

## **Bridging the Gap: DU Mental Health and Wellness Collaborative Clinic**

### **Why this topic?**

The DU Mental Health and Wellness Collaborative (“the Collaborative”) is driven by compelling mental health needs of communities. The public good is central to DU’s mission; and the urgency for high quality, accessible mental health care cannot be overstated. Prior to the COVID pandemic, mental illness affected 18.5% of Americans (43.8 million people). After the pandemic, the prevalence of mental illness rose to 20.78% (50 million Americans) ([Mental Health America, 2023](#)). Further, a recent Centers for Disease Control and Prevention (CDC) study that found that 44% of American teens report that they feel “persistently sad or hopeless” and one in five had contemplated suicide. Even more alarming is the ongoing lack of access to care due in part to a national mental health workforce shortage ([Mental Health America, 2023](#)). Over half (54.7%) of adults and youth (59.8%) with a mental illness received no mental health treatment. The [Senate Committee on Finance Mental Health Care in the United States Report](#) that oversees Medicaid, Medicare, and CHIP programs stated, “The house is on fire, and the nation is short on firefighters equipped to put out the blaze. This crisis has been made even worse by the disruption, isolation, and loss experienced in the COVID-19 pandemic”. Unmet mental health needs contribute to many other social problems including homelessness, poverty, substance abuse, and interpersonal violence.

In May 2021, Colorado declared a Youth Mental Health State of Emergency due to increasing levels of mental health crises including suicide attempts by children ([Children's Hospital, 2022](#)); and Colorado ranks near the bottom nationally in meeting mental health needs. Denver residents experience many barriers to receiving needed behavioral health services such as cost, inadequate insurance, and long wait-times for appointments. ([DDPHE, 2023, p. 7-8](#)). The metropolitan area is described as a “mental health desert”. Denver also has documented differences in behavioral health conditions and access to services by race, ethnicity, age, income, and insurance status. Marginalized individuals (including those who are ethnically, racially, and/or linguistically diverse; unhoused, elderly, disabled, and LGBTQ+ persons; and those with limited access to resources) face additional barriers and even lower rates of service engagement.

The Collaborative has completed the initial steps of a long range vision to improve mental health services, innovate through research on prevention, and strengthen interprofessional workforce development. Our approach is inclusive of diverse perspectives, including underrepresented racial, ethnic, linguistic, socioeconomic, nativity, gender, sexuality, and ability groups and across the lifespan. The Collaborative is positioned to tackle unmet mental health needs of Coloradans, provide a cutting-edge training opportunities for DU students, and lead nationally in interprofessional mental health workforce development.

### **Why now?**

The Collaborative is uniquely positioned at DU to act swiftly and effectively building on impactful work together since 2016. Some of our key accomplishments to date (*DU Health and Wellness Collaborative Annual Report available upon request*) include:

- Involved more than 100 faculty, 40+ community partners, and 40+ graduate students, many of whom committed to continuing to shape our future directions.

- Partnered with CiBiC at Daniels Business College for the development of a business plan (*available upon request*).
- Developed a [website](#) designed to improve accessibility of DU-based mental health services.
- Engaged with Deans, the SVP for Graduate Education and Research, and Special Counsel to the Chancellor for Academic Innovations.
- Co-taught an interprofessional course, wrote a scholarly publication, submitted a graduate training grant (HRSA), and formed an interprofessional faculty search committee.
- Completed an initial vetting of over 20 physical locations for Collaborative centers across Denver.
- Conducted [Community Partner Mapping](#) of mental health needs with 600+ other agencies through data visualization.
- Initiated a Community, Student, and Faculty Fellows program with a cohort currently engaged in promoting mental health efforts for underserved families.
- Mentored students across units in an interprofessional environment to assist with the Collaborative's efforts.
- Secured initial seed funding and secondary funding from DU's Knowledge Bridges.

These efforts have led to the following lessons learned through community engagement:

- We must center community voices, needs, and priorities as we move forward with planning, including the development of areas of focus and coordination of site and project selection.
- Community partners enjoy the role they play in training, including supervising our students; they also value the work done at DU, yet would like to see DU take a more active role in supporting mental healthcare in Colorado.
- DU must prioritize providing clinical services in locations where community need presently exists is needed, rather than limiting our services to our campus.
- DU could play an important role in addressing stigma of mental illness in the community and increasing efficiency of technology use in treatment.
- DU students and faculty are desperately needed to partner with agencies on research and evaluation.
- Our role in training and workforce development could be both pre-service training on student-identified needs (systemic interventions, suicide risk assessment and prevention, addictions, and LGBTQ+ populations) and professional development.

The stakeholder-driven, innovative, and silo-busting nature of the Collaborative's vision resonated with our faculty and clinic director stakeholders, as well. Lessons drawn from their engagement include:

- Faculty support the Collaborative and its potential for harnessing the collective voice and expertise of our faculty clinical services, training, and research.
- Faculty endorse community-led targeting of community needs and addressing challenging barriers such as access to clinical services and lack of evidence-based programming.

- Faculty and DU Clinic Directors expressed concerns about institutional barriers, such as funding challenges and workloads that might prevent full engagement.
- Concerns were overshadowed by the enthusiasm for the many expected benefits of interprofessional clinical training, supervision, service delivery, and research, particularly the potential for interprofessional collaborations for research and within complementary areas of expertise.

Similarly, students are excited about interprofessional opportunities:

- Students express a hunger for more interprofessional supervision and collaboration.
- Students describe practical and bureaucratic barriers that keep their learning opportunities within separate silos. They want increased institutional-level support for research and collaboration across departments and with community partners.
- Students note that holistic services to address community needs, particularly in “gap” areas of unmet need, were crucial, and that low-cost, culturally-responsive training is imperative.

This work positions the Collaborative to hit the ground running. We seek to build on prior work and partnerships to address pressing mental health needs and positioning DU as the preeminent training site for interprofessional mental health care and research.

### **What will be the outcomes and impacts of this initiative on society when funded?**

Connecting our expertise and capacity to the need for mental health services presents an unparalleled opportunity to forge lasting change in our communities, drive learning and innovation, and create knowledge bridges across departments and communities. We can break down structural and administrative barriers to interprofessional education, training, and collaborative practice, and serve as a national model for collaborative practice in the community to address unmet need.

The vision for the Collaborative over the next 5 years is to build and bring into full operation a multi-tiered mental health center that is embedded in the community and led by directors of clinical service, research, and interprofessional training. We anticipate the need for students, faculty, and staff, plus technical and physical infrastructure, to support the center. This comprehensive approach must be informed by the needs and strengths of our community partners, while maximizing the collective expertise of the DU faculty. **Ultimately, our goal is to be the ‘go-to’ trusted source for mental health services, research, and training in Colorado and beyond.** This aligns with DU’s public good mission by fueling exemplary, innovative training for DU students. With the support of donors, grants, contracts, and fees from services, we could scale our operation up to treating thousands of clients and educating hundreds of students each year.

### **We have identified 3 phases of our vision with impact anticipated during and after each phase:**

*Phase 1: Finding our community and partners.* Although we held an initial community partner event to identify local mental health priorities and needs, that work occurred before the pandemic. The world has dramatically changed since that time. We will conduct a new

community assessment using innovative modeling (e.g., GIS) and a series of community partner meetings. We will work with community partners to articulate the most pressing mental health needs of their community, and identify the faculty, staff, and students at DU that have relevant expertise to meet those needs. This will remedy a historic pattern of our university's top-down community engagement. At the end of Phase 1, we will have identified a community location and partnerships through which we will collaboratively build a mental health center to address community-identified needs through research, clinical services, and workforce training. The success of Phase 1 is dependent on adequate resourcing for staffing and faculty leadership (*Sample Budget for Phase 1 available upon request*).

*Phase 2: Physical structure & Interprofessional Structure.* In this phase, we will work with our community partners to identify a new or existing space that meets community mental health needs. We will consult with colleagues from other mental health centers to understand how to best staff our center for maximum effectiveness in services, outcomes, research, and interprofessional training. This space will serve DU's vision of providing clinical services to the community by faculty, staff, and students while generating opportunities for research and training, and it will incorporate spaces that are flexible and responsive to community needs identified in Phase 1 (e.g. meeting rooms open to the community, gathering/play space for youth while parents utilize services). Our community-based Interprofessional Education (IPE) structure will offer stellar training opportunities for DU students to be uniquely trained in community-based and IPE services, on-site research-capacity for high quality clinical trials to develop, and test evidence-supported interventions. Developing interventions in the community, and in partnership with the community, will produce mental health practices that are more responsive to the needs of the community and begin to bridge the gap between surviving and thriving especially in underserved and vulnerable groups.

*Phase 3: Opening the center's doors and operating the center for years to come.* As noted in our original submission and restated in this paper, **our goal is to be the "go-to" trusted source for mental health services, research, and training in Colorado and beyond.** The cost and outcomes of Phases 2 and 3 depend on Phase 1. On guidance from Advancement, we have explored budget models for all phases of our mental health center, but it feels premature at this time to commit to a financial model before we have a community partner(s). As we move forward to Phase 1 implementation, we can better articulate our needs for each phase. Details and specifics forthcoming.

### **Why DU? What are DU's current strengths around area of focus?**

DU has extensive existing infrastructure that can support expansion of educational and community services. On campus, we have world class scientists (researchers and clinicians) in wellness and behavioral health including from GSPP (Graduate School of Professional Psychology), CAHSS (College of Arts, Humanities & Social Sciences) Dept of Psychology, MCE (Morgridge College of Education), and GSSW (Graduate School of Social Work). Faculty serving on the Collaborative are positioned perfectly to conduct interdisciplinary work and to mentor, teach, and supervise students in the delivery of those services.

We have nearly 1,000 undergraduates and over 2,100 graduate students studying mental health related topics at DU, and many of our mental health and wellness-relevant programs are top-rated by national indices. We are already regarded for providing exceptional training to the next generation of professionals, and developing a center like the one we are proposing would allow us to recruit and fund some of our best trainees.

Many faculty have established community partnerships and various groups on campus are already providing incredible services to the community through their DU-based clinics and labs. Services include group, couples, family, and individual therapy; play therapy, infant and early childhood mental health support, cognitive/neuropsychological evaluations; assessments required for professional and educational purposes; programming for substance abuse intervention; domestic violence prevention; the evaluation and treatment of intergenerational and historical trauma and of trauma sustained by populations of migrant and displaced persons.

We can use our existing expertise and partnerships and expand on them by moving to a community-located service delivery model. We envision extending our reach by using existing telehealth service delivery systems, increasing the number of service providers currently embedded in schools and other community locations, and increasing the capacity of front-line providers and paraprofessionals through continuing education and professional development.

Specific examples of the university's strengths in the mental health arena include but are not limited to:

*Student & Community Provider Enhanced Training & Education:* The Collaborative will enhance successful graduate and doctoral training programs at DU by providing student and community-centered integrated interprofessional educational experiences. The proposed collaboration simulates the interprofessional collaboration that occurs in many health facilities, but rarely in academic settings. The diversity of expertise is beneficial for students and drives positive outcomes for clients. We will provide more coordinated professional development opportunities for community partners. These offerings can be coordinated with outreach to specific groups/organizations who express interest in developing their workforce through continuing education and micro credentials. The Collaborative has already partnered with CCESL (Center for Community Engagement to advance Scholarship and Learning) to provide workshops on interprofessional education (IPE) for their Community-Engaged Fellows Program and provided workshops and training on IPE for the Denver Public Schools Curiosity Series, GSPP COST and GSSW CLIMB programs (two HRSA-funded graduate training programs).

*Applied Mental Health Research and Training:* Mental and behavioral health needs are complex and effective prevention and treatment approaches require creative and innovative solutions. Our internationally recognized faculty are at the forefront of mental health research efforts. We have cross-unit expertise in research on adversity and trauma and in reaching marginalized populations including persons facing homelessness, discrimination, and poverty. For example, the ongoing Collaborative Fellows Program is comprised of faculty as well as student and postdoctoral trainees who were selected through a competitive application process. The Collaborative Fellows are partnering with [Thriving Families](#) to provide support to women,

babies, and families during the transition to parenthood. Fellows are implementing action steps including developing peer-to-peer supports across the Motherwise program and a partner agency (Alma Project) to better serve Spanish speaking clients, reviewing existing research, exploring possible research projects, and working with the 211 service referral resource (<https://www.211colorado.org/>).

*Artificial Intelligence Technologies to Advance Clinical Services & Research:* To date, researchers and supervisors have been limited in their ability to evaluate the quality of therapeutic services. We plan on utilizing an innovative artificial intelligence (AI) approach (i.e. the Lyssn System) that can capture, record, and code therapy sessions. This system can also provide ongoing feedback to therapists via session reports, daily reports, and weekly reports. These reports include aspects of the therapeutic interaction, such as empathy ratings, types of therapist statements, emotional content, and fully transcribed sessions. This will enhance training and research opportunities, and DU will be one of only a few universities using this innovative approach to studying clinical interactions and providing real-time feedback to developing clinicians.

**What makes our proposal so unique and innovative? How is DU uniquely positioned to execute this unique plan?**

The Collaborative has an existing team and model demonstrating an effective interdisciplinary approach. We have successfully engaged community partners, students, and faculty across units to identify and address pressing mental health problems and we are well positioned to expand this model if funded.

Researchers in each of the units represented by our team are developing new evidence-informed approaches to serving clients. These include Johnny Kim in GSSW's Solution-Focused Brief Therapy for families involved in child welfare system; Michelle Rozenman in CAHSS Dept of Psychology's Brief Behavior Therapy for youth with internalizing disorders; Jesse Owen in MCE's work on national practice-research mental health networks; Kim Gorgens, Jen McMahon and other GSPP partners' recent funding to expand the Denver Forensic Institute for Research, Service, and Training (Denver FIRST)'s competency-related programming and pilot an innovative, first-of-its-kind Brain Injuries Screening (BIS) Program serving populations with suspected brain injuries in the Colorado competency system.

Our world class scientists have experience disseminating clinically-relevant research so that people well beyond DU's campus can apply it (e.g., Anne DePrince's community-engaged, feminist, anti-racist research team conducts intersectional research that disrupts gender-based violence and other forms of oppression; she has written numerous op-eds on the topic, conducted trainings with law enforcement agencies, and spoken all over the country; Jesse Owen is the Editor of a top-tier APA journal entitled *Psychotherapy*; Jenn Bellamy is a nationally recognized expert in implementation of evidence-based practice as an author of multiple textbooks, peer reviewed publications, and training experience across allied mental health professions).

We have demonstrated success in reaching underserved populations (e.g., GSSW's Dr. Daniel Brisson is working with individuals experiencing homelessness, and Dr. Ramona Beltran work

addresses historical trauma among native communities; Dept. of Psychology's Galena Rhoades established Motherwise to serve high-risk individuals during the transition to parenthood; and GSPP and MCE's partnership with Denver-area criminal justice centers). In addition to these community-embedded clinical research projects, we have hundreds of undergraduate and graduate students receiving clinical training and providing clinical services to underserved populations in a variety of internships (e.g., at Denver Health, Servicios de la Raza; Second Chance Center; African Community Center, etc.) as well as internship sites across the country through our online programs.

Many of our units already have Continuing Education and certificate programs that are in high demand – we can build from what is in place already to further expand access to professionals who want to obtain interprofessional training related to mental health.

### **How does DU compare/compete locally and nationally on this subject matter domain?**

We would create a community-centered, innovative, state-of-the-art mental health center that is embedded in a mental health desert. There are no other mental health centers in the Denver metro area that prioritize evidence-based practice, interprofessional training, and clinical research generation.

We already partner with several of the area mental health service providers. These include hospitals (Denver Health and CU Anschutz) and community mental health groups such as Wellpower (formerly MHCD), Aurora Mental Health, and Kaiser Permanente. These groups, however, rarely conduct research, infrequently provide evidence-based mental health care, and do most of their training through supervision of graduate students (versus true interprofessional training).

Nationally, there are several models like the Collaborative (e.g., University of Nebraska, UCLA, Northwestern, Boston University, University of Louisville, Harvard/McLean Hospital). We have consulted with colleagues from some of these universities to gain more insights. They found that having a centralized multi-dimensional clinic can increase visibility and credibility with the community and funders. However, our model is distinct in that true interprofessional training is not integrated into the curricula of these models. Moreover most of these programs utilize a traditional model of IPE anchored in a medical profession (e.g., nursing, physical therapy; <https://nexusipe.org/connecting/ipe-centers>) and infused with mental health, where as we are truly centered in mental health professions.

### **Regarding DEI values and principles, how will this project, if funded, increase compositional diversity at DU and inclusiveness and justice at DU? How does it contribute to student interest and enrollments?**

As noted, well-documented disparities in access to and utilization of mental health services cut across virtually every minoritized community in the United States; in Colorado, all 64 counties have been designated Health Professional Shortage Areas in Mental Health ([HRSA Rural Health Information Hub](#)). Current and prospective DU students, faculty, and staff are eager to be part of the solution, and funding this project represents an innovative pathway to realizing the University's commitment to diversity, equity and inclusion.



The project is community-centered and driven by community partners and those they serve, leveraging DU's collective strengths to center these voices in effecting concrete, measurable change. Every aspect of the project—from its IPE framework and applied research model to the evidence-based, culturally-informed services offered—has been thoughtfully designed to provide opportunities for the kind of meaningful, “real world, real time” engagement demanded by the learners and scholars of today and tomorrow (e.g., [Mintz, 2022](#)).

This project offers appealing opportunities for service learning, paid practicum, didactic instruction, mentorship, and the development of marketable skills and community connections, inviting students and faculty from minoritized and under-resourced backgrounds to thrive while doing the work that likely drew them to their respective fields in the first place. DU can enhance its regional, national, and global reputation as not just a *thought* leader in this arena, but as an *action* leader in addressing the mental health crisis in this country. By defining the leading edge of inclusive, transformative, and next-generation training, service, and research, DU will attract a diverse array of students and professionals excited by the prospect of being part of a vibrant academic community with the reach and resources of an R-1 institution—and the heart of a “private university dedicated to the public good.”

### **How does this topic further DU's commitment to the public good?**

The Collaborative was conceptualized from the ground up as community-centered, driven by the needs and vision of community partners and those they serve with an emphasis on supports for vulnerable and underserved populations. This is leveraging the power of a “private university dedicated to the public good” in its purest form. The work of The Collaborative embodies this commitment for the DU students, faculty, and staff engaged in its work to the direct benefit of Coloradans through improved access to high quality and effective services. If DU is to serve the public good, it must break through the boundaries of campus and bring the resources of the university to the community. The mental health center we will create will exist in an underserved community, where it will increase accessibility and diminish traditional barriers to care.

A community-based mental health clinic as a hub for learning, service, and research will center and enrich the student experience through IPE and will have substantial local community impact. In addition, the potential for research and scholarship generation in the areas of evidence-supported interventions, reducing mental health disparities, and Interprofessional training and service provisions have the potential to benefit communities well beyond Colorado.

The work of The Collaborative is also highly aligned with the [Colorado Behavioral Health Initiative 2023 Strategic Plan](#) which employs a collaborative impact model.

### **What sources of external funding are available to support this issue area, i.e., federal and state grant funding, philanthropic funding, other?**

In collaboration with the GSSW, GSPP, MCE, and CAHSS advancement teams, we have identified philanthropic funding, both private and foundation/corporate that would align with this priority. Additionally, there are federal and state grant opportunities that would align well. The advancement teams collectively prepared a list of prospects including but not limited to Caring for Denver, Caring for Colorado, and the Anschutz Foundation. We are prepared to move



forward in garnering external funding through multiple sources. (*Prospective List Available Upon Request*)

**How sustainable is this project? Likewise, how sustainable is the funding stream after initial investment? Will it contribute to student interest and enrollments and to tuition revenue?**

The Collaborative is basing the sustainability of this endeavor on several key factors outlined below:

- In collaboration with the Departmental Advancement Offices, we are looking at long-term funding as well as 3-5 year grants.
- In keeping with DU's mission for the public good, we will utilize a sliding scale fee structure for billing. We will also bill Medicaid or Medicare for those who qualify. Existing DU clinics using this approach are financially stable, so we know client revenue can help be part of sustainability while offering sliding scales or Medicaid.
- Continuing education training for community-based therapists and other mental health professionals.
- New interprofessional programs, such as Board Certified Behavior Analyst (BCBA) or addictions certifications, which could be stand-alone or enhance current student experiences.
- Contracts with state and county groups for specialized services (e.g., conducting disability assessments, offering court-mandated domestic violence or substance use intervention).
- A new community-based DU mental health center could provide viable fundraising opportunities (e.g., naming the clinic, the building, the rooms, endowed chairs). This opportunity could be paired with specific interventions (e.g., PTSD, Eating Disorders, etc.), which might be more central to some donors.
- Revenue from grants/foundations centered through the Collaborative could enhance sustainability.

We believe that creating a community-based, integrated mental health center will be of incredible interest to students. Students are increasingly looking for ways to access hands-on, immersive learning while pursuing their graduate and undergraduate degrees. Being able to market opportunities for community-infused, interprofessional training will undoubtedly set DU apart from almost all of its competitors and contribute to student interest and enrollments.

In closing, the Collaborative is grateful for this opportunity to realize our vision through the Ideas to Impact initiative. Over the years, we have refined our mission, purpose, and values. We have operationalized our vision, sought guidance from community partners, faculty, staff, and students, and implemented interprofessional education and training at DU and beyond. We are ready and excited to move forward. Thank you.

