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## RISKING CONNECTION: A MULTI-LEVEL TRAUMA-INFORMED CARE APPROACH TO REFUGEE SERVICES IN LEXINGTON, KY

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The document mentioned above has been reviewed and accepted by the student's advisor, on behalf of the advisory committee, and by the Director of Graduate Studies (DGS), on behalf of the program; we verify that this is the final, approved version of the student's capstone including all changes required by the advisory committee. The undersigned agree to abide by the statements above.

Marie Paige Higginson-Rollins, Student

Katherine Eddens, PhD, Committee Chair

Corrine Williams, ScD, MS, Director of Graduate Studies

RISKING CONNECTION: A MULTI-LEVEL TRAUMA-INFORMED CARE APPROACH  
TO REFUGEE SERVICES IN LEXINGTON, KY

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the  
requirements for the degree of  
Master of Public Health  
in the  
University of Kentucky College of Public Health  
By  
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14 April 2016

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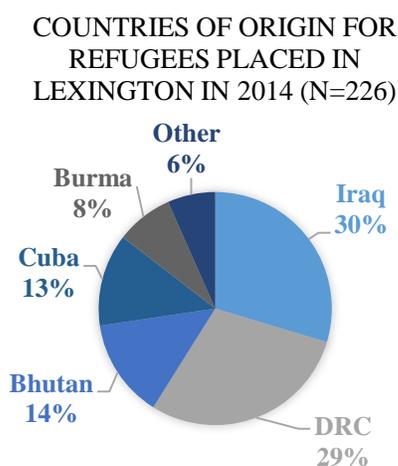
## **Abstract**

This project proposes to implement a multi-level, trauma-informed care approach to refugee services in Lexington, KY. The intervention will be carried out at three sites, the Bluegrass Community Health Center, the Kentucky Refugee Ministries, and the Lexington Global Engagement Center. These sites were chosen because of their extensive work with the refugee community. The intervention proposed is Risking Connection, a SAMHSA recommended trauma-informed care program, with a cultural-sensitivity training module and marketing campaign, and a group therapy pilot intervention for Congolese women based on the Bashal program at the Center for Torture and Trauma Survivors. The short-term goals of this intervention include an increase in site readiness for offering mental health services, provider satisfaction in the Risking Connection training, an increase in patient satisfaction with service, an increase in the number of refugees screened and referred to mental health services, and the establishment the group therapy pilot and the creation of a social activist group composed of the members of the pilot. Each component will be subject to a rigorous evaluation model. This program's long term goals are to create a more integrative and supportive approach to mental health services for refugees and to increase the availability of culturally-appropriate mental health services in Lexington, KY.

## **Target Population and Need**

According to the United Nations High Commissioner for Refugees (UNHCR), a refugee is someone who has a reasonable fear of being persecuted for reasons such as race, religion, political or social affiliation, and who has reason to believe that he or she will not be protected by their country of nationality.<sup>1</sup> Many refugees have endured war or political upheaval and face incredibly dangerous journeys to their country of resettlement. Not only do refugees endure traumatic experiences before and during the migration to their host country, they also face a spectrum of potentially traumatic incidents once in their resettlement country.<sup>2</sup> Cultural and language barriers, economic and immigration status, acculturation, and the perceptions of the host country can all have a negative effect on refugees' mental health outcomes.<sup>2</sup> In addition to the stress of relocation, there is a subset of this population that have endured or witnessed extremely violent and traumatic events due to war, civil conflicts, or ethnic conflicts. According to a meta-analysis conducted in 2008 with over 80,000 refugees, PTSD and depression were found in nearly 30% of refugee trauma survivors.<sup>3</sup> Comparatively, according to the National Comorbidity Survey Replication from 2003, the prevalence of PTSD among U.S. adults was 6.8%, while the RAND Corporation found that American veterans of Operation Iraqi Freedom had a prevalence of PTSD at 13.8%.<sup>4,5</sup> Despite a higher prevalence of mental illness among refugees who have experienced trauma, it is not common for this diverse population to seek help. This can be attributed to a multitude of reasons, ranging from cultural and language barriers, a lack of knowledge about services, stigma associated with mental illness, and financial and geographic barriers to accessing care.<sup>6</sup>

In 2014 alone, the United States received approximately 70,000 refugees, and that number is expected to grow in the coming years.<sup>7</sup> Out of those refugees, 1,849 of them were placed in Kentucky.<sup>7</sup> Over the last several years, Lexington, Kentucky, has absorbed a large number of refugees fleeing from violence in the Democratic Republic of the Congo (DRC). According to data provided by the Catholic Charities – Kentucky Office for Refugees, 29% of all refugees placed in Lexington in 2014 were originally from DRC. Violence is widespread in the



African country with militias recruiting children to act as soldiers, razing villages and attacking villagers, and raping of both women and men.<sup>8</sup> In addition to the conflict going on in the DRC, the settlement camps in surrounding countries are generally considered dangerous with threats to safety, prostitution, early pregnancy, and school

dropouts being major issues.<sup>8</sup> Despite advances in treatment options, nearly half of Americans with mental health issues do not seek help due to a failure in mental health delivery and financing mechanisms. In addition, the mental health infrastructure in Lexington is unequipped to help an international community that has experienced or witnessed this form of extreme violence.<sup>9</sup> Especially with international communities, who tend to be more community-oriented than in American culture, mental health services should be better trained to work with interpreters, offer culturally-appropriate treatments, and develop skills and tactics to help foster community healing.<sup>10</sup> In a qualitative study investigating the experiences of Congolese women resettled in Lexington, San Antonio, and Salt Lake City, it was found that barriers to seeking help included a “lack of affordable, culturally, and linguistically appropriate services,” social

isolation, limited English skills, and difficulties in meeting the basic needs of their families.<sup>11</sup> Furthermore, a needs assessment performed by the Central Christian Church located in Lexington corroborated that mental health services for refugees were lacking.<sup>12</sup> The proposed group therapy pilot will target Congolese women because there is already a demand for culturally-appropriate mental health services within this population. However, if proven effective the intervention can then be piloted with other groups. Geopolitical instabilities such as the civil war in Syria, displacement due to natural disasters and the adverse effects of climate change are expected to increase the number of refugees worldwide. With this in mind, it will become imperative to create a culturally sensitive and easily navigable refugee mental health infrastructure in Lexington in order to better serve refugees.

One of the largest barriers to accessing mental health services for refugees are providers. Newly settled refugees are eligible to receive a free Refugee Health Assessment within 90 days of resettlement, but neither the CDC nor the Office of Refugee Resettlement (ORR) enforce national guidelines for screening protocols.<sup>13</sup> As suggested by the CDC and the ORR, the University of Louisville's Global Health Center collects epidemiological data but there is no guarantee of uniformity within and between practitioners and clinics throughout the state. For example, despite similar percentages of refugees positively screened for mental distress using the Refugee Health Screener-15 (RHS-15) and having experienced or witnessed torture, the rate of referral to mental health specialists is 50% lower in 2014 than it was in 2013.<sup>14,15</sup> This decrease in referrals among providers in Kentucky could be due to fact that from 2013 to 2014, these health centers saw an increase of 42% in the number of refugees seeking screening services.<sup>14,15</sup> A national survey of refugee mental health screening procedures found that the biggest barriers

that practitioners conducting Refugee Health Screenings faced were the lack of time, resources, and culturally sensitive measures.<sup>16</sup>

Included in the appendix is an assessment of community assets regarding mental health and other social support services available to refugees in Lexington, Kentucky. The assessment was conducted via Internet search. In addition to non-profit and government programs, under the Affordable Care Act all refugees are entitled to purchase insurance through the marketplace and qualifying refugees can apply to receive Medicaid.<sup>17</sup> The proposed intervention, Risking Connection, will be implemented at three sites: the Bluegrass Community Health Center (BCHC), the Kentucky Refugee Ministries (KRM), and the Lexington Global Engagement Center (LGEC). These sites were chosen because they are the three organizations most likely to interact with incoming refugees who are eligible for a free health assessment within 90 days of entering the country. Risking Connection is an organizational approach to trauma-informed care with a focus on provider development.<sup>18</sup> This approach has been shown to help providers to better recognize trauma symptoms, better manage vicarious trauma, burnout, and victim-blaming, and to overall “more effectively support trauma survivors.”<sup>18</sup> In addition to the Risking Connection intervention, a cultural component to the Risking Connection training will be added. Furthermore, a small media campaign in collaborating organizations advertising trauma-informed care, mental illness symptoms among non-Americans, and where to get help will also be implemented. These will help prepare providers for culturally-specific issues and symptoms that may arise and to aid in spreading awareness about mental illness symptoms and how to get help among refugee communities. Finally, a group therapy session will be piloted among Congolese women in order to address the stigma of mental illness and the lack of culturally appropriate mental health treatments.

The number of providers and refugee patients expected to benefit from the Risking Connection intervention, the poster and brochure campaign, and the Congolese women pilot group intervention are listed below. This number does not take into account refugees who have moved to Lexington after being resettled in another area, refugees seeking services outside of the Refugee Health Screener-15, and other patients who will indirectly benefit from the trauma-informed care organizational approach. The number of providers receiving the Risking Connection training was calculated by summing the employees and expected interns and volunteers from all participating sites. The number of refugees exposed is based off of the total number of refugees placed in Lexington in 2014. The total number of refugees screened is based off of the number of refugees that seek out the Refugee Health Assessment in 2014.<sup>15</sup> The number of refugees referred is calculated by calculating the expected number of positive screenings (30%) and multiplying it by the total number of expected refugees being screened.<sup>3</sup> Finally, the number of patients eligible for the group therapy is based off of the number of Congolese women older than 18 years of age placed in Lexington in 2014.

**Expected number of people served by the interventions:**

<b>Risking Connection – Providers</b>	<b>Refugees Exposed to Posters/Brochure</b>	<b>Refugees Screened for Mental Illness</b>	<b>Refugees Referred to Mental Health Services</b>	<b>Members Eligible for Group Therapy</b>
170 over three years	226 per year	177 per year	54 per year	27 per year

The Bluegrass Community Health Center has a favorable working relationship with the Lexington Global Engagement Center and the Kentucky Refugee Ministries and their letters of support and Memorandums of Understanding for being included as intervention partner sites are included as an appendix. These organizations have a far reach into the refugee and immigrant

community in Lexington which will help with recruitment and retention efforts. In addition to recruiting refugee patients, these organizations will be instrumental in enlisting other Lexington organizations to help recruit patients and display the intervention's posters and brochures.

Finally, the South Eastern Medical Interpreters Association's (SEMIA), Lexington's group for medical translators, has offered their support to help with recruitment and retention and to provide translations services and resources. SEMIA will also review and edit the pilot group therapy intervention modules and will consult on translation issues that may arise between patients, providers, and translators.

**Strategies to recruit and retain participants include:**

<b>Recruitment/Retention Strategies – Risking Connection for Providers</b>	<b>Recruitment/Retention Strategies – Mental Health Screening and Referral for Patients</b>	<b>Recruitment/Retention Strategies – Group Therapy</b>
<ul style="list-style-type: none"> <li>• Offering RC training at no cost to participating organizations</li> <li>• Offering training to participating organizations as free CE credit</li> <li>• Offering gift cards for completing training</li> <li>• Offering subsidized lunches during training days</li> <li>• Covering the costs of one recertification for organizations' Risking Connection trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Culturally and linguistically relevant posters and brochures about the trauma-informed care approach being adopted by partner and collaborative organizations</li> <li>• Culturally and linguistically relevant posters and brochures about potential mental health issues common among refugees</li> <li>• Subsidized referral based on Medicaid copays (\$3/session) for 13 sessions<sup>19,20</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Subsidized referral based on Medicaid copays (\$3/session) for 13 sessions<sup>19,20</sup></li> <li>• Recruitment flyers at participating organizations</li> <li>• Public transportation vouchers</li> <li>• Light refreshments and daycare during sessions</li> </ul>

## **Program Approach**

The program, Risking Connection, will be implemented in three settings: the Bluegrass Community Health Center, the Kentucky Refugee Ministries, and the Lexington Global Engagement Center. This particular program was chosen because it is recommended by the Substance Abuse and Mental Services Administration (SAMHSA) and uses an organizational approach to instill a trauma-informed care approach that can be used with several different therapy techniques including cognitive behavioral therapy, trauma recovery and empowerment, dialectical behavioral therapy, and others.<sup>18</sup> Risking Connection was originally tested in mental health agencies in New York state and Maine.<sup>18</sup> It has since been adopted in seven other states and has been adapted to be used in other settings like public health organizations, organizations dealing with substance abuse, prison populations, and domestic violence, clergy, and youth services.<sup>18</sup> Risking Connection is based on constructivist self-development theory with aims to reduce problematic beliefs and behaviors among providers, such as blaming clients, blaming oneself, and experiencing burnout by training providers to foster RICH (respect, information, collection, hope) relationships with their patients.<sup>18</sup> The intervention is composed of five training modules with methods including “lecture, role-play, discussion, large and small group work, and experiential exercises.”<sup>18</sup> The training is most effective when led by an advocate for a trauma-informed care approach, therefore a Risking Connection leader and advocate will be chosen at each site to receive the extended Train-the-Trainer training and go on to train the remaining employees at their organization.<sup>18</sup>

**Concepts underlying RICH framework<sup>18</sup>:**

<b>Respect</b>	<b>Information</b>	<b>Connection</b>	<b>Hope</b>
<ul style="list-style-type: none"> <li>• Providers address each question as a reasonable one</li> <li>• Keep to the timeframe promised to the patient</li> <li>• Assume each patient is a potential trauma survivor</li> <li>• Recognize patients' expertise</li> <li>• Maintain confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>• Providers give resources to patients</li> <li>• Providers explain abstract concepts to patients such as through role-play</li> <li>• Providers encourage patient input</li> </ul>	<ul style="list-style-type: none"> <li>• Providers should get to know patients</li> <li>• Providers should listen to feedback</li> <li>• Providers should be open to change</li> <li>• Providers should foster relationships between patients (when appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>• Providers should instill the belief that patients can heal and that people can change</li> <li>• Providers should listen to patients and participate in exercises with patients</li> </ul>

Trauma and coping behaviors occur primarily “in the context of interpersonal relationships,” so training using Risking Connection aims to give providers a “non-defensive” framework to interpret the behavior of patients that have experienced trauma and to help create a positive, strengths-based approach to help patients address their traumas.<sup>18,21</sup> By providing a holistic framework for providers to interpret their patients’ behavior, providers feel more comfortable addressing mental health issues and are better able to provide more appropriate help.<sup>18</sup> Results from the pilot study in Maine reported that at the six month follow-up, 87% of providers felt that the Risking Connection training made them “better equipped to help... survivor clients” while 77% of providers felt like they were able to provide their patients with a “model that helps them cope more effectively.”<sup>18</sup> Furthermore, the results from a randomized-

controlled trial among primary care providers showed that those receiving the Risking Connection training were more likely to be compliant with health recommendations and were more comfortable discussing mental health issues with survivors.<sup>22</sup>

Although this particular intervention has not been implemented in Kentucky to our knowledge, the Kentucky Cabinet for Health and Family Services supports trauma-informed care approaches by offering presentations and online lectures and by supporting a trauma-informed approach through the activities of their different divisions, such as the Adult Substance Abuse Treatment and Recovery Services Branch.<sup>23, 24</sup> Meanwhile, the Lexington-Fayette Urban County Government's Department of Social Services supports trauma-informed care approaches and offers staff training in trauma-informed care.<sup>25</sup> Specifically, the Risking Connection intervention has been successfully implemented in a wide range of institutions, with different target and in different geographic settings.<sup>18, 21, 22</sup> This intervention will be appropriate for this population and these three settings in Lexington, Kentucky.

### *Adaptations*

A minor adaptation to the Risking Connection intervention will include an online training module on cultural competence and issues that may arise when working with people from different cultural backgrounds, including but not limited to: cultural and religious differences, cultural and religious views on mental health, differences in defining and describing mental health issues, and working with translators. This training module will be created with input from the Community Advisory Board, community members, representatives of each partner organization, SEMIA, the Project Coordinator, and a contracted expert from the University of Kentucky. The cultural training component will be piloted with both community members and

providers, and providers receiving this training will receive a follow-up quiz and satisfaction survey after six months and, if appropriate, will re-take the training every year.

Another minor adaptation will be the creation of posters and brochures in different languages outlining the trauma-informed care approach, culturally-specific symptoms of mental illness, and information on when and where to get help. These will be created with input from the Community Advisory Board, the Project Coordinator, community members, an expert contracted from the University of Kentucky, translators, and graphic designers contracted from a local firm. These deliverables will be tested with focus groups composed of members from the targeted community. The Risking Connection materials and both minor adaptations will be reviewed by the Community Advisory Board to ensure that they are inclusive and non-stigmatizing toward all individuals and will ensure that all training materials from the Risking Connection training program are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive.

A major adaptation to the intervention will include a pilot group therapy component modeled after the Bashal group for African women at the Center for Torture and Trauma Survivors in Atlanta.<sup>26</sup> In this model, participants receive therapy in a group setting and after completing the recommending therapy “graduate” into a “social community club or initiate a community organization” to help advocate for a cause, facilitate community healing, and offer individual support.<sup>26</sup> This adaptation is a culturally-appropriate way to address the needs of African refugee women who have endured the individual, collective, and cumulative effects of war trauma and rape. The group therapy module will be crafted with input from the Community Advisory Board. The training material for the group therapy component will be medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive, and this

component of the intervention will be reviewed by the Community Advisory Board to ensure that it is inclusive and non-stigmatizing toward all individuals.

### *Community Advisory Board*

Prior to implementing the intervention, a Community Advisory Board will be established within three months to lead community mobilization planning and activities. The Advisory Board will be formed by recruiting organizations from the Kentucky Refugee Ministries' and the Bluegrass Community Health Center's existing Boards. At the first meeting the Board will be encouraged to select community members to join the Advisory Board and reach out to them. These members were chosen because of their current work with refugee populations and experience with the healthcare system, mental health issues and trauma. Furthermore, the Project Coordinator, Student Workers, partner organizations, and the Community Advisory Board will implement strategies from the Best Practice for Community Mobilization while creating the Advisory Board and evaluate their implementation every six months.<sup>27</sup>

### **Community Advisory Board:**

<b>Medical</b>	<b>Non-Profit</b>	<b>Faith-Based</b>	<b>Other</b>
<ul style="list-style-type: none"> <li>• University of Kentucky</li> <li>• Lexington Health Department</li> <li>• KentuckyOne Health</li> <li>• Baptist Health</li> <li>• HealthFirst Bluegrass</li> <li>• Lexington-Fayette County Health Department</li> </ul>	<ul style="list-style-type: none"> <li>• Catholic Charities</li> <li>• United Way of the Bluegrass</li> </ul>	<ul style="list-style-type: none"> <li>• Maxwell Street Presbyterian Church</li> <li>• Immanuel Baptist Church</li> <li>• Central Christian Church</li> <li>• Masjid Bilal Ibin Rabah</li> </ul>	<ul style="list-style-type: none"> <li>• SEMIA</li> <li>• Department of Social Services</li> <li>• Lexington Public Library</li> <li>• Community Members</li> <li>• Bluegrass Regional Mental Health and Mental Retardation Board</li> </ul>

The Community Advisory Board will use strategies from the RAND Corporation's Getting to Outcomes to guide planning activities.<sup>28</sup> A needs assessment for the refugee community in Lexington has already been conducted, however a vision statement for the Community Advisory Board will be drafted within the first two meetings.<sup>27</sup> In addition, a community forum and focus groups will be held in order to determine any previously unstated issues or concerns facing both the provider population and the refugee community in regards to mental health services, access, treatment, and stigma. These will be conducted within the first four months of the grant period. The intervention program that will be implemented, with input from the community and the Community Advisory Board, is the Risking Connection intervention program with the cultural education, poster and brochure campaign, and the pilot group therapy adaptations. The Community Advisory Board will review that the intervention, outcomes, goals, and recruitment methods are culturally appropriate and all adaptations will be piloted using focus groups with the intended target audience and reviewed by the Community Advisory Board within the first six months of the grant period. Any changes recommended by the Advisory Board or target audience will be incorporated into the materials before implementation. All activities will be assigned to a group or individual and a completion date. The implementation components document will be reviewed every month by collaborating partners and the Community Advisory Board to ensure that the intervention is on track for the Risking Connection program to start being implemented within six months of the start date and the pilot group implemented within 1 year of the start date. These can be found in the logic model and work plan attached as an appendix. The Community Advisory Board will review all project materials to ensure that they are medically accurate, age appropriate, culturally and linguistically appropriate and inclusive of LGBTQIA individuals.



### *Implementation Sites*

In order to implement the Risking Connection intervention at each site, several steps will need to be taken. Before the intervention is implemented, the Project Coordinator and Student Workers will help each organization conduct a site evaluation using the Multi-Dimensional Mental Health Service Provider Checklist.<sup>29</sup> This is a metric that the Center for Victims of Torture supports and is used to determine the readiness in providing mental health services of organizations.<sup>29</sup> This will be completed within the first six months prior to implementing the Risking Connection intervention and once per year every following year. After conducting the evaluation, each organization will select employees for the initial Risking Connection training who are organizational leaders, either formal or informal, who may already be employing “relational principles” in their practice, and who would be skilled Risking Connection trainers.<sup>19</sup> In a study investigating the efficacy of different combinations of Risking Connection trainings among four child group home settings, it was found that the agency that trained employees that in differing disciplines and leadership positions was more effective at increasing organizational belief in the trauma-informed care approach and at overcoming resistance to training within the organization.<sup>21</sup> The total time for individuals receiving the Risking Connection training is approximately 20 hours plus a weekend-long “train-the-trainer” workshop.<sup>18</sup> In addition to leadership buy-in, organizations will support the intervention by amending each organization’s mission and vision to include a trauma-informed care approach, by offering the Risking Connection training during convenient work hours, by offering several training sessions per month, and by offering incentives to complete the training program such as gift cards and subsidized lunches during training days. Key development practices will include regular staff meetings, project updates, team building exercises, and encouraging employees to take on

leadership positions within the organization and with the intervention. On average, transitioning to a trauma-informed care institution takes one year.<sup>18</sup>

Each employee that participates in the Risking Connection training will also take the online cultural component training and knowledge pre-survey and receive a follow-up knowledge and satisfaction survey by email after six months. Each intervention site and collaborating partners will display and distribute the posters and brochures aimed at refugees at their discretion, with posters and brochures visible and available in at least one high-traffic area per site. The pilot group therapy intervention will be implemented using the available staffing and resources of the Bluegrass Community Health Center and the Lexington Global Engagement Center, with the Kentucky Refugee Ministries offering help with translation and referrals to the BCHC. The BCHC will provide the counselor and will refer eligible patients to the pilot program. The Global Engagement Center will provide the space for the program and childcare. This was chosen because those attending the program at the Global Engagement Center will not be readily associated with someone seeking mental health treatment, ensuring privacy and anonymity. Furthermore, the Global Engagement Center has a secured entrance, a large boardroom and smaller room for childcare available.

A list of referrals will be compiled by participating organizations and members of the Community Advisory Board. Given the Global Engagement Center's prior work and experience as a referral service, they will be the primary organization responsible for the assembly and update of referrals for this intervention. The Project Coordinator and Student Workers will work with the Global Engagement Center to ensure that all referrals are active and up-to-date and will be responsible for disseminating a list of referrals to each site and to the Community Advisory Board for dissemination at their facilities.

### *Monitoring Fidelity*

Evaluation surveys will be collected by the Project Coordinator and Student Workers throughout the duration of the intervention and evaluated by an independent evaluator contracted through the University of Kentucky. To monitor fidelity to the Risking Connection program, several steps will be taken, including regular meetings with the staff members implementing the program, random training visits, and patient and provider satisfaction surveys. Fidelity to the pilot group therapy intervention will include patient satisfaction surveys and meetings with the counselor and translators. Issues with fidelity will be handled by the Project Coordinator and the Project co-Directors, with input as necessary from the Community Advisory Board. Information collected from monitoring fidelity will be used to make continuous quality improvements to the intervention and its implementation.

### *Dissemination*

Informational posters and brochures will be created by conducting focus groups to determine effective messaging and contracting with translators and a graphic design firm to create the deliverables. Posters and brochures will be distributed to all three participating locations and to other community partners to be displayed. The goal of dissemination will be to educate patients about culturally-specific mental health issues and services, reduce stigma, and inform participants and potential participants about the trauma-informed care approach. The effectiveness of this method will be evaluated by asking participants if they have seen the materials and where in the surveys distributed to refugee patients seeking care at the Bluegrass Community Health Center. In addition, the “graduating” participants from the group therapy pilot program will spread awareness and help reduce stigma in their community.<sup>26</sup> Their methods of dissemination will be developed when the social activism portion is being created with input

from the Community Advisory Board. If deemed appropriate by the partner sites and the Community Advisory Board, the information from the posters, brochures, and the social activism group will be disseminated through social media channels as well. Furthermore, meetings will be held with refugee communities so that we may share our findings with them. Finally, once the results from the interventions are analyzed and interpreted, at least one article will be submitted to journals for publication and at least one local conference, one regional conference, and the national Refugee and Immigrant Conference presentation will be scheduled. In addition, if the intervention proves to be successful, we will reach out to other organizations in the state to help them transition their refugee services to a trauma-informed care approach.

### *Sustainability*

Sustainability is built into the Risking Connection program. In fact, the Traumatic Stress Institute found that 76% of organizations that participated in the Risking Connection intervention were still actively using it.<sup>31</sup> Once participating organizations' personnel are trained they then train other personnel, thereby creating a self-sustaining "train-the-trainer" program. Recertification for providers occurs every two years.<sup>21</sup> The grant will cover the first round of recertification and by the time the personnel need to be recertified it will be covered by further grants or the cost will be written into each organization's budget. Issues of sustainability will occur with the Congolese women's group therapy pilot intervention because it relies on a provider and translator who will be compensated through the grant. This could be counteracted by integrating this culturally-specific support group into the mental health services provided by the Bluegrass Community Health Center. Furthermore, any organization that receives federal funds is required to provide language services, so translation costs are included in the budget.

### *Potential Challenges*

There are some potential challenges that may arise when implementing this intervention. First, patients may be hesitant to join the pilot group therapy intervention. This will be mitigated by hosting the session at the Lexington Global Engagement Center instead of the BCHC, by ensuring that all participants agree to confidentiality, and by finding professional interpreters through SEMIA and the Kentucky Refugee Ministries. In addition, providers may be averse to receiving additional training. This will be addressed by modifying organizations' mission and vision statements, by dedicating work time for trainings and other incentives to participate, and by nurturing employees in leadership positions to advocate for the program. The biggest challenge will be to ensure that all program components comply with federal laws regarding access to translation services. In order to ensure that all laws and regulations are followed, the Community Advisory Board and the Director of the Lexington Global Engagement Center will advise on all intervention components regarding translation.

### **Performance Measures and Evaluation**

The Program co-Directors and Coordinator will hire three Student assistants recruited from university campuses around Fayette County. The Project Coordinator and the Student Workers will collect the evaluation data and work with the Program co-Directors to ensure continuous quality improvement. A statistician will be contracted from the University of Kentucky to analyze the collected data and report the results to the Project co-Directors and Project Coordinator. The results will be published in a report every six months and will be distributed to the granting agency and shared with the Community Advisory Board to determine if targets are being met and if any actions need to be taken to modify program implementation.

### Outcome Goals

The outcome goals for Risking Connection intervention include an increase in provider confidence in discussing mental health issues with refugees, provider confidence in working with translators, organizational satisfaction provider confidence in addressing mental health issues and in referring patients to appropriate services, an increase in patient satisfaction, trust, and use of mental health services, and a decrease in the prevalence of mental illness and stigma surrounding mental health among refugees in Lexington. To measure the progress towards these goals, outcome measures to be collected will include the following:

### Program Evaluation:

<b>Risking Connection Intervention</b>			
<u>Sites</u>	<ul style="list-style-type: none"> <li>Site readiness evaluation using Multi-Dimensional Mental Health Service Provider Checklist</li> </ul>	<ul style="list-style-type: none"> <li>Prior to implementation and every year</li> </ul>	<ul style="list-style-type: none"> <li>10% increase in readiness by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>Focus groups (successes, challenges, and lessons learned)</li> </ul>	<ul style="list-style-type: none"> <li>After implementation every year</li> </ul>	<ul style="list-style-type: none"> <li>70% satisfaction by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>Implementation satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>Every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>70% satisfaction by end of grant</li> </ul>
<u>Providers</u>	<ul style="list-style-type: none"> <li>Number of refugees screened</li> </ul>	<ul style="list-style-type: none"> <li>Continuous</li> </ul>	<ul style="list-style-type: none"> <li>5% increase by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>Number of refugees referred</li> </ul>	<ul style="list-style-type: none"> <li>Continuous</li> </ul>	<ul style="list-style-type: none"> <li>20% increase by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>Number completing training vs number of total eligible</li> </ul>	<ul style="list-style-type: none"> <li>Every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>80% of eligible trained by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>Intervention recipient follow-up survey based on Risking Connection pilot program<sup>18</sup></li> </ul>	<ul style="list-style-type: none"> <li>Every 6 months and a refresher every year</li> </ul>	<ul style="list-style-type: none"> <li>50% of participants recall RC tenets</li> </ul>
	<ul style="list-style-type: none"> <li>Cultural-awareness knowledge survey</li> </ul>	<ul style="list-style-type: none"> <li>Prior to training and every 6 months</li> </ul>	<ul style="list-style-type: none"> <li>80% of eligible trained by end of grant</li> </ul>

<u>Patients</u>	<ul style="list-style-type: none"> <li>• Satisfaction surveys (demographic info, quality of service, screened with RHS-15, screened for mental illness, received referral, intend to follow up, saw dissemination materials, where)</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to intervention and continuous</li> </ul>	<ul style="list-style-type: none"> <li>• 20% increase in patient satisfaction</li> </ul>
	<ul style="list-style-type: none"> <li>• Mental health referral tracking</li> </ul>	<ul style="list-style-type: none"> <li>• Continuous</li> </ul>	<ul style="list-style-type: none"> <li>• 10% increase in refugee follow-up to referral</li> </ul>
<b>Group Therapy Pilot</b>			
<u>Patients</u>	<ul style="list-style-type: none"> <li>• Refugee Health Screener-15<sup>28</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Prior to and upon completion of pilot</li> </ul>	<ul style="list-style-type: none"> <li>• 10% decrease in mental illness symptoms</li> </ul>
	<ul style="list-style-type: none"> <li>• Focus group</li> </ul>	<ul style="list-style-type: none"> <li>• Before implementation and upon completion</li> </ul>	<ul style="list-style-type: none"> <li>• 70% satisfaction by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>• Satisfaction survey</li> </ul>	<ul style="list-style-type: none"> <li>• Halfway through pilot and upon completion</li> </ul>	<ul style="list-style-type: none"> <li>• 70% satisfaction by end of grant</li> </ul>
<u>Providers</u>	<ul style="list-style-type: none"> <li>• Focus group with provider and interpreters</li> </ul>	<ul style="list-style-type: none"> <li>• Before implementation and upon completion</li> </ul>	<ul style="list-style-type: none"> <li>• 70% satisfaction by end of grant</li> </ul>
	<ul style="list-style-type: none"> <li>• Satisfaction survey</li> </ul>	<ul style="list-style-type: none"> <li>• Halfway through pilot and upon completion</li> </ul>	<ul style="list-style-type: none"> <li>• 70% satisfaction by end of grant</li> </ul>

The measures that we plan to collect data with will be sufficient to make claims regarding the progress towards outcome goals. The Bluegrass Community Health Center, the Kentucky Refugee Ministries, and the Lexington Global Engagement Center are the first sites that refugees interact with and the Bluegrass Community Health Center is the only site in Lexington to offer the Refugee Health Assessment. The intervention being implemented is an innovative systems approach so the research design will be a pre-posttest, within-subject design to determine if the intervention is more effective than the current model. Any changes in outcome can be attributed

to the intervention because there is currently no effort to change organizational strategies regarding mental health in any of these sites.

### *Potential Obstacles*

Potential obstacles to the collection of performance measures include: getting access to sites, getting feedback from providers, and potential miscommunications with patients. In order to get easier access to sites, we plan to work closely with each partner site by having student workers at each site, by recruiting intervention advocates, and by working with each site's schedules. By working closely with each site through leadership and intervention advocates, it will be helpful in getting a high response rate for the surveys and focus groups from providers. In addition, the surveys will be delivered by email, a more convenient format given their busy schedules. Finally, to ensure that all program components comply with current laws and regulations regarding translation services, the Director of the Lexington Global Engagement Center and the Community Advisory Board will oversee the implementation of the intervention, surveys will be translated and approved by focus groups, poster and brochures will be translated, and translation services will be provided at all three sites at no cost to patients.

### **Capacity of the Applicant Organization**

The Bluegrass Community Health Center, sponsored by Eastern Kentucky University, is a Federally Qualified Health Center, and was recognized in 2011 by the National Committee for Quality Assurance as a Patient-Centered Medical Home. It provides services to the Lexington community and surrounding counties. The Bluegrass Community Health Center was originally founded in 2001 with a grant to serve farm workers around Lexington.<sup>32</sup> In 2007, the clinic received \$250,000 in grant funding from the Department of Health and Human Services to offer

expanded services to low income families, the homeless, the uninsured, and Medicaid and KCHIP recipients.<sup>32, 33</sup> The clinic was awarded another grant in 2009 for \$472,915 from the Health Resources and Services Administration to expand the facility and upgrade to an electronic medical record and practice management system.<sup>34</sup> In addition to offering a range of primary services, including counseling and women's health, the clinic offers case management, employs a bilingual staff, and utilizes language interpretation.<sup>32</sup> The Bluegrass Community Health Center participates in community events such as flu clinics and health fairs, and partners with local organizations and area farms to perform more than a dozen medical and education outreach clinics per year.<sup>32</sup> From seeing 900 patients in 2001, the clinic now serves more than 9,000 patients per year and is currently accepting new patients.<sup>32</sup> As the Bluegrass Community Health Center serves patients from all walks of life from Lexington and the surrounding counties, it is committed to a policy that prohibits the discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, sexual orientation, or gender identity.

With an emphasis on coordinated care, in addition to two full-time social workers and a dedicated licensed counselor on staff, the Center is committed to improving mental health in the community.<sup>32</sup> However, an organizational shift on culturally sensitive trauma informed care is necessary because it is the physicians that will be primarily responsible for screening and referring refugee patients for mental health issues. The clinic has previous experience in implementing an evidence-based organizational intervention. In 2009, the clinic established the Smiles for Life intervention, an oral hygiene curriculum for all staff in the clinic that included dental screenings, varnish applications, oral hygiene patient education, and referrals for refugee patients.<sup>35</sup> BCHC collected data such as the rate of caries, periodontal disease rates, the number of children receiving fluoride varnish, and how many paid referral vouchers were used.<sup>35</sup> As of

2012, 545 people in total were screened, 88% of refugees were screened (349 out of 395 refugees seen), and from 2009 to 2014 the percentage of 1-6 year olds who received at least one varnish application rose from 1% to 52%.<sup>35</sup> The clinic is on track to meet its goal of treating at least at least 75% of children with at least one fluoride varnish application by 2017.<sup>35</sup>

The BCHC has an established Community Advisory Board with strong working relationships with over thirty organizations, including the Kentucky Refugee Ministries, the Lexington Global Engagement Center, Lexington Fayette County Health Department, the Lexington-Fayette County Urban County Government, the University of Kentucky, Central Baptist Hospital, and Saint Joseph Health System.<sup>34</sup> In addition, several clinic employees serve on community advisory boards for projects such as the Latino Farm Workers, Work Organization, Safety and Health research project at the University of Kentucky and the Kentucky Oral Health Coalition.<sup>36, 37</sup>

### **Partnerships and Collaborations**

Our two partners, the Kentucky Refugee Ministries and the Lexington Global Engagement Center, will be responsible for implementing the Risking Connection organizational framework at their respective organization by dedicating office-wide training time and an employee to be the intervention advocate and receive the Train-the-Trainer training. In addition, each organization will provide office space for one student worker who will be recruited from surrounding university campuses. Each organization will hang informational posters and offer free brochures about mental health services available to refugees, which will be provided to them through the grant period. Finally, they will be responsible for offering and tracking referrals to mental health screenings to the Bluegrass Community Health Center. For the group therapy pilot program, the Director of the Kentucky Refugee Ministries will act as the Project co-Director in

charge of this arm of the intervention. In addition, the Kentucky Refugee Ministries will refer potential pilot program participants to the Bluegrass Community Health Center to be screened. The Lexington Global Engagement Center will provide the room for the session and for childcare, in addition to referring potential patients to the Bluegrass Community Health Center for screening. Their Memorandums of Understanding can be found in the appendix.

### *Kentucky Refugee Ministries*

The Kentucky Refugee Ministries has been serving the Lexington refugee community since 1998. It works with nearly 300 refugees per year with a staff of 24 and an average of 65 volunteers per year to offer a variety of services, including: welcoming refugees, providing housing, job placement, and hosting a variety of language and culture classes.<sup>38</sup> Their goal is for refugees to become self-sufficient within four months.<sup>38</sup> The Kentucky Refugee Ministries operates on grants from the State Department and the Department of Health and Human Services in addition to donations and a Match Grant program, totaling nearly \$820,000 in 2014.<sup>38,39</sup> The Kentucky Refugee Ministries has over thirty community partners and works closely with churches and faith organizations in Lexington to help settle new refugees.<sup>39</sup> The Lexington office Director has been working with the refugee community and various community partners since 1999.<sup>40</sup> Furthermore, the Kentucky Refugee Ministries staff includes seven full-time case managers and has recently hired a mental health specialist.<sup>40</sup> Their experience with refugees, renewed dedication to culturally appropriate mental health, and their work with community partners will be invaluable to this intervention.

### *Lexington Global Engagement Center*

The Lexington Global Engagement Center officially opened in August of 2015 with a mission to serve the needs of Lexington's diverse community while promoting economic and artistic diversity.<sup>41</sup> The Center offers language services, driver's education and citizenship classes, and will act as a repository for referrals.<sup>41</sup> Although the Center is new, its Director has been working with the immigrant community in Lexington for ten years. She serves on several boards, such as the Human Trafficking Task Force, the Mayor's International Affairs Advisory Commission, the Fayette County Public School's Equity Council, the University of Kentucky's President's Commission on Diversity, and several other Advisory Boards at the University of Kentucky. Furthermore, she participated on a grant with the Central Christian Church conducting a needs assessment of ESL needs in Lexington in 2009.<sup>12</sup> In addition, the Program Specialist at the Lexington Global Engagement Center is currently serving on the SEMIA board, and has served on the Kentucky World Language Association board and on the board for the Kentucky Association of Japanese Language Teachers. The Lexington Global Engagement Center will be instrumental in recruiting partners for the Community Advisory Board, referrals, and to disseminate program posters and brochures. Their work with different organizations and their knowledge of laws regarding translations will be vital to the success of this intervention.

The Community Advisory Board will be composed of representatives from many different organizations around Lexington, including the Lexington-Fayette County Health Department, UK Healthcare, KentuckyOne Health, Baptist Health, Healthfirst Bluegrass, Catholic Charities, United Way of the Bluegrass, Maxwell Street Presbyterian Church, Immanuel Baptist Church, Central Christian Church, Masjid Bilal Ibin Rabah, the Southeastern Medical Interpreters Association, Department of Social Services, the Lexington Public Library, and

community members. Their letters of support are in the appendix. Representatives from these organizations were chosen because they represent a wide range of backgrounds and services impacting the lives of refugees in Lexington.

### **Project Management**

The **Project co-Directors** will oversee the project with tasks including hiring and training staff, monitoring program implementation, ensuring program fidelity and making changes when necessary, mobilizing partners, overseeing the program budget, collecting evaluation data and writing bi-annual reports, and acting as a liaison between partner sites and with the Community Advisory Board. The **Project co-Director** overseeing the implementation of the Risking Connection intervention and culturally-specific module at all three sites will be the Medical Director from the BCHC. He is a former University of Kentucky faculty member, has been the Medical Director of the BCHC since 2010 and is the founding member of the Clinic's Smiles for Life oral health organizational evidence-based intervention.<sup>37</sup> Furthermore, he has been a community member for 20 years and has six years of experience in mobilizing and managing community partners, establishing and evaluating evidence-based programs, and managing grant funding.<sup>37</sup> The other **Project co-Director** will be the Director of the Kentucky Refugee Ministries, who will oversee the implementation of the Congolese women's group therapy pilot and the dissemination of the posters and brochures. She has over 15 years of experience working with the refugee community.

The **Project Coordinator**, who has yet to be hired, will be in charge of managing the daily affairs of the project in order to make sure that the intervention is conducted with fidelity and on schedule. The **Project Coordinator** will have at least a Master's degree with a minimum two years of experience in mental health and/or international affairs, project management,

evaluation, and supervision. The **Project Coordinator** will manage three part-time **Student Workers**, one located at each site, who will help with administrative and evaluation duties. If an issue arises, the **Project Coordinator** will work with the **Project co-Directors** and partners to find a solution. Furthermore, the **Project Coordinator** will meet with the partner sites, the **Project co-Directors**, and the Risking Connection site teachers every three months to monitor program implementation.

Other key personnel include the Risking Connection site teachers, who will work with their organizational leaders, the **Project Coordinator**, the **Project co-Director** responsible for the Risking Connection component, and the site's **Student Worker** to implement regular Risking Connection trainings. The Director of the Lexington Global Engagement Center will work with the project staff, the Community Advisory Board, translators, and graphic designers in regards to translations for the posters, brochures, and patient surveys. Finally, the counselor and translators will work with the Director of the Global Engagement Center, the **Project Coordinator**, the **Student Workers**, the **Project co-Director** responsible for the group therapy pilot component, the partner sites and the Community Advisory Board to implement the pilot. Each personnel will receive an outline of their roles and responsibilities in the project. All staff will be trained in order to perform their jobs successfully. The **Project Coordinator**, in tandem with **Project co-Directors**, will oversee the training and monitor the success of the training. They will also ensure that each site is a supportive environment for employees, and will offer team-building and professional development activities.

## **Budget**

The proposed three year budget is as follows:

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
A. Personnel	\$228,160	\$233,160	\$233,160
B. Fringe	\$97,098	\$97,098	\$97,098
C. Consultant Costs	--	--	--
D. Equipment	\$6,200	--	--
E. Supplies	\$10,450	\$5,020	\$7,425
F. Travel	\$8,856	\$6,704	\$11,760
G. Other	\$13,598.31	\$4,706	\$7,706
H. Contractual Costs	\$15,000	\$5,761.60	\$5,761.60
<b>Total</b>	<b>\$380,362.31</b>	<b>\$352,449.60</b>	<b>\$362,910.60</b>

### *Personnel and Fringe Benefits*

In Year 1, the personnel and fringe benefits include the two Project co-Directors, the Project Coordinator, three Student Workers, an Evaluation Specialist, the three Risking Connection teachers, and a Cultural Specialist who will help create the training module. Fringe benefits were calculated using the estimates from Eastern Kentucky University because several

project employees are currently employed through EKU and their fringe benefit and healthcare calculations were higher than the ones posted for the University of Kentucky.

The personnel and fringe benefits for Year 2 and Year 3 include two Project co-Directors, Project Coordinator, three Student Workers, three Risking Connection trainers, an Evaluation Specialist and a counselor from the Bluegrass Community Health Center. Fringe benefits are calculated the same as in Year 1.

### *Contractual*

In Year 1 a local graphic design firm will create the posters and brochures for dissemination. In addition, translators for the top five languages spoken in Lexington, Spanish, Arabic, Chinese, Swahili, Nepali, and French will translate the brochures and posters, and translators will translate the patient survey into all 57 languages spoken in Lexington. Finally, a graphic designer will be contracted to create the online cultural-awareness training module. In Year 2 and 3, contracts will include a translator for the group therapy pilot.

### *Supplies*

In Year 1, supplies will include the printed brochures and posters, office supplies, Risking Connection site training, Risking Connection training manuals, and the registration for the Risking Connection train-the-trainer conference. Year 2 supplies will consist of posters, brochures, and office supplies. Year 3 supplies include posters, brochures, office supplies, conference poster, and Risking Connection train-the-trainer recertification.

### *Equipment*

Equipment will include computer desks and computers for the three student workers and five tablets for patients to complete surveys after their health assessments.

### *Travel*

Travel in Year 1 will include one staff to the annual Project Director's meeting and the three Risking Connection trainers to the train-the-trainer conference.

Travel in Year 2 will include one staff to the annual Project Director's meeting and three staff to the Regional Training.

Travel in Year 3 will be the same as in Year 2, in addition to the three Risking Connection trainers traveling to the train-the-trainer recertification and three staff to travel to conferences to disseminate project findings.

### *Other*

Other costs for Year 1 include a certification of completion for each employee that completes the Risking Connection, gift card incentives to finish the training, subsidized lunches during the three day Risking Connection trainings, travel vouchers for patients participating in the pilot project and subsidized mental health referrals for mental health services based on Medicaid copays.

Costs for Year 2 and 3 will include travel vouchers for patients participating in the pilot project and subsidized mental health referrals for mental health services based on Medicaid copays.

## References

1. Refugees, 2015. United Nations High Commissioner for Refugees Web Site. <http://www.unhcr.org/pages/49c3646c125.html>. Updated 2015. Accessed September 9, 2015.
2. Kirmayer LJ, Narasiah L, Munoz M, et al. Common mental health problems in immigrants and refugees: general approach in primary care. *CMAJ*. 2011;183(12): E959-967.
3. Steel, Z., Chey, T., Silove, D., Marnane, C., Bryant, R. A., & Van Ommeren, M. (2009). Association of torture and other potentially traumatic events with mental health outcomes among populations exposed to mass conflict and displacement. *Journal of the American Medical Association*. 302; 537–549.
4. Kessler, R.C., Berglund, P., Delmer, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6): 593-602.
5. Tanielian, T. & Jaycox, L. (Eds.). (2008). *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*. Santa Monica, CA: RAND Corporation.
6. Nazzal, KH, Forghany, M, Geevarughese, MC, Mahmoodi, V, Wong, J. An innovative community-oriented approach to prevention and early intervention with refugees in the United States. *Psychological Services*. 2014; 11(4): 477-485.
7. Office of Refugee Resettlement. *Fiscal Year 2014 Refugee Arrivals*. U.S. Department of Health and Human Services, Washington, D.C.: Administration for Children and Families; 2014.
8. Refugees from the Democratic Republic of the Congo. Cultural Orientation Resource Center. Updated March 2013. Accessed September 15, 2015. [http://www.refugeehealthcoordinators.org/pdf/Congolese\\_Background.pdf](http://www.refugeehealthcoordinators.org/pdf/Congolese_Background.pdf).
9. Sundararaman, R. *The U.S. mental health delivery system infrastructure a primer*. Washington, DC: Congressional Research Service, Library of Congress; 2009:1–22.
10. Barry, B, Pearson, N. *Rebuilding Communities: Training Trauma Survivors to Help Communities Heal After Atrocities*. Minneapolis, MN: Center for Victims of Torture; 2004.

11. Busch-Armendariz, N, Wachter, K, Cook Heffron, L, Busch Nsonwu, M, Snyder, S. *The Continuity of Risk: A Three-City Study of Congolese Women-at-Risk Resettled in the U.S.*; 2014:1–61.
12. Wright, K. Growing non-native population needs systemic approach to ESL. *Business Lexington*. March 2, 2012.
13. Center for Disease Control and Prevention. *Refugee Health Guidelines*. Atlanta, GA: Division of Global Migration and Quarantine; November 12, 2013. Accessed November 7, 2015.
14. The University of Louisville Global Health Center. Kentucky Refugee Health Assessment Report 2013. <http://globalhealth.center/rhp/state.php>. Accessed on November 7, 2015.
15. The University of Louisville Global Health Center. Kentucky Refugee Health Assessment Report 2014. <http://globalhealth.center/rhp/state.php>. Accessed on November 7, 2015.
16. Shannon, P. Exploring National Practices and Barriers Related to Mental Health Screening of Refugees. Presented at: The Society for Social Work and Research 2013 National Conference; January 16-20, 2013; San Diego, CA. <https://sswr.confex.com/sswr/2013/webprogram/Paper19091.html>. Accessed November 7, 2015.
17. Affordable Care Act. Refugee Health Technical Assistance Center. Updated 2011. Accessed September 6, 2015.
18. Giller E, Vermilyea E, Steele T. Risking Connection: Helping Agencies Embrace Relational Work with Trauma Survivors. *Journal of Trauma Practice*. 2006; 5(1): 65-82.
19. *Member Handbook*. Frankfort, KY: Commonwealth of Kentucky; 2014.
20. Hansen, N. B., Lambert, M. J. and Forman, E. M. (2002), The Psychotherapy Dose-Response Effect and Its Implications for Treatment Delivery Services. *Clinical Psychology: Science and Practice*, 9: 329–343. doi: 10.1093/clipsy.9.3.329.
21. Brown, SM, Baker, CN, Wilcox, P. Risking connection trauma training: A pathway toward trauma-informed care in child congregate care settings. *Psychological Trauma: Theory, Research, Practice, and Policy*. 2012;4(5):507–515.

22. Green BL, Saunders PA, Power E, et al. Trauma-Informed Medical Care: A CME Communication Training for Primary Care Providers. *Family medicine*. 2015;47(1):7-14.
23. Trauma Informed Care in Kentucky. *Trauma Informed Care Lecture Series*. 2013. Available at: <http://mhaky.org/programs/trauma-informed-care-lecture-series/>. Accessed March 30, 2016.
24. Adult Substance Abuse Treatment and Recovery Services Branch. *Kentucky Cabinet for Health and Family Services*. Available at: <https://dbhdid.ky.gov/dbh/adultsa.aspx>. Accessed March 30, 2016.
25. Hong, S. *Annual Report*. Lexington, KY: Lexington-Fayette Urban County Government; 2015:1–14.
26. Kira IA, Ahmed A, Mahmoud V, Wassim F. Group Therapy Model for Refugee and Torture Survivors. *Torture*. 2010; 20(2): 108-113.
27. Huberman B, Klaus T, Davis L. Strategies Guided by Best Practice for Community Mobilization. *Advocates for Youth*. 2014.
28. Chinman M, Imm P, Wandersman A. Getting to Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation. *Rand Corporation*. TR-101-CDC.
29. Center for Victims of Torture (2011). Multi-Dimensional Mental Health Service Provider Checklist, unpublished assessment measure, Minneapolis: MN.
30. Refugee Health Screener – 15 (RHS-15). *Pathways to Wellness: Integrating Refugee Health and Well-Being*. 2011: 1-3.
31. *Risking Connection: A Transformative Whole System That Lasts*. New Britain, CT: Klinberg Family Centers; 2010.
32. Bluegrass Community Health Center. *Bluegrass Community Health Center*. Available at: <http://bchc.eku.edu/>. Accessed March 24, 2016.
33. Fayette County, Ky., funds by Health and Human Services, Department of . *Recovery Tracker* 2015. Available at: <https://projects.propublica.org/recovery/locale/kentucky/fayette/dept/7500>. Accessed March 24, 2016.
34. EKU’s health center receives national grant for expansion, renovations. *Richmond Register* 2009. Available at: <http://www.richmondregister.com/news/eku-s-health-center->

- receives-national-grant-for-expansion-renovations/article\_d2b11030-a6fa-58dc-9526-e88d6122dc19.html. Accessed March 24, 2016.
35. Stevens Wrightson A. Oral Health Integration into the Medical Home. *Kentucky Primary Care Association* 2013.
  36. Advisory Councils. *Thoroughbred Worker Health and Safety Study* 2014. Available at: <http://www.workersafetyandhealth.com/advisory-council/>. Accessed March 24, 2016.
  37. Speakers Bureau. *Kentucky Oral Health Coalition*. Available at: <http://kyoralhealthcoalition.org/about/speakers-bureau/>. Accessed March 24, 2016.
  38. Blue Grass Community Foundation. *Profile: Kentucky Refugee Ministries, Inc.* Lexington, KY: Blue Grass Community Foundation; 2016:1–16.
  39. Uncommonwealth: Kentucky Refugee Ministries continues to grow its staff, budget and number of refugees it helps. *Lexington Herald-Leader* 2016. Available at: <http://www.kentucky.com/living/article56445490.html>. Accessed March 24, 2016.
  40. Lexington Staff. *Kentucky Refugee Ministries* . Available at: <http://kyrm.org/lexington-staff/>. Accessed April 1, 2016.
  41. City opens Global Lex center to engage local multicultural community. *Business Lexington* 2015. Available at: <http://bizlex.com/2015/09/city-opens-global-lex-center-to-engage-local-multicultural-community/>. Accessed March 24, 2016.

## Community Assets

<b>Organization</b>	<b>Address</b>	<b>Services</b>
Bluegrass Community Health Center	1306 Versailles Rd #120, Lexington, KY 40504	Primary care, acute visits, women's health, physicals, immunizations, counseling, interpretation, referrals, refugee health screenings
Friendship International (Immanuel Baptist Church)	3100 Tates Creek Rd, Lexington, KY 40502	Classes, networking
Greenhouse 17	4400 Briar Hill Road Lexington, KY 40516	Hotline, Emergency shelter, legal advocacy, individual/group support, medical/dental treatment, budget/credit counseling, housing services, transportation assistance
The Nest	530 N Limestone Lexington, KY 40508	Child care services, crisis case management, referrals, counseling and support, parenting classes
United Way of the Bluegrass	100 Midland Ave., Ste. 300 Lexington, KY 40508	Basic needs (211, pharmaceutical savings card), financial education and stability courses, school readiness
Bluegrass Rape Crisis Center	145 Constitution St, Lexington, KY 40588	Crisis hotline, advocacy, medical accompaniment, counseling services
Catholic Charities	1310 W Main St, Lexington, KY 40508	Adoption services, counseling, rent & utility assistance, financial literacy classes, job preparedness programs
Interfaith Counseling Center (Calvary Baptist Church)	240 Rodes Ave, Lexington, KY 40508	Counseling, education
Kentucky Refugee Ministries	1206 N Limestone, Lexington, KY 40505	ESL classes, case work, citizenship classes
National Alliance on Mental Illness	498 Georgetown St, Lexington, KY 40508	Training, support groups, recovery center, phone line, guest speakers
Adult & Tenant Services (LFUCG Department of Social Services)	1055 Industry Road Lexington, KY 40505	Emergency financial services, neighborhood center, classes, legal services, education, support groups, training, case management, tenant services
Lexington Global Engagement Center (LFUCG Department of Social Services)	1306 Versailles Road, Suite 110 Lexington, KY 40504	ESL classes, driver's education classes, financial literacy classes, referrals

## Logic Model

Inputs	Activities	Intended Outputs	Short-Term Outcomes	Long-Term Outcomes
<p>Funding: grant</p> <p>Staff: Project co-Directors, Project Coordinators, three Student Workers, Evaluation Specialist, Culture specialist, Risking Connection trainers</p> <p>Collaborations: Kentucky Refugee Ministries, Lexington Global Engagement Center</p> <p>Data: ORR refugee data, resettlement data from KRM and Catholic Charities</p> <p>Training: Trauma-informed care training, cultural competency training</p> <p>Other stakeholders: refugee communities in Lexington</p>	<p>Key informant interviews</p> <p>Focus groups</p> <p>Posters and brochures</p> <p>TIC training, certification and continuing education</p> <p>Cultural competency training and continuing education</p> <p>Pilot therapy group</p> <p>Screenings and referrals</p> <p>Evaluations</p>	<p>Increase in mental health screening using the Refugee Health Screener-15</p> <p>Increase in mental health referrals for positive screening</p> <p>Increase in follow-up to referrals</p> <p>TIC training and organizational restructuring at three sites using Risking Connection</p> <p>At least 1 group therapy meeting per month</p> <p>Creation of social activism group composed of members of the group therapy pilot program</p>	<p>70% employee satisfaction by end of grant</p> <p>10% increase in site readiness by end of grant</p> <p>80% of eligible employees trained by end of grant</p> <p>50% of participants recall Risking Connection tenets post-training</p> <p>5% increase in refugees screened with Refugee Health Assessment</p> <p>20% increase in refugees referred to services</p> <p>10% increase in refugees follow-up to referrals</p> <p>20% increase in patient satisfaction</p> <p>10% decrease in mental illness symptoms for pilot group</p> <p>70% satisfaction for pilot among providers and patients</p>	<p>10% Decrease turnover among staff at three intervention sites.</p> <p>10% Decrease in rates of mental illness among refugees</p> <p>10% Decrease in stigma among refugee communities for mental health services and mental illness</p> <p>Sites maintain Risking Connection framework</p>

## Questions to add to the Kentucky BRFSS

1. What part of the world are you from?
  - a. United States
  - b. North, Central or South America (not including the United States)
  - c. Europe
  - d. Asia
  - e. Africa
  - f. Australia and Oceania
  - g. Don't know/not sure
    - i. If other than the United States
      1. Under what conditions did you immigrate to the United States?
        - a. Refugee/asylum seeker
        - b. Other
2. Before coming to the United States, did you ever live in a country experiencing armed or military conflict?
  - a. Yes
  - b. No
3. Have you ever seen a mental health specialist, counselor, psychologist, or psychiatrist?
  - a. Yes
  - b. No
4. If you haven't been to a therapy or counseling session or if you stopped going, why?
  - a. Cost
  - b. Didn't help
  - c. Religious or cultural differences
  - d. Language barriers
  - e. Don't know/not sure
  - f. Not applicable
5. Would you feel comfortable telling a family member, friend, or other close community member that you are seeking help from a mental health specialist, counselor, psychologist, or psychiatrist?
  - a. Yes
  - b. No

### Work Plan: Year 1

1. Grantee Name: Bluegrass Community Health Center
2. Projected Period Goal:
  - a. The Bluegrass Community Health Center will partner with the Lexington Global Engagement Center and the Kentucky Refugee Ministries to train all organizations' employees for the Risking Connection training and with a culturally-specific training module, run group therapy session for Congolese women. The partners will evaluate the implementation of all intervention components and will disseminate findings by the end of the grant period.
3. Long-Term Impact:
  - a. Reduce mental health illness among the Congolese refugee women, reduced stigma of mental illness among refugees
  - b. Increase accessibility of mental health resources for refugees in Lexington, KY.
4. Long-Term Measures of Success:
  - a. 10% Decrease turnover among staff at three intervention sites.
    - i. Measured by tracking staff satisfaction (surveys, focus groups) and tracking number of staff leaving
  - b. 10% Decrease in rates of mental illness among refugees
    - i. Measured by the number of refugees receiving counseling, Refugee Health Screener-15 results
  - c. 10% Decrease in stigma among refugee communities for mental health services and mental illness
    - i. Measured by tracking the number of refugees seeking care, the number of community social activist groups formed
  - d. Sites maintain Risking Connection framework
    - i. Measured by follow-up site interviews and focus groups
5. Annual Objective:
  - a. The Bluegrass Community Health Center will partner with the Lexington Global Engagement Center and the Kentucky Refugee Ministries to train all participating organizations' chosen employees for Train-the-Trainer Risking Connection training, to partner with the University of Kentucky to create a culturally-specific training module, and to pilot a group therapy session for Congolese women.
6. Activities:
  - a. Convene Community Action Board
    - i. Project director, directors of partner organizations
    - ii. Within 1 month
  - b. Hire Staff
    - i. Project director, Community Action Board
    - ii. Within 3 months
  - c. Create culturally-sensitive training module
    - i. Project coordinators, UK specialist, Community Action Board
    - ii. Within 5 months
  - d. Create promotional material

- i. Project coordinators, graphic design firm, translators, Community Action Board
  - ii. Within 5 months
- e. Create evaluation materials
  - i. Project coordinators, UK evaluation specialist, Community Action Board
  - ii. Within 4 months
- f. Focus groups for content
  - i. Project coordinators, student workers
  - ii. Within 6 months
- g. An employee from each organization will be certified for the Risking Connection Train-the-Trainer
  - i. Chosen employees from organization, project coordinators
  - ii. Within 6 months
- h. Begin pre- and process evaluation
  - i. Project coordinators, student workers, UK evaluator
  - ii. Within 6 months
- i. Train staff at each organization with culturally-specific and Risking Connection training
  - i. Project coordinators, Train-the-Trainer employees
  - ii. Within 1 year
- j. Recruit Congolese women for the pilot therapy group
  - i. Project coordinators, student workers, Community Advisory Board, partners
  - ii. Within 1 year
- k. Meeting with partners and Community Advisory Board
  - i. Project coordinators, student workers
  - ii. Once every two months

## Year 2

- 7. Annual Objective:
  - a. The BCHC, KRM, and the Global Engagement Center will continue to train staff and volunteers with Risking Connection, will continue evaluating the intervention, and will conduct the pilot group therapy session.
- 8. Activities:
  - a. Contract with translator
    - i. Project coordinators
    - ii. Within 1 month
  - b. Continue Risking Connection trainings
    - i. Project coordinators, Train-the-Trainer employees
    - ii. Within 1 year
  - c. Implement group therapy sessions
    - i. Project coordinators, student workers, counselor, translators,
    - ii. Within 2 months

- d. Meeting with partners and Community Advisory Board
  - i. Project coordinators, student workers
  - ii. Once every two months
- e. Evaluation
  - i. Project coordinators, student workers, UK evaluator
  - ii. Every 6 months

### Year 3

- 9. Annual Objective: Continue training new staff and volunteers, recertify Train-the-Trainer employees, evaluate, disseminate, continue pilot project
- 10. Activities:
  - a. Continue Risking Connection trainings
    - i. Project coordinators, Train-the-Trainer employees
    - ii. Within 1 year
  - b. Continue/expand group therapy sessions
    - i. Project coordinators, student workers, counselor, translators,
    - ii. Throughout the year
  - c. Meeting with partners and Community Advisory Board
    - i. Project coordinators, student workers
    - ii. Once every two months
  - d. Evaluation
    - i. Project coordinators, student workers, UK evaluator
    - ii. Every 6 months
  - e. Analysis and Dissemination
    - i. Project coordinators, student workers, UK evaluator
    - ii. Within 6 months
  - f. Recertification
    - i. Project coordinators, Train-the-Trainer employees
    - ii. Within the year

Budget

*Year 1*

**Personnel and Fringe Benefits:**

<b>Position Title and Name</b>	<b>Annual Salary</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Project co-Director (BCHC)	\$175,000	30%	12 months	\$52,500
Project co-Director (KRM)	\$100,000	30%	12 months	\$30,000
Project Coordinator (1)	\$50,000	100%	12 months	\$50,000
Student Assistant (3)	\$11,520	50%	12 months	\$34,560
Training Lead (BCHC)	\$50,000	30%	12 months	\$15,000
Training Lead (KRM)	\$40,000	30%	12 months	\$12,000
Training Lead (LGEC)	\$47,000	30%	12 months	\$14,100
Evaluation Specialist	\$100,000	10%	12 months	\$10,000
UK Counseling Psychologist (Cultural Competence Training)	\$100,000	10%	12 months	\$10,000
				<b>Total: \$228,160</b>

<b>Fringe Benefits – Project Coordinator (1)</b>	<b>% Salary</b>	<b>Amount Requested</b>
Fringe	63%	\$31,500
<b>Fringe Benefits - Other</b>		
Fringe	63%	\$38,493
<b>Fringe Benefits – Student Workers (3)</b>	<b>% Salary</b>	<b>Amount Requested</b>
Fringe	8.85%	\$2,655
Other	--	\$24,450
		<b>Total: \$97,098</b>

**Contractual:**

In order to spread awareness for the organizational shift to a trauma-informed care approach and to raise awareness for mental health issues and screenings, a design firm will be contracted to create informational posters and brochures in the top five languages spoken in Lexington. We are budgeting **\$5,000** for the posters and brochure.

We will contract with local translators in order to provide the posters and brochures in the top languages spoken in Lexington: English, Spanish, Arabic, Chinese, Swahili, Nepali, and French. In addition, we will contract with translators to translate our survey into all the languages currently spoken in Lexington. We are budgeting **\$7,000** for this project.

Finally, a graphic design specialist will be contracted to create the online cultural-awareness training module. We will budget \$4,000 for this project.

Total: **\$15,000**

**Supplies:**

<b>Item Requested</b>	<b>Type</b>	<b>Number Needed</b>	<b>Unit Cost</b>	<b>Amount Requested</b>
Posters	N/A	100	\$20	\$2000
Brochures	N/A	2000	\$1.03	\$2,060
Risking Connection Site Training	N/A	3	\$1000	\$3,000
Risking Connection Train the Trainer Conference Registration	Conference Registration	3	\$735	\$2205
Risking Connection Training Manual	N/A	3	\$75	\$225
Office Supplies	Paper, pens	12 months	\$20/month for 4 people	\$960
				Total: \$10,450

**Equipment:**

<b>Item Requested</b>	<b>Number Needed</b>	<b>Unit Cost</b>	<b>Amount Requested</b>
Work stations	4	\$300	\$1,200
Computer	4	\$1,000	\$4,000
Tablets	5	\$200	\$1,000
			Total: \$6,200

**Travel:**

<b>Number of Trips</b>	<b>Number of People</b>	<b>Cost of Airfare</b>	<b>Number of Miles</b>	<b>Cost Per Mile</b>	<b>Amount Requested</b>
2	4	\$500	N/A	N/A	\$4000

<b>Per Diem/Lodging</b>	<b>Number of People</b>	<b>Number of Units</b>	<b>Unit Cost</b>	<b>Amount Requested</b>
Per Diem	4	6	\$69	\$1656
Lodging	4	4 night	\$200	\$3200
				Total: \$4,856

**Other:**

After each site trainer receives the Risking Connection training, they will be responsible for training their colleagues. Each employee that completes the Risking Connection training will receive a certificate of completion. With 177 employees, interns, and volunteers at all three sites, the cost of printing 177 certificates will be **\$182.31**. Furthermore, as an incentive to complete the training, each employee will receive a \$20 gift card, totaling **\$3,400**, and subsidized lunches during the three day Risking Connection trainings will be \$10 gift cards, totaling **\$5,310**. The travel voucher, based on the Lexington public bus system, will be **\$600**. Other costs related to the pilot project will total **\$2,000**. The mental health services referral vouchers, based on Medicaid copays, will equal **\$2,106**.

Total: **\$13,598.31**

**Grand Total: \$380,362.31***Year 2***Personnel and Fringe Benefits:**

<b>Position Title and Name</b>	<b>Annual Salary</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Project co-Director (BCHC)	\$175,000	30%	12 months	\$52,500
Project co-Director (KRM)	\$100,000	30%	12 months	\$30,000
Project Coordinator (1)	\$50,000	100%	12 months	\$50,000
Student Assistant (3)	\$11,520	50%	12 months	\$34,560
Training Lead (BCHC)	\$50,000	30%	12 months	\$15,000
Training Lead (KRM)	\$40,000	30%	12 months	\$12,000
Training Lead (LGEC)	\$47,000	30%	12 months	\$14,100
Evaluation Specialist	\$100,000	10%	12 months	\$10,000
Group Therapy Counselor (BCHC)	\$50,000	30%	12 months	\$15,000
				<b>Total: \$233,160</b>

<b>Fringe Benefits – Project Coordinator (1)</b>	<b>% Salary</b>	<b>Amount Requested</b>
Fringe	63%	\$31,500

<b>Fringe Benefits - Other</b>		
Fringe	63%	\$38,493
<b>Fringe Benefits – Student Workers (3)</b>	<b>% Salary</b>	<b>Amount Requested</b>
Fringe	8.85%	\$2,655
Other	--	\$24,450
		<b>Total: \$97,098</b>

**Contractual:**

In order to facilitate the women’s group therapy pilot in Year 2, it will be necessary to contract with an interpreter that speaks French, Lingala, and Swahili. The Kentucky Refugee Ministries and SEMIA has an extensive interpreter list that can be consulted. At \$50 per hour plus 54 cents per mile and an average of 20 miles traveled per session, per year, it will cost **\$5,761.60** per year to hire an interpreter for a two-hour therapy session once per week.

Total: **5,761.60**

**Supplies:**

<b>Item Requested</b>	<b>Type</b>	<b>Number Needed</b>	<b>Unit Cost</b>	<b>Amount Requested</b>
Posters	N/A	100	\$20	\$2000
Brochures	N/A	2000	\$1.03	\$2,060

Office Supplies	Paper, pens	12 months	\$20/month for 4 people	\$960
				Total: \$5,020

**Travel:**

Number of Trips	Number of People	Cost of Airfare	Number of Miles	Cost Per Mile	Amount Requested
2	4	\$500	N/A	N/A	\$4000

Per Diem/Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Per Diem	4	4	\$69	\$1104
Lodging	4	2 night	\$200	\$1600
				Total: \$2,704

**Other:**

The travel voucher, based on the Lexington public bus system, will be **\$600**. Other costs related to the pilot project will total **\$2,000**. The mental health services referral vouchers, based on Medicaid copays, will equal **\$2,106**.

Total: **\$4,706**

**Grand Total: \$352,449.60**

Year 3

**Personnel and Fringe Benefits:**

<b>Position Title and Name</b>	<b>Annual Salary</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Project co-Director (BCHC)	\$175,000	30%	12 months	\$52,500
Project co-Director (KRM)	\$100,000	30%	12 months	\$30,000
Project Coordinator (1)	\$50,000	100%	12 months	\$50,000
Student Assistant (3)	\$11,520	50%	12 months	\$34,560
Training Lead (BCHC)	\$50,000	30%	12 months	\$15,000
Training Lead (KRM)	\$40,000	30%	12 months	\$12,000
Training Lead (LGEC)	\$47,000	30%	12 months	\$14,100
Evaluation Specialist	\$100,000	10%	12 months	\$10,000
Group Therapy Counselor (BCHC)	\$50,000	30%	12 months	\$15,000
				<b>Total: \$233,160</b>

<b>Fringe Benefits – Project Coordinator (1)</b>	<b>% Salary</b>	<b>Amount Requested</b>
Fringe	63%	\$31,500
<b>Fringe Benefits - Other</b>		

Fringe	63%	\$38,493
<b>Fringe Benefits – Student Workers (3)</b>	<b>% Salary</b>	<b>Amount Requested</b>
Fringe	8.85%	\$2,655
Other	--	\$24,450
		<b>Total: \$97,098</b>

**Contractual:**

In order to facilitate the women's group therapy pilot in Year 2, it will be necessary to contract with an interpreter that speaks French, Lingala, and Swahili. The Kentucky Refugee Ministries and SEMIA has an extensive interpreter list that can be consulted. At \$50 per hour plus 54 cents per mile and an average of 20 miles traveled per session, per year, it will cost **\$5,761.60** per year to hire an interpreter for a two-hour therapy session once per week.

Total: **5,761.60**

**Supplies:**

<b>Item Requested</b>	<b>Type</b>	<b>Number Needed</b>	<b>Unit Cost</b>	<b>Amount Requested</b>
Posters	N/A	100	\$20	\$2000
Brochures	N/A	2000	\$1.03	\$2,060
Office Supplies	Paper, pens	12 months	\$20/month for 4 people	\$960

Risking Connection Train the Trainer re-Certification Conference Registration	Conference Registration	3	\$735	\$2205
Conference Poster	Print	1	\$200	\$200
				Total: \$7,425

**Travel:**

Number of Trips	Number of People	Cost of Airfare	Number of Miles	Cost Per Mile	Amount Requested
1	10	\$500	N/A	N/A	\$5,000

Per Diem/Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
Per Diem	10	4	\$69	\$2,760
Lodging	10	2 nights	\$200	\$4,000
				Total: \$6,760

**Other:**

The travel voucher, based on the Lexington public bus system, will be **\$600**. Other costs related to the pilot project will total **\$2,000**. The mental health services referral vouchers, based

on Medicaid copays, will equal **\$2,106**. In addition, to disseminate intervention findings, we will present at three conferences. The registration cost will be **\$3,000**.

Total: **\$7,706**

**Grand Total: \$362,910.60**