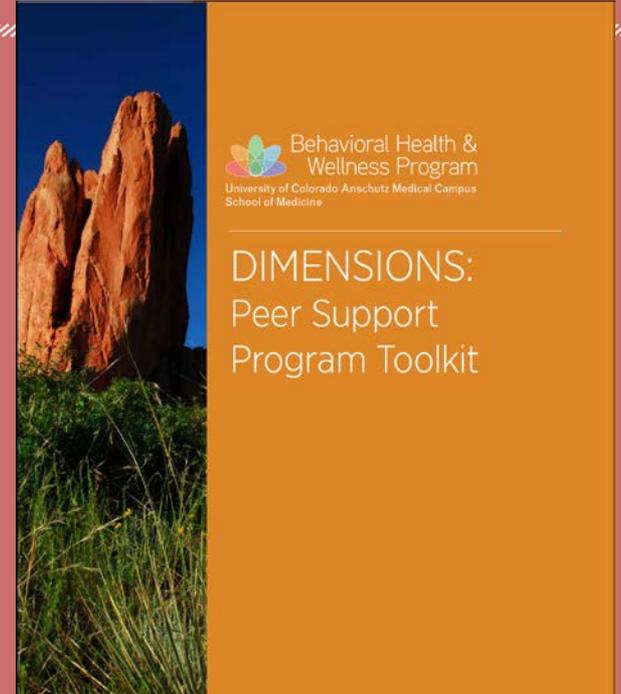
Lived Experience

“A peer provider is a person who uses his or her lived experience of recovery from mental illness, addiction, or homelessness plus skills learned in formal training, to deliver services to promote mind-body recovery and resiliency.”

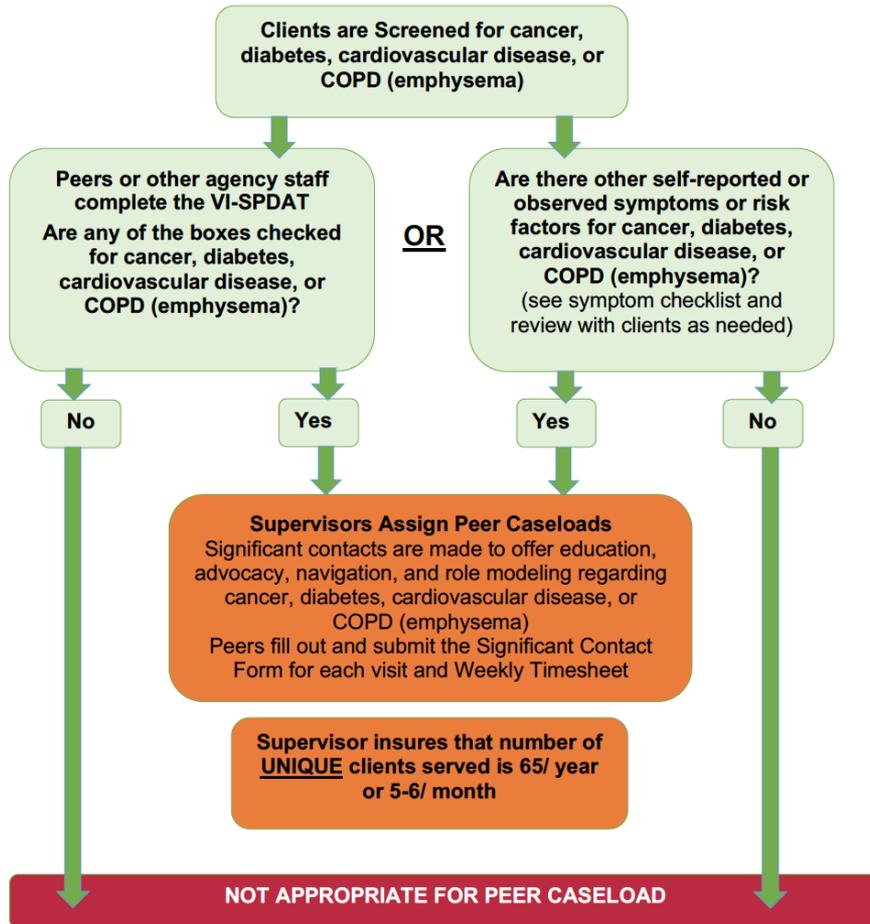


Tailored Training for Peers and Agencies

- Regular PN trainings and support occur, including:
 - Wellness Recovery Action Planning (WRAP)
 - Signs and symptoms of chronic diseases
 - VI-SPDAT facilitation
 - Onsite instruction, support & supervision
- 80-hour Peer Support Specialist Certification



Collective Impact Coalition for High Public Service Utilizers
Workflow Template



- Four PNs currently employed across three sites
- Roughly 50 participants in the project's coalition
 - For FY 17- 495 clients reached by PNs
 - 313 clients screened for four key chronic diseases
 - 118 clients referred to health care providers

Lessons Learned

- Coalition consensus building was time intensive but effective
 - Training needs identified
 - Workflows determined
 - Activity categories identified
- Iterative process of building program tracking and evaluation strategies
 - Peer Navigator Activities:
 - Client Health Information:
 - Reported diagnoses
 - Symptoms and problems self reported or
 - Behavioral habits/individual characteristics self reported or observed
 - Peer Navigator/Client Interactions:
 - Assess services provided by peer navigators at each and every visit