Behavioral Health Roadmap
Presentation to the
Boulder County Board of County Commissioners

Why Is This Needed?

Despite past efforts, unmet needs persist

The system is:

→ Difficult to navigate

→ Has significant barriers to access

→ Lacks a comprehensive service array

→ Poorly coordinated, and

→ Highly fragmented

Leveraging opportunities at the State and Local level can create momentum for systemic change

Why Is This Needed?

Colorado ranked 51st for Adult Mental Health

Poor Mental Health Days:

Nearly 1 in 5 → **Adults who report having 8 or more in the past 30 days**

More Than 1 in 3 → **Young adults (18-24) who report having 8 or more in the past 30 days**

19% → **Adults who have ever been told they have a depressive disorder**

Adults who identify as Hispanic/Latinx experienced 14 or more poor mental health days in the last 30 days at a higher rate than white adults

Adults ages 55 and older have a higher rate of mental health concerns and a higher rate of death by suicide compared to older adults in Colorado

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Why Is This Needed?

Children's Hospital Colorado declared a children and youth mental health crisis

Children & Youth Mental Health:

All: 39.2%

Multiracial: 50%

LGBTQ: 57.5%

High school youth reported feeling so sad and hopeless for 2 weeks or more that they stopped usual activities

Nearly 1 in 6

High school youth considered suicide in the past year
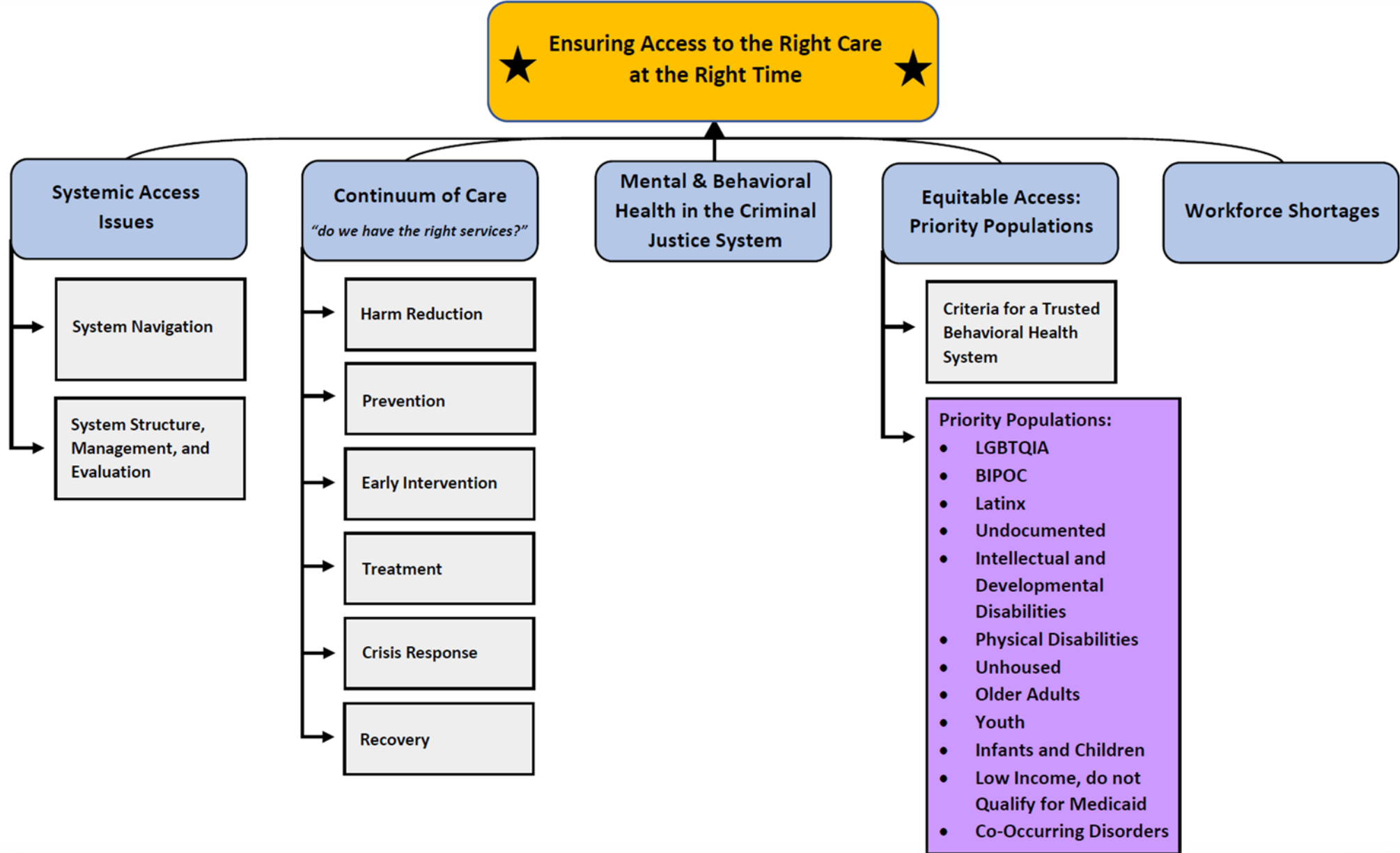
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Roadmap Vision

Where Are We Headed?

> **A Community of belonging for all**
>
> **- where -**
>
> **Community members can access the right supports at the right time**
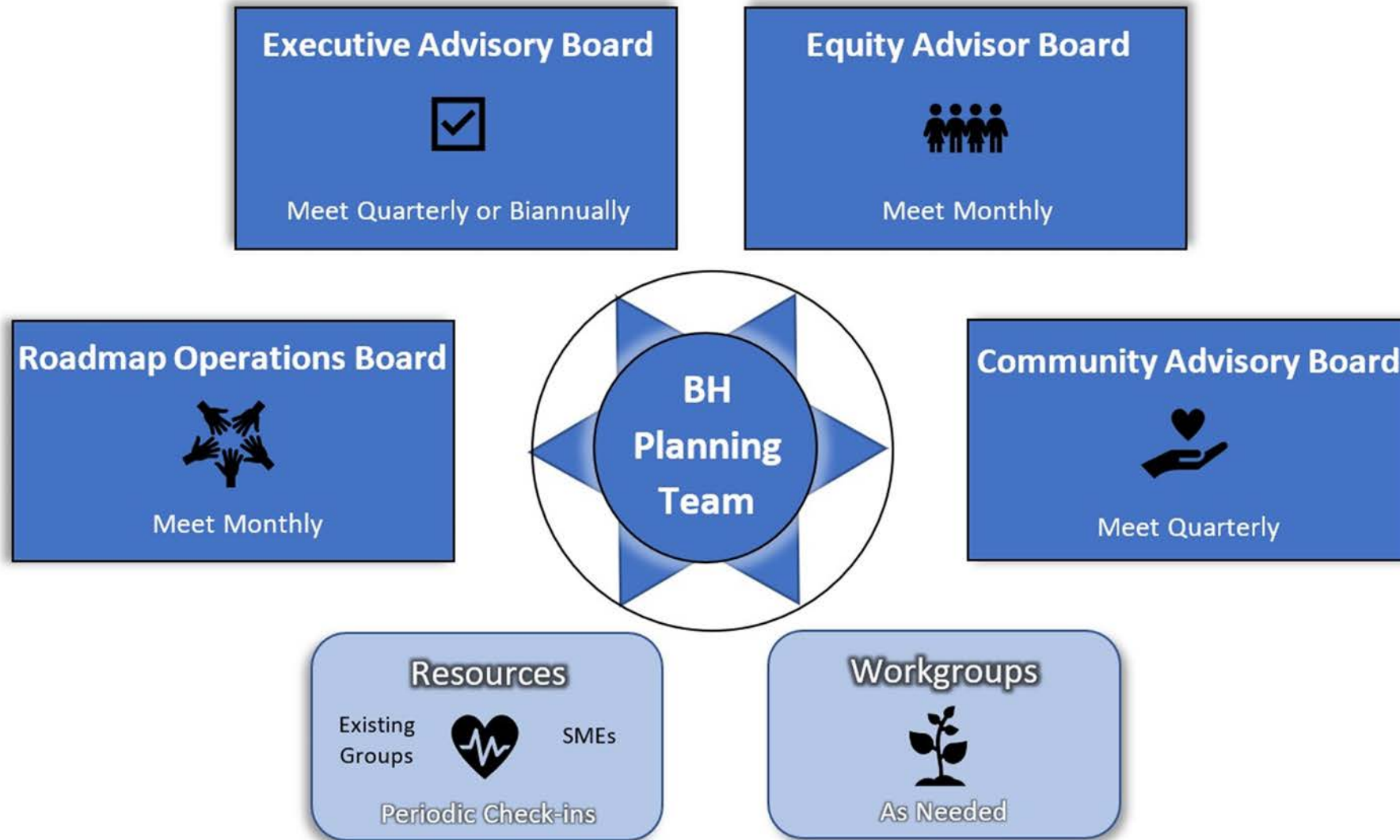
That results in a system that is:

→ More equitable

→ Integrated and Coordinated
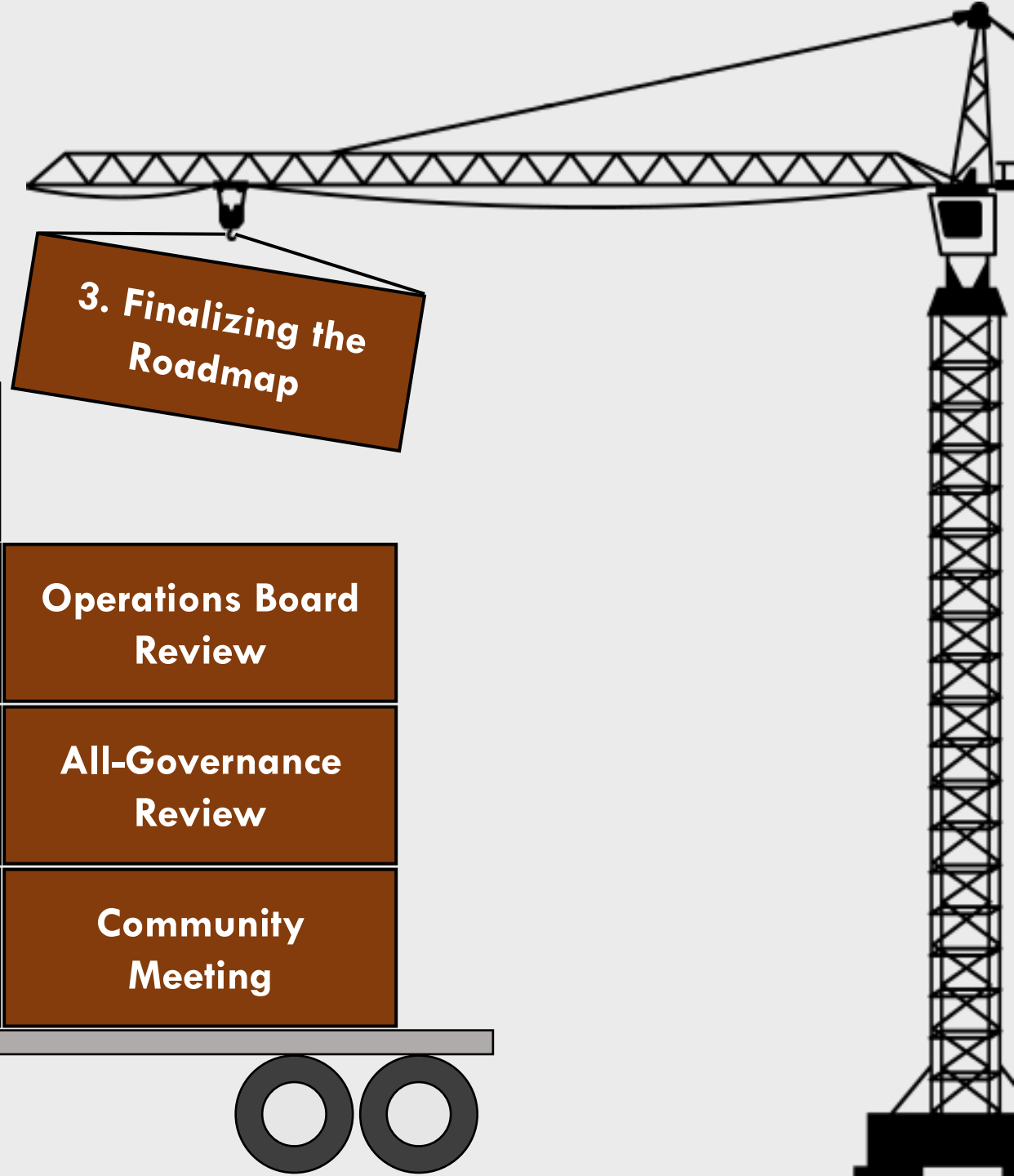
→ Higher functioning and Efficient

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Focus Areas

Governance Structure

Map Dots
Roadmap Connections

54 Key Informant Interviews, 34 Convenings with over 230 individual Subject Matter Experts and Community Participants

4 Bilingual Community Meetings and more than 335 Attendees

10 Youth Advocating for Youth Feedback Sessions and over 110 Youth Participants

Behavioral Health Access focus groups with 56 participants and 9 community nonprofit and municipal entities represented serving people with disabilities, Latinx, and LGBTQ+ communities

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Prioritized Solutions to Goal Areas

Research Focus Areas

Suicide Prevention & Response

Crisis & Treatment Continuum

Recovery

Youth

MBH in the Criminal Justice System

Early Intervention

Methamphetamine

Prevention

Harm Reduction

Roadmap Goal Areas

1 2 3 4 5 6

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Roadmap Goal Areas → / Original Focus Areas ↓	Coordinated System & Workforce to Meet Needs	Invest in Prevention & Address Conditions for Community Resilience and Wellbeing	Early Intervention & Connection to Support	Focused Approaches to Advance Equity & Support Priority Populations	Robust Continuum of Care for Treatment & Crisis Response	Recovery & Hope
Prevention	●●	●●●●●●●		●		
Youth Prevention		●●●●		●		
Early Intervention			●●●●●			
Youth Early Intervention			●●●●●			
Suicide Prevention & Response	●●●●	●	●	●		
Youth Suicide Prevention & Response	●●		●●	●		
Harm Reduction	●●	●●			●	●
Methamphetamine	●	●	●		●●	●
Mental & Behavioral Health in the Criminal Justice System	●		●		●●●	●
Behavioral Health Treatment & Crisis Continuum of Care	●●●		●	●		●●
Youth Treatment & Crisis Continuum	●	●	●		●●●●	
Recovery	●		●●	●	●●	

Behavioral Health Roadmap
A Transformational Framework to Improve Mental and Behavioral Health

Boulder County Behavioral Health Roadmap
A Transformational Framework to Improve Mental and Behavioral Health

vision

All Community Members Get the Right Mental and Behavioral Health Support at the Right Time

Create a Community of Belonging: Connection to Community, Culture, Meaning, Purpose, and Hope

guiding principles

- Equity
- Person & Community Centered
- Emphasis on Prevention & Wellness
- Data Driven
- Excellence & Outcome Based
- Trauma Informed
- Shared Risk & Protective Factor Lens
- Community Informed
- Collaboration & Alignment

goals & strategies

Coordinated System and Workforce to Meet Needs
- Internal Coordination
- County-wide Collaboration
- Data Collection & System Evaluation
- Funding Support
- Workforce Strategy
- Professional Development & Provider Education

Invest in Prevention & Address Conditions for Community Resilience and Wellbeing
- Community-Wide Prevention Strategy
- Community Education & Stigma Reduction
- Prosocial Activities
- Addressing Social Determinants of Health
- Policy
- Built Environment and Spaces for Connection
- Prevent Childhood Trauma Engage Youth as Partners

Early Intervention & Connection to Support
- Community-wide Navigation
- Harm Reduction
- Suicide Prevention
- Easier Enrollment
- Drop-in Supports
- Co-location & Integrated Services

Focused Approaches to Advance Equity & Support Priority Populations
- Strategies for Priority Populations
- Supports Beyond Medical Model
- Culturally Relevant Supports
- Language Access
- Community Leadership & Cultural Brokers
- Antiracist and Anti-oppression Efforts

Robust Continuum of Care for Treatment & Crisis Response
- Improve Access to Crisis Services
- Expand and Improve Treatment Options for More Robust Services Across the Continuum
- Improve How People are Supported as They Transition Between Levels of Care
- Improve Access to Treatment

Recovery & Hope
- Peer Workforce Expansion
- Opportunities for Meaningful Employment and Social Connection for People in Recovery
- Housing for People in Recovery from Methamphetamine Use
- Expansion of Wraparound Care & Community-based Management

trusted system criteria

to influence design and ensure accountability

Services are affordable and offer provider choice for everyone, regardless of ability to pay or payor, including offering more services on sliding scale based on income, free mental health clinics, or scholarships to help pay for services needed	Providers ask about and address an individual's needs holistically so that people feel like a person and not a diagnosis, and collaborate and partner to help them meet their basic needs and support their stability	Systems would be interconnected, sharing data across systems to reduce intakes and forms, and records would follow client to providers	Providers are culturally competent, reflect the communities they serve, and local government invests in a diverse workforce that includes peers
Providers are welcoming, inclusive, anti-racist, gender-affirming and provide "safe" spaces for clients that are free of stigma	Service models are culturally familiar to clients, innovative and services are accessible to non-English speakers, particularly in Spanish and ASL	Services are embedded where the people are like safety net communities, mountain communities, and in already trusted community organizations, mobile and street services	Services for all ages across the continuum of care (prevention to recovery) exist and are easy to access, especially in, but not limited to, a crisis
Documentation status would never be a barrier to care and providers would proactively engage in practices to protect undocumented people's information	There is centralized, easy to access, help (in-person and virtual) to find resources and navigate the system	The system is accountable to the community, and the community holds the system accountable	The county policy agenda reflects these criteria and works towards community conditions for wellbeing for all

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Report Highlights
Key Demographic Trends & Data Takeaways

There are fewer provider locations offering relevant services for older adults, children and adolescents than for other age groups

People 18+ living with serious mental illness and youth experiencing serious emotional disturbances experience the fewest options for service locations with services tailored to their needs

Provider base does not reflect the community and lacks capacity and training to provide appropriate services for priority populations and people with complex diagnoses

Planning Implications:

→ Ensure adequate access to the right care across the life span

→ Build the capacity of existing providers to provide culturally appropriate and gender affirming, bias-free care, and to effectively treat clients with complex diagnoses and higher acuity

→ Invest in recruiting a provider base that is representative of the community

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Report Highlights
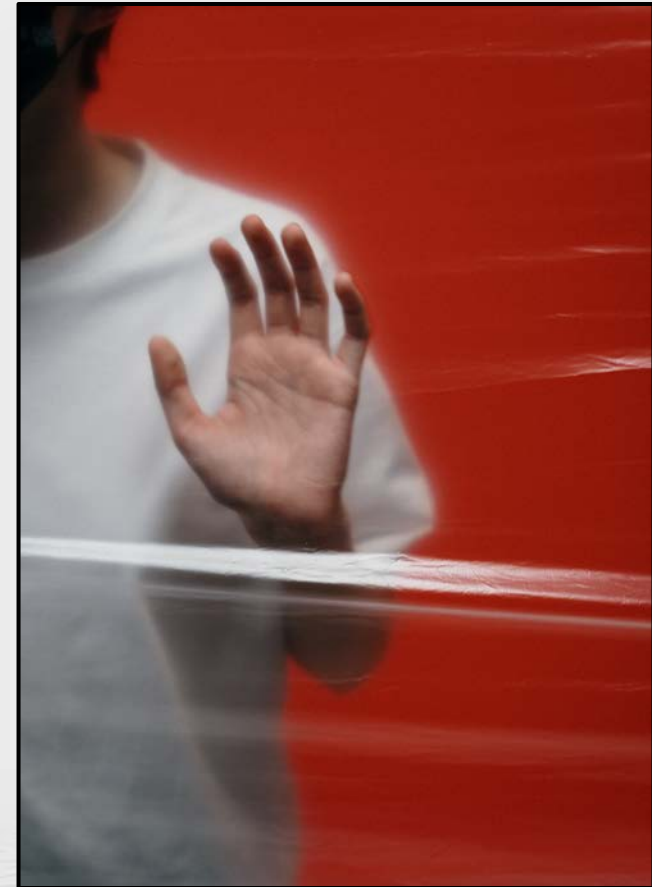## Utilization & Continuum of Care Takeaways

The continuum of care for treatment and crisis in Boulder County may be missing levels of care between outpatient & inpatient services

Rates of follow-up care after inpatient hospitalization in Boulder County are below national benchmarks

Planning Implications:

→ Increased collaboration is required to further investigate and address gaps, and collect local data

→ Levels of care are interdependent — Planning must be done holistically

Report Highlights

By the Numbers: Financial Map Takeaways*

28

Unique Federal, State, County, local government and other funding sources

$41m

Total dollars in County-run programs from all funding sources

$11m
27%

County funds among funder mix

80%

Percentage of County BH dollars that are flexible funds

76%

Percentage of County flexible funds invested in community programs

5

County departments running BH programs/services

$264.3m

Total County budget for Health/Welfare, Public Safety/Judiciary, and Public Health functions

4%

County BH funds as a percentage of budget for 3 related government functions

$4 are saved for every $1 invested in Behavioral Health

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This is a first attempt at gathering behavioral health-specific financial information for Boulder County funding and investments. This snapshot and may include inaccuracies.

What Does a Vote to Approve the Roadmap Mean?

- Endorsement of the framework and <u>goals</u> as a high-level direction for the community

- Recognition of the Roadmap as a vision shared among community and system stakeholders that requires collaborative action to implement

- Direction to County departments to align budget, staffing, and activities with the Roadmap

- Recognition that the County has a role in supporting collaboration to make the vision a reality

Adoption Does Not Mean:

- Committing to any particular strategy

- Making any funding decisions at this point

- Boulder County is responsible for or in charge of everything

From Planning to Implementation

When the Roadmap is approved, there is more to expect

→ **Further Implementation Planning**

→ **System Mapping**

→ **Local Data**

→ **Use Cases**

→ **Investments in Alignment with Roadmap**

→ **Determining Best Collaboration Model**

→ **Adapting Governance**

→ **Continued Engagement & Communication**

→ **Staffing to Support Ongoing Collaboration**

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Thank You!

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