Boulder County

Boulder County
Behavioral Health Roadmap
2023

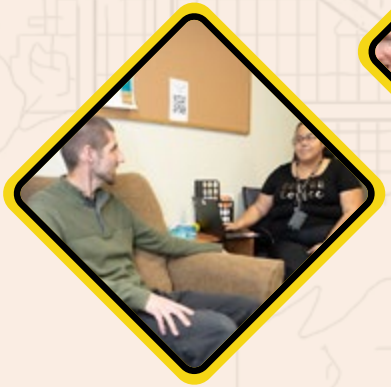










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Community Services Department

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Dear Community Members,

Boulder County has been blessed with a network of people with lived experience, advocates, community-based non-profits, and local government entities who have invested time, experience, and resources to create a dynamic human services landscape focused on Social Determinants of Health[1].

This network is dynamic, resilient, responsive, and incomplete. For decades, various collaborations and partnerships have worked to best coordinate services, address racial equity, leverage resources and avoid duplication in many areas (family resource centers, criminal justice systems, homeless services, infant and family mental health and early intervention). Many of us across the community have talked about the need for a similar approach for mental and behavioral health during this time.

This community-driven roadmap places us for the first time at the starting line in realizing a vision of equitable access for comprehensive mental and behavioral health services. It pulls together the threads of a complex landscape to illustrate known pathways, determine where paths have eroded, dead ends, and most importantly, new paths that need to be built to remove the existing maze of complexity and open doors to access well-being for all.

A few highlights to note:
The Behavioral Health Roadmap provides a Criteria for a Trusted System (page 4) that was created by community Equity Advisors as a part of our process. This is a critical component, not only of the Roadmap but for the work to come. The Criteria also aligns and operationalizes Boulder County's commitment to centering race as articulated in Boulder County's Policy 1.6 introduced in 2020: Fully Inclusive, Anti-Racist & Multicultural Organization.

Claire Levy *County Commissioner* **Marta Loachamin** *County Commissioner* **Ashley Stolzmann** *County Commissioner*

[1] https://health.gov/healthypeople/priority-areas/social-determinants-health

The Roadmap itself leaves many questions unanswered and highlights important work yet to come. It is essential to co-create an implementation plan with community and partners that builds upon existing work, identifies how each organization and partner is contributing to the overall efforts, and considers funding to realize the goals. The Implementation Plan is the "what's next" upon adoption of the Roadmap.

Lastly, the Financial Map provided on page 26 illustrates the complexity of funding sources in Boulder County-run programs and Boulder County investments in behavioral health. The map provides only one picture of the sources of funds that come to Boulder County departments and offices. We had limited access to these funding sources however we believe this map provides an accurate picture of the complexities and limited discretion of how the funds can be used, which was the point of this exercise.

There are a vast array of county services provided to residents (such as Medicaid enrollment) that weren't included as well as the designated capital expenditures for the Alternative Sentencing Facility, for instance).

There aren't enough words of appreciation to our Behavioral Health Team members – Lisa Moreno, Marcy Campbell, and Tucker Eurman – who shepherded this work in connection with the community.

The Behavioral Health Roadmap is owned by the community and will need to be implemented by the community. It provides an opportunity for us to commit ourselves to alignment and to be able to recognize our individual, community, agency, and government role in its implementation. It challenges us to change the status quo, question our existing ways of doing things and to co-create new options that will purposefully focus on those historically and disparately impacted by the growing challenges of our world. We hope you will see yourself in this document and that you will join us on the road to accessible mental and behavioral health.

In community,

Robin Bohannan
Director, Boulder County Community Services Department

Executive Summary

The Boulder County Behavioral Health Roadmap is a shared vision to ensure community members can get the right mental and behavioral health support at the right time and contributes to a community of belonging for all. The vision encompasses a comprehensive and accessible continuum of behavioral health and wellness services and supports across the lifespan that, once implemented, would be a more inclusive, equitable, integrated, coordinated, and higher functioning system. This Roadmap represents the collective hopes and wisdom of the community. The strategic direction it provides is intentionally aspirational and broad so all partners and stakeholders can see how their current and future work contributes to the overall shared effort to improve behavioral health and wellbeing in our community. The Behavioral Health Roadmap is a powerful and crucial first step to plotting our way towards transformational change.

Despite past efforts, the behavioral health system in the community continues to be difficult to navigate, is fragmented and poorly coordinated, lacks a comprehensive array of supports and services, and residents experience significant barriers to access. There are many effective programs and services in the community and we all recognize and value the existing work and efforts of community organizations and networks. However, residents report significant unmet needs and that services are still difficult to find, navigate to, and access. Existing programs may be unknown or may not have the funds to work at the scale needed in the community.

This Roadmap was made possible by the convergence of strategic priorities, new funding opportunities, increased community need due to recent events, frustration with historical challenges, and community advocacy. The Roadmap development process was guided by four levels of governance groups and engaged over 600 people who shared their hopes, experiences with the behavioral health system, ideas for solutions, and helped synthesize their input into priorities. Equity advisors developed criteria for a trusted system that will influence Roadmap implementation, help providers develop more equitable services, and ensure the community can hold programs accountable long into the future.

Community members with lived experience and subject matter expertise generated over 700 suggested solutions which they reduced to 79 top priorities. These top priorities were then braided into six community wide goals with corresponding strategies and solutions. The Behavioral Health Roadmap sets the foundation for transformational change in our community's behavioral health system system by providing the vision and a framework for collective action to improve the wellbeing of individuals and families, so that all of Boulder County is a healthier, better supported, connected, and more resilient community.

Boulder County Behavioral Health Roadmap Six Goals:

Goal: Coordinated System and Workforce to Meet Needs

Our community recognizes that some complex community challenges can only be solved with broad stakeholders and diverse community voices. Boulder County commits to convening and advancing collaborative solutions that address system-wide issues such as bridging system siloes to improve alignment and coordination of county-wide behavioral healthcare and supporting the development and retention of a behavioral health workforce that meets the community' s diverse needs.

Goal: Invest in Prevention & Address Conditions for Community Resilience and Wellbeing

Our community invests in prevention strategies and addresses conditions in which community members of all ages and identities live, work, and play to foster community resilience and mental well-being.

Goal: Early Intervention & Connection to Support

Our community identifies mental and behavioral health needs early, intervenes appropriately to avoid more acute symptoms, navigates community members to services, and provides low barriers to entry and access to innovative services that are welcoming to all identities, and are customized to meet diverse needs and ensure culture familiarity.

Goal: Focused Approaches to Advance Equity & Support Priority Populations

Our community invests in focused approaches to advance equity, address disparate impacts, and ensure access to meaningful, culturally relevant, and effective mental and behavioral health supports for priority populations.

Goal: Robust Continuum of Care for Treatment & Crisis Response

Our community is committed to offering a robust, connected, and culturally responsive continuum of mental health and substance use treatment and crisis services that provides access to the right care at the right time, regardless of acuity or level of care required. Such a continuum would effectively provide enough services in all levels of care that community members would be supported before they reach a crisis, support residents in crises, ensure fast follow-up and re-engagement after a crisis, and support people in transition between levels of care. The community further recognizes that levels of care are interconnected and investments in one level of care must consider the impacts on the full continuum and be planned in a holistic manner.

Goal: Recovery & Hope

Our community cultivates and invests in a recovery-oriented behavioral health system that supports county residents of all ages and identities in their journey towards recovery from substance use disorders and mental illness, and those living with lifelong symptoms requiring more intensive services.

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

Together we can transform our community.
We all have a role in making this shared vision a reality.

Why this, why now?

> ***"Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships, and shape the world we live in. Mental health is a basic human right and it is crucial to personal, community and socio-economic development."***
>
> ***World Health Organization***

Unmet mental and behavioral health needs significantly impact Boulder County community members' quality of life, physical health, belonging, and ability to thrive, regardless of income and background. Boulder County residents deserve access to the mental and behavioral supports they need at the right time. Developing a comprehensive plan, shared by all community stakeholders, to achieve this goal is timely and important.

Significant unmet mental health and behavioral health needs have historically been a challenge in Boulder County. In 2017, the community and Boulder County Public Health selected mental health as the public health priority through a community-based and data-informed process. In 2018, the Boulder County Board of County Commissioners built on this work and adopted a strategic plan for years 2019-2023, with a goal to increase access to mental and behavioral health services in Boulder County.

Since the Board of County Commissioners' adoption of the 2018 strategic plan, there have been multiple efforts to improve mental and behavioral health for our community and address needs in the behavioral health system. Following a 2019 study to explore feasibility of coordinated entry and referral systems, Boulder County Community Services began developing a centralized virtual behavioral health navigation hub with live navigation support, which will be piloted first for community members who are involved with the criminal justice system. Access to behavioral health services for individuals who interfaced with the justice system was expanded through new and existing programs including the Mental Health Diversion Program, Pretrial Navigation Program, Bridges Court Liaisons, Behavioral Health Assistance Program, and the Clinical and Resource Engagement Program.

> ***"Behavioral health includes our emotional, psychological, and social well-being, and includes not only ways of promoting well-being by preventing or intervening in mental illness, but also has an aim of preventing or intervening in substance abuse or other addictions."***
>
> ***Mental Health America at the State of Mental Health in America, 2023***

In 2020, Boulder County shifted from partnering with Mental Health Partners' Co-Responder Program, Early Diversion, Get Engaged (EDGE). Like the municipalities of Boulder and Longmont and the town of Louisville, Boulder County began staffing its own crisis co-responders in unincorporated Boulder County. The Commissioner's Policy Team and staff from across the county helped advocate for state policy changes to increase access to behavioral health services, achieve parity in reimbursement for physical and behavioral health, and address youth mental and behavioral health needs. Boulder County Public Health provided train-the-trainer education for suicide prevention courses to staff in each school district. Despite these and other efforts initiated by community stakeholders, the behavioral health system in Boulder County continues to be difficult to navigate, has significant barriers to access, and lacks a comprehensive continuum of supports and services.

Between 2020-2021, Boulder County residents collectively experienced multiple trauma events caused by the COVID-19 pandemic, multiple wildfires, and a mass shooting. These crises put further pressures on county residents' mental health, disproportionately impacting our most vulnerable community members, and amplified the need for comprehensive and accessible behavioral health supports in the community.

The mental health goal for the 2019-2023 Board of County Commissioners' Strategic Priorities:

Ensure Boulder County's financial and programmatic investments directed to mental health and behavioral health services result in positive outcomes for those receiving services.

Support statewide legislative, regulatory, and administrative strategies that improve access to mental health and behavioral health services.

Support increasing access to mental and behavioral health services and prevention services for children and youth in Boulder County.[1]

Why this, why now?

According to a 2021 report commissioned by the Boulder County Administrator and conducted by Trestle Strategy Group, Latine community members particularly suffered during the COVID-19 pandemic "because they were more likely to have lost job hours or jobs, not able to work remotely, and experience extreme financial hardship; ...they have been suffering from anxiety, stress, or even depression, partly due to their financial situation, and the fear of 'public charge' is an underlying issue preventing community members from accessing services available throughout the County."[2]

The pandemic also disproportionately affected LGBTQ+ community members.In a survey conducted in 2021, Out Boulder County found that LGBTQ+ community members experienced significantly more depression and anxiety during the pandemic than non-LGBTQ+ residents. The greatest disparities were experienced by LGBTQ+ people ages 18-24 and those who identify as transgender/nonbinary.[3] These are only two examples of the many specific communities that disproportionately experienced the impacts of these crises.

Children's Hospital in Colorado declared a state of emergency for youth mental health. In 2021 due to skyrocketing demand for pediatric mental health services.[4] According to the 2021 Healthy Kids Colorado Survey, 39.2% of Boulder County high school youth, and 57.5% of LGBTQ[8] high school youth reported feeling so sad and hopeless for two weeks or more that they stopped usual activities. 15.6%, or nearly 1 in 6, Boulder County high school-aged youth seriously contemplated suicide in the past year.[5] In 2021, Colorado Health Access Survey Data indicated that nearly one in four Coloradans ages 5 and older experience eight or more days of poor mental health in the past month, compared to previous high of 15.3% in 2019.[6] Finally, in 2022, Mental Health America ranked Colorado 51st for adult mental health behind all other states and the District of Columbia.[7]

During the same period, the landscape shifted drastically as the State of Colorado began implementing suggested reforms to improve access, reduce bureaucracy, and centralize administration and funding. This resulted in the establishment of a comprehensive and accountable behavioral health safety net system under a new agency, the Behavioral Health Administration (BHA). New funds also flowed into the county from the federal American Rescue Plan Act, and from the state via the BHA and the Opioid Litigation Settlements, creating new opportunities.

Locally, the Jail Modernization and Alternative Sentencing Facility tax is scheduled to expire in 2024. With this new opportunity on the horizon, community advocates organized meetings in 2020 to explore the possibility of a mental and behavioral health tax taking its place.

In response to this combination of crises and opportunities in 2021, the Board of County Commissioners funded the Behavioral Health Planning Team to advance and coordinate change by conducting an assessment on our behavioral health system and developing a long-term comprehensive strategic plan, or Behavioral Health Roadmap.

1 Boulder County Board of County Commissioners. 2019-2023 Strategic Priorities. 2018. Retrieved from: https://bouldercounty.gov/departments/commissioners/strategic-priorities/

2 Trestle Strategy Group. COVID-19 Qualitative Impact Study Report Boulder County Office of County Administrator. Jan 2021.

3 Gray K, Out Boulder County. LGBTQ+ COVID Impacts Survey Results. Jun 2021.

4 Children's Hospital Colorado. 2021 "Children's Hospital Colorado Declares a 'State of Emergency' for Youth Mental Health. Retrieved from: https://www.childrenscolorado.org/about/news/2021/may-2021/youth-mental-health-state-of-emergency/

5 Colorado Department of Public Health and Environment. Healthy Kids Colorado Survey. 2021.

6 Colorado Health Institute. Colorado Health Access Survey. 2021

7 Mental Health America. State of Mental Health in America. 2022

8 Listed as LGBTQ to align with the survey source question. See the Glossary for other definitions.

The Behavioral Health Roadmap is designed to represent a county-wide vision for a comprehensive behavioral health system that, once implemented, would be:

- more equitable,
- integrated and coordinated,
- higher functioning and more efficient,
- connect community members to the right supports at the right time, and
- contribute to a community of belonging for all.

The Behavioral Health Planning Team started working at the beginning of 2022 and consulted with county and municipal departments and community partners to identify commonly held values. These values have been used to guide the development of the Behavioral Health Roadmap.

Guiding Values and Principles:

Equity

Data-driven

Community-informed

Shared Risk and Protective Factors Lens

Person- and Community-centered

Collaboration and Alignment

Excellence and Outcome-based Approach

Trauma-informed

Emphasis on Prevention and Wellness

What was the process?

Governance Structure

The Behavioral Health Roadmap governance structure was designed was designed to support the goal of a shared vision, and as such, to maximize input and engagement. The **Roadmap Operations Board**, made up of subject matter experts from county and municipal governments, community-based organizations, community coalitions and community members, met monthly and drove the effort by serving as key advisors to review data, and ensure the team was fully aware of the needs and existing services in the community.

The **Community Advisory Board,** which met every other month, was an open invitation meeting for anyone who was interested in our work, including community partners, residents, and existing groups. Each meeting provided progress updates and gathered input on the focus area research, and highlighted community partners and their work. All meetings were bilingual.

A diverse and dedicated group of county residents constituted the **Equity Advisory Group**, convened to develop criteria for a behavioral health system that Black, Latine, LGBTQ+, immigrants, mountain residents, and people with disabilities could trust. This group met multiple times on weekends and were compensated for their time. Finally, the **Executive Advisory Board** evolved from the Regional Behavioral Health Group, which was a group of county and municipal division directors that met monthly prior to the establishment of the Behavioral Health Planning Team. The Regional Behavioral Health Group continued to meet until the second year of the planning process. The Executive Advisory Board was comprised of key leaders across the county from various sectors including healthcare, government, and nonprofit. The group met to learn about the Behavioral Health Roadmap development process, purpose, and progress, and to identify and discuss solutions for system-level barriers.



Methodology – Research Phase

To determine the starting point for development of the Behavioral Health Roadmap, the Planning Team reviewed existing reports and assessments from the previous five years, which included seven state-level reports and 18 local reports and assessments, of which four were written by organizations or coalitions in the community. All documented challenges and gaps in the behavioral health system in Boulder County. Across all reports reviewed, accessing the right care at the right time, workforce shortages, case management and system navigation, and primary prevention, early intervention and harm reduction were consistently noted as issues.

Building on the foundation of these repeating themes, the team identified System Access, Continuum of Care, Criminal Justice, Equity, and Workforce as the five core focus areas for research. After breaking those down further, the team explored a total of 13 different focus areas.

Six key qualitative questions were utilized to gather information for all focus areas. Responses were either gathered via key informant interviews or in group convenings. In both cases, respondents were carefully chosen to ensure diversity of race and ethnicity, lived and professional expertise, and different types of service provision. All participants were asked the following questions:

1. Thinking about mental and behavioral health support and needs in in Boulder County, what are the successes you see?
2. What are the opportunities that could be built upon? What's coming up?
3. What are your hopes?
   a. What are your best hopes for the way the Boulder County BH Roadmap could contribute?
4. What are the big frustrations or challenges that continue to crop up?
5. Can you think of any solutions to those challenges?
6. What racial and other equity successes and challenges should we keep in mind?

Focus Areas for Research

- Criminal Justice
- Prevention
- Harm Reduction
- Early Intervention
- Treatment and Crisis Response
- Recovery
- Youth
- Suicide Prevention & Response
- Workforce
- Structure & management
- Navigation
- Equitable Access
- Methamphetamine

What was the process?

Methodology – Prioritization Phase

Responses to the qualitative questions were coded and synthesized. The responses to question number five, the recommended solutions to address challenges shared for each focus area, were presented to diverse groups of community members with subject matter expertise and lived experience to discuss and prioritize in facilitated convenings. Of the 13 focus areas, solutions for nine focus areas were prioritized in convenings. Invitees to convenings were chosen because of their lived and/or professional experience in a particular focus area. Each convening included a mix of county, municipal, nonprofit, and community leaders, and invitees attended one or more meetings to review the summary of findings and prioritize solutions. Each convening resulted in identification of the top 5-8 solutions, medium priority solutions, and low priority solutions. There were some slight variations among convenings. For example, the Recovery convening group was asked to develop criteria for a trusted system of recovery, and the Treatment convening group was briefed on and carefully considered a contracted assessment of the continuum of care in Boulder County for treatment and crisis response.

The workforce, navigation, system structure, equitable access, and youth focus areas were handled slightly differently. Challenges and solutions related to these focus areas came up in all key informant interviews and convenings. The priority solutions related to these focus areas were gathered from convenings on other focus areas, and in some cases combined with research conducted by the Behavioral Health Planning Team or an outside contractor.

Recognizing the importance of addressing equitable access, the Behavioral Health Planning Team completed multiple steps to gather insights from the community, prioritize solutions, and ensure that addressing inequities is embedded throughout any implementation efforts. First, a question about equity was asked during the research phase in all focus areas to identify challenges that needed to be addressed and successes to build upon. Participants were prompted to share ideas for solution around the identified challenges. Many of these solutions were prioritized by participants across multiple focus areas. Second, the team contracted with Yo Connections to conduct focus groups with individuals serving historically excluded populations to better understand perceptions of current mental and behavioral health services, common experiences trying to access services, access services, and to identify characteristics of a trusted system. Third, an Equity Advisor Group was formed to develop criteria for a trusted system to advance equitable access in finalizing recommendations, planning implementation, and reviewing progress.

Local stakeholders and youth shared the importance of developing youth-specific solutions for the Behavioral Health Roadmap. This was completed by first compiling information shared about youth from all focus areas, holding multiple convenings with youth serving organizations and schools, and engaging with youth directly. Second, youth providers prioritized solutions they had generated and shared ideas about how to make some of the cross-cutting concepts, such as navigation, accessible for youth. To hear specifically from youth, we partnered with the A la Raíz/To the Root Project at Boulder County Public Health. A la Raíz/To the Root Projectseeks to learn root causes of substance use among youth in the LGBTQ+ and Latine communities.

Youth Research Assistants developed an interactive feedback session to highlight how youth in Boulder County feel about substance use and mental health by answering questions in the form of an ecosystem about their mental health barriers, what they would want for their friends, their families, their schools and workplaces, their neighborhoods, and communities at large, and what they would like decisionmakers to know about their experiences. Ten feedback sessions were held with groups of youth, totaling 113 participants ranging in ages from 11-18 to collect ideas and solutions relating to their mental health and substance use. These sessions were held from January-April 2023. 56% of participants identified as Latine and 35% identified as LGBTQ+. Youth from all sessions and the community at large were invited to prioritize the ideas gathered in youth sessions.

Methodology – Recommendation Phase

This process was designed with the goal of creating a shared vision for improved behavioral health where stakeholders can see their role in advancing the vision and use the plan to guide their own work wherever they may be in the community, not just Boulder County staff and programs. The process effectively sorted over 700 suggested solutions into 79 top priorities, 283 medium priorities, and 296 low priority solutions. Prioritized solutions were presented to the Operations and Community Advisory Boards for input. To develop final recommendations, the Behavioral Health Planning team compared the prioritized solutions across focus areas to identify clear patterns of six broad goals with subcategories of strategies, and the prioritized solutions were correspondingly represented under each goal as solutions. The proposed final recommendations in the form of goals, strategies, and solutions were presented to the Roadmap Operations Board for input. After incorporating input, the recommendations were officially unveiled to the Executive Advisory, Equity Advisory and Roadmap Operations Boards at the same time in an all governance convening for one final round of input. After recommended adjustments were made, it was presented to the Community Advisory Board.

Total numbers of people engaged:
54 key informant interviews
34 convenings held involving
330 unduplicated participants in convenings & KIIs
335 participants in Community Meetings
Total Engaged: 665

System inequities and a path forward

Behavioral Health Equity in Boulder County

Everyone has the right to respectful, appropriate, effective, and high-quality behavioral health services and supports. However, access to such behavioral health services and resources is often limited for people of color, LGBTQ+ community members, non-English speakers, people with disabilities, those living in rural areas, and other populations that have historically been excluded from service provision and decision-making. Limited access to services contributes to health disparities in these priority populations.

Equity in behavioral health refers to fair and just distribution of resources, opportunities, and outcomes, regardless of individuals' race, ethnicity, socioeconomic status, gender, gender identity, disability status, age, or geographic location. Individuals who experience racism, discrimination, bias, exclusion from political, social and economic structures disproportionately experience behavioral health issues.

Achieving equity requires identifying and addressing the barriers that exist within the behavioral health system and in the community that create disparities, such as differences in access to care, treatment outcomes, and overall quality of services, racism, bias, high housing costs, pay disparities and low income, and challenges meeting basic needs. The laws and practices that perpetuate racism and health disparities were created by people and institutions and can be reformed by people and institutions.

In Colorado generally, and in Boulder County specifically, many people experience barriers when trying to access behavioral health services. The behavioral health system is complex and difficult to navigate for everyone. There are gaps in the continuum of services offered, it is difficult to find providers available that accept one's insurance, and if one can find the right services, cost is often a barrier. While these systemic barriers are generally true for all county residents, priority populations in Boulder County are further burdened by social determinants of health, cultural barriers, bias, and racism both in delivery of services and in the community. These barriers are the root causes of behavioral health disparities. For those with multiple historically marginalized identities, these impacts and barriers are compounded. Addressing barriers to access for our community members in priority populations will benefit the community overall.

The system of behavioral health care is an artifact of dominant culture and medical models, and is designed for people who can afford it, have a phone, are able to schedule, have the flexibility to attend appointments, the means to get there, and a comfort and trust level engaging with systems. Often, people who may identify with one, or more, priority populations cannot check any of those boxes. All of these factors contribute to making behavioral health services inaccessible to many county residents.

Priority Populations are community members who are:

LGBTQIA

BIPOC, Latine, or Undocumented

People with Physical, Intellectual, or Developmental Disabilities

Unhoused

Older Adults, Youth, Infants & Children

Low-income residents, not Medicaid eligible

People with Co-Occurring Disorders

System Barriers to Access:

- High cost of services or copays
- Long waitlists
- Complex and overly bureaucratic system
- Less access to health insurance, underinsurance, or limited parity of coverage between behavioral health and medical services
- Historical reasons for lower trust of the health care system and health research
- Lack of diversity - providers do not reflect the community and few providers are racially or ethnically diverse or LGBTQ+
- Limited language access
- Lack of accessibility for safety net or mountain communities
- Racism and bias of providers
- Insufficient access to specialized services for youth and adults with high needs

Cultural Barriers to Access:

- Treatment models and practices are not culturally responsive or culturally familiar
- Few providers are culturally competent, culturally humble, or educated on impacts of racism and biases, anti-racism, or history of medical and behavioral health system abuses of LGBTQ+ people and people of color
- Stigma in community against asking for help or the belief that mental health care is only for white or middle class people



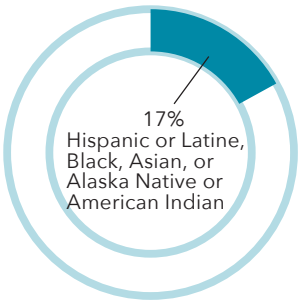


System inequities and a path forward

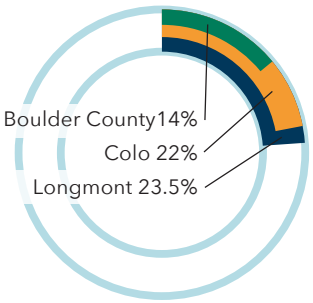
Demographics and Priority Populations

According to the 2020 Census, 17% of the 330,758 people in Boulder County identify as Hispanic or Latine, Black, Asian, or Alaska Native or American Indian.[1] The population of those who identify as Hispanic or Latine in Boulder County is 14%, and rises to 23.5% in the City of Longmont, compared to 22% of Colorado's overall population.[2] [3] [4]

Boulder County Population

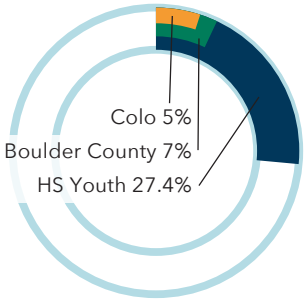


Population of those who identify as Hispanic or Latine



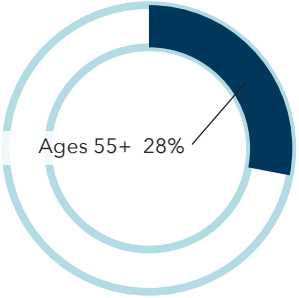
The Behavioral Health Risk Factor Surveillance Survey notes that 7% of Boulder County residents identify as Lesbian, Gay, Bisexual or other diverse sexualities, while the Colorado population is 5%.[5] According to the 2021 Healthy Kids Colorado Survey, 27.4% of Boulder County high school youth identify as Lesbian, Gay, Bisexual, Asexual, other, or questioning.[6] This significantly higher percentage among youth paired with the current political climate make cultural competence among behavioral health providers particularly important to serving LGBTQ+ youth and adults well.

Population who identify as LGB+

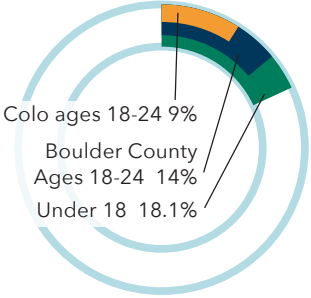


Adults ages 55 and older represent 28% of the Boulder County population.[7] This percentage has continued to grow as the Baby Boomer population has reached this age group. The percentage of those age 75 and older is expected to grow significantly over the next 30 years according to data from the Colorado State Demography Office.[8] In terms of children, youth, and young adults in Boulder County, 18.1% of the population is under the age of 18 and 14% of the population is between the age of 18-24, compared to Colorado's total population of 9%.[9] [10]

Boulder County Population



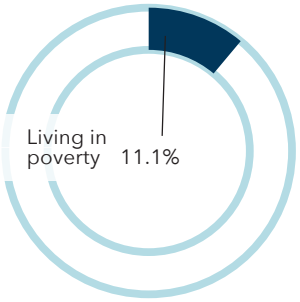
Population of Youth and Young Adults



The Census Bureau estimated that in 2021, 11.1% of the community was determined to be in poverty.[11] The federal poverty measure, however, is an undercount of community members struggling. A more accurate measure of income inadequacy in Colorado is the Self-Sufficiency Standard, developed by Wider Opportunities for Women and tracked in Colorado by the Colorado Center for Law and Policy. According to the Self-Sufficiency Standard, in Boulder County, a one adult household must make $41,058 to make ends meet, and a two adult, two child household must make $107,462 to meet their basic needs.[12]

An adult on Medicaid is limited to an income under $20,000, which is half the income required to meet basic needs in Boulder County according to the Self-Sufficiency Standard. There were 54,169 Medicaid members in Boulder County in 2022, and approximately 20% of those have a behavioral health diagnosis. Of those with a behavioral health diagnosis, 41% of the members are people of color or people who identify as two or more races, and 755 are non-English Speakers.[13]

Boulder County Population





System inequities and a path forward

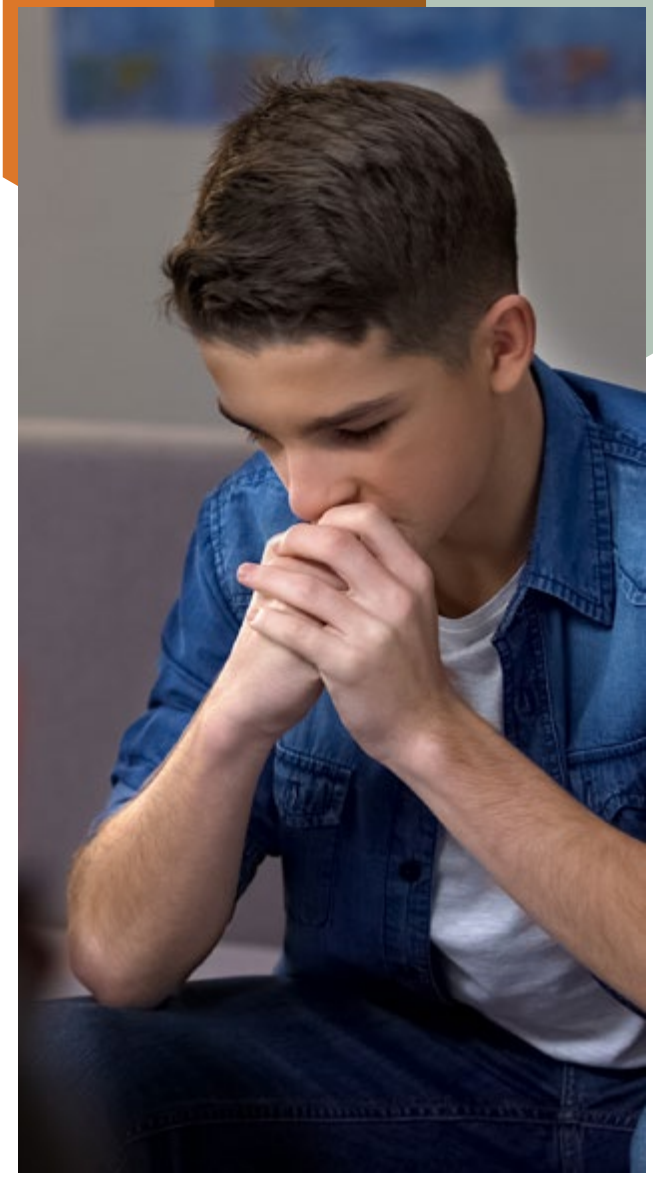
Inequitable Impacts

While behavioral health disorders can be caused by genetics, biological factors, childhood trauma, abuse, and stress, there are other factors in the community, social determinants of health, that significantly influence behavioral health. Social determinants of health are the conditions in the environments in which people are born, live, learn, work, play and worship, and age.[14] The cumulative impacts of struggling to meet one's own or one's family's basic needs, managing the logistics imposed by living unhoused or in insecure housing, or weathering the impacts of racism and bias, take a toll.

Just as any Boulder County resident may be retraumatized by every report of a mass shooting in the county, Black and Asian county residents may reexperience racial trauma by reports of increasing violence against Asian Americans and Pacific Islanders, and by every news story about Black people being killed by policy or citizen vigilantes. As the vitriol against transgender people grows and laws are changed in more conservative states to keep people who identify as transgender from having access to appropriate health care and even bathrooms, transgender members of our community experience compounded fear, stress and trauma. The recent wave of anti-transgender and anti-LGBTQ legislation has impacted the mental health of LGBTQ+ youth and adults, particularly those who identify as transgender.



A recent assessment of the continuum of care for behavioral health services in Boulder County, conducted by Health Management Associates (see appendix G), noted limited relevant services in the community for children, adolescents, and older adults, with very limited locations offering programs for adults experiencing Serious Mental Illness (SMI) and children/adolescent experiencing Serious Emotional Disturbance (SED). Older adults are one of the fastest growing populations in the county and is the population driving increased rates of inpatient utilization. The situation is similar for youth. There are simply not enough geriatric-specific and children/youth-specific behavioral health services available across the continuum. In both cases, the options are even more limited if there are dual or multiple diagnoses involved and needs more acute.



System inequities and a path forward

Providers with the skills and training to work and connect with children and youth are limited in Boulder County. Partners and youth have consistently expressed the need for separate, youth-specific services and approaches offered in youth-friendly physical environments to effectively support children and youth. Additionally, multiple providers have recently closed following workforce shortages and updates to federal or state regulations that put undue burdens on providers. As serious as these structural barriers are, for someone who is a person of color, LGBTQ+, underinsured or uninsured, undocumented, or someone who is autistic, or has a developmental or intellectual disability, the barriers to care are compounded. In addition to the lack of sufficient providers in the community trained to treat intersecting diagnoses, our providers also lack the cultural competence to effectively meet the needs of people of color, ethnically diverse populations, and LGBTQ+ community members.

While a thorough assessment has yet to be done to quantify gaps in cultural competence, language access, or representation among providers in the community, the leaders and experts convened throughout this planning process consistently elevated these topics and the need for treatment models that are culturally familiar as top priorities. In addition, participants in the convening on Recovery found few recovery services offered in the county in Spanish, except for Community Reinforcement and Family Training (CRAFT) classes in Longmont, which were offered by one contractor in partnership with City of Longmont.

Cultural and structural barriers to behavioral health services have not yet been adequately addressed in Boulder County. Due to limited cultural competence, long waitlists, and lack of representation among the provider base, some local programs responded by creating their own behavioral health capacity to meet the needs of the communities that they serve.





Boulder County Behavioral Health Roadmap Equity Advisors and guests. Front Row: Veronica San Gabriel, Tamora Tanniehill, Marcy Campbell (staff), Vi Anderson. Second Row: Lisa Moreno (staff), Thomas Windham, Aleiya Evison (Facilitator), Alejandro Prieto, guest, Erica Lee. Not Pictured: Cindy Torres, Adriana Palacios Luna, Martha Fierro, Janaki Jane, Annette Treufeldt-Franck, Ana Casas Ibarra

For example, City of Longmont Children Youth and Families has successfully built a deep bench of native Spanish speakers among their staff and provider base. El Centro Amistad in Boulder has developed a peer home visiting program for behavioral health built on the foundation of their community health worker or promotora home visiting model and has established an in-house collaborative of native Spanish-speaking licensed mental health providers available for referrals. Similarly, Out Boulder County has developed mental health and substance use recovery services in-house so that LGBTQ+ adults in the community can experience safety with a therapist who is representative of their own community, and to ensure community members experience bias-free, welcoming and gender-affirming care.

In early 2023, contractor Marinela Maneiro-Goodwin of Yo Connections conducted focus groups with staff from nine community nonprofits and one municipal program serving Latine, LGBTQ+ community members, and people with disabilities (Appendix E). In total, 56 people, 40 of whom were native Spanish speakers, responded to questions regarding their perceptions of and experiences with behavioral health services. Focus group findings highlighted the challenges that individuals face when trying to access behavioral health services including stigma, lack of insurance coverage, affordability, accessibility, being undocumented, and lack of cultural competence among providers.

System inequities and a path forward

Addressing Equitable Access

To develop a clear and concrete vision of the changes that need to take place in the behavioral health system to achieve behavioral health equity, the Behavioral Health Planning Team convened an Equity Advisory Board of diverse community members in the spring of 2023. The group was comprised of 12 community members who identified as LGBTQ+, Latine, Afro-Latino, Black, bi-racial, immigrants, people in recovery, and included residents from Nederland, Lyons, East County, Boulder, and Longmont.

The Equity Advisory Board was tasked with defining characteristics for a system of behavioral health that they could trust. The group met for 12 hours over three weekends between March and May 2023 and were compensated for their time. These community leaders contributed their experience, expertise, and wisdom to the behavioral health planning process. The Equity Advisors developed 12 criteria for a trusted system of behavioral health that are designed to both serve as a guide for the implementation of the Behavioral Health Roadmap, and to be used by community organizations to hold service providers and programs accountable into the future.

Addressing social determinants of health, and systemic and cultural barriers to access more intentionally, and doing so faster and more effectively, is imperative to improving the well-being of thousands of county residents. It is also an essential step toward reaching one of the key goals of this report: creating a community of belonging.

1 U.S. Census Bureau, American Community Survey, P1 Race; Decennial Census; 2020 DEC Redistricting Data (PL94-171); retrieved online: https://data.census.gov/table?q=boulder+county+colorado&tid=DECENNIALPL2020.P1

2 U.S. Census Bureau. Quick Facts. Retrieved online from: https://www.census.gov/quickfacts/CO

3 U.S. Census Bureau. Quick Facts. Retrieved online from: https://www.census.gov/quickfacts/bouldercountycolorado

4 U.S. Census Bureau. Quick Facts. Retrieved online from: https://www.census.gov/quickfacts/longmontcitycolorado

5 Reference: Behavioral Health Risk Factor Surveillance Survey (2018-2020 combined), Boulder County Community Health Assessment, https://cdphe.colorado.gov/center-for-health-and-environmental-data/survey-research/behavioral-risk-factor-surveillance-system

6 Boulder County Healthy Kids Colorado Survey 2021: https://bouldercounty.gov/families/youth/results/

7 U.S. Census Bureau. American Community Survey, SDP05 ACS Demographic and Housing Estimates, 1-Year Estimates Data Profile. 2021. Retrieved online: https://data.census.gov/table?q=boulder+county+colorado&tid=ACSDP1Y2021.DP05

8 Colorado State Demography Office. 2023. Population Summary 2021 Population: Total Population Change. Retrieved online from: https://demography.dola.colorado.gov/.

9 US Census: https://www.census.gov/quickfacts/bouldercountycolorado

10 U.S. Census Bureau, American Community Survey, P1 Race; Decennial Census; 2020 DEC Redistricting Data (PL94-171); retrieved online: https://data.census.gov/table?q=boulder+county+colorado&tid=DECENNIALPL2020.P1

11 U.S. Census Bureau, American Community Survey, S1701 Poverty Status in the Last 12 Months; 2021: ACS 1year Estimates Subject Tables retrieved online: https://data.census.gov/table?q=boulder+county+colorado&tid=ACSST1Y2021.S1701

12 Center for Women's Welfare and Colorado Center on Law and Policy. 2022. The Self-Sufficiency Standard for Colorado 2022. https://www.selfsufficiencystandard.org/Colorado

13 Total Members with Behavioral Health Diagnosis, CCHA 2022; custom data request.

14 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. 2020. Healthy People2030. Retrieved online from: https://health.gov/healthypeople/priority-areas/social-determinants-health

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

Current state of behavioral health

What is the system?

The behavioral health system is made up of a web of programs, providers, funders, and payors. The funding streams involved, Medicaid, Medicare, private insurance, private payors, and federal, state, county, and city government funds all come with unique objectives, reporting requirements, and limitations, including who may be served. The provider mix includes Federally Qualified Health Center (FQHC), the Community Mental Health Center (CMHC), private behavioral health providers, county and city programs, and community organizations developed services to meet the needs of their participants. This complexity creates fragmentation and duplication in the system which makes increased collaboration, coordination, and transformational change harder. To date, there is no entity tracking all efforts, setting shared standards, or supporting the cross-system collaboration required to address behavioral health needs and challenges.

Public & Private Payors

The largest behavioral health investments in the county are made by Medicaid, Medicare, and private insurers. In 2022, Medicaid members were 17% of the county population, or 54,169 individuals. Of those 20% had a behavioral health diagnosis. Colorado Community Health Alliance (CCHA) is the Regional Accountable Entity (RAE) that manages the Colorado Medicaid Program, Health First Colorado for the state in region 6, a five-county region including Boulder, Gilpin, Clear Creek, Jefferson and Broomfield counties. CCHA's funds flow through the FQHC, the CMHC, and other community providers.

Signal Behavioral Health Network (Signal) serves as the Managed Service Organization (MSO) and the Administrative Service Organization (ASO). As the MSO, Signal distributes state funds to ensure a robust continuum of substance use services cross a two county region. In their ASO role, Signal deploys state funds at the regional level to ensure access to crisis services within a five-county region, regardless of payor. They fund access to a 24/7 crisis center in the county, but the crisis stabilization units (CSU) and acute treatment units (ATU) in this network are outside of Boulder County. In addition, they contract for mobile crisis response across the region.

Private insurers in aggregate are also a significant part of the system. While federal and state laws require parity in coverage of mental health and substance use disorder benefits and medical conditions, the Behavioral Health Planning Team heard repeatedly that private insurance often fails to contribute significantly to the costs of more intensive levels of care, or too often limits time covered in intensive, inpatient and residential programs.



Current state of behavioral health

What is The System?

Funders

Federal, state, county and city governments, and foundations contribute funds to behavioral health services in Boulder County. Federal and state grants come from myriad agencies, each with a unique set of regulations, reporting requirements, purposes, and limitations. Recent state level reform centralized behavioral health funding and administration under the Behavioral Health Administration to simplify this for state-level funds. Multiple funding sources create silos and fragment the system, often leaving essential services and supports like navigation, case management, outreach, and support between levels of care difficult to fund. Government and nonprofit providers generally rely on less restricted funds – general operating grants, donations, revenues from fees, contributions from mill levies, focused tax initiatives, etc.— to cover expenses not eligible for grant funds or that are not reimbursed by insurers. Less restricted funds are generally more difficult to secure. Boulder County alone receives funding from 15 different state and federal agencies. Clearly, this complexity is mirrored in our local system. The financial map illustrates the complexity of funding sources in Boulder County-run programs and Boulder County investments in behavioral health as an example.

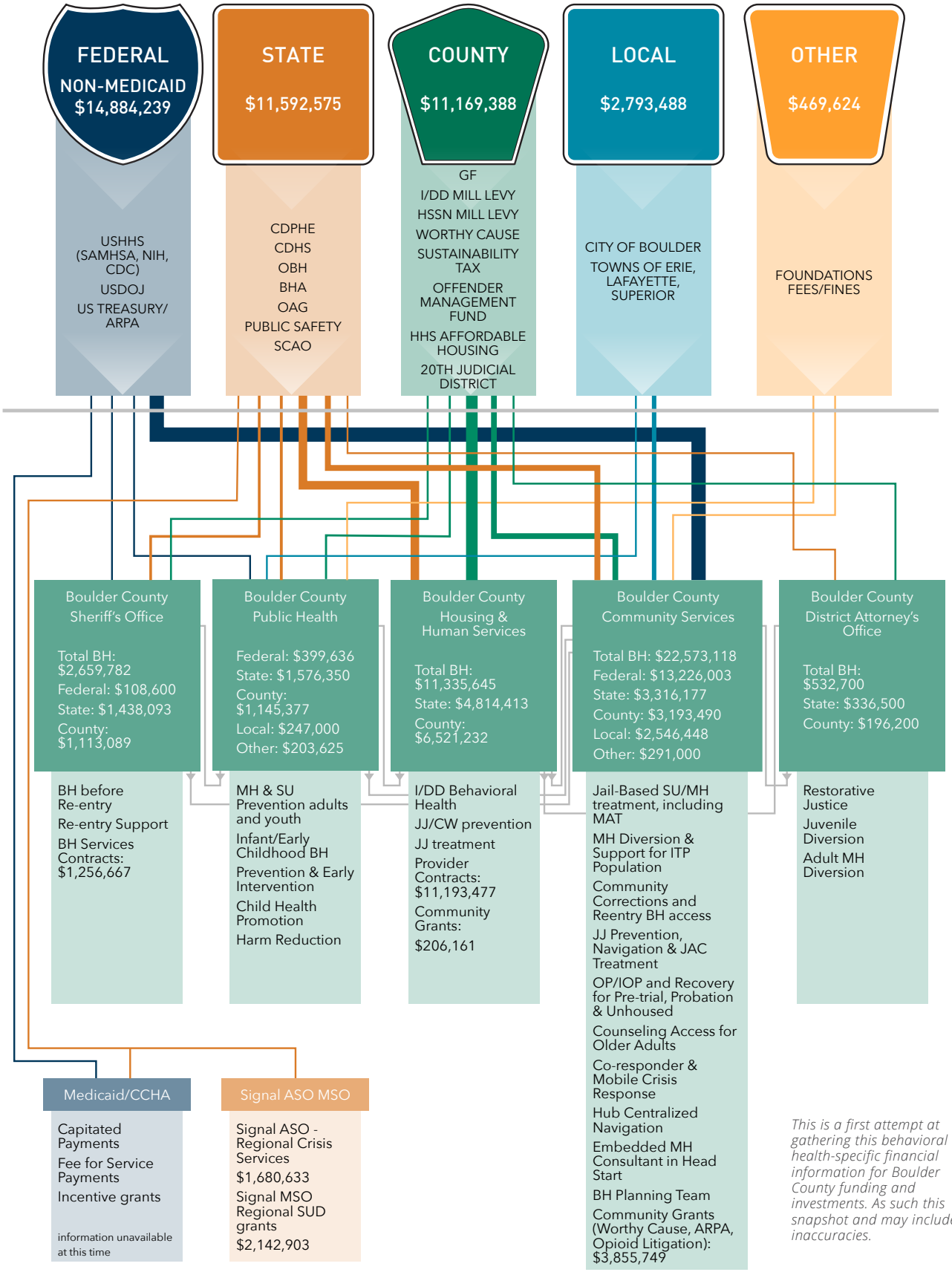
County, City and Community Programs

Five Boulder County departments: Community Services, Housing and Human Services, Public Health, Sheriff's Office, and the District Attorney's Office, and their multiple divisions, provide and/or fund behavioral health services in the community. The Cities of Longmont and Boulder also offer important and essential services to their residents. Safety net providers such as Mental Health Partners (MHP), the Community Mental Health Center (CMHC), and our Federal Qualified Health Centers (FQHC), Clinica Family Health and Salud Family Health Centers, provide essential behavioral health services to low-income and high needs community members. Several community nonprofits developed their own programs to fill service gaps, and by doing so, provide images of equitable access for us all. These services, like the county and city programs, are largely funded by grants from an impressive variety of funders, including federal, state, county, city, and other sources, which often creates competition between essential providers and undermines collaborative problem solving.

Finally, numerous entities and individuals, for profit and non-profit, offer outpatient substance abuse and mental services. Not all accept Medicaid, and many accept no insurance.

Boulder County Behavioral Health Funding and Investments

Based on 2023 Approved Budget Numbers



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

Current state of behavioral health

What is The System?

Challenges in the Local Behavioral Health System

Challenges in the local behavioral health system are persistent and have been well documented. Ten themes repeated as consistent challenges in the behavioral health system in the 24 previous reports reviewed and throughout this planning process. The Behavioral Health Roadmap planning process moved the conversation forward by gathering and prioritizing shared hopes and solutions from the 500+ community members and partners who took part. Their priorities became the goals, strategies and solutions that make up the Behavioral Health Roadmap. For more information, see appendix E.

A recent assessment of the provider network in Boulder County found a more robust provider network than the rest of RAE Region 6 and the state. Despite the provider network and programs offered, many challenges prevent county residents from accessing the right care at the right time. The overall system fragmentation, one of these top challenges, often drives the others.

People with acute behavioral health needs have few local options and many end up in jails, emergency departments, or unhoused. Youth end up overstaying in emergency departments, in juvenile detention, or in the child welfare system. The treatment and crisis continuum has service gaps and can be unaffordable, particularly for the underinsured and uninsured. Less than 50% of local providers accept Medicaid and many don't accept any insurance. Long waitlists are barriers to accessing needed care, transitions between levels of care are not well supported, and follow-ups after crises are slow.

Workforce shortages limit program reach and success across providers. Community members struggle to find culturally competent providers, or those who reflect their own racial, ethnic, or gender identities or sexual orientation, and services that are culturally familiar. Knowledge of existing services is not widespread, and the system is difficult to navigate, especially in a crisis. The costs for outreach services focused on follow ups, relationship building, supporting clients in informal ways, and connecting to services are often not covered by insurance or grant funds, or only partially covered. In addition, funder limitations and insurance reimbursements often drive the selection of services offered in the community.

There are noteworthy and impressive local collaboration efforts that cross silos, including efforts to prevent child welfare and juvenile justice involvement, programs addressing behavioral health needs of justice-involved individuals, shared leadership coalitions around substance use and overdose prevention, and efforts to implement universal home visitation for new Boulder County parents to support mental health of infants and their families. However, we need more collaboration at scale across the whole system to meet our full community need.



Behavioral Health System Challenges

- Accessing the right care at the right time
- Workforce shortages
- Case management and system navigation
- Primary prevention, early intervention, harm reduction
- Addressing social determinants of health
- Primary and behavioral healthcare integration and information sharing
- Supportive housing shortages
- Shortages of inpatient treatment and step-down services
- Criminal Justice System: insufficient diversion, mental health and substance use support
- Overall system fragmentation

Current state of behavioral health

What is The System?

A Broad Spectrum of Services for Continuum of Care that Supports Wellness

Conversations about the continuum of care often focus on treatment levels from early intervention to medically managed inpatient services. However, in this planning process, our community shared the hope for a broad definition of the mental and behavioral health continuum of care that is recovery-oriented, focuses more attention and resources on preventing disorders, makes room for innovative and culturally familiar service models that go beyond the medical model, and provides all necessary levels of treatment and crisis response and care.

To ensure the right support at the right time, thinking broadly across the continuum of services is essential. Despite the complexity and fragmentation, behavioral health care services are interconnected. Interventions in one part of the system can put pressure on and impact others. To achieve transformational change, it is necessary to assess and plan taking the full spectrum of services into account. The Mental Health Intervention Spectrum, originally developed by the Institute of Medicine, provides a useful mental model of the full spectrum of services.

The goals, strategies, and solutions in the Behavioral Health Roadmap also reflect a broad spectrum. The Roadmap is designed to ensure we have a full and vital continuum of services locally to change conditions in the community that support wellness and resilience, intervene early and connect people to supports to prevent conditions and disorders, provide access to the appropriate level of care in the right dose to those who need mental health and/or substance use treatments, prevent, respond to, and follow-up after a crisis, support recovery and build hope.


Treatment
Recovery
Promotion
Prevention
Indicated
Case Identification
Selective
Standard Treatment for Known Disorders
Universal
Compliance with Long-term Treatment
Promotion
After-care (including Rehabilitation)

Current state of behavioral health

What Does the Data Tell Us?

What Does the Data Tell Us About Behavioral Health in Boulder County?

Two of the guiding values established for the Behavioral Health Roadmap process are being Data Driven and Community Informed. The planning process gathered and reviewed data in multiple ways to understand community needs, hopes, and the current state of mental and behavioral health in Boulder County.

Data gathered through the Roadmap process

- Qualitative data and community prioritizing through Area of Focus Convenings and Community Meetings. *See Appendix D.*
- Youth Advocating for Youth Feedback Sessions conducted by A la Raíz/To the Root of Boulder County Public Health. *See Appendix D.*
- Behavioral Health Access Focus Groups by Yo Connections. *See Appendix E.*
- Boulder County Service Continuum Analysis and Inpatient Care Assessment conducted by Health Management Associates. *See Appendix G.*

Collaborating on Data

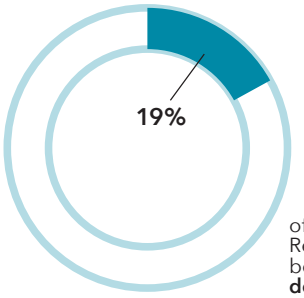
In addition to data collected through the Behavioral Health Roadmap effort, a Behavioral Health Planning Team member partnered with multiple organizations and projects in the county collecting data on a similar timeline to align efforts, reduce duplication, share data, and coordinate community engagement activities. Data shared in this section reflects learnings from these multiple data collection efforts. See the links to full reports from these efforts in Appendix F.

- Community Health Assessment conducted by OMNI Institute for Boulder County Public Health. The Omni Institute synthesized data from secondary sources and developed many graphs used in this section.
- Area Plan and Community Conversations conducted by Boulder County Area Agency on Aging
- Boulder County IDD/BI-MH Service System Evaluation conducted by National Center for START Services (IDD START Assessment).

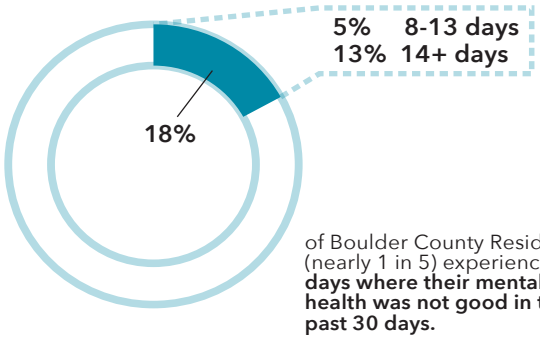
Overview on Mental and Behavioral Health in Boulder County

We all have mental health. Our mental health is impacted by the conditions in which we live, work, and play, including our relationships, trauma we've experienced, and the social and political contexts that influence daily life. These are called the social determinants of health. Inequities in these conditions contribute to different health outcomes. Disparities in behavioral health outcomes by age, race, gender, and sexual orientation will be noted. These disparities stem from differences in conditions, financial security, discrimination or racism, and other factors that are not genetic. Individual factors, such as biological predisposition, also play a role in mental health.

Mental Health Challenges



of Boulder County Residents have ever been told they had **a depressive disorder.**



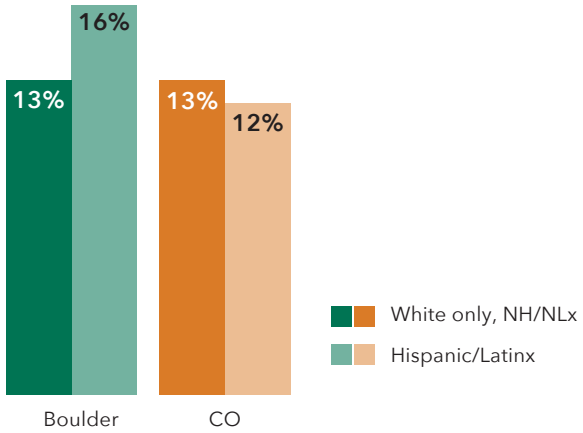
of Boulder County Residents (nearly 1 in 5) experienced **8+ days where their mental health was not good in the past 30 days.**

Poor Mental Health and Depressive Symptoms

In 2022, Mental Health America ranked Colorado 51st for adult mental health behind all other states and the District of Columbia.[1] Nearly one in five Boulder County adults report having eight or more poor mental health days in the past 30 days. Additionally, 19% of Boulder County adults have ever been told they have a depressive disorder. This closely resembles the prevalence of mental health concerns for Colorado adults.[2] Colorado adults experiencing food insecurity or housing insecurity have eight or more poor mental health days in the past 30 days significantly more often (57.4% and 60% respectively).[3]

Boulder County adults who identify as Hispanic/Latinx[4] experienced 14 or more poor mental days in the last 30 days at a higher rate than white adults. Statewide, Hispanic/Latinx adults and white adults experience 14 or more poor mental health days in the past 30 days at about the same rate.[2]

Mental Health Days



In Boulder County, a higher percentage of Hispanic/Latinx residents reported 14 or more days where their mental health was not good in the past 30 days compared to **White only, Non-Hispanic/Non-Latinx** residents. In Colorado, percentages were similar across the two groups.

Current state of behavioral health

What Does the Data Tell Us?

Adults in Boulder County 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. Adults between the ages of 55-64 compared to the average age of adults in Boulder County have a higher number of both experiencing eight or more poor mental health days in the past 30 days and depressive disorder diagnoses.[2]

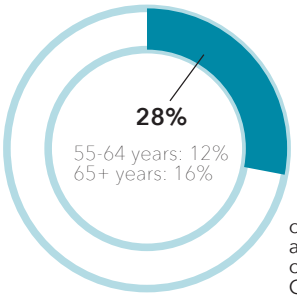
In the 2022 Community Assessment Survey of Older Adults (CASOA), 42% of Boulder County older adults, age 60 and older, said feeling depressed was "at least a minor problem," an increase from 33% in 2018.[5]

More than 1 in 3 young adults ages 18-24 in Boulder County experienced 8 or more days of poor mental health in the past 30 days. This is higher compared to the average age of adults. Young adults also experience higher rates of being diagnosed with depressive disorders.[2]

Children's Hospital Colorado declared a children and youth mental health crisis in 2021.[6] According to the 2021 Healthy Kids Colorado Survey (HKCS), 39.2% of Boulder County high school youth, and 57.5% of LGBTQ high school youth reported feeling so sad and hopeless for two weeks or more that they stopped usual activities. This represents a statistically significant increase[7] from the 2019 survey.[8]

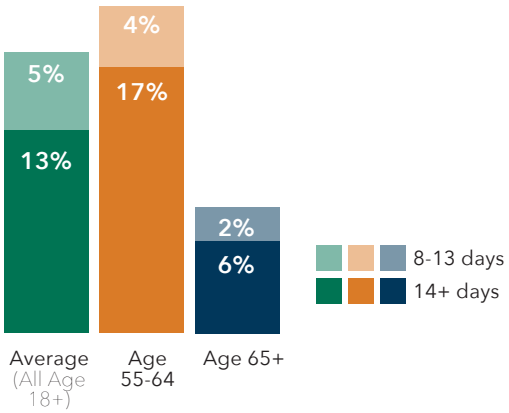
We would be hard pressed to find anyone in Boulder County who doesn't have a loved one or hasn't themselves experienced a more significant mental or behavioral health concern.

Population Characteristics



of Boulder County residents are **55 years of age or older**, compared to 27% of Colorado's total population.

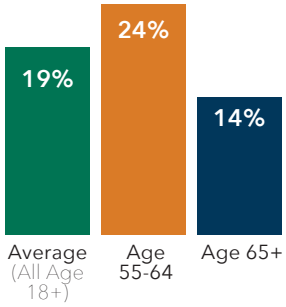
Mental Health Days



Compared the **average** across all Boulder County adults, a larger percentage of those **55 to 64 years old** reported a high number of days where their mental health was not good in the past 30 days.

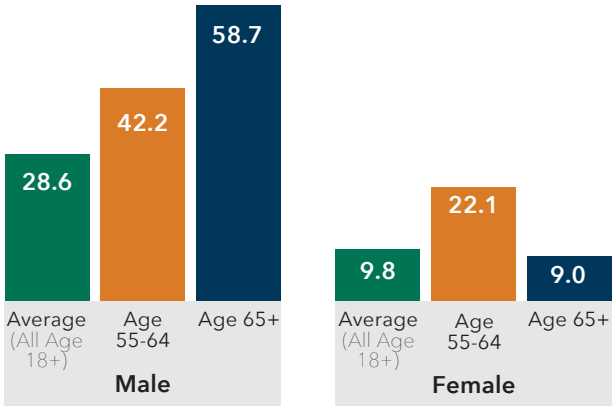


Depressive Disorder Diagnoses



Compared to the overall average across all Boulder County adults, a larger percentage of those 55 to 64 years old have ever been told they had a depressive disorder.

Suicide



The rate of deaths by suicide per 100,000 is higher among Older Adults (crude) compared to the rate across all Boulder County residents (age-adjusted). Across age groups, rates are highest among males aged 55 years or older. Females aged 55 to 64 years have higher rates than females in all other age groups.

Current state of behavioral health

What Does the Data Tell Us?

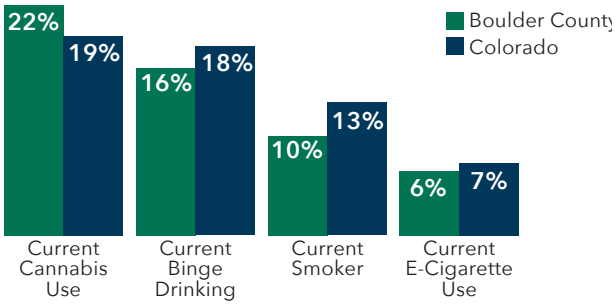
Substance Use

"Compared to Colorado overall, a higher percentage of residents in Boulder County used cannabis in the past 30 days and a lower percentage binge drank (5+ drinks for males and 4+ drinks for females on an occasion), smoked, or used an e-cigarette in the past 30 days."[2]

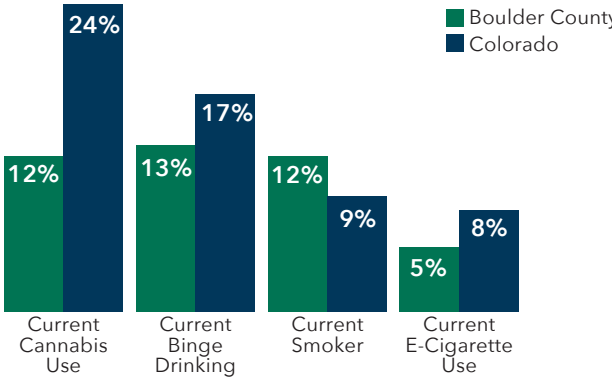
In Boulder County, a lower number of Hispanic/Latinx individuals used these substances than white Non-Hispanic individuals.[2]

"A higher percentage of LGB+[9] residents have binge drank, used cannabis, or smoked cigarettes in the past 30 days compared to Heterosexual residents."[2]

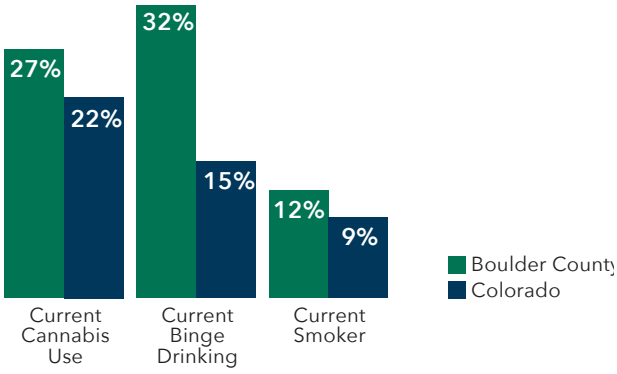
Most Boulder County high school youth did not use substances within the past 30 days according to 2021 HKCS data. Students who report their parents would think it is wrong for them to drink alcohol are significantly less likely to report drinking alcohol in the last 30 days than those who report their parents wouldn't think it was wrong (18.5% vs. 63.7%).[10]



Compared to Colorado overall, a higher percentage of residents in **Boulder County** used cannabis in the past 30 days and a lower percentage binge drank (5+ drinks for males and 4+ drinks for females on an occasion), smoked, or used an e-cigarette in the past 30 days.



In Boulder County, a lower percentage of Hispanic/Latinx residents used cannabis, binge drank (5+ drinks for males and 4+ drinks for females on an occasion), or used e-cigarettes in the past 30 days compared to **White only, Non-Hispanic/Non-Latinx**. A higher percentage of Hispanic/ Latinx residents reported smoking in the past 30 days.



Compared to Colorado LGB+ residents, a higher percentage of **Boulder County LGB+** residents have binge drank in the past 30 days and a lower percentage have used cannabis or smoked cigarettes in the past 30 days.

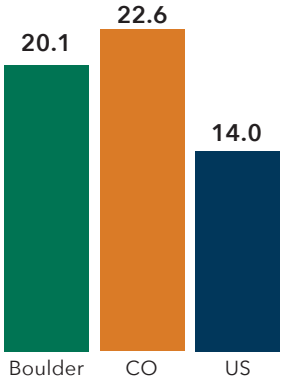
Suicide

Colorado's suicide rate ranked 6th highest in the US in 2021 according to the Center for Disease Control[11], with Colorado Vital Statistics listing the rate at 22.6 per 100,000. Boulder County's suicide rate is slightly lower, though increased by about three times as much as the US or Colorado rate between 2020 and 2021.[2]

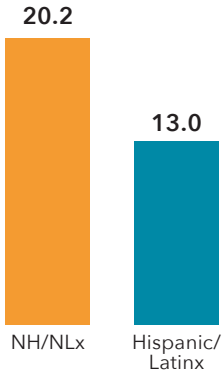
The rate of Boulder County adults ages 55 and older per 100,000 who die by suicide is higher than the rate of all Boulder County residents. The highest rate is for males ages 55 and older.[2]

Nearly one in six, or 15.6%, of Boulder County high school youth, considered suicide in the past year. Suicide attempt for local high school youth is higher than the state overall.[10] Suicide is the second leading cause of death in Colorado for youth ages 10-24.

In 2021, the rate of death by suicide was lower in Boulder County for Hispanic/Latinx community members than Non-Hispanic/Non-Latinx of any race. Additionally, this rate decreased between 2020 and 2021, while the rate of death by suicide generally went up for Boulder County, Colorado, and the nation.[2]

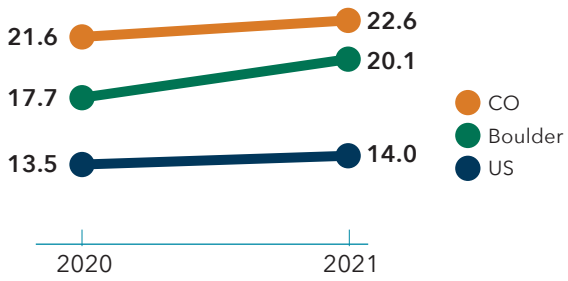


In 2021, the rate of deaths by suicide per 100,000 (age-adjusted) in **Boulder County** was lower compared to Colorado but higher than in the U.S. overall.



In 2021, the rate of deaths by suicide per 100,000 (age-adjusted) in Boulder County was lower among Hispanic/Latinx residents than **Non-Hispanic/Non-Latinx** residents of any race.

Suicide Over Time



From 2020 to 2021, the rate of suicide deaths per 100,000 (age-adjusted) rose across all three geographic areas4,5. However, Boulder County saw a spike of 14%, roughly 3x the increase experienced in Colorado and the U.S. overall.

Current state of behavioral health

What Does the Data Tell Us?

Social connection and belonging

In 2023, the U.S. Surgeon General published an advisory highlighting the importance of meaningful social connection for overall health and wellbeing, including mental and behavioral health. Loneliness and social isolation, increasing nationwide overall and particularly for young adults, is linked with increased mortality and various negative health outcomes such as increased depression and dementia.[12]

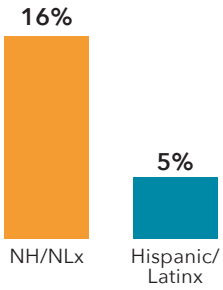
While the pandemic impacted social connections and increased isolation for all community members, older adults were additionally impacted. Results from the 2022 CASOA indicated 37% of Boulder County older adults said feeling lonely or isolated was "at least a minor problem."[5]

For youth, there are significant implications when youth do not feel they belong or experience bullying. Students bullied in school report worse mental health. Students who were bullied in school were significantly more likely to report feeling so sad or hopeless that they stopped usual activities compared with those who were not (75.3% vs. 35.2%). The same holds true for considering suicide (41.5% vs. 12.9%), making a plan about suicide (32.8% vs. 9.5%), and attempting suicide (21.7% vs. 4.3%).[10]

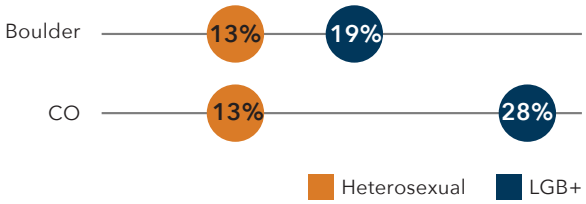
Throughout qualitative responses from the community, the need for connection in a welcoming and inclusive way as well as opportunities and spaces to gather were priorities. Individuals shared the desire to be integrated as part of the community rather than simply having their own activities, particularly for those in recovery, individuals with disabilities, and older adults.[11] Youth discussed the need for youth specific opportunities to connect.

Access to care and higher acuity

Access to the right care is important and is impacted by multiple factors such as cost, stigma, and availability of providers. A lower number of Boulder County residents are uninsured compared to Colorado residents overall. However, a lower number of Boulder County residents received care for a mental or emotional problem. Further differences occur by race and sexual orientation. A lower number of Hispanic/Latinx individuals received care for a mental or emotional problem than non-Hispanic/Latinx individuals. A higher number of LGB+ individuals in Boulder County and Colorado received care for mental or emotional problems than heterosexual individuals.[2]



In Boulder County, a smaller percentage of Hispanic/Latinx residents received treatment for a mental health condition or emotional problem compared to **White only, Non-Hispanic/Non-Latinx** residents.



Relative to **Heterosexual** residents, a higher percentage of **LGB+** residents in Boulder County and Colorado have received treatment for mental health or emotional problems.

Addressing the difficulty accessing providers who can work with co-occurring needs, including individuals with both developmental disabilities and mental and behavioral health needs, children with serious emotional disturbance and autism, children in the child welfare system, and adults with dementia, emerged as a consistent need through qualitative data including the IDD START Assessment.[14]

Additionally, the needs of intensive treatment and inpatient care for individuals with serious and persistent mental illness were community concerns. These concerns were supported through the Boulder County Service Continuum Analysis conducted by Health Management Associates (HMA). HMA also conducted an Inpatient Care Assessment for Boulder County for the Behavioral Health Roadmap planning utilizing data from the Colorado Hospital Association. Results from both are described in the section on Behavioral Health Roadmap Goal, Robust Treatment and Crisis Continuum. The full reports can be found in Appendix F.

Individuals with mental and behavioral health needs are disproportionately represented in the criminal justice system. Currently, approximately 56% percent of people in the Boulder County Jail have been flagged with a mental health (Axis 1) issue. The length of stay for individuals with a mental illness is found to be up to 30% longer than those not presenting with a similar issue, due in part to delays in completing a required competency evaluation. Their average length of stay is 76 days.[15]

Mental and behavioral health concerns deeply impact the Boulder County community. These impacts are not experienced equally. It is important to understand and address the mental and behavioral health needs of the full community including focused approaches to address disparities based on race, age, gender, sexual orientation, and economic status.

1 Mental Health America. State of Mental Health in America. 2022

2 OMNI Institute. Boulder County Community Health Assessment, Data Snapshots. 2023

3 Colorado Health Institute. Colorado Health Access Survey 2021. Retrieved from https://www.coloradohealthinstitute.org/sites/default/files/download_files/mh%20and%20social%20factors1.png

4 The term Hispanic/Latinx is used in this section to align with terms used by the survey source.

5 Boulder County Community Assessment Survey for Older Adults. September 2022.

6 Children's Hospital Colorado. 2021 "Children's Hospital Colorado Declares a 'State of Emergency' for Youth Mental Health. Retrieved from: https://www.childrenscolorado.org/about/news/2021/may-2021/youth-mental-health-state-of-emergency/

7 Significant P value of less than 0.50 is statistically significant.

8 Boulder County Public Health. Healthy Kids Colorado Survey High School District Level Report. Survey Results 2021. https://bouldercounty.gov/families/youth/results/

9 Refers to Lesbian, Gay, Bisexual or other diverse sexual identities to align with the survey source question asking about sexual identity and not gender.

10 Boulder County Public Health. Results of the 2021 Healthy Kids Colorado Survey Boulder County Presentation. https://bouldercounty.gov/families/youth/results/

11 Center for Disease Control. Suicide Rate by State. 2021. Retrieved from: https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

12 Surgeon General. 2023. "Surgeon General's Advisory on Our Epidemic of Loneliness and Isolation." Retrieved from: https://www.hhs.gov/about/news/2023/05/03/new-surgeon-general-advisory-raises-alarm-about-devastating-impact-epidemic-loneliness-isolation-united-states.html

13 Boulder County Community Needs Assessment: Systems, Services, and Supports for People with Intellectual and Developmental Disabilities. 2019.

14 Boulder County IDD/BI-MH Service System Evaluation conducted by National Center for START Services

15 Boulder County Jail and Boulder County Community Service Program Data

Behavioral Health Roadmap

The Vision

The Behavioral Health Roadmap represents a shared vision in which all people can get the right mental and behavioral health supports at the right time and works towards a community of belonging for all. This vision was developed in a highly collaborative manner with the input of more than 600 stakeholders and is shared across partners, community, systems, and silos. "The right support at the right time" recognizes that support looks different to each person and changes with time. One in five individuals may receive a behavioral health diagnosis, but everyone's mental health is impacted regularly by events in daily life. We all need meaning, purpose, connection, and the skills to navigate stressors.

Creating a community of belonging in which each person in the community can show up and belong just as they are, supports overall health and wellbeing. A community of belonging provides individuals with safe and inclusive spaces where people can be their authentic selves, form meaningful relationships, and contribute to the collective well-being of the community.

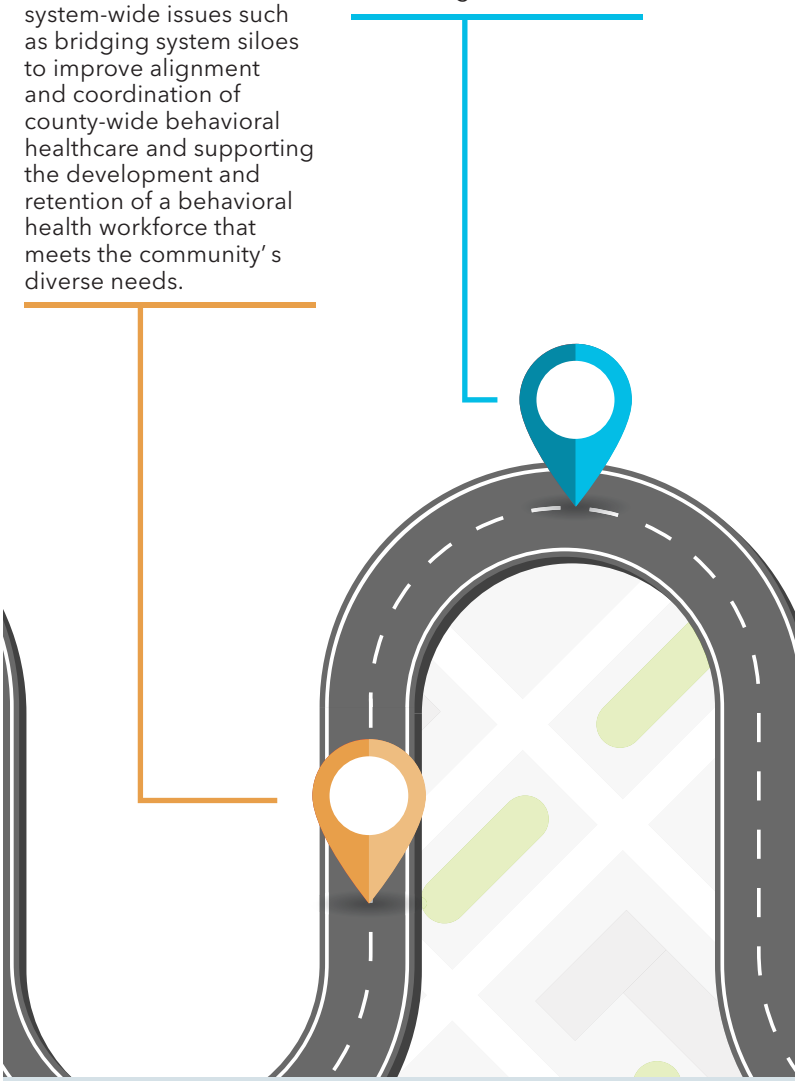
The goals, strategies, and solutions in the Behavioral Health Roadmap outline a shared direction that can move us collectively towards this shared vision.

Goal: Coordinated System and Workforce to Meet Needs

Our community recognizes that some complex community challenges can only be solved with broad stakeholders and diverse community voices. Boulder County commits to convening and advancing collaborative solutions that address system-wide issues such as bridging system siloes to improve alignment and coordination of county-wide behavioral healthcare and supporting the development and retention of a behavioral health workforce that meets the community' s diverse needs.

Goal: Invest in Prevention & Address Conditions for Community Resilience and Wellbeing

Our community invests in prevention strategies and addresses conditions in which community members of all ages and identities live, work, and play to foster community resilience and mental well-being.



Goal: Early Intervention & Connection to Support

Our community identifies mental and behavioral health needs early, intervenes appropriately to avoid more acute symptoms, navigates community members to services, and provides low barriers to entry and access to innovative services that are welcoming to all identities, and are customized to meet diverse needs and ensure culture familiarity.

Goal: Focused Approaches to Advance Equity & Support Priority Populations

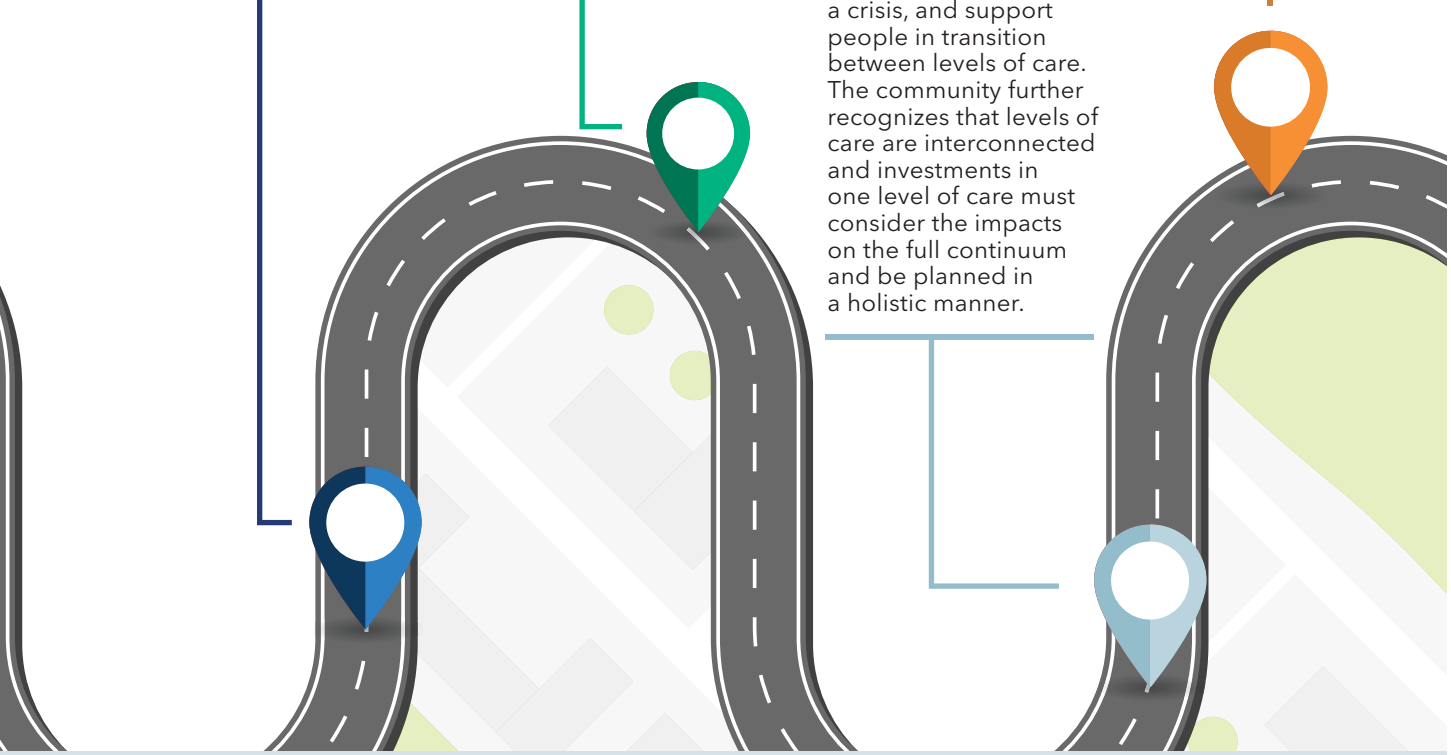
Our community invests in focused approaches to advance equity, address disparate impacts, and ensure access to meaningful, culturally relevant, and effective mental and behavioral health supports for priority populations.

Goal: Robust Continuum of Care for Treatment & Crisis Response

Our community is committed to offering a robust, connected, and culturally responsive continuum of mental health and substance use treatment and crisis services that provides access to the right care at the right time, regardless of acuity or level of care required. Such a continuum would effectively provide enough services in all levels of care that community members would be supported before they reach a crisis, support residents in crises, ensure fast follow-up and re-engagement after a crisis, and support people in transition between levels of care. The community further recognizes that levels of care are interconnected and investments in one level of care must consider the impacts on the full continuum and be planned in a holistic manner.

Goal: Recovery & Hope

Our community cultivates and invests in a recovery-oriented behavioral health system that supports county residents of all ages and identities in their journey towards recovery from substance use disorders and mental illness, and those living with lifelong symptoms requiring more intensive services.



Achieving this vision will require new levels of collaboration, coordination, resource sharing, data collection, and methods of including the community in design and accountability. By joining a governance group, a convening, or a community meeting, the people involved to date have already begun to transform the behavioral health system in Boulder County. Similarly, the transformation envisioned, and the work ahead can only be achieved together.

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

Together we can transform our community.
We all have a role in making this shared vision a reality.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Coordinated System and Workforce to Meet Needs

Our community recognizes that some complex community challenges can only be solved with broad stakeholders and diverse community voices. Boulder County commits to convening and advancing collaborative solutions that address system-wide issues such as bridging system siloes to improve alignment and coordination of county-wide behavioral healthcare and supporting the development and retention of a behavioral health workforce that meets the community's diverse needs.

Community Hope:
The system is unified rather than siloed, with less competition and more collaboration between groups. Agencies communicate openly, share data, have release of information agreements, and develop shared assessments to reduce the burden for patients and organizations. Organizations have clearly defined roles and thoughtful partnerships to ensure coordination and reduce duplication of efforts.

Community Hope:
Every area of the continuum of care is well-staffed and the **workforce is representative of our diverse community.**



The success of Boulder County's behavioral health system ultimately relies on coordination and collaboration between behavioral health providers as well as a robust, diverse workforce that represents and serves the community.

Coordination & Collaboration

As was shared during one prevention and early intervention focus area convening, and repeated across all other focus area convenings, "every organization and government agency wants to address mental health but all [are working] in isolation and not coordinated." New programs are developed to fill needs, often without realizing that similar programming may already exist, leading to duplicative efforts. Competition for limited funding opportunities not only negatively impacts the entire web of service providers, but makes it particularly challenging for smaller, grassroot organizations to gain traction. Providers face complicated and time-consuming administrative burdens and sharing sensitive client information between providers is difficult.

Communication between organizations, particularly cross-system providers like housing, physical healthcare, and the criminal justice system is lacking, leading to confusion regarding scope, eligibility requirements, and availability. Those seeking support must duplicate assessments and repeat their history as they visit providers, which can be challenging and burdensome, particularly for those who have experienced trauma. Lack of coordination between services and supports results in individuals slipping through the cracks when transitioning between levels of care.

Improving coordination between organizations rose as a hope throughout the entire community engagement process. Stakeholders expressed the desire to meet regularly to collaboratively problem-solve, share data, and plan. When asked what would support and nurture collaboration county-wide, the Behavioral Health Roadmap Operations Board identified having a unified approach with identified roles, sharing data on community need, developing a better understanding of what each provider offers, and reducing competition for funding opportunities through more regular connection as key components. Most importantly, though, the system must center the client, improve transitions between care, and ensure warm handoffs. Improving coordination and collaboration in the system was elevated as a high-priority solution in six focus areas including prevention and early intervention, harm reduction, suicide prevention and response, methamphetamine, the treatment and crisis continuum of care, and mental and behavioral health in the criminal justice system.

Communities across the country organize their behavioral health systems in a variety of ways to improve collaboration. Many county-led behavioral health systems centralize their behavioral health programming into a department or division such as the Behavioral Health and Recovery Division in King County, Washington, or the Behavioral Health and Crisis Services Division in Montgomery County, Maryland. A centralized system allows for direct management, oversight, and alignment between county-run behavioral health programs. Many of the counties that opted for this route already managed much of the safety net service provision in their communities. Other communities, such as Douglas County which provides few direct-service programs, operate more as a convener to facilitate, and improve county-wide collaboration.

A consistent feature of many successful behavioral health systems are regional collaborative groups that discuss and partner to address identified gaps and needs. This type of group was elevated as a hope and solution in many focus area convenings and is an area where Boulder County can take leadership. Many provider consortiums utilize a Collective Impact model with the county operating as the backbone organization such as the Douglas County Mental Health Initiative and Orange County's Be Well structure. Often, a steering committee holds the entire system accountable to identified goals.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Coordinated System and Workforce to Meet Needs

Workforce to Meet the Needs

The need to support and enhance the workforce to meet Boulder County's diverse needs was also shared in every focus area convening and many key informant interviews throughout the Behavioral Health Roadmap planning process. Significant behavioral health workforce gaps are present across the continuum of care nationwide, with Colorado and Boulder County being no exception. While state and national approaches are being developed and can be built upon for this work, local approaches and coordination are needed to support the existing workforce, expand the workforce, and prepare for future workforce needs.

Boulder County experienced multiple trauma events caused by the COVID-19 pandemic, multiple wildfires, and a mass shooting that impacted our full community and put additional strain on an already undersized workforce. The level and breadth of need has further increased since 2020 rather than returning to pre-pandemic levels. The existing workforce expressed that enhancing skills to meet the changing need was a priority. Overall, those serving in various types of mental and behavioral health roles across the continuum are deeply committed to this work.

The deep commitment of those working in the field, including providers and school counseling staff, combined with responding to increased need and acuity contributes to compassion fatigue and burnout. Many providers across the nation, including locally, have left the behavioral health workforce. The need for more staffing overall to reduce the pressure and unrealistic expectations on the existing workforce was shared consistently. Concern around wages for those in the field, including pay equity between organizations, was expressed particularly with the high cost of living in Boulder County. There are also many individuals who work in fields that are closely connected to mental and behavioral health, though not their primary role. These individuals are also feeling underequipped to support community members who are expressing mental and behavioral health needs or are in crisis. Trainings specifically to better equip and retain these professionals are also needed.

Expanding the workforce, both through increasing staff who represent the community served, and through increasing peers or community mental health workers, were elevated as hopes and solutions throughout the Behavioral Health Roadmap development. Many highlighted the value of peers currently working in the field who connect with and serve community members. Community members and partners shared the importance of broadening the definition of the behavioral health workforce in recognition of the wide range of supports outside the medical model. Providing further integration of physical and mental health care was also expressed and training on behavioral health for medical providers is needed.

Participants shared the importance of building the pipeline to meet future workforce needs and considering policy changes to expand the types of services reimbursed through Medicaid or insurance to allow for expanding the non-clinical workforce. To

expand services in the community, the workforce to meet those needs must be carefully considered. This could be addressed through a countywide approach to collectively identify and implement activities to create a mental and behavioral health workforce that meets the needs of the community. Workforce Boulder County with leadership from local Chambers of Commerce have developed Sector Partnerships in other fields that can inform this process. To effectively meet the broad range of needs based on culture, language, identity, diagnosis, age, etc., these efforts must include approaches to increase diversity of the workforce to reflect the population and grow cultural competency skills for all in the field.



Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Coordinated System and Workforce to Meet Needs

Strategies and Solutions

A coordinated system supported by a diverse, well-trained, and well-supported workforce is imperative to the forward progress of behavioral health across the region. The solutions below include considerations for improving behavioral health system coordination and workforce development and retention.

Strategy: Internal Coordination

Solution:

- Invest in a centralized Boulder County government structure with ongoing responsibility to advance and coordinate efforts related to mental and behavioral health, and implementation of this plan.
- Provide necessary staff and develop a governing body to oversee and hold accountability for implementation of the Behavioral Health Roadmap solutions in alignment with the goals, values, and frameworks identified in the plan.

Strategy: Data Collection & System Evaluation

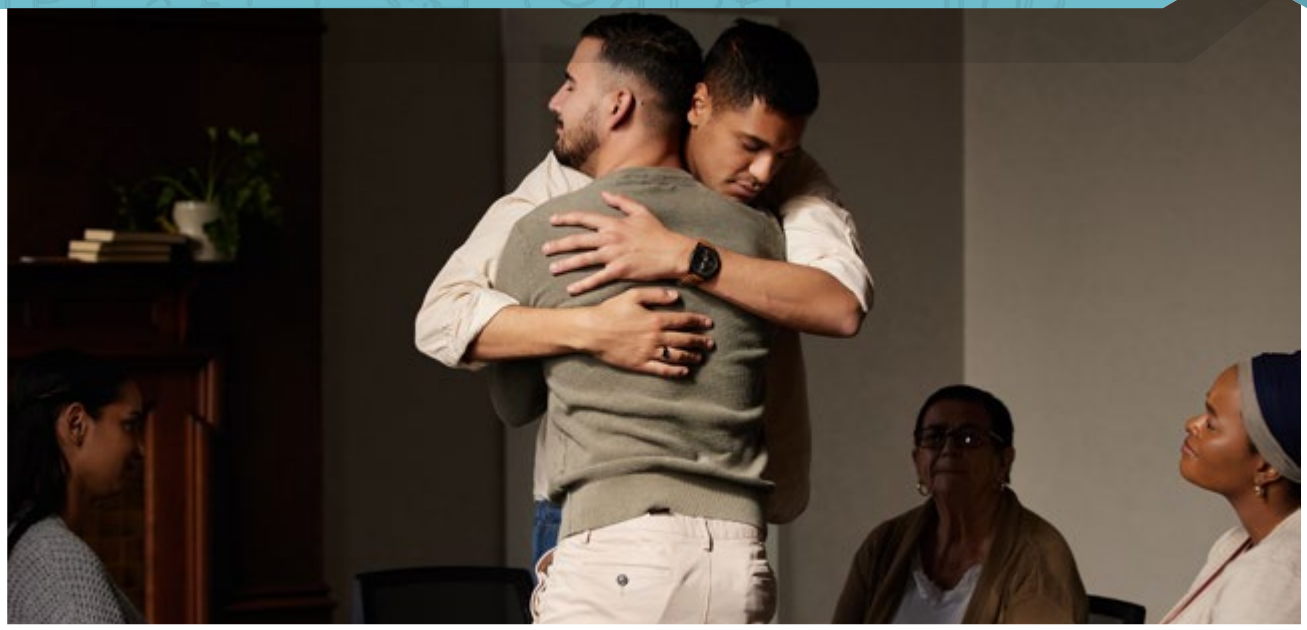
Solution:

- Support county-wide progress on plan implementation through targeted data collection and ongoing behavioral health system evaluation

Strategy: County-wide Collaboration

Solutions:

- Identify and address the conditions that lead to siloed work and improve communication and coordination around behavioral health efforts county-wide.
- Improve the sharing of information between care providers and reduce duplicative assessments that clients face when seeking support.
- Reduce the administrative burden and improve care coordination between providers.
- Identify opportunities for new partnerships and repurpose unused county office space for behavioral health supports to centralize access to care.
- Lead, engage in, and develop the structures to support behavioral health system planning and decision-making at a regional level and in a coordinated way, such as a regional collaborative body, involving decision-makers and subject matter experts from the County, municipalities, community-based organizations, and community members with life experience.
- Establish cross-system communication relationships including the behavioral health system stakeholders, criminal justice system partners, primary healthcare providers, schools, youth-serving organizations, and those working to address homelessness.



Strategy: Funding Support

Solutions:

- Develop mechanisms to collaboratively access, apply for, and distribute sustainable and flexible funding that supports the diverse needs of the community.
- As part of a legislative agenda, advocate that funding be included in policies and bills.
- Consider a Mental and Behavioral Health Tax.
- Develop contract policies that make it easier for small community-based organizations to partner with the county.

Strategy: Workforce Strategy

Solution:

- Develop a Boulder County Mental and Behavioral Health Workforce strategy to meet the diverse needs of the community through a sector partnership model to expand the workforce through pipeline, recruitment, and retention strategies that support the workforce with an emphasis on approaches to increase the diversity of the workforce to reflect the population and grow cultural competency skills for all in the field.

Youth Solution:

- Provide funding to expand the workforce to address youth suicidal ideation in programs that provide immediate, free support such as RISE Against Suicide.

Strategy: Professional Development & Provider Education

Solutions:

- Provide training to therapists in substance use treatment and mental health settings and other related fields to build the cultural competence to work with different populations, including ensuring affirming, informed and safe spaces for LGBTQ+ residents, racial and ethnically diverse populations, I/DD populations, individuals with justice involvement, individuals with varied diagnoses, and older adults, particularly those with dementia.
- Increase capacity of mental and behavioral health providers and workers in related fields to better respond to increased acuity and suicidal ideation in the community with trauma-informed practices.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Invest in Prevention & Address Conditions for Community Resilience and Wellbeing

Our community invests in prevention strategies and addresses conditions in which community members of all ages and identities live, work, and play to foster community resilience and mental well-being.

"An ounce of prevention is worth a pound of cure." The sentiment from this phrase, attributed to Benjamin Franklin, was echoed throughout the Behavioral Health Roadmap community engagement process, and is also well documented in research.

Prevention and promotion in mental and behavioral health refers to strategies designed to create environments and conditions to support behavioral wellness and resilience and reduce the risk of developing a mental or behavioral health disorder. These strategies can be at the individual, social, societal, or structure and policy level.[1] Many prevention and promotion efforts use a risk and protective factor lens, which recognizes that certain experiences or conditions can provide a buffer from experiencing poor mental health or developing a behavioral health disorder and some can add additional risk. For example, a trusted adult can be a protective factor for a young person, and strong social connections can be protective for all ages. Having a sense of meaning and purpose is a protective factor. Broader societal factors, such as experiencing racism or poverty, can be risk factors. Understanding the individual, social, and community risk and protective factors is important to finding the best strategies to promote mental and behavioral health in a community.



During the Behavioral Health Roadmap focus area convenings, diverse groups of individuals shared the strengths, challenges, hopes, opportunities to build upon, and ideas for solution related to prevention and the overall community conditions that support behavioral health. Participants shared there are current efforts making a difference, but a coordinated prevention strategy is needed to bring existing efforts together, ensure broad reach, provide unique approaches for parents, those of diverse identities and ages, and support leadership of the community. Some of the hopes expressed by the participants, who include community members with subject matter expertise and life experience, are:

- A community of belonging for all: Increased sense of belonging in schools and places where people live, work, and play, including making the county a safe space for LGBTQ+ and BIPOC individuals
- Creating community resiliency, support, and hope
- Meeting people where they are and providing whole person care
- No more stigma
- More education around mental health and the skills to have conversations about mental health, substance use, and suicide
- Mental health support for parents
- Youth have the support & skills to thrive, including trusted adults, and feel empowered to get support for themselves and others
- Young people are seen and valued
- Youth live in a safe environment
- More Spanish-language community-based programs
- Zero suicides
- Engaging youth as leaders and partners
- Prevention efforts specific to suicide are widespread and include increasing connectedness, increasing coping skills and resiliency, addressing root causes, policy changes to reduce access to means



Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Invest in Prevention & Address Conditions for Community Resilience and Wellbeing

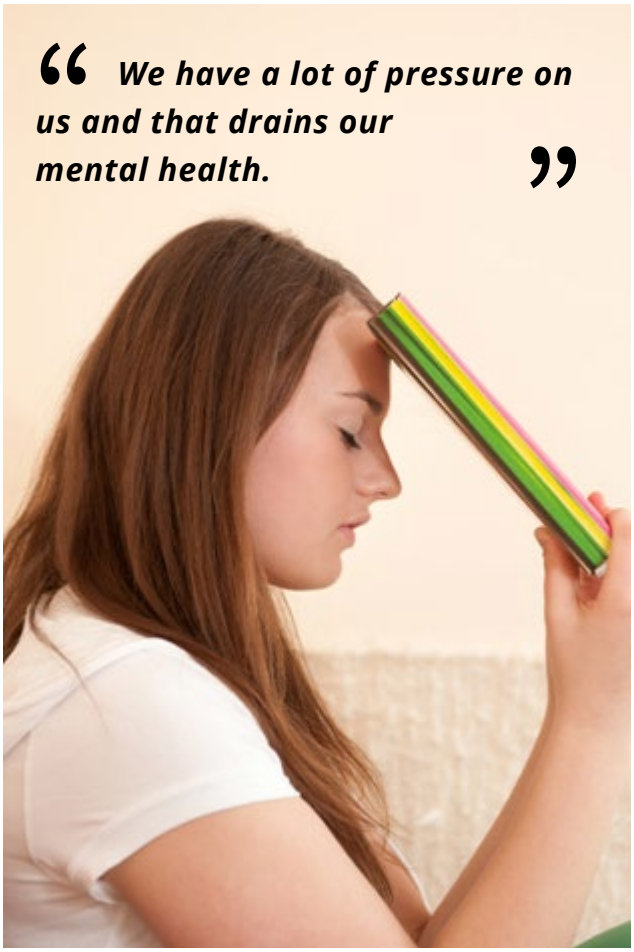
Throughout qualitative responses from the community, the need for connection in a welcoming and inclusive way, as well as opportunities and spaces to gather, were discussed as priorities. Individuals shared the desire to be integrated as part of the community rather than simply having their own activities, particularly for those in recovery, individuals with disabilities, and older adults.[2] Youth discussed the need for youth-specific opportunities to connect.

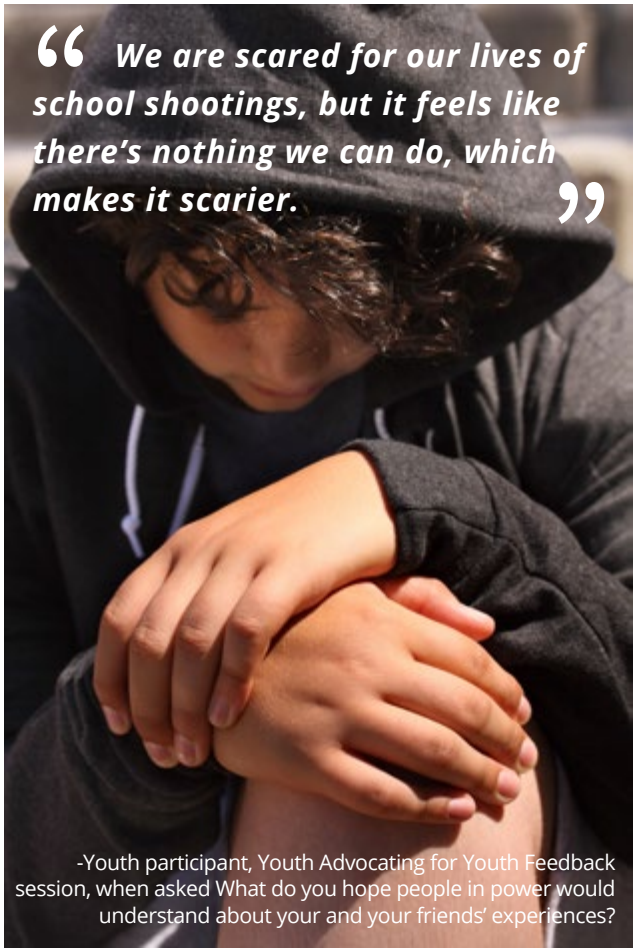
Those who participated in the research process also shared a variety of challenges related to prevention and addressing conditions for community resilience and wellbeing. Funding was expressed as a significant challenge for multiple reasons. It can be difficult to keep enough funding and attention on prevention when there are increased crises and acute needs in the community. Many programs are funded through grants, which are often short-term and require time to manage. Changing community conditions takes a significant amount of time and is challenging to keep the momentum going. Without consistent funding sources, it is difficult to sustain the efforts to realize changes. Additionally, effective prevention and community change efforts are designed with the community, but many funders require a detailed concept to be eligible for funds. Without funding for the community design phase, it can be difficult to develop a detailed concept to meet eligibility for larger grants.

The existing inequities in social determinants of health, including financial resources and neighborhood environments, are ongoing contributors to poor mental health. There is also unequal access to opportunities, such as prosocial activities and education around mental and behavioral health due to cost and timing, particularly for those who need to work multiple jobs, and language access. Social media, while it can provide access to valuable information and connections, can also cause harm through negative messages, online bullying, and misinformation about behavioral health. According to the 2021 Healthy Kids Colorado Survey, Boulder County high school students who experience bullying, both online and in school, report worse mental health.[3]

Youth service providers in the community expressed the importance of hearing directly from youth on priorities for prevention and behavioral health broadly and involving youth in the design of prevention efforts. The Behavioral Health Planning Team partnered with the To the Root/A la Raíz Project (TTR/ALR) at Boulder County Public Health (BCPH), including multiple adult staff and three Youth Research Assistants (YRAs) to learn from youth about what impacts their mental health, what would support mental health for themselves, peers, and families, as well as in school and their neighborhoods. Over 100 Boulder County youth provided their insights in feedback sessions held in January to April 2023 with groups of youth ranging in ages from 11-18. Of this group, 56% of participants identified as Latine and 35% identified as LGBTQ+. Youth were also asked what they hope people in power would understand about their and their peers' experiences.

A few responses from youth include:







1 World Health Organization. Mental Health. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
2 Boulder County Community Needs Assessment: Systems, Services, and Supports for People with Intellectual and Developmental Disabilities. 2019.
3 Boulder County Public Health. Results of the 2021 Healthy Kids Colorado Survey Boulder County Presentation. https://bouldercounty.gov/families/youth/results/

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Invest in Prevention & Address Conditions for Community Resilience and Wellbeing

Strategies & Solutions

Solutions to invest in prevention and address conditions for community resilience and wellbeing were recommended through all focus area convenings. Related high priority solutions were identified in six focus areas, harm reduction, treatment, suicide prevention and response, methamphetamine, youth, and prevention. Each of the six goal areas for the Behavioral Health Roadmap are interconnected. These solutions illustrate the Boulder County community recognizes the importance of continually investing in prevention alongside efforts to improve mental and behavioral health.

Strategy: County-wide Prevention

Solution:

- Develop a shared community-wide prevention approach which promotes belonging, purpose, mental wellbeing, resilience, protective factors, and addresses risk factors at the individual, family, system, community, and policy level for mental and behavioral health. This prevention approach would be co-created with diverse community and partners and include culturally relevant approaches, community-informed practices, and best practices. It would also build upon existing efforts (Also a Youth Solution).

Strategy: Community Education & Stigma Reduction

Solution:

- Provide coordinated community-wide education and stigma reduction efforts related to mental and behavioral health to include media campaigns, trainings, and skill-building with messages and offerings that are accessible, culturally appropriate, customized to varying audiences, trauma-informed, include a wide range of topics, and include community in development.

Youth Solutions:

- All Boulder County children and youth grades preK-12 have consistent, frequent social-emotional learning infused into the curriculum on topics such as communication, problem-solving, conflict resolution, stress reduction, identifying feelings, and emotional regulation.
- Provide expanded education and skill-building for adults and caregivers to better support and understand youth and children.

Strategy: Prosocial Activities

Solution:

- Provide accessible opportunities for social connection, community-building, cultural awareness and connection for the full community recognizing the diversity of the community.

Youth Solutions:

- Provide a broad range of free or low-cost prosocial activities for teens and youth that build connection, purpose, cultural connection, joy, and fun.
- Offer accessible support groups and opportunities for shared learning in small group settings for youth, parents, families, and the broader community.

Strategy: Addressing Social Determinants of Health

Solutions:

- Engage in focused and coordinated efforts to improve the social determinants of health, or the conditions in which we live, work, and play, that impact mental health and wellbeing and can prevent poor mental health.
- Consistently employ Housing First models and offer long-term, supportive, trauma-informed housing programs. Provide a variety of housing options and levels of support with the ability to match people to appropriate resources and transition between services as needs change.

Strategy: Policy

Solutions:

- Develop a shared policy agenda to advocate for policy changes, including organizational policies, that address the underlying challenges impacting access to mental and behavioral health support, and community conditions for mental wellbeing Boulder County community members experience.
- Support local solutions and advocate for policy to increase private providers who accept Medicaid, insurance reform, a broader range of covered services through insurance to support behavioral health needs, and quality of services.

Youth Solution:

- Build support and advocate for policies to address community norms and policies favorable to substance use to reduce risk and prevent youth substance use.

Strategy: Built Environment and Spaces for Connection

Solution:

- Create, supplement, or support opportunities to share space and co-locate resources in the County, schools, or other spaces to expand ability to provide accessible resources, allow partners to facilitate programs, and reduce administrative costs.

Youth Solutions:

- Create additional free teen spaces or youth centers where teens can connect and explore prosocial opportunities with the support of positive adults.
- Provide access to safe, clean, and youth-friendly natural spaces and parks throughout Boulder County municipalities and unincorporated spaces with sufficient amenities such as drinking water and trash receptacles.

Strategy: Engage Youth as Partners

Youth Solution:

- Engage youth as partners to understand their needs and interests, and co-create prevention initiatives with their leadership.

Strategy: Prevent Childhood Trauma

Solution:

- Expand efforts to prevent childhood trauma or adverse childhood experiences (ACEs) and increase protective factors using best practices and grounded in racial and health equity.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Early Intervention & Connection to Support

Our community identifies mental and behavioral health needs early, intervenes appropriately to avoid more acute symptoms, navigates community members to services, and provides low barriers to entry and access to innovative services that are welcoming to all identities and are customized to meet diverse needs and ensure culture familiarity.

"Early intervention refers to recognizing the warning signs of a mental health or substance use challenge and acting before it gets worse."[1] Recognizing signs and symptoms earlier and connecting to appropriate care quickly was shared as an urgent need throughout focus area convenings and key informant interviews. Delays in accessing support and treatment can lead to more severe symptoms and even a behavioral health crisis.

Insights shared by diverse individuals with subject matter and life experience, including members of existing coalitions, on the strengths, challenges, hopes, and ideas for solution were compiled from all focus area research to inform this goal area.

Some of the hopes expressed by the participants are:

- Accessing the right support at the right time is easy and simple, with little administrative burden for patients and providers. There is easy access for all regardless of ability to pay or documentation status.
- There is no wrong door to entry, navigation to the right care is well supported, and care can be accessed quickly, without waitlists.
- Mental and behavioral health supports are integrated with physical health providers and offered where people are to ensure easy access to care.
- More supports are located within the community, the definition of provider is expanded, and people are empowered to be connectors to care.
- Parents and loved ones understand how to access services and support youth needs.
- Services meet the needs of the whole person, are broader than the medical model, keep culture and other identities in mind, and are effective.
- Individuals receive more follow along support, case management, and care coordination.
- Physical "one-stop shops" are available for immediate service, support, and connection.
- Individuals who experience suicidal ideation receive immediate care that does not cause additional trauma and receive ongoing, coordinated support and safety plans.
- Harm reduction efforts and principles are expanded.

The need for navigation to appropriate services has been highlighted for years by the community and stakeholders in previous efforts to improve mental and behavioral health in Boulder County. In response, Boulder County Public Health contracted with the OMNI Institute in 2019 to explore the possibility of a coordinated referral system, understand current services, and determine if it was possible to scale up Law Enforcement Assisted Diversion. The full report shared the challenges with implementing coordinated referrals, including data sharing, and recommended a model for a coordinated referral system in which all community members could access navigation support. This was shared in a community meeting in October 2019 with broad support.[2] While efforts have begun to pilot centralized navigation, this has not yet fully been launched. OMNI has done further research in in recent months to better understand effective models for navigation. See Appendix F for findings.

Since 2019, more organizations have hired staff to provide navigation support. Boulder County Housing and Human Services (BCHHS) has led the way toward coordinated resource access for community members, particularly focused on safety net services. The BCHHS effort, Community Connect, is a coordinated workflow, case management and referral system currently used by several Boulder County departments, in addition to over a dozen community-based organizations. Discussions are under way to coordinate these efforts. A hope expressed by the community is having one, centralized place to call or connect with to get appropriate care for themselves or a loved one.

A variety of barriers exist for successful early intervention and connection to support as shared through the Behavioral Health Roadmap development. Lack of symptom identification and stigma can keep a person from seeking care. According to the American Psychiatric Association, 50% of mental illness begins by age 14, and most individuals, or about 75%, who experience mental illness, begin their symptoms by age 24. It is critical to understand the warning signs, particularly for youth, because early intervention can reduce the severity of illness or prevent a person from developing a behavioral health disorder.[3]

Universal mental and behavioral health screenings in varied settings such as health care clinics, schools, and jails are best practice and expressed as a local need. Cost is a barrier to service as many providers do not accept insurance and the cost for assessments and psychiatric services are particularly high. When signs or symptoms emerge, it is difficult to know what services exist and what might best support the need. Additionally, once a person does locate a service, there are often long waitlists. Providers and services are lacking overall and specialty providers, such as those who serve individuals with dual diagnosis, are especially difficult to find. Services are often provided during school or business hours which can be challenging to attend. Few services are accessible for mountain communities who also may not be able to attend virtual visits due to a lack of reliable internet.

There are multiple efforts in the community that serve as opportunities to build upon for this goal area. Mental Health Partners has launched a program called ASCENT to provide holistic community-based support to youth and young adults experiencing the first episode of psychosis, which has been shown to have positive impacts for long-term recovery. The City of Longmont has a robust diversion and restorative justice effort for youth and has counseling staff available for youth. Both services can assist with early intervention and connection to support and are not similarly available elsewhere. Out Boulder County offers short-term therapy and referrals to appropriate and affirming mental and behavioral health care for LGBTQ+ adults through a program called The Point. Boulder County Public Health has long offered home visitation for new parents through programs like Nurse Family Partnership and the GENESIS Program. In partnership with Housing and Human Services and Mental Health Partners, efforts are underway to scale up and provide universal home visitation including mental and behavioral health screening through a project called Family Connects. These and other efforts provide meaningful support that can inform future efforts.

1 Mental Health First Aid USA. Retrieved from https://www.mentalhealthfirstaid.org/2021/06/the-importance-of-early-intervention-for-people-facing-mental-health-challenges/#:~:text=Early%20intervention%20refers%20to%20recognizing,professional%20before%20it%20becomes%20worse.

2 Recommendations for a Coordinated Behavioral Health System. OMNI Institute. 2019. Retrieved from https://bouldercounty.gov/families/addiction/substance-use-advisory-group/#report

3 American Psychiatric Association. Retrieved from https://www.psychiatry.org/patients-families/warning-signs-of-mental-illness

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Early Intervention & Connection to Support

Strategies & Solutions

Supporting community members through early intervention and connection to support is key to the overall improvement of the behavioral health system in Boulder County and makes a significant difference to each person who receives appropriate and timely support. The solutions, below, were prioritized by community members with subject matter and life experience in seven different focus areas: recovery, treatment, suicide prevention and response, methamphetamine, criminal justice, youth, and early intervention.

Strategy: County-wide Navigation

Solution:
- Provide a centralized resource with information about services and events available for mental and behavioral health as well as social determinants of health for the full community to include navigation, coordinated entry for mental and behavioral health, follow-along support including peers, resources for existing community connectors, and self-service options.

Youth Solution:
- Provide an easy and youth-friendly way to know about and access mental health resources as part of community wide navigation, coordinated entry, and self-service options.

Strategy: Suicide Prevention

Solution:
- Expand use of suicide prevention and response best practices and just culture models, including the Zero Suicide Framework, to consistently support youth, adults, and priority populations with suicidal ideation in developing and following safety and support plans that are shared amongst physical health, education, and behavioral health providers.

Strategy: Harm Reduction

Solution:
- Increase use and understanding of harm reduction principles, support harm reduction efforts, and include people who use drugs in program development.



Strategy: Easier Enrollment

Solutions:

- Address cost barriers to accessing mental and behavioral health services by providing low or reduced cost services and evaluations or subsidizing cost for all Boulder County community members.
- Provide expanded options for easier enrollment in services to reduce wait time.
- Create centralized intake location for inpatient substance use disorder treatment in which individuals can walk in for immediate help, find an open treatment bed, and go to treatment.

Youth Solutions:

- Increase options for youth ages 12 and over to access supportive and stigma-free mental and behavioral health services free of charge, including through providing funding to programs or a scholarship fund for youth.
- Provide early access to services for mental health, substance use, and mentorship through easier and streamlined referral, intake, and enrollment process to service providers, including home visitation, phone and virtual options, and in-person services.
- Provide trauma-informed mentors for children and youth with higher acuity.

Strategy: Drop-in Supports

Solution:

- Create physical spaces accessible to community and in areas of need where individuals can drop-in for mental and behavioral health services including innovative models and approaches and culturally familiar supports for free or reduced fees.

Strategy: Increase Restorative Justice

Solution:

- Increase restorative justice as an alternative to involvement in the criminal justice system through consistent practices and local opportunities.

Strategy: Co-location and Integrated Services

Youth Solution:

- Increase and improve integration of mental and behavioral health services including use of universal screening and sharing resources in places where youth already are located such as schools, clinics, youth centers, etc.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Focused Approaches to Advance Equity & Support Priority Populations

Our community invests in focused approaches to advance equity, address disparate impacts, and ensure access to meaningful, culturally relevant, and effective mental and behavioral health supports for priority populations.

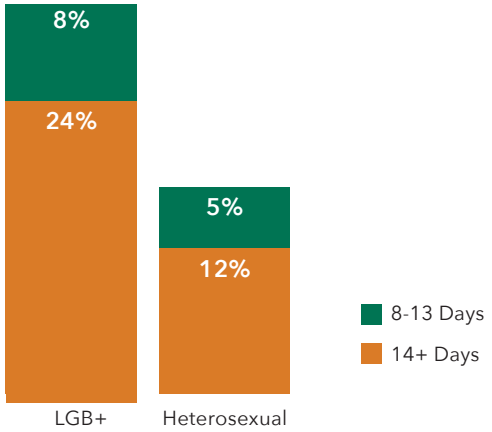
To improve mental and behavioral health in our community and realize our vision for all community members to get the right support at the right time, it is critical to recognize that multiple, focused approaches are required to meet individual's needs based on identity, age, ability, geography, and diagnosis. These approaches will complement approaches for the full community.

Director of the Othering and Belonging Institute at University of California, Berkeley, john a. powell developed a framework called, "Targeted Universalism" that is useful to inform these efforts.

"Targeted universalism means setting universal goals pursued by targeted processes to achieve those goals. Within a targeted universalism framework, universal goals are established for all groups concerned. The strategies developed to achieve those goals are targeted, based upon how different groups are situated within structures, culture, and across geographies to obtain the universal goal. Targeted universalism is goal oriented, and the processes are directed in service of the explicit, universal goal." [1]

Priority populations were identified for the Behavioral Health Roadmap based upon disparate mental and behavioral health outcomes, different experiences, cultures, and needs. For example, a higher percentage of LGB+[2] adults in Boulder County experience eight or more poor mental health days than heterosexual adults.[3]

Mental Health Days

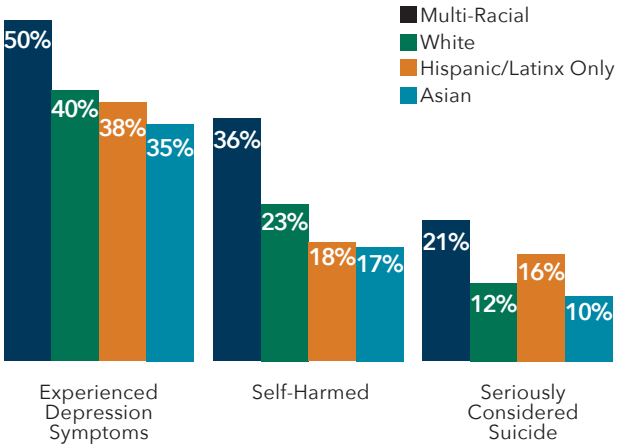


A larger percentage of **LGB+** residents reported a high number of days where their mental health was not good in the past 30 days relative to **Heterosexual** residents.

LGBTQ youth are less likely to have a supportive adult and more likely to be bullied than their heterosexual peers.[4]

Mental health concerns were highest amongst multiracial youth in Boulder County than any other ethnic or racial group. This local disparity is higher than the disparity between multiracial youth and non-multiracial youth across Colorado.[4]

Race/Ethnicity



Across racial and ethnic groups, **mental health issues were most common among Multi-Racial youth**, highlighting a need for engaging with the community to better understand and address the underlying causes of this disparity.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Focused Approaches to Advance Equity & Support Priority Populations

These disparities stem from racism and discrimination and are not related to genetics. Experiencing racism, both interpersonal racism and systemic racism, can cause racial trauma, which is a mental and emotional injury. [5] According to the 2021 Healthy Kids Colorado Survey, Boulder County high school youth who reported being bullied because of their race or ethnicity, their sexual orientation, their gender identity, or a disability, were significantly[6] more likely to seriously consider suicide than those who were not.[4] Additionally, there are rich cultural histories in BIPOC communities with models for supporting mental health and wellbeing that can serve those who are part of the respective community. Strong connection to one's culture or racial identity, including strong sense of family, is a protective factor with positive outcomes for mental and behavioral health.[7,8] See the System Inequities and a Path Forward section for additional background on impacts for priority populations and some existing efforts making an impact.

Focused approaches for priority populations are required to ensure equitable access to mental and behavioral health for all living in Boulder County.

Behavioral Health Roadmap Priority Populations
Individuals with the following identities and experiences:

- LGBTQIA+
- BIPOC (Black, Indigenous, and People of Color)
- Latine
- Undocumented
- Intellectual and Developmental Disabilities (I/DD)
- Physical Disabilities
- Unhoused
- Older Adults
- Youth
- Infants and Children
- Low income, doesn't qualify for Medicaid
- Co-occurring Disorders

To understand current challenges and successes in advancing equity for behavioral health in Boulder County, the Behavioral Health Roadmap research phase included questions about equity in all focus areas. Some of the hopes shared by diverse community members with subject matter and life experience include:

- Keeping culture and other identities in mind for the types of services and way services are provided, including more Spanish-language services in the community.
- Services outside the medical model are widely available.
- Addressing disparities through antiracist strategies and addressing inequities in social determinants of health.
- Community involvement and leadership: sharing leadership and involving community in the program design. People receive trauma-informed support from their community. More community-based approaches that include the most affected communities. Move away from individualistic approaches to health and more towards collective, community-based healing approaches.
- Creating a community of belonging: increased sense of belonging in schools and places where people live, work, and play. Making the county a safe space for LGBTQ+ and BIPOC individuals.
- Providing a more diverse and culturally competent workforce: service models would be more innovative, welcoming, and culturally familiar to clients, available in ASL and languages other than English.

Current challenges with equitable access identified by community members included:

- Equity gaps in type, availability, cultural relevance of services: more bilingual/bicultural needed, Native populations, youth, etc.
- Impact of Bias: BIPOC individuals continue to be overrepresented in criminal justice system and contact with law enforcement, and unhoused community members also experience bias
- Workforce Issues: need greater diversity overall, need bicultural and not just bilingual staff, and need improved equity in hiring
- Language access challenges in service delivery, education, and outreach
- Systems rarely accommodate socioeconomic barriers and social determinants of health
- Supportive housing homes not affirming to LGBTQ+ individuals, individuals being unsafely housed based on gender identity
- Need for more LGBTQ+-specific services and safe spaces
- Navigation not provided in a culturally responsive way
- Systemic racism, structural inequities, ageism, ableism, homophobia, and other biases
- Inequitable barriers to accessing care, additionally true for the undocumented community
- Cultural stigma
- Generational trauma

1 Othering and Belonging Institute. Targeted Universalism. Retrieved from https://belonging.berkeley.edu/targeted-universalism

2 Refers to Lesbian, Gay, Bisexual or other diverse sexual identities to align with the survey source question asking about sexual identity and not gender.

3 OMNI Institute. Boulder County Community Health Assessment, Data Snapshots. 2023

4 Boulder County Public Health. Results of the 2021 Healthy Kids Colorado Survey Boulder County Presentation. https://bouldercounty.gov/families/youth/results/

5 Mental Health America. Racial Trauma. Retrieved from https://www.mhanational.org/racial-trauma

6 Significant P value of less than 0.50 is statistically significant.

7 Substance Abuse and Mental Health Services Administration. Culture is Prevention. 2018. Retrieved from https://www.samhsa.gov/sites/default/files/nc-oy1-task-3-culture-is-prevention-final-2018-05-31.pdf

8 Harnessing Cultural Identity as a Protective Factor in Minority Mental Health: Applications to Children and Families. Retrieved from: https://div12.org/harnessing-cultural-identity-as-a-protective-factor-in-minority-mental-health-applications-to-children-and-families/

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Focused Approaches to Advance Equity & Support Priority Populations

Strategies & Solutions

Success in improving mental and behavioral health in Boulder County requires focused approaches to advance equity and support priority populations. The solutions stem from high priority solutions from eight focus areas: prevention, treatment, recovery, youth, harm reduction, methamphetamine, suicide prevention and response, and criminal justice in mental and behavioral health.

Strategy: Specific Approaches for Priority Populations

Solution:
- Develop focused solutions and messaging for priority populations with disparate mental and behavioral health outcomes including suicide and overdose risk such as older adults, middle-aged white males, youth, transgender community members, LGBTQIA+ youth, and I/DD populations.

Strategy: Supports Beyond Medical Model

Solution:
- Provide a broad range of free and low-cost services to support mental and behavioral health beyond the western medical model for all community members that are rooted in traditional cultural practices, best practices, or other community-informed practices.

Strategy: Language Access

Solution:
- Commit resources to language justice and ensure all outreach, services, and supports are accessible to non-English speakers, vision impaired, and for ASL.

Strategy: Culturally Relevant Supports

Solution:
- Improve access to behavioral health services and quality of services for residents who identify as BIPOC, LGBTQIA+, and for residents with disabilities through culturally relevant service models, staff who represent the population served, and environments that are welcoming, culturally competent, and affirming.

Youth Solution:
- Provide affirming, bilingual/bicultural, and culturally relevant youth mental and behavioral health supports to include mindfulness programs, education, parent support, and gender affirming care for LGBTQ+ youth.



Strategy: Community Leadership & Cultural Brokers

Solutions:

- Support community leadership to develop and provide mental and behavioral health supports by training and incentivizing cultural brokers in the community, offering paid leadership opportunities for Latine and LGBTQ+ individuals, parents, and youth, and investing in trusted organizations already providing mental and behavioral health support through cultural brokers.
- Support opportunities for people who use drugs (PWUD) and those in recovery to share challenges, support each other, and advocate for changes so services are stigma free, person-centered, trauma-informed, and meet the needs.

Antiracist and Anti-oppression Efforts

Solution:

- Address systemic racism, discrimination, and oppression through local policy change and broader policy advocacy, implementing antiracist practices and practices eliminating bias, and educating the community and service providers about the behavioral health impacts of trauma caused by racism, hate crimes, and discrimination.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Robust Continuum of Care for Treatment & Crisis Response

Our community is committed to offering a robust, connected, and culturally responsive continuum of mental health and substance use treatment and crisis services that provides access to the right care at the right time, regardless of acuity or level of care required. Such a continuum would effectively provide enough services in all levels of care that community members would be supported before they reach a crisis, support residents in crises, ensure fast follow-up and re-engagement after a crisis, and support people in transition between levels of care. The community further recognizes that levels of care are interconnected and investments in one level of care must consider the impacts on the full continuum and be planned in a holistic manner.

Accessing the right care at the right time has long been a challenge in Boulder County. These challenges were documented in 15 of 17 reports and assessments written on behavioral health in the county over the last five years. The Behavioral Health Planning Team gathered input from community members with subject matter expertise and related life experience to learn more about the barriers to care. Qualitative data was gathered via 30 key informant interviews and multiple convenings with community members with lived experience and subject matter expertise. Participants shared their hopes and views on strengths, challenges, and ideas for solutions to inform this goal area. Hopes expressed by the participants include:

- Those with acute and chronic behavioral health symptoms would have expanded access to wrap around services and/or case management, ideally in combination with long-term housing.
- Transitions between levels of care would be smooth and better supported.
- The system would meet people where they are by offering a spectrum of services from high to low intensity to serve a variety of needs, especially intensive outpatient (IOP) services, so people could step up or down through levels of care as needs change.
- Barriers to access services would be low, substance use treatment be grounded in a foundation of harm reduction, behavioral health and substance use services would be free or affordable for those with limited means, and treatment would be rapidly available to those who need it without long waitlists.
- More providers in the community would accept Medicaid and insurance to offer more options for care.
- There would be improved and more collaboration across programs, partners would be well coordinated and working seamlessly to address problems, and people with lived experience would be involved solution and program development.

The community members convened noted several effective programs and partnerships collaborating across systems as strengths in the continuum of care, like but not limited to:

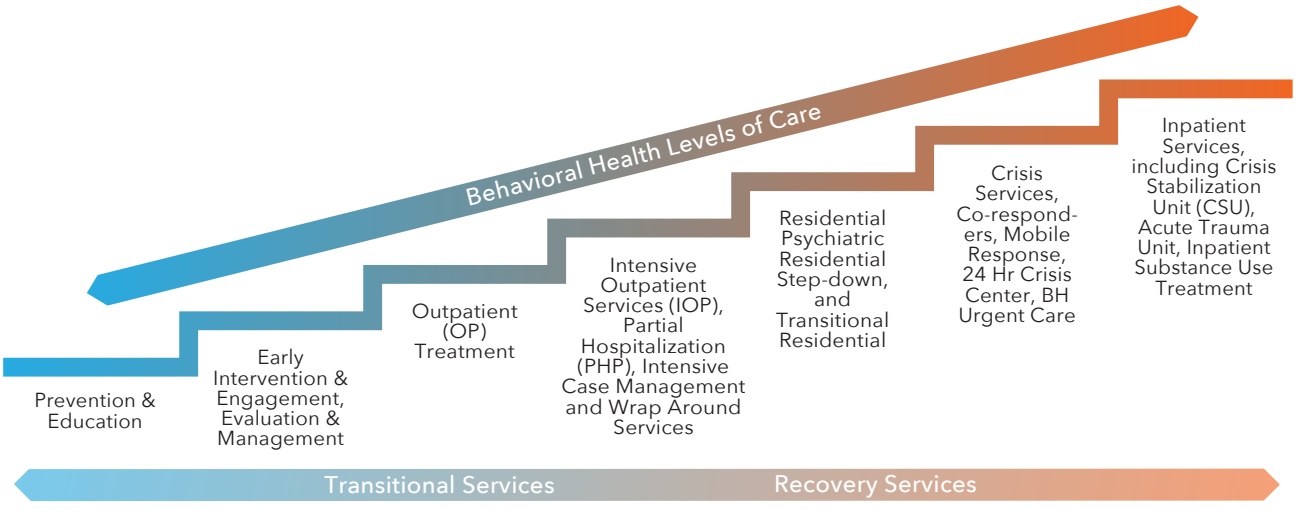
- Efforts at University of Colorado to reduce stigma and expand access to services on campus
- Prevention & Intervention for Life-Long Alternatives and Recovery Program (PILLAR) and Pathways programs at Boulder Community Hospital
- Mental Health Partner's (MHP) new intensive outpatient programs for substance use or anxiety and first psychosis intervention programs
- Co-responder teams established by the Cities of Boulder, Longmont, and Louisville, and Boulder County
- Family Connects
- Rebuilding Expectations and Walking in New Directions (REWiND) in Longmont, including the collaboration between the Longmont police, probation and Department of Children, Youth and Family.

A robust continuum of treatment and crisis services for mental health and substance use that would ensure residents can access the right level of care for their behavioral health needs would include a range of services provided across multiple levels of care, and additional transitional and recovery services to support community members as they move between levels of care and recovery in the community.

While many services appropriate to each level of care in the chart already exist in the county, per the qualitative data gathered, services are varied and complex, and county residents still have difficulty accessing the services they need at the time that they need them. For example, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), core elements to an adequate crisis response continuum include a 1) a regional crisis call center, 2) crisis mobile response team, and 3) crisis receiving and stabilization facilities.[1]

Our community has access to all three of these services. However, there is insufficient collaboration and alignment across existing services. For example, for crisis support, one can call the national hotline (988), state crisis line, or 911. Calls to 988 are routed to the state crisis line which, if not immediately resolved on the phone, deploys mobile crisis workers from a regional contractor subcontracted by Signal Behavioral Health (Signal). If someone calls 911 for a behavioral health crisis, each jurisdiction has its own dispatch, and co-responders are dispatched with the police.

1 SAMHSA. 2020. National Guidelines for Behavioral health Crisis Care: Best Practice Toolkit. Retrieved online from: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf



Robust Continuum of Care for Treatment & Crisis Response

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Robust Continuum of Care for Treatment & Crisis Response

There are four co-responder teams in the county (City of Boulder, City of Longmont, City of Louisville, and Boulder County). These teams face common challenges like placing high acuity clients in inpatient treatment, detox, or a hospital emergency department. While all teams are highly effective and skilled, they don't have the same direct admit agreements with mental health or substance use treatment facilities, or hospital emergency rooms. Also, without centralized navigation support, there is no way to ensure that all responders have access to information on the full range of services and referral options for their clients. Signal Behavioral Health Network (Signal), the Administrative Service Organization for our region, contracts with MHP to run the 24/7 crisis center in Boulder and has contracts with facilities to provide access to crisis stabilization units (CSU) and acute treatment units (ATU) for youth and adults, which serve the entire region. To access the Signal CSUs and ATUs, a client needs to enter the system via MHP's 24/7 crisis center. However, until recently, there was little coordination between city and county co-responders and the MHP crisis center. These services are confusing and could be better aligned so that regardless of one's route to crisis services, community members in a crisis are offered the full range of resources available, regardless of jurisdiction.

There are similar examples of fragmentation and confusion and need for improved alignment among non-crisis levels of care. Service gaps are also likely, which is the case for children and youth services. Parents reported difficulty finding care and long waitlists for specialty behavioral health services for children and adolescents. Convening participants noted needs for many youth specific services in the community, including but not limited to, respite services, home-based services, crisis center, and behavioral health urgent care designed for children and youth. Also, children with intersecting diagnoses and identities can spend can spend days, weeks, or even months boarding in an emergency department waiting for an appropriate placement. As with the crisis system, there are effective programs in the community, but clients would benefit from services being improved, better aligned and coordinated, and, in most cases, expanded.

To learn more about the treatment and crisis continuum of care in the county, Health Management Associates (HMA) was contracted to assess the continuum of care and inpatient treatment bed needs. HMA pulled data from the Colorado Hospital Association (CHA), Transformed Medicaid Statistical Information systems (T-MSIS) and the Behavioral Health Administration (BHA). Key findings of HMA's assessment included:

- Boulder County has a more robust continuum of services compared to RAE Region 6 as a whole and Colorado statewide; however, less than 48% of providers accept Medicaid.
- Some key services are too far from safety net communities and would be easier to access if relocated.
- Few service locations offer relevant services for children, adolescents, and older adults. Even fewer locations offer services for adults (18+) with serious mental illness (SMI) or children and adolescents experiencing serious emotional disturbance (SED).

HMA also found that:

- Between 2019-2021, Emergency Department (ED) utilization by Boulder County residents has been increasing, particularly among individuals ages 65+ yrs.
- Emergency room utilization trends are decreasing in neighboring counties.
- Hospital inpatient utilization for mental health/ substance use disorder is increasing; the average length of stay in inpatient settings is also increasing.
- Between 2016-2020, the number and percentage of Medicaid members utilizing outpatient services prior to an inpatient stay has increased from 71% (n=118) to 81% (n=313).
- While a higher percentage of Medicaid members are utilizing treatment prior to inpatient stays, utilization decreases significantly leading up to crisis, with 81% of members utilizing services 90 days prior to a crisis, but only 72% accessing services 30 days prior to a crisis.
- Post-inpatient stay follow-up is very low for Medicaid members who live in Boulder County at benchmarks of both 3 days (22% in 2020) and 7 days (37%).

Refer to Appendix F for the full reports by HMA.

Behavioral Health Roadmap

Goals, Strategies and Solutions

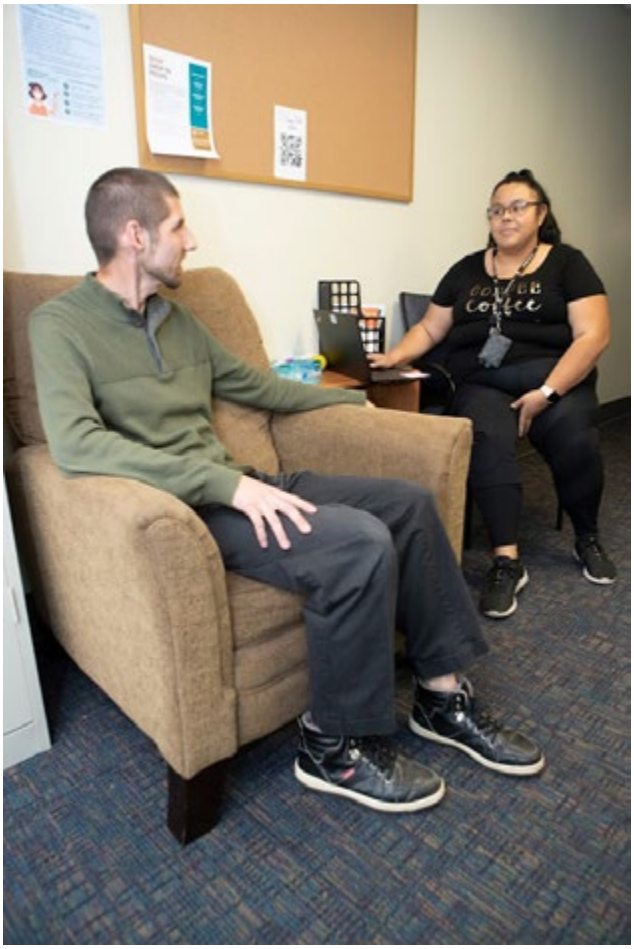
Goal: Robust Continuum of Care for Treatment & Crisis Response

While a need for additional treatment or crisis beds was repeatedly heard in convenings, HMA concluded from their assessment that increasing lengths of stay reduce bed capacity and are caused by gaps in the care continuum like intensive outpatient services, rather than a shortage of beds. For example, if a person experiencing acuity could access appropriate intensive outpatient services prior to a crisis, such support might effectively help avoid a crisis. Also, after an inpatient stay, people need the support of intensive outpatient services while they return to their normal lives.

When there's a lack of intensive service options to support people, they arrive sicker to inpatient services and need to stay longer until they are healthier due to insufficient intensive services in the community to support a person following an inpatient stay. This conclusion was echoed in several key informant interviews. The planning implication is that services across the continuum are interdependent, and expansion of existing or development of new services in a particular level of care will impact other levels of care. Planning should be done taking the full continuum into account.

The community members who convened found limitations to the data HMA presented. They noted that the data collected may have been missing some of the behavioral health service codes billed to Medicaid in primary care settings, which could result in an incomplete picture of pre and post-inpatient stay services. It was also observed that because HMA data included only inpatient stays for people with behavior health primary diagnoses, we might be missing information regarding people whose primary diagnoses are intellectual or developmental disabilities, brain injury, or autism. The group also noted that the framing of missing levels of care was consistent with what they see, and generally agreed that the possibility of gaps in the continuum limiting bed capacity was an acceptable working theory and starting point for the implementation phase of the Roadmap.

Service gaps and lack of alignment and coordination between programs impact community members' ability to access the services they need when they need them. Like services across levels of care, the goals represented in the Behavioral Health Roadmap are all interdependent. The ability to expand and align existing services is dependent on improved and supported county-wide collaboration. Improving access to up-to-date and complete information for referrals is dependent on centralized navigation. Expanding or creating new services requires sufficient qualified staff. Despite the challenges, convening participants prioritized solutions which provide clear guidance for where to begin the next phase of this work in the implementation phase.





Boulder County's first co-responder team.



Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Robust Continuum of Care for Treatment & Crisis Response

Strategies & Solutions

Strategy: Improve Access to Crisis Services

Solutions:

- Fund Behavioral Health Urgent Care clinics for adults and youth with drop-in and/or same day services. Design youth services with intention if integrated with adult services.
- Expand access to crisis treatment beds with ombudsman services to ensure quality of care, increase Acute Treatment Unit (ATU) and Crisis Stabilization Unit (CSU) capacity for Boulder County community members.
- Increase mobile evaluation and establish more direct admit processes directly into treatment.

Youth Solutions:

- Open a 24-hr crisis center for youth.
- Develop more juvenile services that can respond quickly to the needs of children and youth and serve as alternatives to residential care and detention with services such as crisis intervention, behavior support, and family intervention.
- Develop respite programs for families with children who have mental health needs, but not child welfare issues, like Shiloh House Program. Develop additional respite options for foster families and families with kids at home in need of higher level of care.

Strategy: Expand and Improve Treatment Options for More Robust Services across the Continuum

Solutions:

- Develop more options for inpatient and residential treatment for substance use treatment, ensure access for Medicaid members, the uninsured and under-insured.
- Develop more options for mental health and substance use treatment across the continuum that accept Medicaid, including intensive outpatient, inpatient, residential and long- term, particularly inpatient treatment options for those who use methamphetamine, and first psychosis intervention programs.
- Expand jail-based mental and behavioral health services, including access to acute services.
- Increase dual-diagnosis program capacity in the community.
- Expand wraparound care and community-based management (ACT, Forensic ACT, ASCENT-type programs) so these services are provided across the county, not just from one location.

Youth Solutions:

- Research models of intensive outpatient services that work for levels of acuity that we have. Look at other communities that have eliminated the need for higher level placements.
- Develop an intensive outpatient program for youth with substance use needs, and services for caregivers with substance use needs.

Strategy: Improve How People are Supported as They Transition Between Levels of Care

Solution:

- Improve discharge planning and follow-up support post-hospitalization.

Youth Solutions:

- Improve and expand post-inpatient/hospitalization navigation for children and youth.
- Ensure effective follow-up services after an evaluation for suicidal ideation.

Strategy: Improve Access to Treatment

Solutions:

- Streamline access to care. For example, get folks to substance use treatment quickly, within 48 hours or less with entry points around the county.
- Put more services where people are by creating more in-home services and evaluations, co-locating/integrating resources and services across systems for more leverage, reach and access, identifying hotspots, increasing community-based services in those areas, establishing more services outside of the City of Boulder, and offering mental and behavioral health supports for parents and caregivers in the same places where youth access services.
- Develop more capacity in behavioral health services to better serve the growing geriatric population and build capacity of programs to handle more volatile patients.
- Offer services in a more flexible manner such as services at flexible times including evenings, provide transportation, and services available to adults and youth, regardless of ability to pay.
- Promote harm reduction rather than abstinence as foundational philosophy for substance use treatment services, and access to Medication Assisted Treatment (MAT).
- Ensure equitable access to services for priority populations.



Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Recovery & Hope

Our community cultivates and invests in a recovery-oriented behavioral health system that supports county residents of all ages and identities in their journeys towards recovery from substance use disorders and mental illness, and those living with lifelong symptoms requiring more intensive services.

Recovery, according to Substance Abuse and Mental Health Services Administration (SAMHSA)'s working definition, is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA has delineated four major dimensions of recovery, which include: health, home, purpose and community.

According to the 2020-2025 Colorado Statewide Strategic Plan for Substance Use Disorder Recovery, "recovery happens in communities – outside of clinical settings. Clinical treatment can be a bridge to recovery, but an individual's recovery is supported by safe and stable housing, having meaningful work or another day-to-day activity, and good mental and physical well-being."[1] The goals of a recovery-oriented system include, but are not limited to, "community integration, a meaningful life for clients, and to minimize the negative impacts of 'traditional' mental health care." [2]

A diverse group of community leaders with professional and lived expertise in the field of recovery convened multiple times to explore strengths, challenges and solutions for improved supports and services for County residents in recovery. The group envisioned a community that embraces recovery, prioritizes recovery-oriented services at all levels of the care continuum, addresses stigma, ensures more prosocial opportunities for adults and youth, and fosters a welcoming community of belonging. To guide future implementation, these leaders also articulated criteria for a system that people experiencing substance abuse and serious mental illness can trust.

1 Colorado Health Institute. 2019. Colorado's Statewide Strategic Plan for Substance Use Disorder Recovery: 2020-2025. Retrieved online from: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/OBH%20Recovery%20Strategic%20Plan_2019.pdf

2 Myers NL. Culture, stress and recovery from schizophrenia: lessons from the field for global mental health. Cult Med Psychiatry. 2010 Sep;34(3):500-28. doi: 10.1007/s11013-010-9186-7. PMID: 20571905; PMCID: PMC3068598

A trusted system of recovery would:

- Promote social inclusion, belonging, connectedness and purpose
- Treat mental health and substance abuse like physical health
- Invest in innovative approaches beyond traditional models
- Work from a whole-person lens, including addressing social determinants of health, especially housing
- Promote, value, and center peers in the workforce
- Proactively promote prevention, and vigorously invest in early intervention, work from a foundation of harm reduction
- Exhibit a lot of collaboration across systems
- Services would be available in languages other than English, use culturally relevant approaches, be gender inclusive, physically accessible, and the staff would be representative of the community.
- Services would be easy to find, integrated, provide navigation support, and be affordable with low barriers to entry.

Current challenges in the system identified by the community leaders included:

- Capacity - Workforce and housing shortages for employees and people in recovery
- Collaboration & Coordination – Too many duplicative and parallel efforts, lack of collaboration between programs, no collaborative problem solving to support clients
- Access – System is hard to navigate, cost of services and red tape are barriers to entry, total lack of cultural and racial diversity among providers, lack of language access (almost no recovery programs in Spanish), lacking prevention services for youth and communities of color
- Stigma – Not in My Backyard (NIMBY), stigma surrounding medically assisted treatment (MAT), and community stigma toward people with substance use disorder and people in recovery with mental illness and/or substance abuse disorder
- Administrative and Policy – State and federal requirements are a burden, insurance can be a barrier to receiving services, funding disparities between physical and behavioral health

Because Recovery is a multidimensional process, including health, home, purpose, and community, and starts prior to a crisis, these recommendations are broad and run the spectrum of the continuum of services. As a result, the strategies and solutions recommended below include priorities identified during the recovery convening and recovery-related priorities identified in convenings on other focus areas. Many of the top priorities identified by in the recovery focused convenings are represented in strategies and solutions in other goal areas.

Behavioral Health Roadmap

Goals, Strategies and Solutions

Goal: Recovery & Hope

Strategy: Supportive Housing

Solution:

- Develop more long-term supportive housing for people living with serious mental illness or chronic substance use disorder, people with history of criminal justice involvement, people in recovery, and aging adults with chronic behavioral health needs. This could include affordable sober housing, housing with services onsite, housing with higher tolerance for difficult behaviors, recovery housing models, recruiting recovery-friendly landlords and long-term mental health beds, and assisted living facilities with capacity to care for people with chronic behavioral health issues.

Strategy: Peer Workforce Expansion to Improve Support and Bolster Workforce

Solution:

- Expand the use of peers, particularly as recovery navigators to walk with people in recovery throughout their journey, and to care for people with chronic behavioral health issues.

Strategy: Opportunities for Meaningful Employment and Social Connection for People in Recovery

Solution:

- Create more employment, education, training, and social opportunities for criminal justice-involved individuals, for people in recovery from substance abuse disorder, and those living with serious mental illness. This could include recruiting more recovery-friendly employers and developing partnerships to create new opportunities for education and vocational training opportunities. This also includes nurturing a community ethos free of bias that offers a sense of belonging to those in recovery.

Youth Solutions:

- Create drop-in spaces and peer-run clubhouses for youth and adults so that people with serious mental illness have a place to belong, socialize, and receive services.
- Develop the capacity of community programs like camps and after-school programs to have more tolerance for difficult behaviors and high acuity children and youth, train staff in trauma-informed practices.



Strategy: Housing for people in recovery from methamphetamine use

Solutions:

- Increase housing options for people with a history of methamphetamine use so that housing upon reentry, post-treatment, or if they have been sober for years, is possible and available. This could include a fund for meth remediation for landlords, finding an entity to serve as landlord of last resort, or as science progresses, possibly creating meth-proof housing.
- Establish more long-term treatment options that combine treatment and a post-treatment housing component for people living with chronic behavioral health issues.

Strategy: Expansion of Wraparound Care/ Community-based Management

Solutions:

- Expand wraparound care and community-based management (ACT, Forensic ACT, ASCENT-type programs) so these services are provided across the county, not just from one location.
- Design these services to meet the needs of county residents living with serious mental illness, chronic substance use disorder, dementia, intellectual disabilities, developmental disabilities, families with children experiencing serious emotional disturbance (SED), unhoused community members and those reentering the community from jail, regardless of payor.
- Fund the engagement and outreach services required to support stability and keep someone in housing that Medicaid may not cover.
- Expand support services designed for families so that loved ones with serious mental illness, dementia and youth with serious emotional disturbance can live at home.

Next steps

Implementation Phase

The Behavioral Health Roadmap represents a shared vision and direction for mental and behavioral health in Boulder County developed with community and partners. To make this shared vision a reality, there's more work to do together. It is essential to co-create an implementation plan with community and partners that builds upon existing work, identifies how each organization and partner is contributing to the overall efforts, and considers funding to realize the goals.

The aspirational vision and direction outlined in the Behavioral Health Roadmap calls on our collective wisdom and creativity as a community. How we do the work moving forward is as important as what we do. The process that led to this shared vision is a powerful first step in bringing us together. Living into our guiding principles and investing in the ongoing process of building trust between county departments and between Boulder County, the community, and partners only grows in importance as we look ahead. The Behavioral Health Roadmap isn't only about what the county's departments must do. It is a living document that allows any stakeholder in the community to find their role in it and align their work. Moving this work forward will require and result in transformation for everyone involved.

Mental and Behavioral Health Tax

Funding that is both sustainable and sufficient to meet community needs was discussed as a consistent gap throughout the process of developing the Behavioral Health Roadmap and preceding this work. Currently, many mental and behavioral health supports are funded through grants with limited terms and restrictions about how funding is spent, and who may be served. These restrictions can impact effectiveness and the ability to address whole person needs.

Local community advocates organized meetings beginning in 2020 to explore the possibility of a mental and behavioral tax to provide more flexible and sustainable options to fund services and supports. The Boulder County Commissioners (BOCC) surveyed local community members to get their input in May 2022 about extending an existing tax to address behavioral health needs. Of those surveyed, 69% supported this concept. A survey will be conducted in 2023 to further gauge community support.

One member of the BH Planning Team conducted research on similar successful tax proposals in other Colorado communities and on how to include community through implementation in alignment with Boulder County's racial equity and community engagement values. The Boulder County Commissioners will review survey results, learnings from the Behavioral Health Roadmap, other community needs, as well as other potential local government tax initiatives to determine whether a mental and behavioral health tax will be put on the ballot in 2023 or 2024.

Together we can transform our community.
We all have a role in making this shared vision a reality.

Opportunities to Build Upon

The landscape of mental and behavioral health services and supports has continued to shift at the local, state, and national level over the past several years with more changes to come. The Behavioral Health Roadmap effort should adapt in response and work to influence these changes to better meet the needs of the community. During the research phase of this process, in each focus area, individuals were asked to identify opportunities to build upon. Responses included expansion in existing successful programs, changes at the state level through development of the Behavioral Health Administration, the Alternative Sentencing Facility which will be built in Boulder County, American Rescue Plan Act projects to support pandemic recovery, new policies, and many other ideas. These and other opportunities will be considered in the next steps for developing a more coordinated effort that reduces siloes and is non-duplicative.

The state continues to work on behavioral health transformation through the Behavioral Health Administration, a state entity launched July 1, 2022, to lead efforts to coordinate and collaborate with other state agencies around behavioral health. Their current efforts include administering grant funding to local communities from federal pandemic recovery funds for mental and behavioral health needs, rulemaking for behavioral health providers to require consistent high-quality practices, creating a universal contract and process to reduce administrative burden, and developing plans to enhance the workforce.

The Boulder County Alternative Sentencing Facility is scheduled to break ground in the summer of 2023 and begin providing services in 2025. Individuals with mental and behavioral health needs are disproportionately represented in the criminal justice system. There have been significant increases in the mental and behavioral health services provided in Boulder County within the criminal justice system over the past five years in response to the Board of County Commissioners Strategic Plan to implement criminal justice reform actions alongside criminal justice partners. Amongst other objectives, this included supporting behavioral health needs of those involved in the criminal justice system and diverting low-risk individuals with behavioral health needs from the criminal justice system. As the Alternative Sentencing Facility is built, local partners are considering options for additional programs and services to meet the needs of these individuals including those in a mental or behavioral health crisis.

Integrating and coordinating these and many other change efforts into the Behavioral Health Roadmap will be an ongoing effort.



Next steps

Implementation Phase

To begin plotting the course for successful implementation of the Behavioral Health Roadmap, the Roadmap Operations Advisory Board stated that developing a mechanism for coordinating partners and systems at the county level was foundational. The existing governance groups will meet following the BOCC adoption of the Behavioral Health Roadmap to provide guidance on how to structure collaboration moving forward and expand voices involved, particularly community voices and those with related life experience.

Additionally, it is important to build upon existing work making a positive impact in the community. Many of the solutions recommended in the Roadmap currently exist to some degree in the community. While these current efforts are valuable to the community, for a variety of reasons, needs are not fully being met. This may be due to lack of reach or enough service, the way services are delivered and where, a lack of community awareness about the resource, a lack of cultural responsiveness, or other barriers. It is also possible that there may be duplicative services being provided in the community that, if addressed, could free up resources for other needs. Conducting deeper system and process mapping could be a valuable way to identify more specific gaps as well as areas of duplication and how to address them.

Boulder County will continue to serve as a convener to bring together diverse stakeholders to co-create implementation plans that consider the expertise, current funding, and potential roles of partners and community. This process likely will involve additional subject or project-specific workgroups, and a mechanism to coordinate with existing groups. Implementing the Behavioral Health Roadmap will involve developing a sequence to prioritize specific efforts, timelines, and a mechanism to report progress to the broader community. Further research may be useful to guide implementation planning, including identifying additional evidence-based and community-informed practices related to Behavioral Health Roadmap goals, strategies, and solutions. The Behavioral Health Planning Team will compile considerations for implementation generated during the planning phase to support development of next steps. Throughout all implementation planning, the Trusted System Criteria (see page 44 for details) will be used to guide development and review progress.

Transformational change takes time and shared effort. Through this process, it is clear that Boulder County community and partners are invested in the vision for all community members to get the right mental and behavioral health supports and working towards a community of belonging for all. Let's move forward together.



“Gibrán Rivera once articulated a question to me: “What is the next most elegant step?” [...] An elegant step is one that acknowledges what is known and unknown, and what the capacity of this group actually is. An elegant step allows humility, allows people to say “Actually, we need to do some research,” or “Actually, we need to talk to some folks not in this room,” or “Actually, we need a full day to build this plan out into something realistic and attainable.””

— adrienne maree brown, Emergent Strategy: Shaping Change, Changing Worlds

Acknowledgements

Create (Kre-ate), v.

To make or bring something into existence.

Similar: generate, produce, design, make, fashion, fabricate

The Behavioral Health Roadmap represents a shared vision for improved behavioral health in Boulder County and offers strategic direction for its implementation. It was developed from the collective input from hundreds of voices across the community, and it will take the actions of many to maximize the potential for transformational change that the Roadmap offers. As such, hundreds of people contributed to the creation of this Roadmap.

Many participated in convenings and interviews to help set priorities. Others helped facilitate breakout groups, presented at meetings, or shared their experiences and expertise on panels. A handful of people helped with data or sorted through budgets and grant information to identify behavioral health funds. A small team edited and designed the report and were exceedingly patient with our endless suggestions. We are sincerely grateful for everyone's contribution.

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Susan Davis
Susana Gallegos
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Tamora Tanniehill
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Acronyms and Glossary

ACEs	Adverse Childhood Experiences
ACT	Assertive Community Treatment
ARPA	American Rescue Plan Act
ASL	American Sign Language
ASO	Administrative Services Organizations
ATU	Acute Treatment Unit
BCPH	Boulder County Public Health
BH	Behavioral Health
BHA	Behavioral Health Administration
IDD/BI-MH	Intellectual and/or Developmental Disability and/or Brain Injury and/ or Mental Health service needs
BIPOC	Black, Indigenous, and People of Color
BOCC	Board of County Commissioners
CASOA	Community Assessment Survey for Older Adults
CCHA	Colorado Community Health Alliance
CDC	Centers for Disease Control and Prevention
CDHS	Colorado Department of Human Services
CDPHE	Colorado Department of Public Health & Environment
CHA	Colorado Hospital Association
CMHC	Community Mental Health Center
CRAFT	Community Reinforcement and Family Training
CSU	Crisis Stabilization Unit
CW	Child Welfare
DA	District Attorney's Office
DBT	Dialectical Behavioral Therapy
DU	University of Denver
ED	Emergency Department
EDGE	Early Diversion, Get Engaged (Program through Mental Health Partners)
FFN	Family, Friend, and Neighbor
Forensic ACT	Assertive Community Treatment for justice-involved individuals
FQHC	Federally Qualified Health Center
GF	General Funds
HHS/BCHHS/BCDHHS	Boulder County Department of Housing & Human Services
HIPAA	Health Insurance Portability and Accountability Act
HKCS	Healthy Kids Colorado Survey
HMA	Health Management Associates
HSSN	Human Services Safety Net
I/DD	Intellectual and/or Developmental Disability
IOP	Intensive Outpatient
ITP	Incompetent to Proceed
JAC	Juvenile Assessment Center
JJ	Juvenile Justice
LGBTQ+ / LGBTQIA+ / LGB+/ LGB	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual. Some of these terms may be displayed differently due to specific datasets.
MAT	Medication Assisted Treatment
MH	Mental Health
MHP	Mental Health Partners
MSO	Managed Services Organizations
NIH	National Institutes of Health
NIMBY	"Not in my Backyard"
OAG	Office of the Attorney General
OBH	Office of Behavioral Health
OP	Outpatient
PILLAR	Prevention & Intervention for Life-Long Alternatives and Recovery Program
PWUD	People Who Use Drugs
QPR	Question, Persuade, Refer
RAE	Regional Accountable Entity
REWiND	Rebuilding Expectations and Walking in New Directions
RTD	Regional Transportation District
SAMHSA	Substance Abuse and Mental Health Services Association
SAT	Scholastic Aptitude Test
SBIRT	Screening, Brief Intervention, Refer to Treatment
SCAO	State Court Administrator's Office
SDoH	Social Determinants of Health
SED	Serious Emotional Disturbance
SMI	Serious Mental Illness
START	Systemic, Therapeutic, Assessment, Resources & Treatment
SU	Substance Use
T-MSIS	Transformed Medicaid Statistical Information System
TTR/ALR	To the Root / A La Raiz
USDOJ	United States Department of Justice
USHHS	United States Department of Health & Human Services
YRA	Youth Research Assistant

Appendix a

Alternative Sentencing Facility

Will be a community-based, minimum security, residential facility that will house all alternative sentencing programs utilized in Boulder County. Alternative sentences are programs that allow offenders to serve their sentences in a less restrictive structure than a traditional jail or prison and can be residential or non-residential in nature. For more information, please visit: https://bouldercounty.gov/safety/community-justice-services/alternative-sentencing-facility/

American Rescue Plan Act (ARPA)

The American Rescue Plan Act of 2021 (ARPA) is a part of Coronavirus Disease 2019 (COVID-19)-related relief and economic stimulus legislation. ARPA State and Local Fiscal Recovery Funds help build economic capabilities for state, local, territorial, and tribal government agencies to meet pandemic response needs, address the negative economic impacts, and build a strong and equitable recovery from this public health crisis. For more information, please visit: https://bouldercounty.gov/government/budget-and-finance/american-rescue-plan-act-arpa-2/

Administrative Services Organization (ASO)

Administrative Services Organizations (ASOs) are contracted by the State of Colorado Behavioral Health Administration (BHA) to create and manage the state's comprehensive behavioral health crisis system across seven regions, aligning directly with the state's Medicaid regions. Services contracted and managed include: a crisis line, crisis evaluation centers, mobile crisis and follow-up. The ASO for Boulder County is Signal Behavioral Health Network. For more information, please visit: https://bha.colorado.gov/behavioral-health/crisis

Acute Treatment Unit (ATU)

Acute Treatment Units (ATUs) are specialized treatment units designed to help people who are experiencing behavioral health emergencies, are at risk of harm, and require short term psychiatric care. support beyond what can be provided at home. ATUs provide intensive and individualized services, such as crisis management and stabilization, in a secured residential setting for people in need of short-term, acute psychiatric care but who don't require inpatient hospitalization. For more information, please visit: https://cdphe.colorado.gov/acute-treatment-units

Behavioral Health

Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions. For more information, please visit: https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health

Behavioral Health Administration (BHA)

The Behavioral Health Administration (BHA) is a new cabinet member-led agency within the State of Colorado, housed within the Department of Human Services, and is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA is instrumental in achieving the State's vision to have a comprehensive, equitable, accessible, affordable, and effective continuum of behavioral health services that meets the needs of all people in Colorado in the right place, at the right time, to achieve whole person health and wellbeing. For more information, please visit: https://bha.colorado.gov/

Behavioral Health Urgent Care

Specialized facilities that provide immediate and short-term mental health services to individuals experiencing a mental health crisis or with urgent mental health needs. Behavioral Health Urgent Care Centers operate similarly to traditional urgent care centers for physical health conditions but focus specifically on addressing mental health concerns.

Collective Impact Model

A framework that brings together various stakeholders from different sectors to address complex social issues or achieve a common goal. It involves a centralized infrastructure, a dedicated staff, a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities to create significant and lasting social change.

Community Mental Health Center (CMHC)

The Behavioral Health Administration contracts with 18 Community Mental Health Centers (CMHCs) for the provision of mental health treatment services to individuals and families who are low-income or not covered by insurance throughout Colorado. CMHCs are statutorily mandated by federal and state law to provide: (1) inpatient; (2) outpatient; (3) partial hospitalization; (4) emergency; and (5) consultative and educational services. CMHCs provide these and other services through a variety of individual programs that are tailored to the specific needs of their communities. For more information, please visit: https://bha.colorado.gov/community-mental-health-centers

Community Informed Practice

Community informed practices involve considering local context, populations, and conditions in planning and interventions. Many fields have become increasingly reliant on evidence-based practices (EBPs)(see below) when implementing and evaluating programs across populations. Community informed practices may not be as thoroughly researched as EBPs but may be effective. Community informed strategies are oftentimes informed by communities of color or communities with high levels of poverty. It's important to consider strategies that are recommended directly by communities in addition to those that have already been thoroughly researched. For more information, please visit: https://preventioninstitute.org/suicide-prevention/community-informed-strategy-development#:~:text=Community-informed%20strategy%20development%20involves,and%20evaluating%20programs%20across%20populations.

Continuum of Care

The range of behavioral health-related programs and services available. This term is used in the report to discuss the complete range of services needed in the community from prevention to recovery, and within the specific context of treatment and crisis response services and supports.

Co-Occurring Disorders

Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR). Substance use disorders – the repeated misuse of alcohol and/or drugs – often occur simultaneously in individuals with mental illness, usually to cope with overwhelming symptoms. The combination of these two illnesses is known as dual diagnosis, or co-occurring disorders. Either disorder (substance use or mental illness) can develop first. For more information, please visit: https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/co-occurring-disorders -or- https://www.samhsa.gov/co-occurring-disorders

Crisis Stabilization Unit (CSU)

Crisis Stabilization Units (CSU) are small inpatient facilities for people in a mental health crisis whose needs cannot be met safely in residential service settings and are not at risk of harm. CSUs may be designed to admit on a voluntary or involuntary basis when the person needs a safe, secure environment that is less restrictive than a hospital. CSUs try to stabilize the person and get them back into the community quickly. For more information, please visit: https://www.nami.org/About-Mental-Illness/Treatment/Getting-Treatment-During-a-Crisis

Cultural Competence

Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. For more information, please visit: https://npin.cdc.gov/pages/cultural-competence

Dual Diagnosis

See Co-Occurring Disorders above

Evidence Based Practice

A practice, intervention, or treatment that, through empirical research, has been shown to result positive outcomes when implemented.

Family Resource Centers

Family Resource Centers (FRCs) were established by the Colorado General Assembly in 1993 to serve as a "single point of entry for providing comprehensive, intensive, integrated, and collaborative community-based services for vulnerable families, individuals, children, and youth" in local communities. FRCs adhere to shared quality standards, assessments, frameworks, and monitoring for fidelity. There are three FRCs in Boulder County, Emergency Family Assistance Agency (EFAA) in Boulder, Sister Carmen in Lafayette, and Outreach United Resource (OUR) Center in Longmont.

Federally Qualified Health Center (FQHC)

Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of a patient's ability to pay.

Harm Reduction

Harm reduction emphasizes engaging directly with people who use drugs to prevent overdose and infectious disease transmission, improve physical, mental, and social wellbeing, and offer low barrier options for accessing health care services, including substance use and mental health disorder treatment. Organizations who practice harm reduction incorporate a spectrum of strategies that meet people where they are on their own terms and may serve as a pathway to additional health and social services, including additional prevention, treatment, and recovery services. For more information, please visit: https://www.samhsa.gov/find-help/harm-reduction

Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Health disparities result from multiple factors, including poverty, environmental threats, inadequate access to health care, individual and behavioral factors, and educational inequalities. For more information, please visit: https://www.cdc.gov/healthyyouth/disparities/index.htm#:~:text=Health%20disparities%20are%20preventable%20differences,youth%20health%20risk%20behaviors%20persist.

Healthy Kids Colorado Survey (HKCS)

Colorado's widely administered survey on the health and well-being of young people and school health policies and practices that support youth health. In Boulder County, only the Boulder Valley School District participates in HKCS at this time. The St. Vrain Valley School District does not currently participate in the survey. For more information, please visit: https://cdphe.colorado.gov/hkcs

Housing First Model

An evidence-based approach that prioritizes helping individuals and families experiencing homelessness obtain a stable housing solution as quickly as possible. For more information, please visit: https://bouldercounty.gov/departments/community-services/homeless/

Jail Modernization and Alternative Sentencing Facility Tax

A 0.185% countywide sales and use tax providing for construction of an alternative sentencing facility at the Boulder County Jail, expanding alternative sentencing and offender management programs and inmate services, and other jail modernization projects. For more information, please visit: https://bouldercounty.gov/safety/community-justice-services/alternative-sentencing-facility/

Language Access

Providing individuals with limited English proficiency reasonable access to the same services as English-speaking individuals.

Latine/Latinx/Latina/Latino

Refers to a person of Latin American ancestry, regardless of their language of origin. Some of these may be displayed differently due to specific datasets, although in general, Latine or Latinx are the preferred, gender-neutral terms.

Mental Health

Mental health includes one's emotional, psychological, and social well-being. It affects how one thinks, feels, and acts, and helps determine how someone handles stress, relates to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health problems may impact someone's thinking, mood, and behavior.

Mental Health Parity

The concept and practice of ensuring that mental health and substance use disorder (SUD) benefits are provided and covered by health insurance plans on an equal basis as physical health benefits. It is the principle of treating mental health conditions and substance use disorders with the same level of importance, coverage, and financial protection as physical health conditions.

Managed Service Organization (MSO)

Managed Service Organizations (MSOs) are responsible for managing a continuum of substance use disorder services across a designated region and are designated by Colorado's Office of Behavioral Health (OBH) to manage and monitor substance abuse treatment services for adults and adolescents who are uninsured or under-insured. For more information, please visit: https://signalbhn.org/

Opioid Litigation Settlements

The Colorado Department of Law's lawsuits against opioid pharmaceutical manufacturers and distributors. To date, Colorado has secured over $740 million in monetary damages. For more information, please visit: https://coag.gov/opioids/ -or- https://bouldercounty.gov/departments/commissioners/opioids-council/

Peers / Peer Support / Peer Support Professionals

A peer is usually used to refer to someone who shares the experience of living with a similar psychiatric disorder, addiction, and/or life experiences such as homelessness. Peer support is the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peer supporters offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people. For more information, please visit: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers -or- https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

People with Lived Experience or Life Experience (PWLE)

Refers to having first-hand experience with mental health or substance use challenges. The word "lived" is used to differentiate from others who may have experience of working with mental health and substance use conditions but have not personally lived through those challenges. For more information, please visit: https://aspe.hhs.gov/sites/default/files/documents/5840f2f3645ae485c268a2784e1132c5/What-Is-Lived-Experience.pdf

People with Physical, Intellectual, or Developmental Disabilities

Intellectual and/or Developmental Disability (I/DD) is the term often used to describe situations in which intellectual disability and other disabilities are present. Intellectual disability starts any time before a child turns 18 and is characterized by differences with both intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills, and adaptive behavior, which includes everyday social and life skills. The term "developmental disabilities" is a broader category of often lifelong challenges that can be intellectual, physical, or both. For more information, please visit: https://www.nichd.nih.gov/health/topics/idds/conditioninfo

Priority Population

Systemic issues impact individuals, populations, communities, and geographic areas more than others. Some individuals and groups are at greater risk of negative health outcomes due to their social and/or economic position within society. priority populations face greater risk of a socially produced health inequity.

Prosocial activities

Prosocial activities provide opportunities for social connection, skill-building, and exploring interests with peers or community members. Prosocial activities can include things like participating in clubs (e.g., art, chess, biking, robotics, scouts, etc.) and sports as common forms of social skill development.

Regional Accountable Entity (RAE)

Regional Accountable Entities (RAEs) are responsible for building networks of providers, monitoring data and coordinating members' physical and behavioral health care. The RAEs' responsibilities include ensuring Health First Colorado (Medicaid) members have access to primary care and behavioral health services, coordinating members' care, and monitoring data to ensure members are receiving quality care. They also have a role in paying providers, including managing payments for behavioral health services and using bonus payments to encourage primary care providers to improve care. For more information, please visit: https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Ways%20of%20the%20RAEs_1.pdf

Recovery-oriented

A recovery-oriented system of care: "a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those with or at risk for mental health and substance use problems." A recovery-oriented system of care also emphasizes prevention, health promotion, stigma reduction in the community, and hope, meaning and purpose, agency and efficacy, self-worth and confidence, inclusion and belonging, and recovery of citizenship for people with behavioral health conditions. For more information, please visit: https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf -or- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8336784/#b15-arcr-41-1-9

Safety Net

The network of clinics and providers that care for the most vulnerable residents. Primarily located in areas where care is limited and social barriers are common, safety net providers offer medical services, oral health care, behavioral health care, and other resources most needed within the communities they serve. For more information, please visit: https://www.coloradohealthinstitute.org/research/colorados-health-care-safety-net#:~:text=Primarily%20located%20in%20areas%20where,within%20the%20communities%20they%20serve.

Serious Emotional Disturbance

Children with Serious Emotional Disturbance (SED) are persons who are under the age of 18, who have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-V, that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities.

Serious Mental Illness or Serious and Persistent Mental Illness

A mental illness that interferes with a person's life and ability to function is called a serious mental illness (SMI) or serious and persistent mental illness (SPMI). For more information, please visit: https://www.samhsa.gov/serious-mental-illness

Shared Risk and Protective Factors

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. Shared Risk and Protective Factors acknowledge that risk and protective factors are interconnected, occur at a range of levels from individual to societal, and influence many health and quality-of-life outcomes. For more information, please visit: https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf

Social Determinants of Health

The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. For more information, please visit: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 -or- https://health.gov/healthypeople/priority-areas/social-determinants-health

Substance Use Disorder

Substance use disorder (SUD) is a complex condition in which there is uncontrolled use of a substance despite harmful consequences. The DSM-V defines SUD as 11 possible symptoms in the following four categories: Impaired control, Social problems, Risky use, and Drug effects.

System and Process mapping

System mapping is a visual representation or diagramming technique used to understand and analyze complex systems. It involves visually mapping out the components, interactions, and relationships within a system to gain a comprehensive understanding of its structure and dynamics. Process mapping illustrates the steps, activities, and interactions involved in a specific process such as how individuals transition between providers and levels of care.

Trusted System Criteria

12 verifiable criteria that characterize a behavioral health system that individuals historically poorly served by the existing system can trust. Trusted System Criteria were developed by Equity Advisors to the Boulder County Behavioral Health Roadmap development process. For more detail, please see pages 16-20 in the Boulder County Behavioral Health Roadmap.

Whole Person Care

Whole person care, also known as holistic care or person-centered care, is an approach to healthcare that recognizes the interconnectedness of various aspects of an individual's well-being, including physical, mental, emotional, social, and spiritual dimensions. It emphasizes the understanding that an individual's health and well-being are influenced by a multitude of factors and requires comprehensive and integrated care to address their unique needs.

Boulder County Behavioral Health Roadmap Goals, Strategies, and Solutions

Goal: Coordinated System and Workforce to Meet Needs

Our community recognizes that some complex community challenges can only be solved with broad stakeholders and diverse community voices. Boulder County commits to convening and advancing collaborative solutions that address system-wide issues such as bridging system siloes to improve alignment and coordination of county-wide behavioral healthcare and supporting the development and retention of a behavioral health workforce that meets the community's diverse needs.

Strategy: Internal Coordination
Solution:

- Invest in a centralized Boulder County government structure with ongoing responsibility to advance and coordinate efforts related to mental and behavioral health, and implementation of this plan.
- Provide necessary staff and develop a governing body to oversee and hold accountability for implementation of the Behavioral Health Roadmap solutions in alignment with the goals, values, and frameworks identified in the plan.

Strategy: County-wide Collaboration
Solutions:

- Identify and address the conditions that lead to siloed work and improve communication and coordination around behavioral health efforts county-wide.
- Improve the sharing of information between care providers and reduce duplicative assessments that clients face when seeking support.
- Reduce the administrative burden and improve care coordination between providers.
- Identify opportunities for new partnerships and repurpose unused county office space for behavioral health supports to centralize access to care.
- Lead, engage in, and develop the structures to support behavioral health system planning and decision-making at a regional level and in a coordinated way, such as a regional collaborative body, involving decision-makers and subject matter experts from the County, municipalities, community-based organizations, and community members with life experience.
- Establish cross-system communication relationships including the behavioral health system stakeholders, criminal justice system partners, primary healthcare providers, schools, youth-serving organizations, and those working to address homelessness.

Strategy: Data Collection & System Evaluation
Solution:

- Support county-wide progress on plan implementation through targeted data collection and ongoing behavioral health system evaluation

Strategy: Funding Support
Solutions:

- Develop mechanisms to collaboratively access, apply for, and distribute sustainable and flexible funding that supports the diverse needs of the community.
- As part of a legislative agenda, advocate that funding be included in policies and bills.
- Consider a Mental and Behavioral Health Tax.
- Develop contract policies that make it easier for small community-based organizations to partner with the county.

Strategy: Workforce Strategy
Solution:

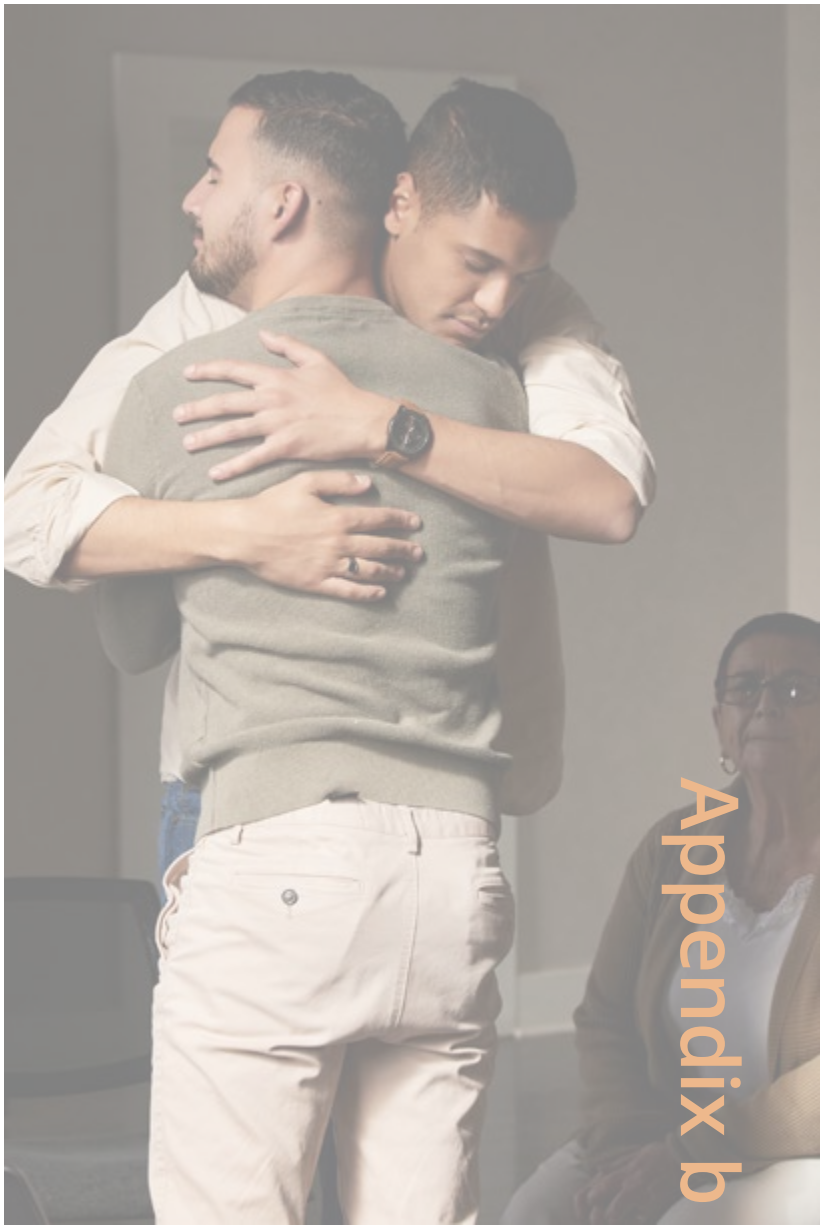
- Develop a Boulder County Mental and Behavioral Health Workforce strategy to meet the diverse needs of the community through a sector partnership model to expand the workforce through pipeline, recruitment, and retention strategies that support the workforce with an emphasis on approaches to increase the diversity of the workforce to reflect the population and grow cultural competency skills for all in the field.

Youth Solution:

- Provide funding to expand the workforce to address youth suicidal ideation in programs that provide immediate, free support such as RISE Against Suicide.

Strategy: Professional Development & Provider Education
Solutions:

- Provide training to therapists in substance use treatment and mental health settings and other related fields to build the cultural competence to work with different populations, including ensuring affirming, informed and safe spaces for LGBTQ+ residents, racial and ethnically diverse populations, I/DD populations, individuals with justice involvement, individuals with varied diagnoses, and older adults, particularly those with dementia.
- Increase capacity of mental and behavioral health providers and workers in related fields to better respond to increased acuity and suicidal ideation in the community with trauma-informed practices.



Boulder County Behavioral Health Roadmap Goals, Strategies, and Solutions

Goal: Invest in Prevention & Address Conditions for Community Resilience and Wellbeing

Our community invests in prevention strategies and addresses conditions in which community members of all ages and identities live, work, and play to foster community resilience and mental well-being.

Strategy: County-wide Prevention
Solution:

- Develop a shared community-wide prevention approach which promotes belonging, purpose, mental wellbeing, resilience, protective factors, and addresses risk factors at the individual, family, system, community, and policy level for mental and behavioral health. This prevention approach would be co-created with diverse community and partners and include culturally relevant approaches, community-informed practices, and best practices. It would also build upon existing efforts (Also a Youth Solution).

Strategy: Community Education & Stigma Reduction
Solution:

- Provide coordinated community-wide education and stigma reduction efforts related to mental and behavioral health to include media campaigns, trainings, and skill-building with messages and offerings that are accessible, culturally appropriate, customized to varying audiences, trauma-informed, include a wide range of topics, and include community in development.

Youth Solutions:

- All Boulder County children and youth grades preK-12 have consistent, frequent social-emotional learning infused into the curriculum on topics such as communication, problem-solving, conflict resolution, stress reduction, identifying feelings, and emotional regulation.
- Provide expanded education and skill-building for adults and caregivers to better support and understand youth and children.

Strategy: Prosocial Activities
Solution:

- Provide accessible opportunities for social connection, community-building, cultural awareness and connection for the full community recognizing the diversity of the community.

Youth Solutions:

- Provide a broad range of free or low-cost prosocial activities for teens and youth that build connection, purpose, cultural connection, joy, and fun.
- Offer accessible support groups and opportunities for shared learning in small group settings for youth, parents, families, and the broader community.

Strategy: Addressing Social Determinants of Health
Solutions:

- Engage in focused and coordinated efforts to improve the social determinants of health, or the conditions in which we live, work, and play, that impact mental health and wellbeing and can prevent poor mental health.
- Consistently employ Housing First models and offer long-term, supportive, trauma-informed housing programs. Provide a variety of housing options and levels of support with the ability to match people to appropriate resources and transition between services as needs change.

Strategy: Policy
Solutions:
- Develop a shared policy agenda to advocate for policy changes, including organizational policies, that address the underlying challenges impacting access to mental and behavioral health support, and community conditions for mental wellbeing Boulder County community members experience.
- Support local solutions and advocate for policy to increase private providers who accept Medicaid, insurance reform, a broader range of covered services through insurance to support behavioral health needs, and quality of services.

Youth Solution:
- Build support and advocate for policies to address community norms and policies favorable to substance use to reduce risk and prevent youth substance use.

Strategy: Built Environment and Spaces for Connection
Solution:
- Create, supplement, or support opportunities to share space and co-locate resources in the County, schools, or other spaces to expand ability to provide accessible resources, allow partners to facilitate programs, and reduce administrative costs.

Youth Solutions:
- Create additional free teen spaces or youth centers where teens can connect and explore prosocial opportunities with the support of positive adults.
- Provide access to safe, clean, and youth-friendly natural spaces and parks throughout Boulder County municipalities and unincorporated spaces with sufficient amenities such as drinking water and trash receptacles.

Strategy: Policy
Solutions:
- Develop a shared policy agenda to advocate for policy changes, including organizational policies, that address the underlying challenges impacting access to mental and behavioral health support, and community conditions for mental wellbeing Boulder County community members experience.
- Support local solutions and advocate for policy to increase private providers who accept Medicaid, insurance reform, a broader range of covered services through insurance to support behavioral health needs, and quality of services.

Youth Solution:
- Build support and advocate for policies to address community norms and policies favorable to substance use to reduce risk and prevent youth substance use.

Strategy: Prevent Childhood Trauma
Solution:
- Expand efforts to prevent childhood trauma or adverse childhood experiences (ACEs) and increase protective factors using best practices and grounded in racial and health equity.

Strategy: Engage Youth as Partners
Youth Solution:
- Engage youth as partners to understand their needs and interests, and co-create prevention initiatives with their leadership.

Boulder County Behavioral Health Roadmap Goals, Strategies, and Solutions

Goal: Early Intervention & Connection to Support

Our community identifies mental and behavioral health needs early, intervenes appropriately to avoid more acute symptoms, navigates community members to services, and provides low barriers to entry and access to innovative services that are welcoming to all identities and are customized to meet diverse needs and ensure culture familiarity.

Strategy: County-wide Navigation
Solution:
- Provide a centralized resource with information about services and events available for mental and behavioral health as well as social determinants of health for the full community to include navigation, coordinated entry for mental and behavioral health, follow-along support including peers, resources for existing community connectors, and self-service options.

Youth Solution:
- Provide an easy and youth-friendly way to know about and access mental health resources as part of community wide navigation, coordinated entry, and self-service options.

Strategy: Suicide Prevention
Solution:
- Expand use of suicide prevention and response best practices and just culture models, including the Zero Suicide Framework, to consistently support youth, adults, and priority populations with suicidal ideation in developing and following safety and support plans that are shared amongst physical health, education, and behavioral health providers.

Strategy: Harm Reduction
Solution:
Increase use and understanding of harm reduction principles, support harm reduction efforts, and include people who use drugs in program development.

Appendix b

Strategy: Easier Enrollment
Solutions:
- Address cost barriers to accessing mental and behavioral health services by providing low or reduced cost services and evaluations or subsidizing cost for all Boulder County community members.
- Provide expanded options for easier enrollment in services to reduce wait time.
- Create centralized intake location for inpatient substance use disorder treatment in which individuals can walk in for immediate help, find an open treatment bed, and go to treatment.

Youth Solutions:
- Increase options for youth ages 12 and over to access supportive and stigma-free mental and behavioral health services free of charge, including through providing funding to programs or a scholarship fund for youth.
- Provide early access to services for mental health, substance use, and mentorship through easier and streamlined referral, intake, and enrollment process to service providers, including home visitation, phone and virtual options, and in-person services.
- Provide trauma-informed mentors for children and youth with higher acuity.

Strategy: Drop-in Supports
Solution:
- Create physical spaces accessible to community and in areas of need where individuals can drop-in for mental and behavioral health services including innovative models and approaches and culturally familiar supports for free or reduced fees.

Strategy: Increase Restorative Justice
Solution:
- Increase restorative justice as an alternative to involvement in the criminal justice system through consistent practices and local opportunities.

Strategy: Co-location and Integrated Services
Youth Solution:
- Youth-specific: Increase and improve integration of mental and behavioral health services including use of universal screening and sharing resources in places where youth already are located such as schools, clinics, youth centers, etc.

Boulder County Behavioral Health Roadmap Goals, Strategies, and Solutions

Goal: Focused Approaches to Advance Equity & Support Priority Populations

Our community invests in focused approaches to advance equity, address disparate impacts, and ensure access to meaningful, culturally relevant, and effective mental and behavioral health supports for priority populations.

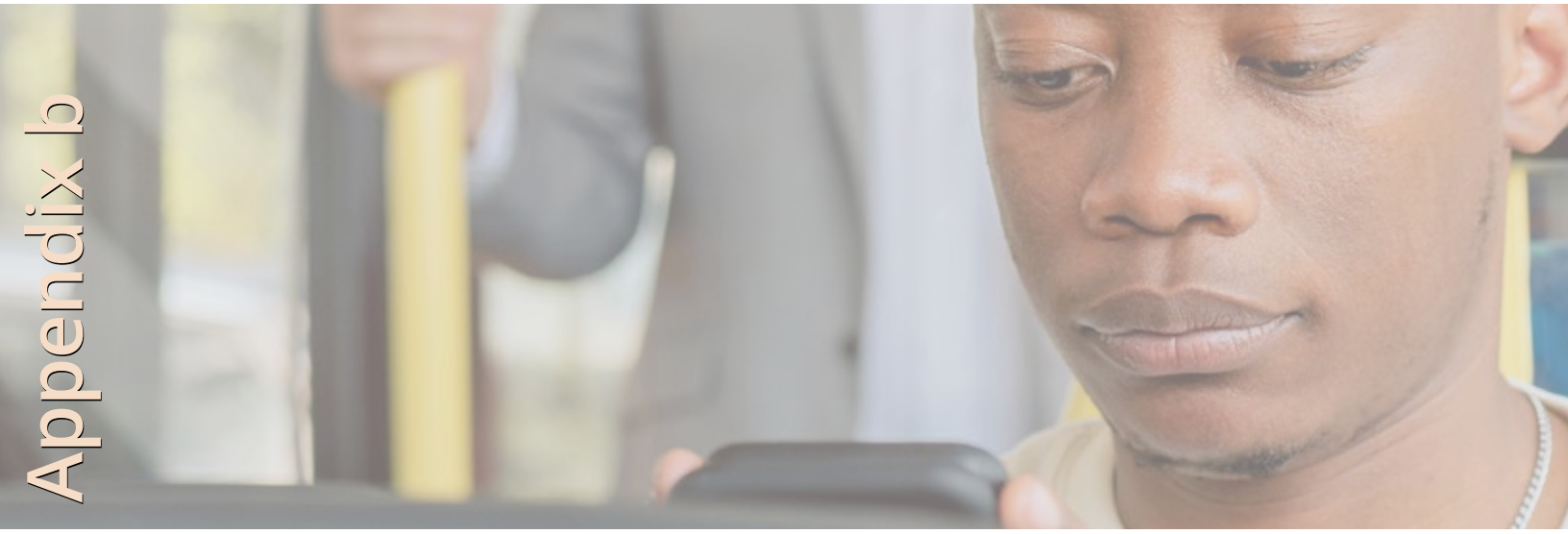
Strategy: Specific Approaches for Priority Populations
Solution:
- Develop focused solutions and messaging for priority populations with disparate mental and behavioral health outcomes including suicide and overdose risk such as older adults, middle-aged white males, youth, transgender community members, LGBTQIA+ youth, and I/DD populations.

Strategy: Supports Beyond Medical Model
Solution:
- Provide a broad range of free and low-cost services to support mental and behavioral health beyond the western medical model for all community members that are rooted in traditional cultural practices, best practices, or other community-informed practices.

Strategy: Language Access
Solution:
- Commit resources to language justice and ensure all outreach, services, and supports are accessible to non-English speakers, vision impaired, and for ASL.

Strategy: Culturally Relevant Supports
Solution:
- Improve access to behavioral health services and quality of services for residents who identify as BIPOC, LGBTQIA+, and for residents with disabilities through culturally relevant service models, staff who represent the population served, and environments that are welcoming, culturally competent, and affirming.

Youth Solution:
- Provide affirming, bilingual/bicultural, and culturally relevant youth mental and behavioral health supports to include mindfulness programs, education, parent support, and gender affirming care for LGBTQ+ youth.



Strategy: Community Leadership & Cultural Brokers
Solutions:

- Support community leadership to develop and provide mental and behavioral health supports by training and incentivizing cultural brokers in the community, offering paid leadership opportunities for Latine and LGBTQ+ individuals, parents, and youth, and investing in trusted organizations already providing mental and behavioral health support through cultural brokers.
- Support opportunities for people who use drugs (PWUD) and those in recovery to share challenges, support each other, and advocate for changes so services are stigma free, person-centered, trauma-informed, and meet the needs.

Antiracist and Anti-oppression Efforts
Solution:

- Address systemic racism, discrimination, and oppression through local policy change and broader policy advocacy, implementing antiracist practices and practices eliminating bias, and educating the community and service providers about the behavioral health impacts of trauma caused by racism, hate crimes, and discrimination.



Appendix b

Boulder County Behavioral Health Roadmap Goals, Strategies, and Solutions

Goal: Robust Continuum of Care for Treatment & Crisis Response

Our community is committed to offering a robust, connected, and culturally responsive continuum of mental health and substance use treatment and crisis services that provides access to the right care at the right time, regardless of acuity or level of care required. Such a continuum would effectively provide enough services in all levels of care that community members would be supported before they reach a crisis, support residents in crises, ensure fast follow-up and re-engagement after a crisis, and support people in transition between levels of care. The community further recognizes that levels of care are interconnected and investments in one level of care must consider the impacts on the full continuum and be planned in a holistic manner.

Strategy: Improve Access to Crisis Services

Solutions:

- Fund Behavioral Health Urgent Care clinics for adults and youth with drop-in and/or same day services. Design youth services with intention if integrated with adult services.
- Expand access to crisis treatment beds with ombudsman services to ensure quality of care, increase Acute Treatment Unit (ATU) and Crisis Stabilization Unit (CSU) capacity for Boulder County community members.
- Increase mobile evaluation and establish more direct admit processes directly into treatment.

Youth Solutions:

- Open a 24-hr crisis center for youth.
- Develop more juvenile services that can respond quickly to the needs of children and youth and serve as alternatives to residential care and detention with services such as crisis intervention, behavior support, and family intervention.
- Develop respite programs for families with children who have mental health needs, but not child welfare issues, like Shiloh House Program. Develop additional respite options for foster families and families with kids at home in need of higher level of care.

Strategy: Expand and Improve Treatment Options for More Robust Services across the Continuum

Solutions:

- Develop more options for inpatient and residential treatment for substance use treatment, ensure access for Medicaid members, the uninsured and under-insured.
- Develop more options for mental health and substance use treatment across the continuum that accept Medicaid, including intensive outpatient, inpatient, residential and long- term, particularly inpatient treatment options for those who use methamphetamine, and first psychosis intervention programs.
- Expand jail-based mental and behavioral health services, including access to acute services.
- Increase dual-diagnosis program capacity in the community.
- Expand wraparound care and community-based management (ACT, Forensic ACT, ASCENT-type programs) so these services are provided across the county, not just from one location.

Youth Solutions:

- Research models of intensive outpatient services that work for levels of acuity that we have. Look at other communities that have eliminated the need for higher level placements.
- Develop an intensive outpatient program for youth with substance use needs, and services for caregivers with substance use needs.

Strategy: Improve How People are Supported as They Transition Between Levels of Care
Solution:

- Improve discharge planning and follow-up support post-hospitalization.

Youth Solutions:

- Improve and expand post-inpatient/hospitalization navigation for children and youth.
- Ensure effective follow-up services after an evaluation for suicidal ideation.

Strategy: Improve Access to Treatment
Solutions:

- Streamline access to care. For example, get folks to substance use treatment quickly, within 48 hours or less with entry points around the county.
- Put more services where people are by creating more in-home services and evaluations, co-locating/integrating resources and services across systems for more leverage, reach and access, identifying hotspots, increasing community-based services in those areas, establishing more services outside of the City of Boulder, and offering mental health and behavioral supports for parents and caregivers in the same places where youth access services.
- Develop more capacity in behavioral health services to better serve the growing geriatric population and build capacity of programs to handle more volatile patients.
- Offer services in a more flexible manner such as services at flexible times including evenings, provide transportation, and services available to adults and youth, regardless of ability to pay.
- Promote harm reduction rather than abstinence as foundational philosophy for substance use treatment services, and access to Medication Assisted Treatment (MAT).
- Ensure equitable access to services for priority populations.



Boulder County Behavioral Health Roadmap Goals, Strategies, and Solutions

Goal: Recovery & Hope

Our community cultivates and invests in a recovery-oriented behavioral health system that supports county residents of all ages and identities in their journey towards recovery from substance use disorders and mental illness, and those living with lifelong symptoms requiring more intensive services.

Strategy: Supportive Housing
Solution:
- Develop more long-term supportive housing for people living with serious mental illness or chronic substance use disorder, people with history of criminal justice involvement, people in recovery, and aging adults with chronic behavioral health needs. This could include affordable sober housing, housing with services onsite, housing with higher tolerance for difficult behaviors, recovery housing models, recruiting recovery-friendly landlords and long-term mental health beds, and assisted living facilities with capacity to care for people with chronic behavioral health issues.

Strategy: Peer workforce expansion to improve support and bolster workforce
Solution:
- Expand the use of peers, particularly as recovery navigators to walk with people in recovery throughout their journey.to care for people with chronic behavioral health issues.

Strategy: Opportunities for meaningful employment and social connection for people in recovery
Solution:
- Create more employment, education, training, and social opportunities for criminal justice-involved individuals, for people in recovery from substance abuse disorder, and those living with serious mental illness. This could include recruiting more recovery-friendly employers and developing partnerships to create new opportunities for education and vocational training opportunities. This also includes nurturing a community ethos free of bias that offers a sense of belonging to those in recovery.

Youth Solutions:
- Create drop-in spaces and peer-run clubhouses for youth and adults so that people with serious mental illness have a place to belong, socialize, and receive services.
- Develop the capacity of community programs like camps and after-school programs to have more tolerance for difficult behaviors and high acuity children and youth, train staff in trauma-informed practices.



Strategy: Housing for people in recovery from methamphetamine use
Solutions:

- Increase housing options for people with a history of methamphetamine use so that housing upon reentry, post-treatment, or if they have been sober for years, is possible and available. This could include a fund for meth remediation for landlords, finding an entity to serve as landlord of last resort, or as science progresses, possibly creating meth-proof housing.
- Establish more long-term treatment options that combine treatment and a post-treatment housing component.
- chronic behavioral health issues.
-

Strategy: Expansion of wraparound care/community-based management
Solutions:

- Expand wraparound care and community-based management (ACT, Forensic ACT, ASCENT-type programs) so these services are provided across the county, not just from one location.
- Design these services to meet the needs of county residents living with serious mental illness, chronic substance use disorder, dementia, intellectual disabilities, developmental disabilities, families with children experiencing serious emotional disturbance (SED), unhoused community members and those reentering the community from jail, regardless of payor.
- Fund the engagement and outreach services required to support stability and keep someone in housing that Medicaid may not cover.
- Expand support services designed for families so that loved ones with serious mental illness, dementia and youth with serious emotional disturbance can live at home.

Governance Rosters



Equity Advisory Board:

- Aleiya Evison - Facilitator
- Cynthia Torres
- Veronica Sangabriel
- Tamora Tanniehill
- Adriana Palacios Luna
- Thomas Windham
- Janaki Jane
- Alejandro Prieto
- Martha Fierro
- Erica Lee
- Vi Anderson
- Annette TreuFeldt-Franck
- Ana Casas

Community Meeting Attendance:

November 9, 2022: 110 Attendees

February 15, 2023: 85 Attendees

April 26, 2023: 65 Attendees

June 14, 2023: 75 Attendees

Appendix c

Executive Advisory Board:

Susan Caskey – Boulder County Department of Housing & Human Services

Robin Bohannan – Boulder County Community Services Department

Lexi Nolen – Boulder County Public Health Department

Michael Dougherty – Boulder County District Attorney's Office

Curtis Johnson – Boulder County Sheriff's Office

Christina Pacheco – City of Longmont Department of Human Services

Wendy Schwartz – City of Boulder Department of Housing & Human Services

Kady Doelling – City of Lafayette

Melissa Hisel – City of Lafayette

Hollie Rogin – Town of Lyons

Miranda Fisher – Town of Nederland

Leisha Conners Bauer – University of Colorado Boulder

Stephanie Faren – Boulder Valley School District

Tammy Lawrence – Boulder Valley School District

Johnny Terrell – St. Vrain Valley School District

Jen Leosz – Mental Health Partners

Jorge DeSantiago – El Centro Amistad

Paris Adler – National Alliance on Mental Illness

Grant Besser – Boulder Community Hospital

Cara Hebert – Colorado Community Health Alliance

Megan Billesback – Colorado Community Health Alliance

Ann Noonan – Signal Behavioral Health Network

Doug Muir – Centura Health

Anne Tapp – Safehouse Progressive Alliance for Nonviolence

Invited but unable to attend:

Mardi Moore – Out Boulder County

Simon Smith – Clinica Family Health

Judge Ingrid Bakke – 20th Judicial District

Operations Advisory Board:

Georgina Becerril – Boulder County Department of Housing & Human Services

Whitney Wilcox – Boulder County Department of Housing & Human Services

David LaRocca – Boulder County Public Health Department

Allison Bayley – Boulder County Public Health Department

Georgia Babatsikos – Boulder County Public Health Department

Marco Prospero – Boulder County Community Services Department

Jennine Hall – Boulder County Community Services Department

Deborah Smith – Boulder County District Attorney's Office

Eliberto Mendoza – City of Longmont Department of Human Services

Lucy Larbalestier – City of Boulder Department of Housing & Human Services

Kat Daily – University of Colorado, Boulder

Tammy Lawrence – Boulder Valley School District

Johnny Terrell – St. Vrain Valley School District

Kathy Partridge – Boulder Valley Community Action Network / Together Colorado

Tamora Tanniehill – Out Boulder County

Jorge DeSantiago – El Centro Amistad

Elena Aranda – El Centro Amistad

Paris Adler – National Alliance on Mental Illness

Heidi Grove – Boulder County Community Services Department

Jenna Clinchard – Rise Against Suicide

Kate Parker – Mental Health Partners

Sara Anderson – Mental Health Partners

Janet Rasmussen – Clinica Family Health

Sarah Wise – Boulder Community Hospital

Peggy Jarrett – SCL / Intermountain Health

Appendix C

Participant Rosters

All Behavioral Health Roadmap focus area participants are listed below, including their organization or department. Additional individuals and organizations were invited to participate in focus area convenings but were unable to attend for various reasons. Those who were invited, but unable to participate in convenings are not included in this list.



Prevention & Early Intervention Convenings (1):

Kristin Hefflon – St. Vrain Valley School District

Max Marschhausen – Teens, Inc.

Peggy Jarrett – SCL / Intermountain Health

Rachel Arndt – Boulder County Public Health Department

Kathy Partridge – Boulder Valley Community Action Network / Together Colorado

Bruce Parker – Out Boulder County

Kat Dailey – University of Colorado Boulder

Lucero Castro – City of Longmont Department of Children, Youth, and Families

Mara Mintzer – Growing Up Boulder

McKenzie LeTendre – Boulder County Community Services Department

Abbie Fagerwick – University of Colorado Boulder

Heather Crate – Boulder County Public Health Department

Janaki Jane – Wide Spaces Community Initiative

Jordan Goto – Boulder Valley School District

Monica Aguilar – Boulder County Public Health Department

Adilene Marquez – Boulder County Public Health Department

Christine Vogel – Boulder County Community Services Department

Lindsay Neville – Boulder County Community Services Department

Lori Goldman – City of Boulder Parks & Recreation Department

Jennifer Cannon – Mental Health Partners

Appendix d

Criminal Justice:

Key Informant Interviews:

Monica Rotner – Boulder County Community Services Department

Marco Prospero – Boulder County Community Services Department

Nate Thorne – Boulder County Community Services Department

Michele Hudson – Boulder County Community Services Department

Carole Greenwell – Boulder County Community Services Department

Kristen Compston – Boulder County Community Services Department

Kelly Veit – Boulder County Community Services Department

Jennine Hall – Boulder County Community Services Department

Shannon Bryan – Boulder County Department of Housing & Human Services

Joe Creel – 20th Judicial District Probation Department

Kieran Bissel – 20th Judicial District Probation Department

Anjali Nandi – 20th Judicial District Probation Department

Elaina Shively – Boulder County District Attorney's Office

Deborah Smith – Boulder County District Attorney's Office

Wendy Schwartz – City of Boulder Department of Housing & Human Services

Emily VanDoren – City of Longmont Department of Public Safety

Tara Johnson – City of Longmont Probation Department

Hilda Zamora Hursh – City of Longmont Department of Children, Youth, & Families

Christina Pacheco – City of Longmont Department of Human Services

Lydia Appling – Community Reach Center, Louisville Co-Responders

Aiden Allen – Longmont Community Justice Partnership

Melanie Judson – Boulder County Sheriff's Office

Sheriff Joe Pelle – Boulder County Sheriff's Office

Curtis Johnson – Boulder County Sheriff's Office

Recommendations Convening (1):

Nick Goldberger – Boulder County Sheriff's Office

Dominique Vodicka – The Reentry Initiative

Georgina Becerril – Boulder County Department of Housing & Human Services

Keiran Bissell – 20th Judicial District Probation Department

Kristi Phifer – City of Boulder Department of Housing & Human Services

Kathy Partridge – Boulder Valley Community Action Network / Together Colorado

Marco Prospero – Boulder County Community Services Department

Molly East – Focus Reentry

Tara Johnson – City of Longmont Probation Department

CJ Oliveira – Boulder County Community Services Department

Barry Hartkopp – Boulder Police Department

Kelly Veit – Boulder County Community Services Department

Appendix d

Treatment:

Key Informant Interviews:

Dixie Casford – Mental Health Partners

Marco Prospero – Boulder County Community Services Department

Cara Hebert – Colorado Community Health Alliance

Anna Kim – National Alliance on Mental Illness, Boulder County

Sarah Wise – Boulder Community Hospital

Michael Lewis – Boulder Community Hospital

Amanda Wroblewski – Boulder Community Hospital

Ema Beilke – Boulder Community Hospital

Madelyn Hunt – Boulder Community Hospital

Janent Rassmusen – Clinica Family Health

Peggy Jarrett – SCL / Intermountain Health

Mary Catherine Baldwin – Mental Health Partners

Lucy Larbalestier – City of Boulder Department of Housing & Human Services

Jennine Hall – Boulder County Community Services Department

Wendy Schwartz – City of Boulder Department of Housing & Human Services

Shannon Bryan – Boulder County Department of Housing & Human Services

Kat Dailey – University of Colorado, Boulder

Christina Pacheco – City of Longmont Department of Human Services

Hilda Zamora Hursh – City of Longmont Department of Children, Youth, & Families

Jenna Clinchard – Rise Against Suicide

Elena Aranda – El Centro Amistad

Tamora Tanniehill-Beatty – Out Boulder County

Claire Cronin – TGTHR

Maya Sol Dansie – El Centro Amistad

Daphne McCabe – Boulder County Public Health Department

Megan Hale – Boulder County Public Health Department

Felicia Caine – Boulder County Public Health Department

Kendra Kohlhaas – Mental Health Partners

Trina Faatz – Boulder County Community Services Department

Sara Haist – Centennial Peaks

Recommendations Convenings (3):

Allyson Drago – UC Health

Ann Noonan – Signal Behavioral Health Network

Emily Vellano – Clinica Family Health

Georgina Becerril – Boulder County Department of Housing & Human Services

Heather Dolan Jackson – Signal Behavioral Health Network

Jenn Conrad – Signal Behavioral Health Network

Jennifer Koch – University of Colorado, Boulder

Kat Dailey – University of Colorado, Boulder

Katie Maffitt – Mental Health Partners

Linda Davis – Mental Health Partners

Marco Prospero – Boulder County Community Services Department

Marnie Huffman-Green – Boulder County Community Services Department

Michal Duffy – Out Boulder County

Paris Adler – National Alliance on Mental Illness, Boulder County

Patrick Goetz – The Redpoint Center

Rebecca Seiden – Boulder County Department of Housing & Human Services

Saphia Elfituri – Colorado Community Health Association

Sarah Wise – Boulder Community Hospital

Amanda Wroblewski – Boulder Community Hospital

Elena Aranda – El Centro Amistad

Heather Lucien – Boulder County Department of Housing & Human Services

Jennine Hall – Boulder County Community Services Department

Kimberly Santos Aviles – Salud Family Health

Kristi Phifer – City of Boulder Department of Housing & Human Services

Michael Jefferies – Boulder Community Hospital

Mila Long – Denver Recovery Group

Nadia Haddad – Mental Health Partners

Ronnie Vasquez – Mental Health Partners

Tamora Tanniehill – Out Boulder County

Trina Faatz – Boulder County Community Services Department

Appendix d

Harm Reduction Convenings (3):

Georgia Babatsikos – Boulder County Public Health Department

Indira Gujral – Boulder County Public Health Department

Madeleine Evanoff – Boulder County Public Health Department

Kelsey Weigman – Boulder County Public Health Department

Karina Molfese – Boulder County Public Health Department

Melanie Judson – Boulder County Sheriff's Office

Becky Milanski – Recovery Café Longmont

Christine O'Neil – Mental Health Partners

Mariah Frank – Boulder County AIDS Project

Nico Goldberger – Boulder County Sheriff's Office

Ken Kupfner – Boulder County District Attorney's Office

Chris Lord – University of Colorado Boulder

Amanda Wroblewski – Boulder Community Hospital

Emily VanDoren – City of Longmont Department of Public Safety

Annabel Perez – City of Longmont Department of Public Safety

Trina Faatz – Boulder County Community Services Department

Meghan Razimoff – Boulder County Community Services Department

Ross Maynard – Boulder Police Department

Jenny Paddock – Boulder Police Department

Mila Long – Denver Recovery Group

Methamphetamine Convenings (2):

Haley Chartrand – City of Boulder Department of Housing & Human Services

Lynette Badasarian – City of Boulder Department of Housing & Human Services

Ronnie Vasquez – Mental Health Partners

Nadia Hadad – Mental Health Partners

Lucy Larbalestier – City of Boulder Department of Housing & Human Services

Ross Maynard – Boulder Police Department

Andy Feaster – City of Longmont Department of Public Safety

Amanda Wroblewski – Boulder Community Hospital

Emily Vellano – Clinica Family Health

Amber Ivanova – Clinica Family Health

Jennifer Livovich – Feet Forward

Rashad Sutton – Spero Recovery Center

James Dubin – Front Range Clinic

Kimberly Santos-Aviles – Salud Family Health

Dayna DeHerrera-Smith – Front Range Clinic

Donna Goldstrom – Front Range Clinic

Appendix d

Recovery Convenings (3):

Becky Milanski – Recovery Café Longmont

Paris Adler – National Alliance on Mental Illness, Boulder County

Avani Dilger – Natural Highs

Mila Long – Denver Recovery Group

Victor King – Mental Health Partners

Molly East – Focus Reentry

Emily Kleeman – The Reentry Initiative

Dominique Vodicka – The Reentry Initiative

Amanda Wroblewski – Boulder Community Hospital

David Ford – City of Boulder Open Space & Mountain Parks

Tamora Tanniehill – Out Boulder County

Jim Shuler – Front Range Clinic

Marco Prospero – Boulder County Community Services Department

Mary Catherine Baldwin – Mental Health Partners

Ann Noonan – Signal Behavioral Health Network

Max Marschausen – Teens, inc.

Cherie Maureaux – LEAF Lyons

Duke Romley – SoberAF Entertainment

Adriana Palacios Luna – Luna Cultura

Ruby Lopez – Out Boulder County

Cam Murphy – Out Boulder County

Britt Enwall – Out Boulder County

Toni Moon – Mental Health Partners

Karen Rice – Mental Health Partners

Mika Mumme – The Phoenix

Tzuria Malpica – Natural Highs

Sean Cahill – The Phoenix

Craig Towler – Center for People with Disabilities

Ozzie Cabral – Tribe Recovery Services

Chris Poma – Recovery Café Longmont

Suicide Prevention & Response Convenings (2):

Jenna Clinchard – Rise Against Suicide

Adilene Marquez – Boulder County Public Health Department

Jay Winstead – Mental Health Partners

Toni Moon – Mental Health Partners

Sara Reid – Mental Health Partners

Katie Maffit – Mental Health Partners

Kathy Partridge – Boulder Valley Community Action Network / Together Colorado

Janaki Jane – Wide Spaces Community Initiative

Jordan Goto – Boulder Valley School District

Susan Davis – St. Vrain Valley School District

Abbey Yaron – Rise Against Suicide

Alyssa Grizenko – National Alliance on Mental Illness, Boulder County

Joshua Uhlig – Community Member

Karin Uhlig – Community Member

Lucy Larbalestier – City of Boulder Department of Housing & Human Services

Marnie Huffman-Green – Boulder County Community Services Department

Sarah Weatherley – Mental Health Partners

Sarah Wise – Boulder Community Hospital

Susan Caso – Boulder Family Counseling

Appendix d

Boulder Valley School District Listening Sessions (2):

Carissa Jaquish – Boulder Valley School District

Christina McCann – Boulder Valley School District

Christian Billington – Boulder Valley School District

David Self – Boulder Valley School District

Dawn Suitts – Boulder Valley School District

Deborah Eck – Boulder Valley School District

Elton Davis – Boulder Valley School District

Greg McDonald – Boulder Valley School District

Heather Haskell – Boulder Valley School District

Jackie Vosper – Boulder Valley School District

Katie Romero – Boulder Valley School District

Katie McGee – Boulder Valley School District

Kelly Miller – Boulder Valley School District

Kimberly Jacobs – Boulder Valley School District

Kristy Townsend – Boulder Valley School District

Lauren Boryenace – Boulder Valley School District

Leslie Gaiser – Boulder Valley School District

Lilli Adeli – Boulder Valley School District

Mark Edson – Boulder Valley School District

Maryerin Mueller – Boulder Valley School District

Maryorie Gomez – Boulder Valley School District

Michelle Brenner – Boulder Valley School District

Molly Creek – Boulder Valley School District

Molly McGannon – Boulder Valley School District

Shannon Numair – Boulder Valley School District

Stefanie Abrams – Boulder Valley School District

Tammy Lawrence – Boulder Valley School District

Tara Krams – Boulder Valley School District

Traci Hagie – Boulder Valley School District

Yadi Cook – Boulder Valley School District

Zachary Depledge – Boulder Valley School District

Allyson Shambo – Boulder Valley School District

Camille Gon – Boulder Valley School District

Cynthia (Cindy) Soilliere – Boulder Valley School District

Holly Markels – Boulder Valley School District

Jamie Block – Boulder Valley School District

Jennifer Grossman – Boulder Valley School District

Katie McGee – Boulder Valley School District

Lynn Renter – Boulder Valley School District

Olivia Hyten – Boulder Valley School District

Sarah Morissette – Boulder Valley School District

Sarina Gonzalez – Boulder Valley School District

Shanna Shushereba – Boulder Valley School District

Victoria Valencia – Boulder Valley School District

Appendix d

Boulder County Public Health Listening Session (1):

Rachel Arndt – Boulder County Public Health Department

Elia Barraza – Boulder County Public Health Department

Allison Bayley – Boulder County Public Health Department

Heather Crate – Boulder County Public Health Department

Rachel Freeman – Boulder County Public Health Department

Jax Gonzalez – Boulder County Public Health Department

Dave LaRocca – Boulder County Public Health Department

Adilene Marquez – Boulder County Public Health Department

Daphne McCabe – Boulder County Public Health Department

Elise Waln – Boulder County Public Health Department

Health Futures Coalition Listening Session (1):

Allison Bayley – Boulder County Public Health Department

Aiden Allen – Longmont Community Justice Partnership

Janice Stiglich – Boulder County Public Health Department

Samuel Clark – Boulder County Public Health Department

Ellianna Lederman – Boulder County Public Health Department

Aleeya Verdi – Boulder County Community Services Department

Avani Dilger – Natural Highs

Trina Faatz – Boulder County Community Services

Adilene Marquez – Boulder County Public Health Department

Amanda Trinh – Boulder County Public Health Department

Kaitlyn Nandi – Boulder County Public Health Department

Peggy Jarrett – SCL / Intermountain Health

Jordan Goto – Boulder Valley School District

Appendix d

Youth Service Providers Convenings (2):

Abbie Fagerwick – Safehouse Progressive Alliance for Nonviolence

Abby Tracer – Boulder County Public Health Department

Adilene Marquez – Boulder County Public Health Department

Aiden Allen – Longmont Community Justice Partnership

Allison Bayley – Boulder County Public Health Department

Amanda Trinh – Boulder County Public Health Department

Andi Jason – Colie's Closet

Anna Kim – National Alliance on Mental Illness, Boulder County

Anne Hyink – Mental Health Partners

Carrie Wichman – Boulder County Community Services Department

Chelsea Cerny – City of Boulder Parks & Recreation Department

Eliza Buyers - Boulder Valley Women's Health Center

Janice Stiglich – Boulder County Public Health Department

Jenna Clinchard – Rise Against Suicide

Kris Weinberger – City of Boulder Open Space & Mountain Parks

Lena Linares – Boulder County Community Services Department

Lily Berlin – Out Boulder County

Maggie Vest Engelman – City of Boulder Open Space & Mountain Parks

Travis Herbert – "I Have a Dream" Foundation of Boulder County

Lucero Castro – City of Longmont Department of Children, Youth, & Families

Nikki Kennedy – Boulder Valley School District

Dara DiRito – Boulder County Community Services Department

Jordan Goto – Boulder Valley School District

Adilene Marquez – Boulder County Public Health Department

Jax Gonzalez – Boulder County Public Health Department

Maya Sol Dansie – El Centro Amistad

Miles Erickson – Out Boulder County

Raymond Garcia – Safehouse Progressive Alliance for Nonviolence

Riley Lineaweaver – National Alliance on Mental Illness, Boulder County

Luis Chavez – St. Vrain Valley School District

Adam Lotito – St. Vrain Valley School District

Appendix d

Youth Advocating for Youth (10):

Facilitators:

Janice Stiglich – Boulder County Public Health Department

Ellianna Lederman – Boulder County Public Health Department

Adilene Marquez – Boulder County Public Health Department

Fran Babrow – Boulder County Public Health Department

Allison Bayley – Boulder County Public Health Department

Susana Gallegos – Boulder County Public Health Department

Maya Chastang – Boulder County Public Health Department

Marisol Chihuahua – Boulder County Public Health Department

Giselle Chavarria – Boulder County Public Health Department

Amanda Martinez – Boulder County Public Health Department

Gabe Gegenheimer – Boulder County Public Health Department

Kaitlyn Nandi – Boulder County Public Health Department

Host Organizations:

Generations Leaders Organizing

Youth Advocating for Change

Natural Highs

Teens, Inc.

Youth Opportunities Advisory Board

Colie's Closet

Longmont Children, Youth, and Families

Lafayette Youth Advisory Commission

Adelante!

*Participants: 113**

*Participants were minors. Names will remain confidential.

Presentations to Organizations:

Peak 2 Peak Housing and Human Services Alliance

Boulder County Latino Coalition

Consortium of Cities

Boulder County Substance Use Advisory Group

Communities That Care Lafayette

Longmont Children, Youth, and Families

Boulder County Reentry Council

Harm Reduction Quarterly Group

Workforce Boulder County Leadership Group

Workforce Development Board

Community Justice Services Leadership Group

Together Colorado Boulder County

NAACP Boulder County Mental Health Workgroup

Hub Implementation Group

St. Vrain Valley School District Partnership Group

Social Ventures Partners

Boulder Valley School District Impact on Education

Boulder County Housing and Human Services Community Partnership Call

City of Lafayette Administrator's Office

Boulder County Fentanyl Group

Appendix d

High Priority Solutions from Focus Area Convenings

Below are the high priority solutions identified during focus area convenings by subject matter experts, people with life experience, and community members. These solutions were used to create the goals, strategies and solutions identified in the roadmap. Here, solutions are broken down by the original Behavioral Health Roadmap Focus Areas

To view all the qualitative data collected through the Behavioral Health Roadmap planning process, please follow this link: https://bouldercounty.gov/wp-content/uploads/2023/06/Appendix-E-Qualitative-Data.pdf.

Prevention High Priority Solutions

1. Parent support groups and family support: parent support groups and individual support for families and parents themselves, mental health support for parents- so that they can be there for their kids and themselves: can also look like a support group (that isn't called a support group), more fathers need to be involved, weekend programs for dads, led by dads.
2. Parent education opportunities: Social Emotional Learning opportunities for parents so all support networks can be "speaking the same language", multi-level community parenting group (newborn, 6-10, 11-13, young adult), more mental health training/education for parents/guardians at different times of day and days of the 7-day week, so they can attend trainings when they aren't working
3. Collaboration & Partnership: need to strengthen partnerships, relationships. More collaboration between youth serving programs who have similar goals. Clarifying roles within partnerships. Coordinated systems. Acknowledging when another organization is better situated to be a lead and playing a support role vs. a lead - stepping back. Support partner organizations in applying for funding that achieves these collective goals, reporting back on things that are going well and focusing on successes, streamline meetings so all work is coordinated, grace with each other (professionals to professionals), be curious about why something isn't working and how to help, myth busting opportunity to better understand what other programs/agencies are able to offer? Perhaps some challenges aren't quite what they seem
4. Create a community-wide prevention approach like the Iceland Model/Planet Youth, create support for protective factors for teens, not just focusing on problems
5. Free or low-cost prosocial activities for teens that build connection, purpose, and joy/fun: connecting youth with their peers and community through pro-social activities, fund teens – incentives for prosocial activities, employment opportunities, having inexpensive artsy/sporty events, have free and outdoor activities for Latine youths, gift cards to incentivize students to engage in prosocial or positive youth development activities
6. Addressing and focusing on social determinants of health: livable wages, greater access to affordable healthy food, looking forward to seeing the impacts of free lunches for all students. Lower energy costs for low-income folks to support energy security for adequate heating and cooling, more accessible safety net services where people are treated with dignity and respect, accessible and affordable year-round quality childcare for infants through school age, more funding for informal home-based (FFN – Family Friends

and Neighbors) childcare so that people have time for educational opportunities, work, community, etc. Ensure access to quality healthcare, inclusive of mental health services, coordinated approach to addressing housing instability and affordability. Address needs of Unhoused Residents, temporary housing for homeless, then get them healthcare, mental healthcare, jobs. Accessing stable and quality housing, work with RTD to create accessible bus routes from least funded areas to more funded areas, transportation resources, continue offering free SAT training for students in multiple languages to have equal access to better scores, focus on addressing/ dismantling racism, sexism, homophobia, discrimination, etc. Racism – being anti-racist, systemic change, racial equity work

7. Train and incentivize cultural brokers in the community about mental health skills that they can share (like peer educators), fund Latine folks to work with Latine parents to help them navigate school systems, fund more LGBTQ+ folks to work with Gay-Straight Alliances in St. Vrain Valley School District, create paid leadership opportunities for teens and parents, promoting parent-educators so that they will get paid for doing the work of community-building (so that they can spread the word to other parents)

Early Intervention High Priority Solutions

1. Navigation Support: Navigators for getting services, not enough knowledge of where to access mental health services, easy and youth friendly way to know about and access mental health resources
2. Use restorative justice instead of the current criminal justice system that is proven to create recidivism
3. Easy intake and enrollment in services: easy and early access to therapy or any mentor, streamline intake process for outside mental health or substance use disorder treatment, easier referral to Mental Health Partners, partner or hire neuropsychologists to do evaluations with families
4. More accessibility to services that won't take months to access
5. Address Cost: Easier access to mental health - poverty presents a challenge, for all incomes - not just Medicaid, DU Neuropsych. exams offered at lower price, more substance use services and for those without insurance

Appendix e

Suicide Prevention & Response High Priority Solutions

1. Different communities have different ways of responding to mental health issues. Reach communities from within and respect their ways of being, including culturally specific community outreach
2. Consistent, frequent mental health training for students from K-12. More creative empathetic training for students. Curriculum update to increase mental health starting in elementary school. More discussion around mental health, coping in home room classes
3. Multicultural, multilingual providers, recruitment of bilingual and bicultural staff
4. Rise Against Suicide is highly valued. More positions and funding for more support staff
5. Ensure State-funded programs like Mental Health Partners are supported financially, mentally, emotionally - prevent workforce burning out
6. Community Hub where alternative interventions are available to the community for reduced fees or free of charge
7. Improved communication/collaboration between community entities (Schools, Mental Health professionals, hospitals) around resources and services

Harm Reduction High Priority Solution

1. Increased and sustainable funding for staffing and sustainable systems. We need to be paying people more to do this work in order to keep them in the work. Staff turnover is so hard
2. Housing First models and long-term, supportive, trauma-informed housing programs. A variety of housing options and levels of support with the ability to match people to the appropriate resources and move them between services as their needs change
3. Better handoff and coordination between systems. Better communications and less cumbersome release of information processes
4. Insurance company reform, better Medicaid therapy programs offering services. More private providers accepting Medicaid clients
5. More mental health and crisis treatment beds with ombudsman services to ensure quality of care, and ongoing services to support stability back in the community
6. Advocacy for people who use drugs and those in recovery. A space where they can share challenges, support to walk through struggles

Methamphetamine High Priority Solutions

1. More options for residential treatment (Medicaid)
2. More coordination and cohesion/resource sharing among all providers – Recovery Care Organizations, treatment centers, government agencies, etc.
3. Invest in early intervention to prevent homelessness, particularly childhood trauma
4. Centralized hub for info and services/Hub for services so all people know about all the resources available
5. Streamline access to care - get folks to treatment quickly, 48-hours or less (entry points around the county)
6. Create meth-proof housing or find landlord of last resort for people with history of meth so that post-treatment housing, and/or more long-term treatment options that involve a post-treatment housing component, are possible and available

Mental & Behavioral Health in the Criminal Justice System High Priority Solutions

1. Improve ease of access to services, increase navigation, and include follow-along support/case management: system navigation more easily accessible by community, make access to services quicker, coordinated entry for behavioral health, cultural lens to system navigation (e.g., cultural brokers during COVID), individuals receive more follow along support, case management, and care coordination, need case management, navigation for individuals with lack of executive functioning
2. Increase inpatient options including those that accept Medicaid, for individuals with dual diagnosis/co-occurring needs, and long-term mental health beds
3. Improved employment opportunities for criminal justice system-involved individuals and vocational and education services for criminal justice system-involved population, coaching on life skills for criminal justice system-involved population, more community and employer involvement to hire
4. Specific service needs: Intensive outpatient for youth with substance use, more juvenile services, need services for caregivers with substance use needs, increase geriatric services, services more comfortable with more volatile patients, expansion of jail-based services for mental and behavioral health, expand available resources, services, need services for ASL or vision impaired, more long-term care
5. More capacity and flexibility for services, services set up to meet psychological needs - flexibility, reminders, services available at night, broad range of services available regardless of insurance or ability to pay, expand available resources and services overall, more supports outside of Boulder
6. Collaboration & Partnership: need shared vision, clear priorities, shared values, and consistent, formalized partnerships, improve strategic alignment, aligned priorities, more shared direction between criminal justice system partners, improved communication between partners, particularly around upcoming work, more support, less competition between partners, cross-systems collaboration (e.g., housing, behavioral health, and criminal justice system), more collaboration with physical health providers, co-responder collaboration to align with the many different agencies, partnership with Victim Advocates to support community, address silos, Boulder County Board of County Commissioners clear priorities, including care management, improve data collection and sharing, improved information sharing, improve information sharing and address HIPAA restrictions to coordinate care, need for community input on data collection

Behavioral Health Treatment & Crisis Continuum of Care High Priority Solutions

1. Expansion of wraparound care/ community-based management (ACT, Forensic ACT, ASCENT, clinicians, peers, health workers) services across the county (not just Longmont) for those in need (serious mental illness, chronic homelessness, chronic substance use disorder, dementia, older adults, intellectual & developmentally disabled, re-entering after jail, families with children with behavioral health challenges), regardless of payor, and funding for support and engagement services not covered by Medicaid in order to support stability back in the community after inpatient or jail, or to successfully keep someone in housing.
2. Long-term supportive housing (improved supportive systems within the housing programs) (including for people with criminal justice history, aging adults with chronic behavioral health needs, tolerance for behaviors)
3. Simplify admin and paperwork burden for providers, for patients/consumers, info goes into one system. How can we replicate that so that only one assessment is completed so people don't have to re-tell their stories, not a canned assessment that a patient and a provider needs to go through every time someone needs treatment, simplify assessments and repeat storytelling and inventories at every step of the way within the continuum. Normalizing addendums
4. Put services where the people are: not enough in-home or community-based services. Transportation and schedules can be a barrier (all populations.), co-locate/integrate resources and services across systems for more leverage, reach and access, more in-home evaluations for behavioral health, mental and behavioral health support for parents and caregivers available where youth access system, identify hotspots and ensure community-based services are located in those areas
5. Improved discharge planning and follow up support post-hospitalization
6. Improve access to behavioral health services and quality of services for residents who identify as BIPOC, LGBTQIA+, and for residents with disabilities:
    - Recruit therapists who represent the population they are serving - Bilingual/bicultural therapists; LGBTQ, particularly trans residents
    - Improving language access for non-English speakers and for ASL in all support systems
    - Provide training to therapists in substance use disorder and mental health settings to build competence to work with different populations including ensuring affirming, informed and safe spaces for LGBTQ+ residents, racial and ethnically diverse populations, IDD and DD populations, and older adults, particularly those with dementia
    - Therapeutic models that are culturally appropriate: promotora model - navigators/peer model to decrease stigma, community-based models, gender affirming care for LGBTQ+ youth

Recovery High Priority Solutions

1. Centralized hub for info and services/Hub for services so all people know about all the resources available
2. Fund a behavioral health Urgent Care clinic for adults and youth
3. Increase access to services offered in languages other than English, especially Spanish & ASL - Language justice
4. Create an inpatient substance use treatment center. NOT the Boulder County jail
5. Ensure frontline behavioral health staff are cared for, retain the workforce
6. Centralized intake location for inpatient substance use disorder treatment, where people can walk in and immediately get help - find an open bed and go to treatment

Youth Prevention High Priority Solutions

1. Affirming and culturally relevant supports: Bilingual and culturally sensitive mental health services, mindfulness programs, psycho education, preventions, parent's support. Accessing gender affirming care for LGBTQ+ youth
2. Free or low-cost prosocial activities for teens that build connection, purpose, and joy/fun: connecting youth with their peers and community through pro-social activities, fund teens - incentives for prosocial activities, employment opportunities, having inexpensive artsy/sporty events, have free and outdoor activities for Latine youths, gift cards to incentivize students to engage in prosocial or positive youth development activities
3. Create a Youth Center, more youth centers, create free teen spaces where teens can connect, spaces for youth and community to gather
4. Shared space or co-located resources: I think Boulder County Public Health could leverage our spaces more, to help partners facilitate their programs. More flexible office space in schools to provide resources
5. Addressing and focusing on social determinants of health: livable wages, greater access to affordable healthy food, looking forward to seeing the impacts of free lunches for all students. Lower energy costs for low-income folks to support energy security for adequate heating and cooling, more accessible safety net services where people are treated with dignity and respect, accessible and affordable year-round quality childcare for infants through school age, more funding for informal home-based (FFN - Family Friends and Neighbors) childcare so that people have time for educational opportunities, work, community, etc. Ensure access to quality healthcare, inclusive of mental health services, coordinated approach to addressing housing instability and affordability. Address Needs of Unhoused Residents, temporary housing for homeless, then get them healthcare, mental healthcare, jobs. Accessing stable and quality housing, work with RTD to create accessible bus routes from least funded areas to more funded areas, transportation resources, continue offering free SAT training for students in multiple languages to have equal access to better scores, focus on addressing & dismantling racism, sexism, homophobia, discrimination, etc. Racism - being anti-racist, systemic change, racial equity work
6. Let teens design prevention Initiatives for teens, working in partnership with youth to find out their wants and needs, listen to what youth need, listening to teen voices
7. Social Emotional Learning for youth: identifying feeling and reflecting, support and understanding for big emotions, infuse mental health skills into K-12 curriculum (communication, problem-solving, conflict resolution, stress reduction, ability to identify and ask about feelings), help kids access and remember the strengths they already have, increasing social emotional learning opportunities so youth are equipped to deal with hard emotions in healthy ways

Youth Suicide Prevention & Response High Priority Solutions

1. Plenty of funds! Identifying sustainable funding options - how can we invest in these services and trainings in a sustainable way
2. Addressing systemic racism, sexism, transphobia, homophobia, etc. Eliminating the attack on the LGBTQ community
3. Increase options for 12+ people to access mental healthcare free of charge (barrier between age of consent and ability to access care independently)
4. Rise Against Suicide is highly valued. More positions and funding for more support staff
5. Increased staff in integrated settings, e.g., mental health providers embedded in schools, youth centers, etc.

Youth Early Intervention High Priority Solutions

1. Use restorative justice instead of the current criminal justice system that is proven to create recidivism
2. Easy intake and enrollment in services: easy and early access to therapy or any mentor, streamline intake process for outside mental health or substance use disorder treatment, easier referral to Mental Health Partners, partner or hire neuropsychologists to do evaluations with families
3. More and better integration of mental health services into places where youth are (clinics, schools)
4. Improve Access: easy access - phone and in-person, access to mental health by phone (someone to answer and a good # to call back), easy and youth-friendly way to know about and access mental health resources, short-term mental health access
5. Funding mental health support for youth, scholarship fund for students to be able to access services, increase iMatter sessions to 12 per child

Youth Treatment & Crisis Continuum of Care

1. Teach DBT skills as part of middle and high school curriculum, identifying feelings, standardize these skills across all environments, help kids support each other better
2. Better integration of mental health services into places where youth are, e.g., partner with pediatricians for more mental and behavioral health screening, sharing resources to reach families during well-child visits or sports physicals, trauma informed mentors for kids with higher acuity, identify hotspots and ensure community-based services are located in those areas
3. More juvenile services that can respond quickly as alternatives to residential - crisis intervention, behavior support, family intervention instead of detention – we currently don't have enough services to support these youth
4. 24-hour crisis center for youth & effective follow-up services after an evaluation for suicidal ideation
5. Respite important in a crisis. Need program like Shiloh House program - Family Resource Pavilion; doesn't require county to take custody - like a 24-hr crisis center but 2 weeks. Helpful to evaluate and determine need for Child Welfare involvement. Now, Child Welfare system becomes the safety net for kids with mental health primary need, but don't have child welfare issues. Come now through juvenile justice system or hotline screening. Parents who refuse to pick kids up from detention or hospital. Also, need respite for foster families and families with kids at home in need of with higher level of care
6. Post inpatient/hospitalization navigation for kids
7. Research models of intensive outpatient services that work for levels of acuity that we have. Look at other communities that have eliminated need for higher level placements

Appendix e

Youth Population High Priority Solutions

The *Mental and Behavioral Health in the Criminal Justice System, Harm Reduction, Methamphetamine*, and *Recovery Focus Areas* did not have enough youth-specific solutions to warrant a prioritization process. Youth service providers and subject matter experts were asked for general considerations regarding youth in these areas.

Mental & Behavioral Health in the Criminal Justice System

What should be included for Youth in the Mental & Behavioral Health in the Criminal Justice System focus area?

Anything else to keep in mind?

Stronger restorative justice training

Guidelines for Safe 2 Tell and how to use

Adults have more mental health training: Mental Health First Aid, Question, Persuade, Refer (QPR), Screening, Brief Intervention, Refer to Treatment (SBIRT), etc.

More opportunities for youth to engage in community service and positive youth activities-go to the rec center, volunteer, get outside, have more creative outlets

Methamphetamine

What should be included for Youth in the methamphetamine focus area?

Anything else to keep in mind?

Recognize how poverty impacts substance use

Recognize how developmental trauma is specific for marginalized youth identities

Harm reduction programs that are specific for youth

Providing resources to community organizations / programs that give youth healthy ways to build community

Increase safe adult relationships

Peer to peer education is a good way to shift cultures

Don't use fear-based education programs

Harm Reduction

What should be included in harm reduction for Youth?

Anything else to keep in mind?

Harm reduction on youth in juvenile detention, such as sober events, mental health awareness teachings, and a better support system for when they get out

Having sober spaces within venues

Training health teachers to talk about mental health and harm reduction

Awareness of what harm reduction programs exist

More nature-based spaces in cities should be taken into account by urban planners

More community events that foster activities in nature

More access to community resources and mental health services especially for marginalized folks

Recovery

What should be included for Youth in the recovery focus area?

Anything else to keep in mind?

Decolonial healing “recovery” that is culturally response/relevant and options outside western clinical interventions

Affinity group – diverse activities, clubs, and groups - outside of sports

Community based healing - before institutional (this can vary across communities) - but options for folks to have autonomy and self-select recovery journeys

Youth Population High Priority Solutions

The following sections also include considerations to make specific Cross-cutting Themes more effective for youth

Community Education & Stigma Reduction

What should be included in education & stigma reduction campaigns to be effective for Youth?

Anything else to keep in mind?

Education

Connecting to school clubs for Narcan train the trainer training

Connect with & allocate resources through first aid / mental health response clubs

Centering youth cultures and knowledge (Social Justice Youth Development Model)

Ensure & foster interest

Employ youth leaders!

Stigma Reduction Campaigns

Centering youth cultures and knowledge (Social Justice Youth Development Model)

Social Media youth content experts

Bring it where youth *are* - community partners and spaces

Coordination & Collaboration

What should be included to make coordination & collaboration effective for Youth?

Anything else to keep in mind?

Build off Broomfield's model

Combine groups that are overlapping for more collaboration

Make clear roles of who is voting members, attending, etc.

Audit the goals of committees to create overarching goals

Audit groups attendees and if similar attendees combine groups for capacity

Processes for communications for individual, small groups, and large groups

When we have updates in meetings, truly share what each organization is working on & have a call to action

Navigation

What should be included to make Navigation effective for Youth?

Anything else to keep in mind?

Easy Access - QR code at schools

Language accessibility (translations & Interpretations) accessible inclusive language with age and literacy in mind, images, etc.

Health education teachers connect with guidance counselors, so they know all the community resources

Monitor/track data trends on what are the root causes for what youth are navigating and build in systems level strategies (collaboration with local organizations/community)

Cultural brokers/liaisons for navigating - rather than institutional hand offs - collaborate with community

Separation of resources on a page. e.g., LGBTQIA+ resources under one tab, Latinx/e/ Youth of Color resources under one tab, Suicide resources etc...

Invite the community to share their existing navigation resources! Many of these already exist

Separate youth and adult services

Meet youth where they are

Community navigators should be trained in Social Justice Youth Development

Youth Population High Priority Solutions

Workforce

What should be included to make a workforce strategy more effective for Youth?

Anything else to keep in mind?

Training workforce to teach about harm reduction topics, such as in schools

Free and easily accessible Narcan and trainings on how to use it

Increasing workforce in schools, having more providers in schools or better training for counselors and psychiatrists

Identify good outreach spots for harm reduction

Trainings for businesses with focus on retail and food industry on Harm reduction & Narcan use

More supports in school with graduating and exploring careers

Scholarships for students who are going into the psychiatry field to make it easier to become a provider

More internships and fellowships that expose youth to harm-reduction spaces

Youth Advocating for Youth About Mental Health High Priority Solutions & Considerations to Support Youth Mental and Behavioral Health

Question	Solution/Consideration
What gets in the way of your mental health?	Society's Beauty Standards/Appearance (Comparison to others)
What would be useful for you and your friends to reduce or prevent substance use? What would make your friends' mental health better?	Mental health care/therapy and access to healthcare (free, for mental health, no stigma)
What would help at school or work to reduce substance use and better your mental health?	Substance Use Education (neuroscience behind addiction, start earlier, talk about it, not abstinence-only approach to substances)
What would support your family's happiness/goals/ mental health?	Love/support/patience/acceptance/understanding/ respect/self-reflection/self-growth/caring
What do you like/dislike about your neighborhood? What do you wish was different?	Services: tap water not drinkable, not enough trash cans or hydration at parks, no service, gets dirty, not considered Boulder so no benefits
What do you like/dislike about your neighborhood? What do you wish was different?	Helping adults be there for youth
What do you like/dislike about your neighborhood? What do you wish was different?	Drug use/drug focused/too many dispensaries
What do you like/dislike about your neighborhood? What do you wish was different?	Support groups like Alcoholics Anonymous/Lack of community
What do you like/dislike about your neighborhood? What do you wish was different?	Needs more diversity
What do you hope people in power would understand about your and your friends' experiences?	We are under a lot of pressure/so many expectations

Appendix e

Additional Reports and Resources

Reports Contracted by the Behavioral Health Planning Team:

- Behavioral Health Access in Boulder County – Yo Connections – March 17, 2023
- Boulder County: Preliminary Assessment of Mental Health and Substance Use Provider Network and Service Continuum – Health Management Associates – January 9, 2023
- Boulder County: Inpatient Care Assessment – Health Management Associates – April 14, 2023
- Background and Considerations for Developing a Behavioral Health Roadmap for Boulder County – OMNI – November 3, 2022

Partner Reports that Supported the Behavioral Health Roadmap Process:

- Boulder County Public Health Community Health Assessment – 2023 report to be published soon
- Boulder County Area Agency on Aging- Community Assessment Survey for Older Adults and Age Well Boulder County Strategic Plan – 2023 report to be published soon
- For the I/DD Population:
  Boulder County IDD/BI-MH Service System Evaluation – February 10, 2023
  Available Upon Request:
  Rebecca Seiden, M.A.
  IDD Mill Levy Coordinator
  IMPACT Care Management Division
  rseiden@bouldercounty.org
  - Boulder County's Intellectual & Developmental Disabilities Community Needs Assessment – January 2019
- Boulder County Behavioral Health Hub Navigation Report – June 2023

Appendix f

Existing Reports and Presentations Used to Determine Behavioral Health Roadmap Focus Areas

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The OMNI Institute (2022, February). *Background and considerations for developing a behavioral health roadmap for boulder county.* https://www.dropbox.com/s/6zi9qsa84ph1g1w/BCBH%20Roadmap%20Background%20Report.pdf?dl=0.

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Appendix g

State-specific Reports:

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