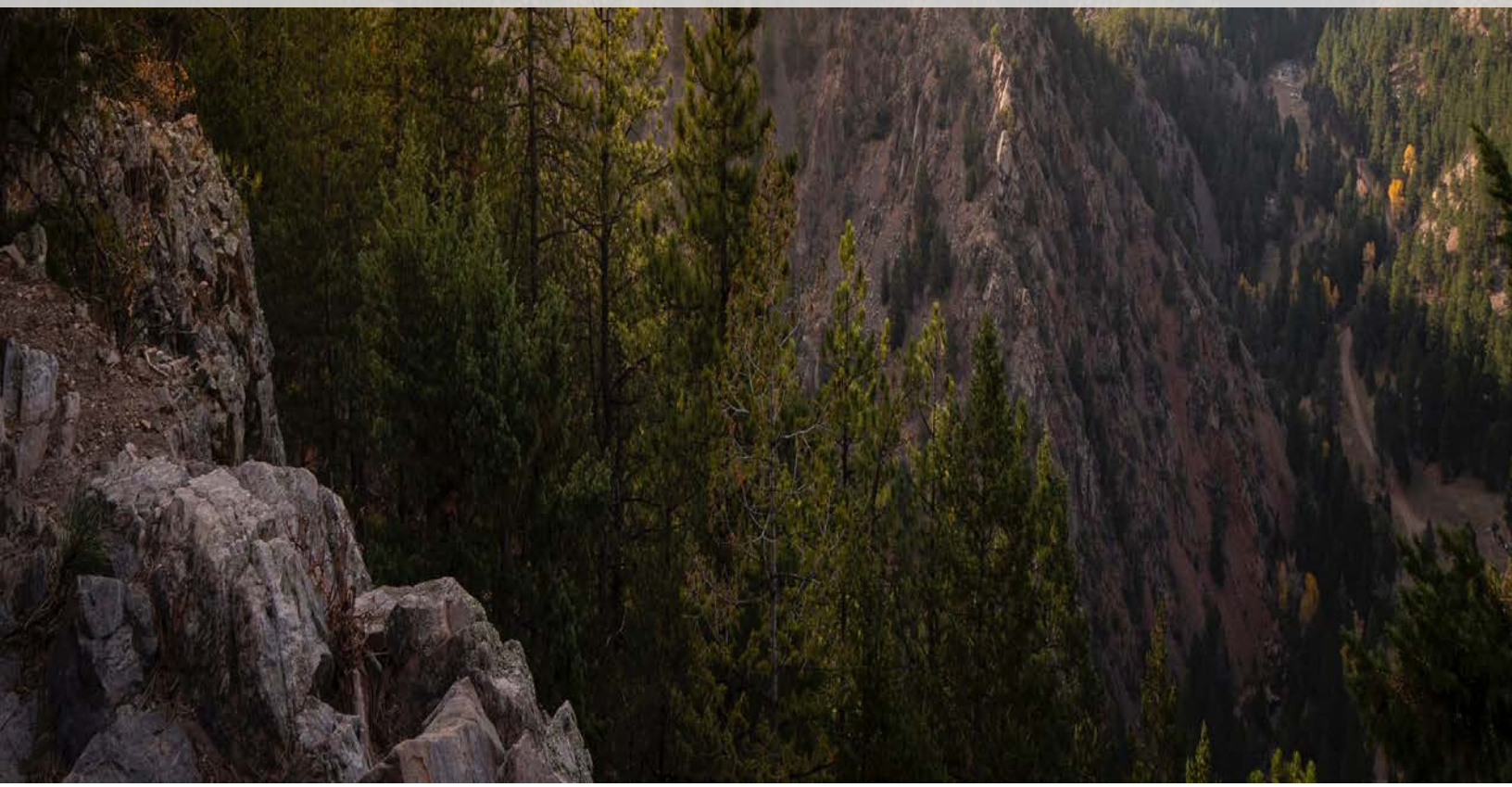
Boulder County Public Health

Community Health Assessment Data

June 2023



OMNI

BOULDER COUNTY PUBLIC HEALTH

Opportunity for a healthy life.

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OMNI Institute would like to thank:

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- **The Boulder County Public Health (BCPH) core project team and workgroup members** who collaborated with OMNI on the entire CHAPS process including the implementation plan; review of data collection tools, data and interpretation of findings; and outreach and connection with community members and organizations to ensure the voices of key focus populations were represented in the process. Workgroup members included:
    - Indira Gujral, MS, PhD – Division Manager, Communicable Disease & Emergency Management
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    - Allison Bayley, MPH, CHES - Community Substance Abuse Prevention & Inspire Youth Connections Project Manager
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    - Jax Gonzalez, PhD - OSASOS Program Coordinator
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    - Lexi Nolen, MPH, PhD – Executive Director
- **Boulder County's Behavioral Health Roadmap efforts**, with great appreciation to Marcy Campbell for ongoing collaboration with BCPH and OMNI to share information and align efforts.
- **Community partners** who shared primary data from their own information gathering efforts with focus populations that helped develop the community snapshots central to this report. These partners offered space in existing and additional meetings to discuss and gather community input. Key partners included:
    - Area Agency on Aging
    - Boulder County Housing and Human Services and their partners at the University of New Hampshire's SMART Program
    - Boulder County Nurse Family Partnership
    - Genesis
    - Women, Infants, & Children Program
    - Youth Advocating for Youth (YAY)
- **Additional community organizations and service providers** who shared their own critical perspectives and expertise to ensure the needs of focus populations were elevated in the report.

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Introduction

Every five years, all public health agencies in Colorado are required to follow the Colorado Health Assessment and Planning System (CHAPS) process to create a public health improvement plan for submission to the Office of Public Health Practice, Planning, and Local Partnerships (see visual below). In 2022, Boulder County Public Health (BCPH) partnered with OMNI Institute to conduct a community needs assessment and corresponding Public Health Improvement Plan for 2023-2028.

During this same timeframe, Boulder County Commissioners funded a Behavioral Health Planning team (led by Boulder County Community Services Department) to conduct an assessment of the County's behavioral health system and develop a shared vision and long-term strategic plan, or Behavioral Health Roadmap. In combination with other county assessments, BCPH made the decision to focus their CHAPS process on mental and behavioral health, partnering closely with the Roadmap team throughout the process to discuss emerging findings and align priorities. The Roadmap team contributed extensive qualitative data gathered through their community engagement efforts which is integrated throughout this report.

The Community Health Assessment (CHA) process took place between September 2022 and March 2023 and was guided by a workgroup comprised of members from Boulder County Public Health working directly with key populations in the County and involved in mental & behavioral health-related efforts. The process included extensive input from a variety of community partners, local leaders, and community members. It also included a capacity assessment that identified key strengths related to addressing behavioral health needs within BCPH and in Boulder County, as well as opportunities for growth.

This report details the assessment process and the data synthesized from secondary data sources and county-level community engagement efforts. It also provides a summary of the capacity assessment, summarizing BCPH's current resources and ability to address identified needs. The findings from these two assessments are intended to directly inform a robust planning process leading to the development of the Boulder County Public Health Improvement Plan (PHIP).

The Colorado Public Health Assessment and Planning System

The Colorado Public Health Assessment and Planning System, or CHAPS, is a standardized, coordinated approach to public health planning used by local public health agencies across the state of Colorado.

The Community Health Assessment is a comprehensive assessment of the community's health and environmental status

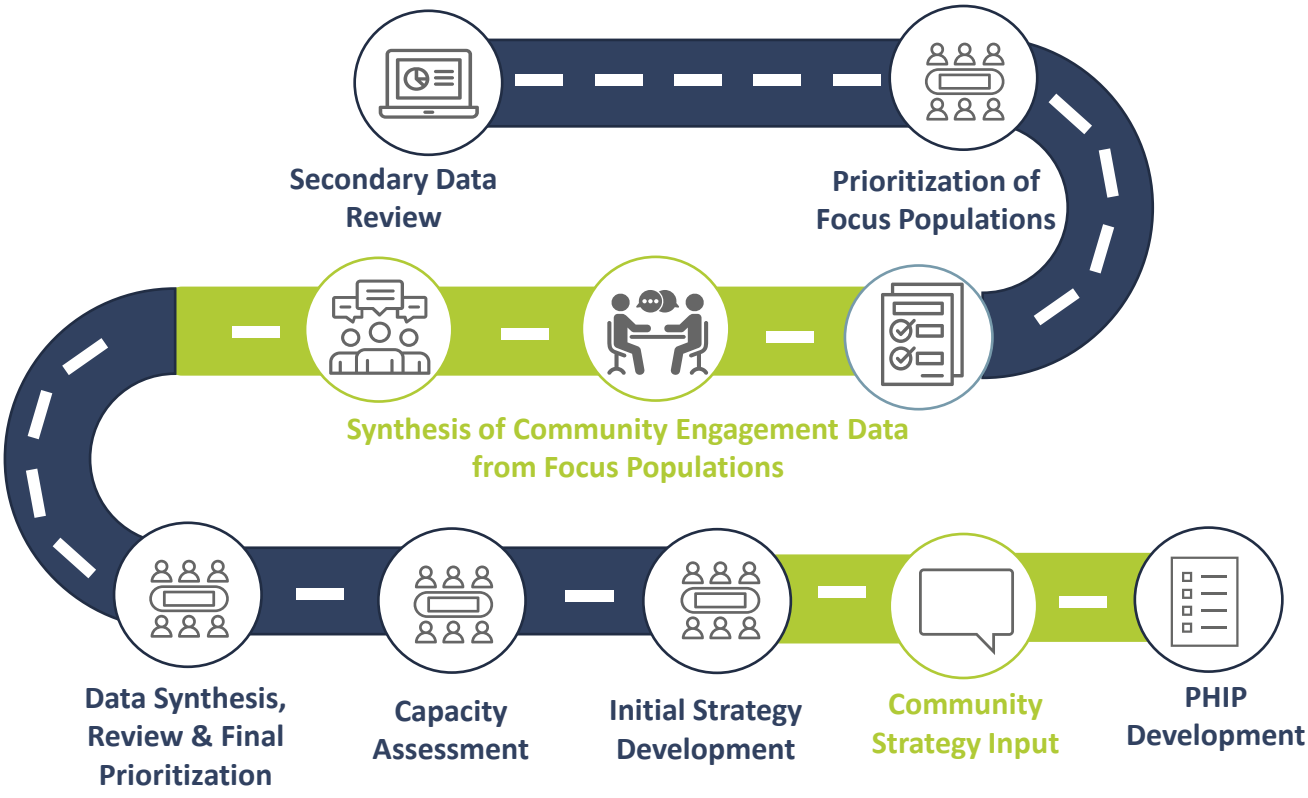
The Capacity Assessment assesses the ability of the community/Boulder Public Health to address local priority issues, including building upon current relevant efforts and collaborations

The Public Health Improvement Plan describes priorities for health improvement, involved partners, action plans, and methods to evaluate progress

Methods

It is important for local public health departments to utilize the core CHAPS model while remaining responsive to the unique context of their communities. The visual below depicts the specific CHAPS process for Boulder County Public Health, followed by a summary of steps involved in the core components of this CHA report. Subsequent pages further detail the methods used for data synthesis and selecting the focus areas for the Boulder County CHA.

The Boulder County Community Health Assessment & Public Health Improvement Planning Process



Key steps for the Boulder CHA and Capacity Assessment included:

Community Health Assessment (CHA)

Secondary data was compiled and summarized to highlight key areas of strength and opportunities for improvement in mental and behavioral health (MBH) in Boulder County.

Disparities were explored and **focus populations were selected** by the CHA/PHIP Workgroup.

Community input from focus populations was gathered through extensive county-level community engagement efforts and explored: root causes of MBH challenges for specific communities; existing strengths and resources that already support the community; and strategies and activities for BCPH that will improve MBH for focus populations and the county as a whole.

Capacity Assessment

Key strengths and gaps in existing mental and behavioral health services were identified at the county level, for each focus population, and for Boulder County Public Health.

Gaps in knowledge were filled in through CHA/PHIP Workgroup input and an internal BCPH Capacity Survey administered in early 2023.

Methods

Secondary Data Review

The initial step in the assessment process was for OMNI's research team to summarize available secondary data on mental and behavioral health for Boulder County. The primary goal was to pinpoint potential inequities experienced by subpopulations in the County. The secondary data synthesis also focused specifically on mental and behavioral health behaviors and outcomes that Boulder County Public Health has the ability to directly address or influence. As noted previously, Boulder County was already engaged in a variety of community health assessment efforts such as the Behavioral Health Roadmap. OMNI and the BCPH CHA/PHIP Workgroup made intentional efforts to avoid duplication of these efforts and to minimize the burden on community groups that had already offered related input.

Data were pulled from various secondary sources, including the Healthy Kids Colorado Survey, the Colorado Department of Public Health and Environment's Colorado Health Indicators, and the United States (U.S.) Census. The team aimed to collect data that were disaggregated by population characteristics, such as race/ethnicity, sexual orientation, gender identity, and age group, wherever possible, to identify potential disparities. However, there were limitations to the availability of data for some of these populations, which emphasizes the pervasive need for more disaggregated data collection efforts, particularly for historically underrepresented groups.

After collecting and disaggregating the data, the team reviewed and analyzed it for changes over time, key trends in disparities across subpopulations, and comparisons to state and national averages to identify both county strengths and areas of need. The data were then organized and cataloged into key behavioral health domains and presented to the CHA/PHIP Workgroup for review and interpretation. The online platform Padlet was used to facilitate Workgroup discussion and the selection of initial priorities, as it allows for group interaction, commenting, and prioritization processes. It should be noted that disparities and inequities across social identities influence mental and behavioral health outcomes, which was a lens applied throughout the CHAPS process .

Initial Prioritization Process

The CHA/PHIP Workgroup reviewed and discussed the Padlet data and decided upon the initial groups listed below that would be centered in the subsequent process of compiling community input. These focus populations were selected based on disparities apparent in the data and additional local context and expertise shared among Workgroup members. Gathering input from these groups is crucial to identifying the underlying causes of challenges within their communities, recognizing existing strengths and resources, and proposing potential strategies and activities for BCPH to enhance mental and behavioral health. The process aimed to elevate insights shared directly by the individuals experiencing disparities in order to shape effective solutions that are contextually relevant and culturally responsive. These initial groups included:

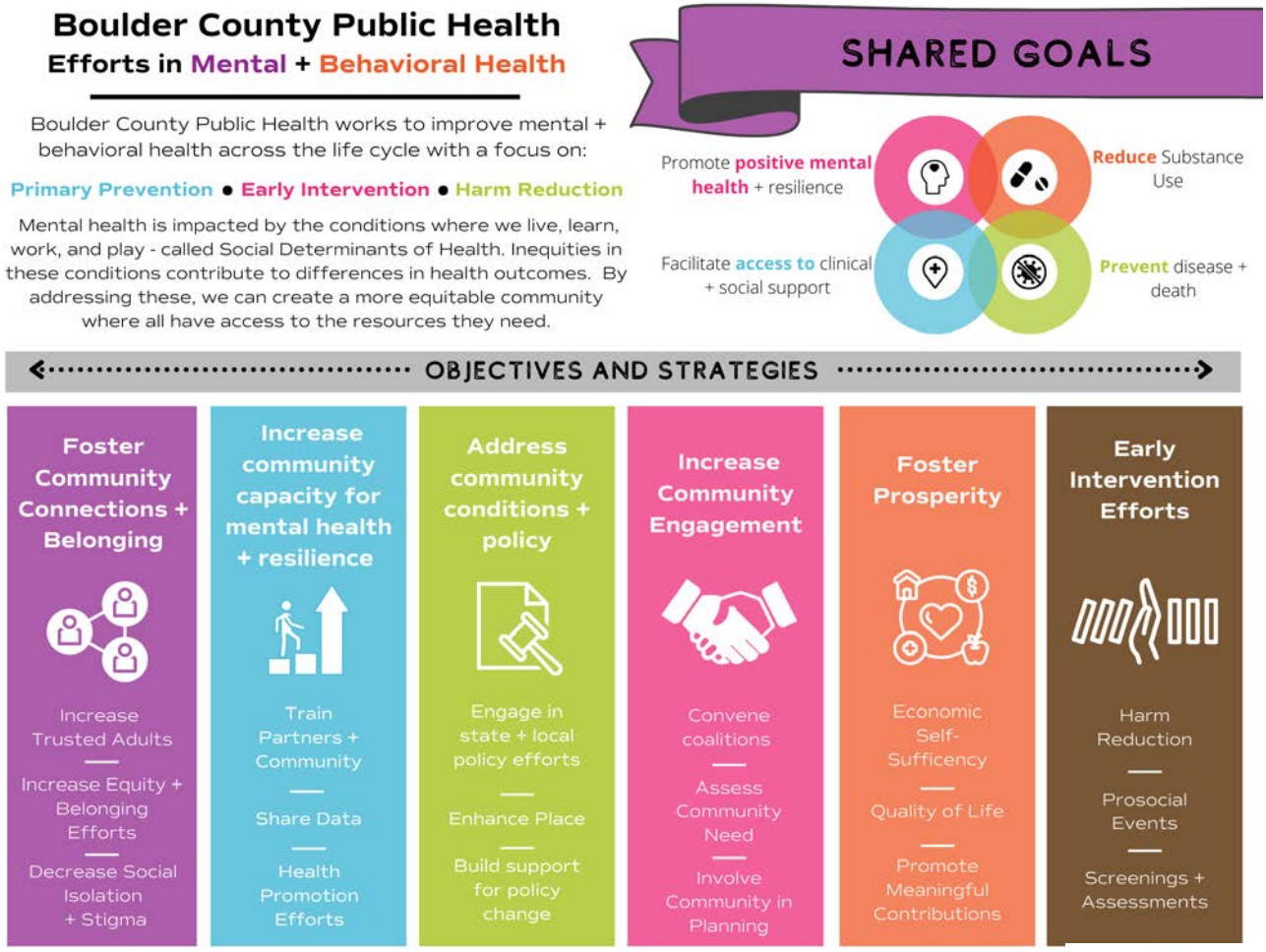
- New parents, infants and young children
- Youth and young adults
- Older adults (with considerations for older men as available)
- LGBTQ+ community members
- Hispanic/Latinx/Latine community members
- People experiencing homelessness
- People with disabilities
- Additional context/considerations for the following groups as available:
  - Mountain communities, with additional context re: older adults
  - People impacted by climate change
  - Low-income communities

Methods

Qualitative Data Review

Once the key focus populations were determined, OMNI and the CHA/PHIP Workgroup carefully considered existing county-level community information gathering efforts to avoid duplication and overburdening community partners who had already received multiple request for input. The majority of qualitative data summarized in this report was therefore compiled from Behavioral Health Roadmap community engagement efforts as well as multiple BCPH community engagement efforts. OMNI also conducted numerous meetings with county-level service providers and facilitated two focus groups with Nurse Family Partnership (NFP) and Women, Infants, and Children (WIC). Qualitative also drew from a variety of reports, including the Cross Agency Alignment Final Report, BoCo COVID-19 Impact Study, the 2022 Community Assessment Survey for Older Adults (CASOA) Report, Cultural Brokers Mosaics Report, multiple Youth Advocating for Youth sessions, and various Mental and Behavioral Health Roadmap sessions held throughout the community.

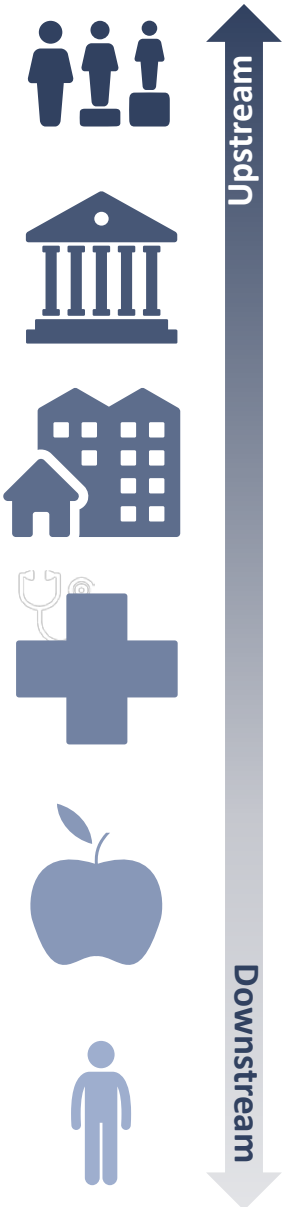
Data were explored by focus population and key themes were identified. Themes were then organized into BCPHs existing Mental and Behavioral Health Framework (see below). Overall needs and themes were separated among primary intervention, early intervention, and harm reduction categories. Potential strategies were also identified and organized into the Framework's six objectives and strategies.



The Importance of Social Determinants of Health

It is important to acknowledge the importance of social determinants of health to fully contextualize the data included in this report. The Public Health system's role is to prevent and reduce the burden of disease and negative health outcomes. To achieve this goal, public health focuses on both "upstream" and "downstream" factors that affect health outcomes. Upstream factors may appear unrelated to health, but they are strongly connected to a population and individuals' health outcomes. Downstream factors tend to be what have more traditionally been focused on of as individual-level predictors of health.

There are many public health models showing how multiple spheres of influence impact health outcomes and inequities (Bay Area Regional Health Inequities, 2020; Centers for Disease Control and Prevention, 2022; Shah et al., 2017; World Health Organization, 2010). While this CHA process focused on mental and behavioral health outcomes, it is essential to acknowledge the significant influence that structural and social factors have on health behaviors, outcomes, and inequities.



Social Inequities

Social inequities create the foundation for inequitable and disparate resource distributions and resulting health outcomes. Social inequities include, but are not limited to, socioeconomic status (education, occupation, income), race/ethnicity, immigration status, gender, and sexual orientation.

Institutions

Institutions hold power and influence over how our social and physical environments are shaped. Institutions include government agencies and their laws/policies, corporations and businesses, schools, and religious organizations.

Living & Community Conditions

Where we live dictates a lot about our lives. Where our home and community are situated can have environmental impacts (e.g., exposure to toxins), social impacts (e.g., school funding, community violence), and economic impacts (e.g., employment opportunities) that have large influence on our health.

Health System

Access to affordable, unbiased, timely, and physically proximate health care is imperative for receiving preventative care and treatment of health issues. This includes physical health services, mental and behavioral health treatment, and oral health care. Many aspects that are further upstream (e.g., social inequities, government policies, community infrastructure) impact a community's health system.

Health Behaviors & Biological Factors

Health behaviors, such as substance use, nutrition, physical activity, and sexual behaviors, have a direct impact on our health outcomes. Much of individuals' health behaviors are influenced heavily by further upstream factors (e.g., social behavior norms, access to healthy foods and green space, community proximity to liquor stores). Biological factors such as age, sex, and genetics may also increase or decrease risk for certain health outcomes.

Health Outcomes

Individual health outcomes are influenced by all of the upstream factors described above.

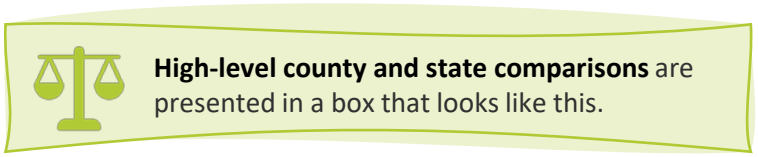
Navigating the Data in this Report

The remainder of this report summarizes Boulder County data for each of the focus populations selected. Each section begins with a snapshot of secondary indicator data collected from various data sources. This is followed by a summary of community input themes synthesized from Boulder County Roadmap efforts and other county-level community engagement efforts. Below are important notes regarding how data are presented:

Understanding the Secondary Indicator Data

- Snapshots of secondary indicator data are presented for each priority population on pages titled "[Focus Population] Snapshot: Mental Health" and "[Focus Population] Snapshot: Behavioral Health."
- Indicator data are compared across sub-populations as well as the following geographic areas: Boulder County, Colorado overall, and, in a few instances, the United States as a whole.
- Due to the limited sample sizes of disaggregated county-level data, the confidence intervals for many of the indicators used in this report may be large. As a result, differences reported may not necessarily be statistically significant. However, these trends still provide valuable insights and help gain a better understanding of the experiences of different groups and communities in the county.
- Disparities across populations within the county are highlighted, as well as some comparisons to the state overall. **These are intended to serve as an initial starting point for BCPH reflection and dialogue for the PHIP process – they are not intended to represent a comprehensive summary of community perspectives on MBH.**

High-level comparisons of county and state data are presented in the following green boxes:



Additional context or data pertaining to Boulder County only are reported in these call-out boxes:

Understanding Key Themes from Boulder County Community Engagement Efforts

- Qualitative data highlighting community perspectives on mental and behavioral health are presented for each snapshot on pages titled "[Focus Population]: Additional Context from Community Engagement Efforts." Each of these are presented in the following order:

Key Themes and/or Needs Identified are indicated with this icon:

Potential MBH Framework Strategies that emerged from the qualitative data were synthesized and grouped into the BCPH Mental and Behavioral Health Framework areas, indicated with this icon:

Navigating the Data in this Report

It is important to note that, as with all secondary survey data, there are certain constraints in terms of analysis and reporting of findings. These limitations arise from the way questions were phrased in the survey instrument, as well as how the data were disaggregated by the source from which it was obtained. Results must be presented using the same language and terms as those used in the survey instrument.

The priority populations highlighted in this report are outlined below with relevant contextual information that may be useful in understanding the data and its limitations.

County snapshot data are highlighted and compared to Colorado and the U.S. overall to provide an overview illustration of mental and behavioral health in Boulder County. Due to limited mental and behavioral health data available for natural disasters, climate change, and rural/mountain communities, this section is supplemented with qualitative context pertaining to these areas.

Maternal Health snapshot data include both Boulder and Broomfield counties due to lack of available data for Boulder County only. Data are disaggregated by age group, ethnicity, and annual household income. This section is followed by additional qualitative context pertaining to Mothers, Children, and Infants.

Youth snapshot data pertain to high school students in Boulder Valley School District and are separated by sex and gender, race/ethnicity, sexual orientation, and gender identity. The survey data had two significant flaws that impacted our analysis and reporting: sex terms and gender terms were conflated and the manner in which respondents' racial/ethnic identities were reported deviate from standard practice. Additional context is provided on this matter as data are presented.

Young Adult snapshot data focus on the experiences of individuals aged 18 to 24 years. Due to the way disaggregated data were reported to the OMNI Research Team, snapshot data compare young adults to the overall average of all aged 18+. This section is followed by additional qualitative context for both the Youth and Young Adult populations.

Older Adult snapshot data focus on mental health among individuals aged 55 years or older and compare older adult mental health to data of all adults ages 18+. Because a small percentage of people in this age group report substance use/misuse, behavioral health data are not included. This section is followed by additional qualitative context for Older Adult populations.

Hispanic/Latinx/Latine snapshot data focuses on mental and behavioral health among those who identify as Hispanic or Latino/a/x/e. Snapshot data are reported using term Hispanic/Latinx to align with the terms used by the survey source. This section is followed by additional qualitative context and uses the term Latine, rather than Latinx, as this emerging term is gender inclusive and aligns with the Spanish language.

Navigating the Data in this Report

LGBTQ+ snapshot quantitative data highlight inequalities in mental and behavioral health among those who identify as Lesbian, Gay, Bisexual or other diverse sexualities (LGB+). It is important to note the limitations of this snapshot data as data disaggregated by gender identity were not available. The quantitative data in this section is therefore limited to sexual orientation only and highlights an important need to improve inclusive data collection practices at the county, state, and national levels. The LGBTQ+ section that follows, highlights broader qualitative context and refers to both sexual orientation and gender identity.

People Experiencing Homelessness snapshot data pertain to people experiencing homelessness and include indicators related to mental and behavior health as well as additional areas to consider. This section is followed by additional qualitative context pertaining to people experiencing homelessness. Availability of snapshot data were particularly limited for this population which highlights an important need to expand data collection efforts at the county and state levels to be more inclusive of individuals experiencing homelessness.

People with Disabilities quantitative snapshot data could not be obtained for this report. However, qualitative findings from important county-level disability needs assessment and community engagement efforts are summarized in this section.

Boulder County Overview

Geography & Culture

Boulder County is nestled at the base of the foothills of the Colorado Rockies with a population of **330,758** according to the 2020 United States Census[1]. The county is comprised ten incorporated municipalities—Boulder, Erie, Jamestown, Lafayette, Longmont, Louisville, Lyons, Nederland, Superior, and Ward—as well as the unincorporated areas of the county. Among the ten incorporated municipalities, the City of Boulder has the largest population, accounting for about one third of the county's total population, followed by Longmont, which had a population of 98,885 in 2020. Overall, the ten incorporated municipalities account for approximately 87% of the county's residents. The remaining 13% live in unincorporated areas[2].

Demographics

According to the 2020 Census Count, **330,758** people live in Boulder County.

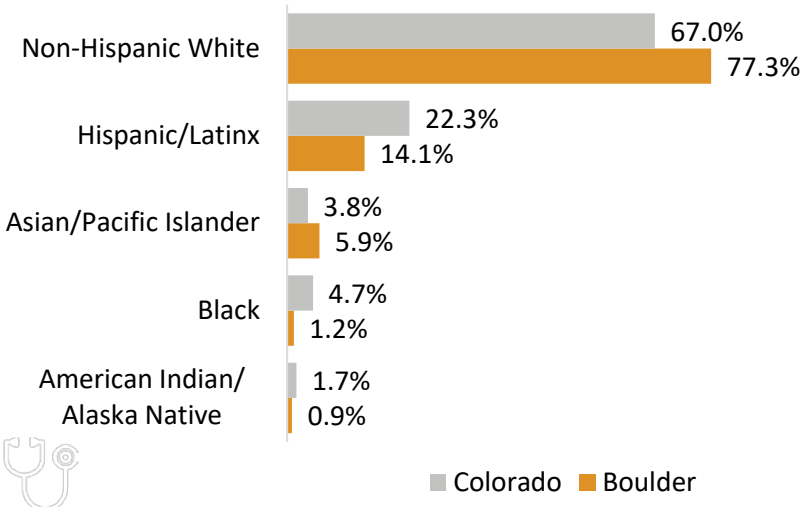
13% of Boulder County's population lives in an **unincorporated area**[2].

18% of Boulder County residents are **below 18 years old** (21% for Colorado). **16%** of Boulder County residents are **65 years or older** (15% for Colorado)[1].

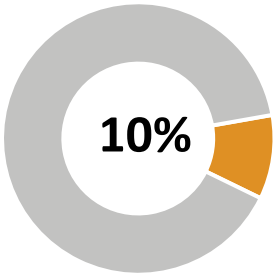
49% of Boulder County's population identifies as **female** (49% for Colorado)[1].

14.6% of Boulder County residents speak a language at home other than English[1].

The majority (77.3%) of **Boulder County** identifies as non-Hispanic White, a larger share than **Colorado** overall (67.0%)[1].



10% of Boulder County's population are foreign-born[1].



[1] U.S. Census Bureau. (Accessed March 2023). *U.S. Census Bureau Quickfacts*.
[2] Metro Denver EDC. (2021). *Boulder County, Colorado – 2021 Economic Profile*.

County Snapshot: Mental Health

The data highlighted below provide a snapshot of mental and behavioral health indicators from various sources and pertain to individuals aged 18 years or above. All trends identified are based on these data.

Mental Health Challenges

of Boulder County residents have ever been told they had **a depressive disorder**[1].

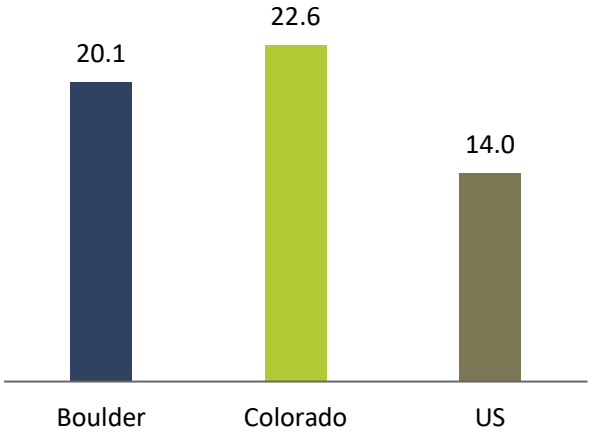
of Boulder County residents (nearly 1 in 5) experienced **8+ days where their mental health was not good in the past 30 days**[1]**.**

8-13 days: 5%
14+ days: 13%

The prevalence of mental health issues among Boulder County adults **closely resembles** the prevalence among Colorado adults.

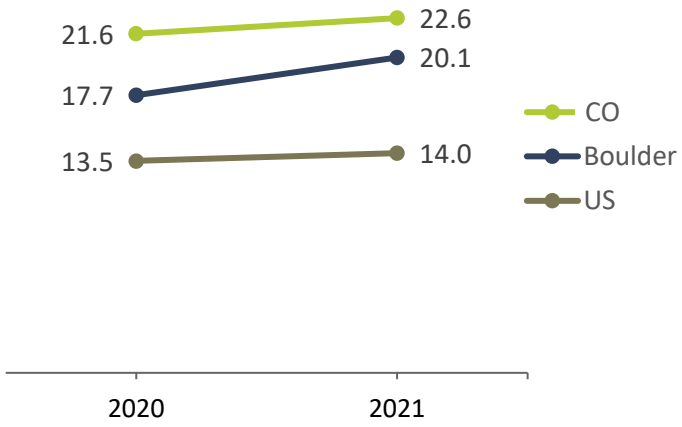
Suicide

In 2021, the rate of deaths by suicide per 100,000 (age-adjusted) in **Boulder County** was lower compared to the **Colorado** but higher than in the **U.S.** overall[2,3].



Suicide Over Time

From 2020 to 2021, the rate of suicide deaths per 100,000 (age-adjusted) rose across all three geographic areas[4,5]. However, **Boulder County** saw an increase of 14%, roughly 3x the increase experienced in **Colorado** and the **U.S.** overall.



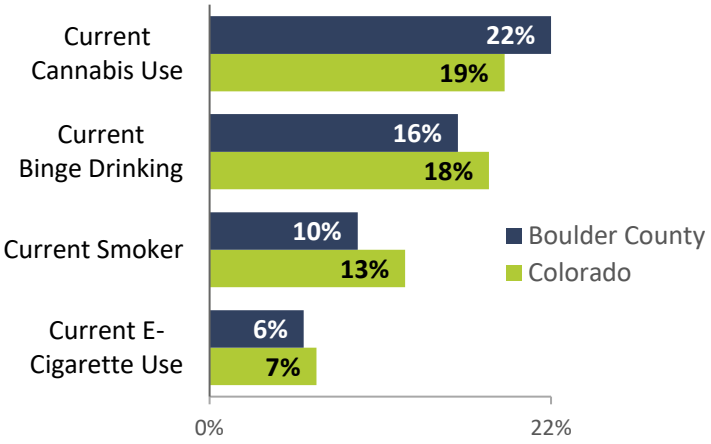
1. Behavioral Risk Factor Surveillance Survey (2019-2021 Combined); 2. Colorado Vital Statistics Program (2021); 3. Centers for Disease Control and Prevention (2021); 4. Colorado Vital Statistics Program (2020-2021); 5. Centers for Disease Control and Prevention (2020-2021)

County Snapshot: Behavioral Health

NOTE: Some of the results displayed below are on an adjusted scale for visualization. Percentages can range from 0% - 100%.

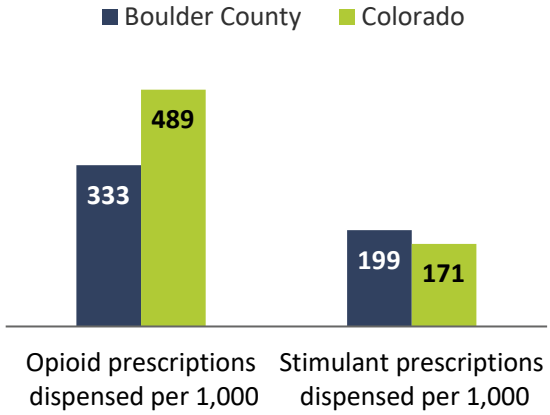
Substance Use

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[1].



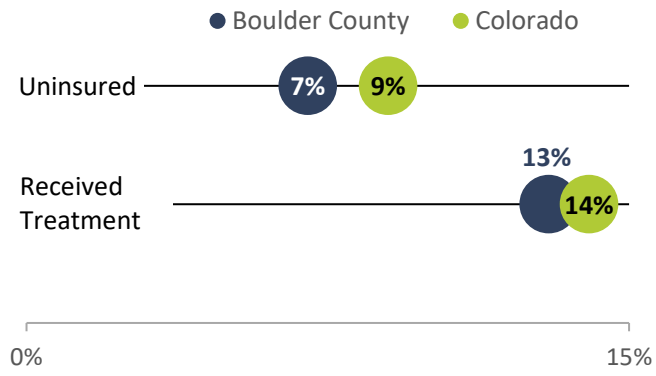
Prescriptions Dispensed

Compared to **Colorado**, **Boulder County** dispensed fewer Opioid prescriptions per 1,000 residents and more Stimulant prescriptions per 1,000 residents[6].



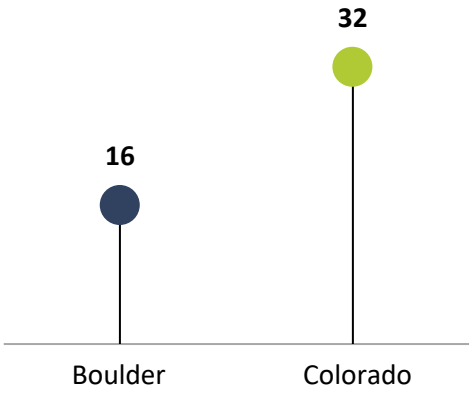
Access to Care

Compared to **Colorado**, the percentage of residents who were uninsured was lower in **Boulder County**[7]. A smaller percentage of **Boulder County** residents received treatment for mental health or emotional problems relative to **Colorado** residents[8].



Overdose Deaths

The rate of overdose deaths due to any drug per 100,000 (age-adjusted) is lower in **Boulder County** than in the **Colorado** overall[2].



6. Colorado Prescription Drug Monitoring Program (2019); 7. Small Area Health Insurance Estimates Program, U.S. Census Bureau (2020); 8. Behavioral Risk Factor Surveillance Survey (2016-2019 Combined)

Natural Disasters and Climate Change: Additional Context from Community Engagement Efforts

Recent county-level community engagement efforts related to natural disasters, environment, and climate change were limited. A few themes surfaced from YAY youth engagement efforts with Adelante and Colie's Closet, and an OMNI led focus group with Nurse Family Partnership in March of 2023. There were not enough data to determine clear potential PHIP strategies at this time, but the summary below may serve as an initial starting point for dialogue and further exploration during the PHIP development process.

Key Themes and/or Needs Identified

The Nurse Family Partnership focus group participants shared the following concerns related to infants, young children, and parents:

- Concern around the emergency alert system not being as robust as it should be
- Fear that another natural disaster, such as the Marshall Fire can happen in the near future
- Awareness that environmental disasters and air quality are affecting the health of children in the community

Youth concerns shared through YAY youth engagement efforts included the following:

- Lack of sufficient green spaces/trees in their communities
- Concerns that the water in some communities is not safe/potable

> *"I wish people in power knew…that worrying about fixing world problems like climate change/global warming is so stressful but more laws keep not caring and our rights for people of different genders is very stressful."*
>
> -YAY Colie's Closet Participant

Potential MBH Framework Strategies

The themes above suggest the following potential strategies, organized below into the key areas of BCPH's MBH Framework:

Address community conditions and policy

- Expand equitable access to green spaces.
- Advocate for policies that combat global warming and climate change.

Early prevention efforts

- Host community events related to emergency preparedness (e.g., how to prepare a home emergency kit), to help reduce anxiety among families, especially those with young children.
- Host events that provide home insurance policy education to help reduce anxiety and increase preparedness.

Rural and Mountain Communities: Additional Context from Community Engagement Efforts

Available data related to the specific mental and behavioral health needs of rural and mountain communities were limited. The emerging themes outlined below surfaced in Behavioral Health Roadmap conversations. There were not enough data to determine clear potential PHIP strategies at this time, but themes below may serve as an initial starting point for dialogue and further exploration during the PHIP development process.

Key Themes and/or Needs Identified

Access

- Lack of access to mental health care in mountain communities

Specific sub-populations within rural and mountain areas needing additional support

- Youth
- Older adults experiencing isolation

Potential MBH Framework Strategies

The themes above suggest the following potential strategies, organized below into the key areas of BCPH's MBH Framework:

Foster community connections and belonging

- Promote free and accessible events or spaces for rural and mountain communities.

Increase community capacity for mental health

- Expand mental health services offered at Mental Health Partners to Lyons, Ned, Hygiene, and other mountain communities

Maternal Health Snapshot: Mental Health

Data in this report include highlights from the 2016-2021 Colorado Pregnancy Risk Assessment Monitoring System (PRAMS) dataset and pertain to experiences of individuals during and after pregnancy. All trends identified are based on these data. Please note that the data and trends identified are representative of both Boulder and Broomfield Counties as data for Boulder County alone were not available. Results displayed below are on an adjusted scale for visualization. Percentages can range from 0% - 100%.

Overall

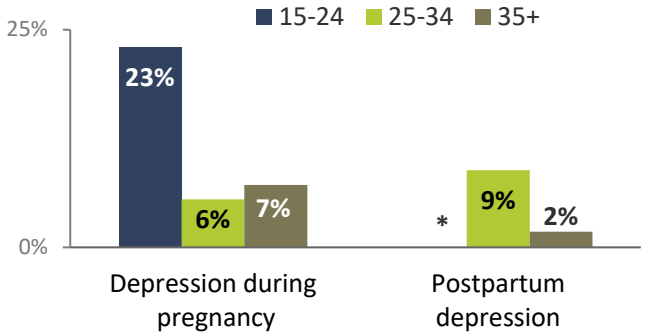
9% of recently pregnant people in Boulder and Broomfield Counties reported **experiencing depression during pregnancy**.

10% of recently pregnant people in Boulder and Broomfield Counties reported **experiencing postpartum depression**.

Maternal mental health in Boulder and Broomfield Counties **closely resembles** maternal mental health in Colorado overall.

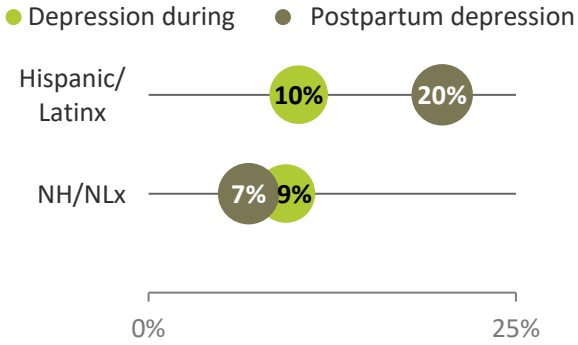
Age

The prevalence of depression among recently pregnant people varied as age increased; however, a higher percentage of those **between the ages of 15 and 24** experienced depression during pregnancy than those **25 years or older**.



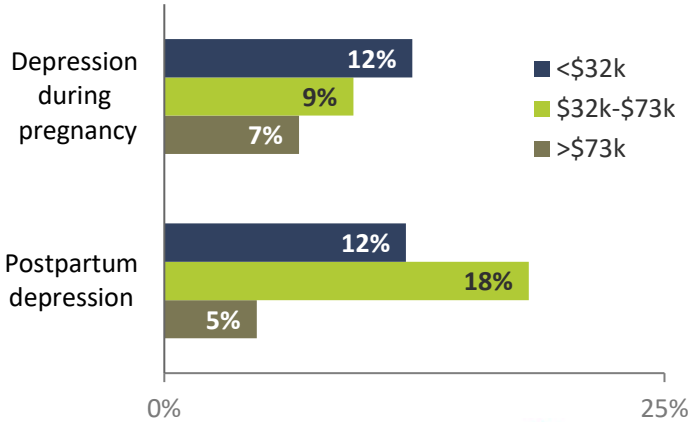
Ethnicity

Across ethnic groups, **depression during pregnancy** was similar. However, a larger percentage of those who are **Hispanic/ Latinx** experienced **postpartum depression**. This underscores a need to engage with the community to better understand and address the underlying causes of this difference.



Income

A higher percentage of recently pregnant people with annual **household income of $73,000 or less** in experienced depression during or after pregnancy, highlighting the need for additional support among pregnant people with low-to-moderate income.



** Indicates data point was suppressed.*

Source: Colorado PRAMS, Colorado Department of Public Health and Environment, 2016-2020

Maternal Health Snapshot: Behavioral Health

Overall

17% of pregnant people in Boulder and Broomfield Counties reported **drinking in the last 3 months of pregnancy.**

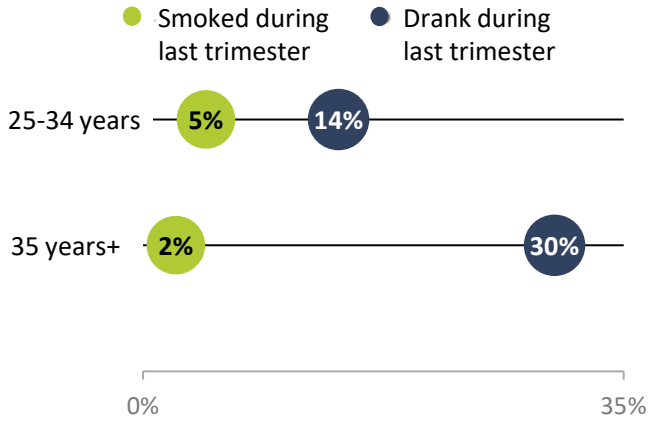
8% of pregnant people in Boulder and Broomfield Counties reported **consuming cannabis† at any time during pregnancy.**

4% of pregnant people in Boulder and Broomfield Counties reported **smoking in the last 3 months of pregnancy.**

The prevalence of substance use during pregnancy in Boulder and Broomfield Counties **is similar to** that of Colorado overall.

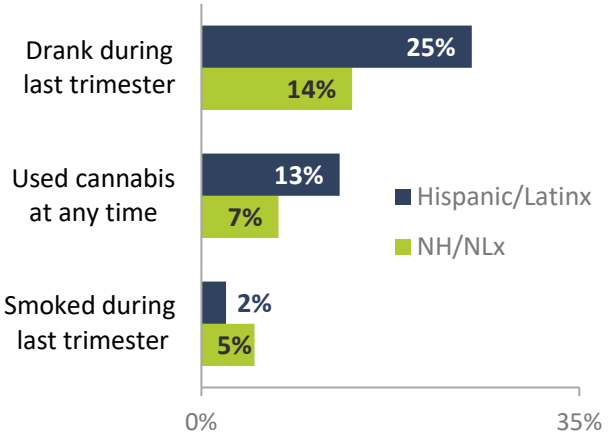
Age

During the last trimester, **drinking** was more common among those **35 years or older**, while **smoking** was more common among those **between 25 and 34 years of age**. Data was not available for those under 25 years of age.



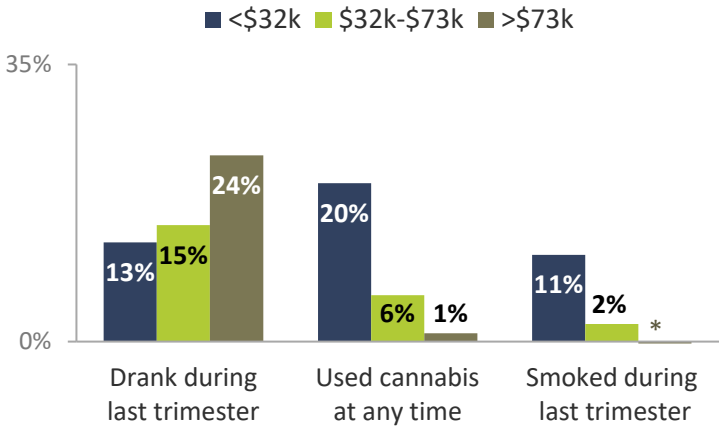
Ethnicity

Across ethnic groups, drinking during the last trimester and using cannabis at any time during pregnancy was more common among those who are **Hispanic/Latinx**. Smoking during the last trimester was more common among those who are **Non-Hispanic/Non-Latinx** (NH/NLx).



Income

The prevalence of drinking during the last trimester increased as annual household income increased. The opposite is true for cannabis and smoking; use rates decreased as income increased.



† *The term cannabis is used instead of marijuana. These terms are synonymous.*
* *Indicates data point was suppressed.*
Source: Colorado PRAMS, Colorado Department of Public Health and Environment, 2016-2020

Infants, Children, and Maternal Snapshot: Additional Context from Community Engagement Efforts

OMNI conducted brief focus groups with staff from WIC Educators and the Nurse Family Partnership (NFP) Nurse Home Visitors in March of 2023. Additional qualitative data from community information gathering efforts was also provided by the NFP and the Genesis Program. The summary below may serve as an initial starting point for dialogue and further exploration during the PHIP development process.

The information / qualitative data summarized below was provided by the following organizations:

- NFP
- WIC
- GENESIS

Key Themes and/or Needs Identified

Primary Prevention

- Parenting classes through community centers are being utilized.
- Breast feeding groups offer supportive environments for new mothers.
- Home visitation programs are accessible and offer initial mental and behavioral health support, building trust to disclose mental and behavioral health concerns.
- Programs such as Big Sisters help provide general support and education .
- Access to affordable housing and safe living situations is needed, including safe environments/spaces to walk, exercise, etc.
- Affordable daycare is needed.
- Improvements to language access for families is an important need.
- There is a need for postpartum education and connection to services, particular among new parents wanting to learn about postpartum mood disorders.

Early Intervention

- Seeking Behavioral Health Professionals at Clinica helps with accessing services early on.
- Internal referral system throughout the county make seeking support easier.
- Accessible services are hard to find due to timing and location.
- Mental health consultants should be embedded in all home visitation programs and daycare centers.
- There is a need for trainings for Boulder County staff and the broader community to recognize mental health symptoms.

Harm Reduction

- There is a need for a single point of communication in hospitals (e.g., Family Connects) for referrals for new parents to all Boulder programs.
- Environmental disasters and air quality are affecting the health of children across the community.

> *There are moms that don't realize they have postpartum depression and have to wait 6 weeks to see a therapist. Once they realize it, [they] are desperate to seek help.*
> -Focus group participant

Infants, Children, and Maternal Snapshot: Potential MBH Framework Strategies

Findings from the qualitative data suggest the following potential strategies, organized below into the key areas of BCPH's MBH Framework:

Foster Community Connections and Belonging

- Invest in home visitation programs to provide mental health and substance use evaluations and support, as participants have established connections and trust with the staff in these programs.
- Ensure hiring of additional bilingual behavioral health consultants in all BCPH client facing programs to promote language access.

Increase community capacity for mental health and resistance

- Identify evidence-based mental health trainings for BCPH client facing programs.
- Increase training opportunities for home visitation program staff.
- Promote information sharing and referrals to services through models such as Family Connect.
- Support outreach and follow-up to connect new parents to therapists directly.
- Parent education opportunities in Socio Emotional Learning for young children.

Address community conditions and policy

- Secure funding for a full-time behavioral health consultant for all home visitation programs as the current staff has limited time available across all programs.
- Advocate for a routine screening process for post-partum depression across clinics in Boulder County and establish a centralized referral system for behavioral health clinicians to use.

Foster prosperity

- Advocate for paid parental leave. Some leave is only six weeks and post -partum healing is not complete.
- Advocate for increased funding for affordable daycare or informal home-based childcare, such as Family Friends and Neighbors

Early prevention efforts

- Promote events, programs, or support groups such as Big Sister, Our Center, Sister Carmen, and breastfeeding groups, father involvement programs.

> "GENESIS is a very helping and welcoming program. Every teen girl is scared, lost, etc. when they find out they are expecting a baby. GENESIS is judgment free and always made me feel like I everything was going to be okay."
> -GENESIS participant

Youth Snapshot: Mental Health

The data highlighted below provide a snapshot of mental and behavioral health indicators from the 2021 Healthy Kids Colorado Survey (HKCS) administered to high school students. All trends identified are based on these data. NOTE: Results displayed below are on an adjusted scale for visualization. These percentages can range from 0% - 100%.

Overall

In the past 12 months,

39% of Boulder County youth reported experiencing **depression symptoms**.

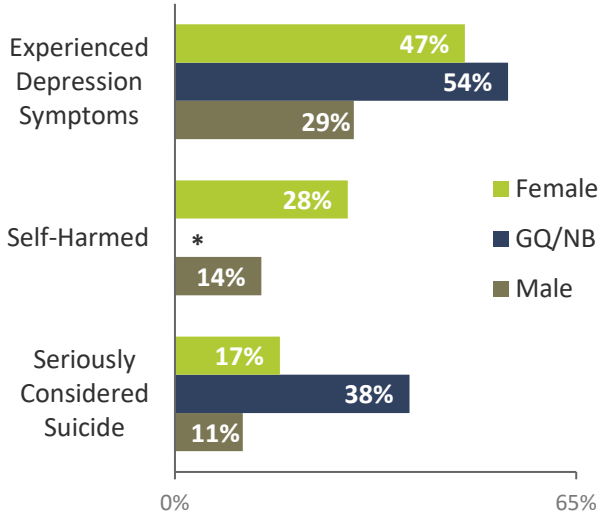
23% of Boulder County youth reported **self-harming**.

16% of Boulder County youth reported **seriously considering attempting suicide**.

The prevalence of mental health issues among youth in the county overall **closely resembles** the prevalence among youth in Colorado overall.

Sex and Gender

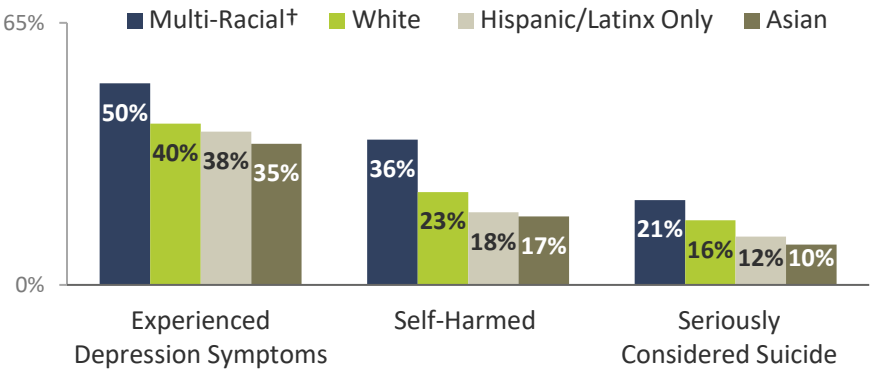
Relative to **Male** youth, a greater percentage of **Female** and **Gender-Queer/Non-Binary** (GQ/NB) reported experiencing mental health issues.



** Indicates data point was suppressed.*

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.



There were larger mental health disparities between **Multi-Racial†** youth and **non-Multi-Racial** youth in Boulder County than in Colorado overall.

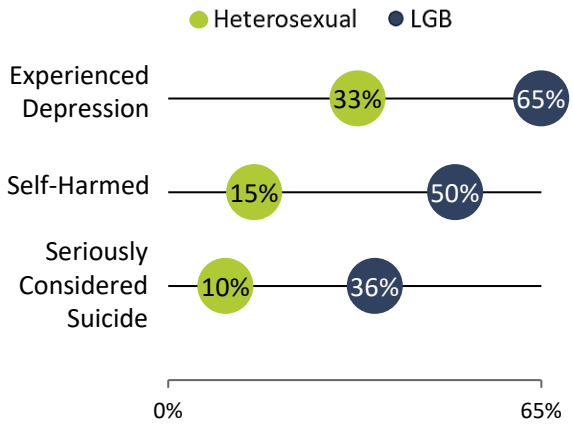
† *HKCS reported youth who self-identified as Hispanic/Latinx and any other race/ethnicity as Multi-Racial. By the definition used by U.S. federal government agencies, race and ethnicity are defined separately and results for these students would be reported in Hispanic/Latinx figures.*

Source: Healthy Kids Colorado High School Survey, 2021

Youth Snapshot: Mental Health

Sexual Orientation

A larger percentage of **Lesbian, Gay, or Bisexual** (LGB) youth reported experiencing mental health issues compared to **Heterosexual** youth.



Gender Identity

Compared to **Cisgender youth**, **Gender-Expansive‡ youth** were:

3x more likely to have **experienced depression symptoms**

3.3x more likely to **have seriously considered attempting suicide**

Youth Snapshot: Behavioral Health

Overall

In the past 30 days,

26% of Boulder County youth reported consuming **alcohol**.

16% of Boulder County youth reported using **cannabis**.

16% of Boulder County youth reported **vaping**.

The majority of Boulder County youth reported not using substances in the past 30 days.

Substance use among youth in Boulder County overall **closely resembles** substance use among youth in Colorado overall.

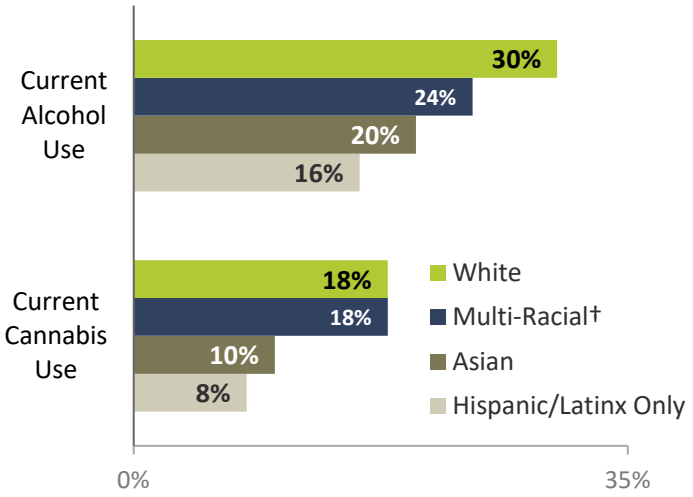
‡ *Gender expansive is defined as those who identify as transgender or are unsure of their gender identity.*

Source: Healthy Kids Colorado High School Survey, 2021

Youth Snapshot: Behavioral Health

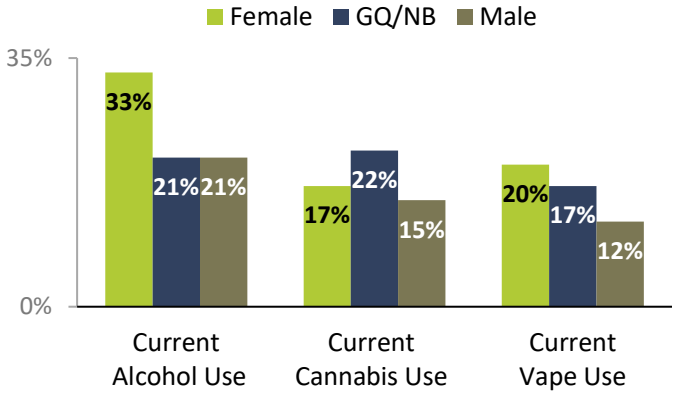
Race/Ethnicity

Across racial/ethnic groups, substance use was most common among **White** and **Multi-Racial** [†] youth.



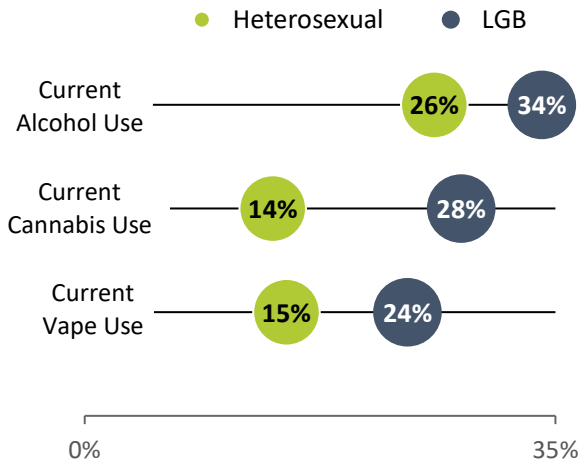
Sex and Gender

Past 30-day substance use was most common among youth who identified as **Female** or **Gender-Queer/Non-Binary**.



Sexual Orientation

Compared to **Heterosexual** youth, a higher percentage of **Lesbian, Gay, or Bisexual** youth reported past 30-day use of all three substances.



Gender Identity

A smaller percentage of Gender-Expansive youth [‡] **reported consuming alcohol** in the past 30 days compared to **Cisgender youth** (16% and 27%, respectively).

Source: Healthy Kids Colorado High School Survey, 2021

Young Adult Snapshot: Mental Health

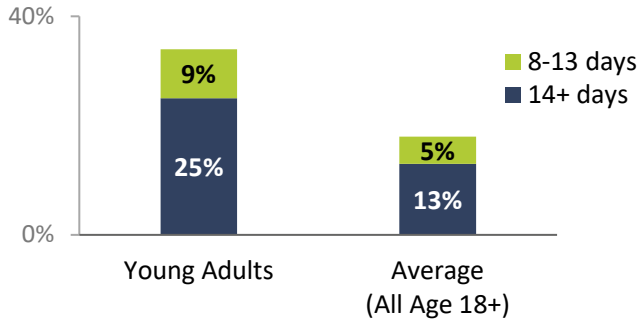
The data highlighted below provide a snapshot of mental and behavioral health indicators from the Behavioral Risk Factor Surveillance Survey and pertain to individuals aged 18 years or above. Indicators are based on multiple years of combined data using the most recent years, which range from 2016-2021. All trends identified are based on these data and compare young adults to the overall average (all ages). NOTE: Results displayed below are on an adjusted scale for visualization. These percentages can range from 0% - 100%.

Population Characteristics

of Boulder County's population are **young adults**[1] (18-24 years old), compared to 9% of Colorado's total population.

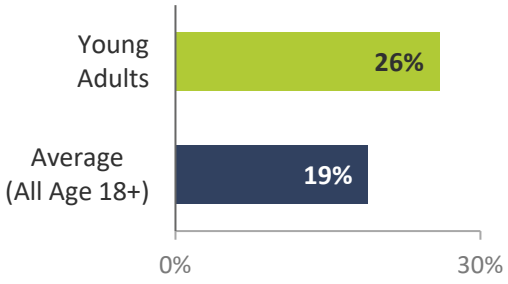
Mental Health Days

In Boulder County, a larger percentage of **Young Adults** reported a high number of days where their mental health was not good in the past 30 days[2] compared to the **average across all aged 18+**.



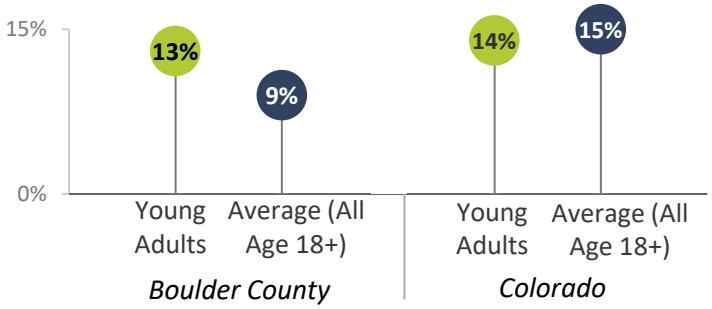
Depressive Disorder Diagnoses

In Boulder County, a higher percentage of **Young Adults** have ever been told they had a depressive disorder[2] compared to the **average of all aged 18+**.



Access to Care

In Boulder County, a smaller percentage of **Young Adults** received treatment for a mental health condition or emotional problem[3] compared to the **average of all aged 18+**. In Colorado overall, the percentages are similar.



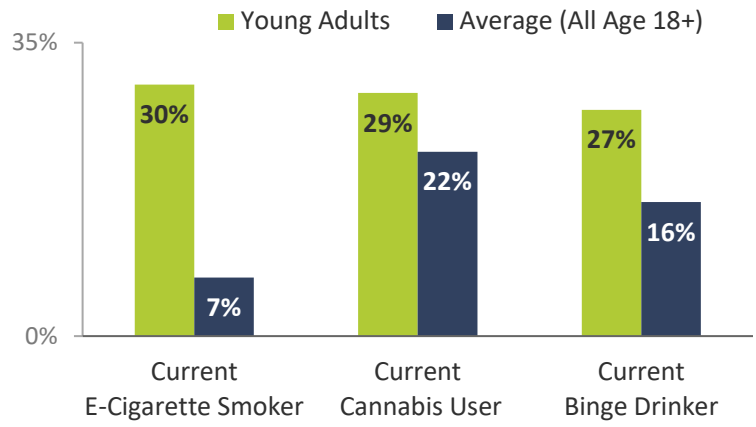
Young adult mental health in Boulder County **closely resembles** young adult mental health in Colorado overall. Even though trends are similar, efforts are needed to provide additional mental health support to those aged 18-24.

1. U.S. Census Bureau, American Community Survey 1-Year Estimates (2021); 2. Behavioral Risk Factor Surveillance Survey (2019-2021 Combined); 3. Behavioral Risk Factor Surveillance Survey (2016-2019 Combined)

Young Adult Snapshot: Behavioral Health

Substance Use

Although most **Young Adults** did not report smoking e-cigarettes, using cannabis, or binge drinking (5+ drinks for males and 4+ drinks for females on an occasion)[2] in the past 30 days, these behaviors were more common among **Young Adults** compared to the **average across all ages**.



The prevalence of substance use among young adults in Boulder County **is similar to** that of Colorado overall.

Youth & Young Adult Snapshot: Additional Context from Community Engagement Efforts

Several youth engagement efforts throughout Boulder County programs resulted in three reports from April 2021 to April 2023. The reports focused on cross-agency collaboration throughout the county, needs in schools, and overall mental health and substance use reduction in youth's communities. These reports mention youth throughout their findings, but do not specify ages. The summary below may serve as an initial starting point for dialogue and further exploration during the PHIP development process. Qualitative data were provided by the following organizations:

- Colie's Closet Lafayette Youth Advisory Commission Feedback Session
- Longmont Children, Youth, and Families Feedback Session
- Natural Highs
- Teens Inc.
- Youth Opportunities Advisory Board
- St Vrain Valley School District Community
- Community Health Division (CHD) Programs
- Community Mental Health Initiative Healthy Eating
- Active Living (HEAL)YAY efforts through BCPH
- Adelante

Key Themes and/or Needs Identified

Primary Prevention

- Lack of power among youth and ageism
- Disjoined communication and efforts among Boulder County youth programs
- Need for student education about neuroscience around mental health and substance use effects
- Workforce shortages in schools
- Developmental and academic delays for key student groups in school
- Need for education about healthy relationships, both with family and romantically, as well as healthy communication, both with family and peers
- Additional positive spaces or programs for youth to interact, such as community centers and playgrounds, as peer support can offer important mental health protection
- Fears related to safety in youth environments, particularly regarding weapons and school lockdowns as they are identified causes for poor mental health

Early Intervention

- A need for addressing a variety of specific issues, including, new behavior changes in students at school; physical and mental health concerns; and problems at school, work, or home
- Increase opportunities for support and connection in community.

Harm Reduction

- Concerns about increased poor mental health symptoms, complex trauma, and suicidality in youth
- Burnout and exhaustion reported by school staff, parents, therapists, and students
- Need for independent housing resources for youth
- Financial insecurities can prevent access to care
- Substances and dispensaries in community are interfering with youth mental health

Youth & Young Adult Snapshot: Potential MBH Framework Strategies

Findings from the qualitative data suggest the following potential strategies, organized below into the key areas of BCPH's MBH Framework:

Foster community connections and belonging

- Relay information effectively to community about community events and mental health supports.
- Increase free or low-cost, safe sober spaces and activities for youth to connect.
- Foster community in neighborhoods through common spaces and events.
- Destigmatize and validate mental health symptoms and stress among youth through positive spaces.
- Invest in teen and parent peer mentorship programs.

Increase community capacity for mental health and resistance

- Provide training for adults related to youth mental health and positive youth development, as well as training for parents and youth, including Social Emotional Learning.
- Promote programs for youth that address bullying and suicide.

Address community conditions and policy

- Increase funding for schools and mental health programs, such as Youth Opportunities Program
- Promote mental health and menstrual leave policies.
- Support equitable pay for staff that support youth.
- Reduce access to substances for youth.

Increase community engagement

- Include youth in board of health decisions and ensure advisors in all Community Health Division programs.
- Consider paying youth to become advisors and/or to design prevention initiatives for peers.

Foster prosperity

- Increase safe routes, paths, and public transportation for youth to get to employment.
- Create safe physical spaces in neighborhoods free of violence, substance use, and high traffic.
- Offer diverse range of prosocial education and career opportunities.
- Advocate for affordable healthcare, including funding for short-term mental health services.
- Promote financial wellbeing and security among families and youth.

Early prevention efforts

- Offer health and resource fairs for youth, parents, school staff, and community.
- Increase availability of therapists for youth, such as integrating in spaces where youth spend their time.
- Foster nutrition through accessible meals and snacks.
- Promote positive interventions at schools rather than punishment.
- Share information about telehealth and in person services (particularly outside of school hours) to promote accessibility.
- Partner with pediatricians to provide mental health and substance use screenings during well child visits and easily share information to schools with a release of information.

> *…to have activities/programs that combat the regular culture in the school…things that promote healthy pleasures and wholesome self-care instead of glorifying addiction and unhealthy relationships. Most kids/teens would rather be healthy and happy but it's just not something that's cool to do. Creating spaces where vulnerability and connection thrive.*
>
> -Natural Highs YAY Feedback Session Participant

Older Adults Snapshot: Mental Health

The data highlighted below provide a snapshot of mental health indicators from various sources. All trends identified are based on these data. All trends identified are based on these data and compare older adults (those 55 years or older) to the overall average (all ages). NOTE: Results displayed below are on an adjusted scale for visualization. These percentages can range from 0% - 100%.

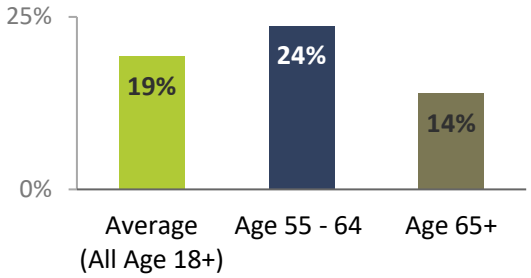
Population Characteristics

of Boulder County residents are **55 years of age or older**[1], compared to 27% of Colorado's total population.

55-64 years: 12%
65+ years: 16%

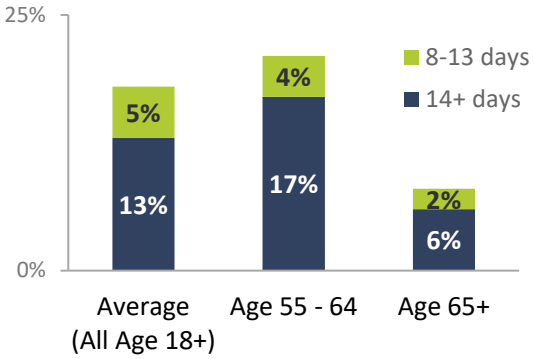
Depressive Disorder Diagnoses

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[2].



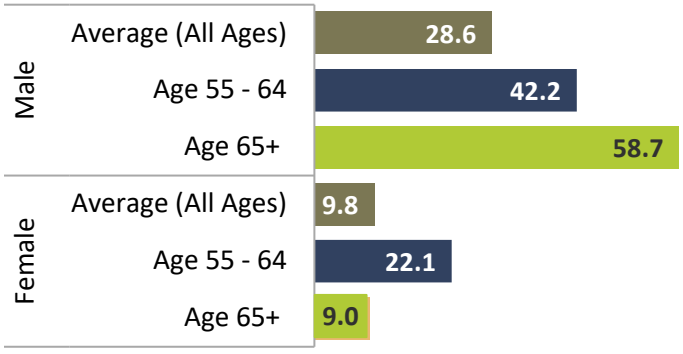
Mental Health Days

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[2].



Suicide

The rate of deaths by suicide per 100,000 is higher among Older Adults (crude)[3] compared to the rate across all Boulder County residents (age-adjusted)[3]. 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.



Compared to Colorado overall, a larger percentage of **Older Adults aged 55-64 years** in Boulder County reported mental health challenges. In Boulder County, **Older Adults aged 55+** have higher rates of death by suicide compared to Colorado residents in the same age group.

1. U.S. Census Bureau, American Community Survey 1-Year Estimates (2021); 2. Behavioral Risk Factor Surveillance Survey (2019-2021 Combined); 3. Colorado Vital Statistics Program (2020-2021 Combined)

Older Adults: Key Themes from Community Engagement Efforts

They key themes outlined below were summarized from Behavioral Health Roadmap conversations, as well as from recent community engagement efforts facilitated by the Area Agency on Agency for their strategic planning process. Key data points from the 2022 Community Assessment Survey for Older Adults (CASOA) are also featured for additional context. The summary below is intended to serve as an initial starting point for dialogue and further exploration of key community needs during BCPH's PHIP development process.

Key Themes and/or Needs Identified

Key CASOA Data points:

- 85% of Boulder County older adults said their **overall mental health/emotional wellbeing** was "excellent or good."
- 42% of Boulder County older adults said **feeling depressed** was "at least a minor problem," an increase from 33% in 2018.
- 37% of Boulder County older adults said **feeling lonely or isolated** was "at least a minor problem."
- 63% of Boulder County older adults said the **availability of quality mental health care** was "fair or poor."

Primary Prevention

- Need for addressing impacts of pandemic and resulting increase in loneliness and social isolation
- Accessibility and availability of mental health counseling as the older adults population grows; particularly for older adults struggling to afford services (i.e., those on fixed or limited incomes, including middle income older adults)
- Living in an ageist society creates barrier to accessing necessary services including existing older age focused classes and end-of-life services
- Increased risk of suicide among older males

Potential MBH Framework Strategies

Foster Community and Service Connection

- Lead with anti-ageism to expand utilization of older adult services.
- Increase funding to support access to the network of existing older adult services.
- Implement more multi-generational approaches and settings to connect people of all ages.
- Expand awareness of social connection opportunities and affinity-based programming for subgroups of older adults (e.g., Rainbow Elders for LGBTQ+ older adults).
- Utilize the existing aging network (BCAAA and municipal-level older adult services) to increase awareness of services to support older adults and their caregivers.
- Engage non-traditional partners in outreach to older adults and caregivers.
- Increase availability, affordability, and accessibility of mental and behavioral health services for older adults and their caregivers.

Hispanic/Latinx/Latine Snapshot: Mental Health

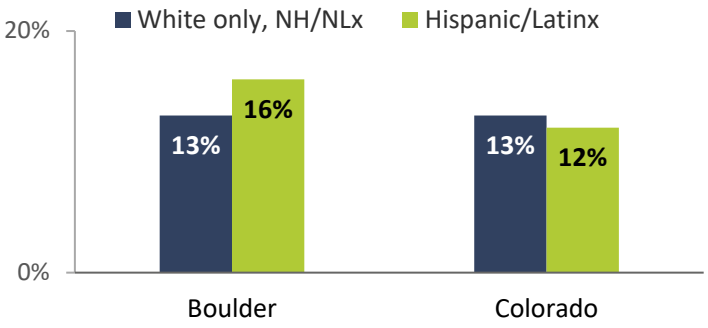
The data highlighted below provide a snapshot† of mental and behavioral health indicators from various sources and pertain to individuals aged 18 years or above. All trends identified are based on these data. Some sources did not have a breakdown of ethnicity only. In this case, White only, Non-Hispanic/Non-Latinx (NH/NLx) was used for the comparison group. NOTE: Results displayed below are on an adjusted scale for visualization. These percentages can range from 0% - 100%.

Population Characteristics

of Boulder County residents identify **as Hispanic/Latinx**[1] **,** compared to 22% of Colorado's total population.

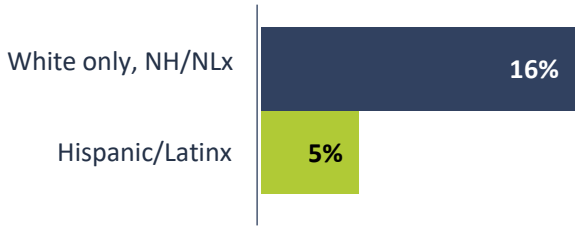
Mental Health Days

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[2] compared to **White only, Non-Hispanic/Non-Latinx** residents**.** In Colorado, percentages were similar across the two groups.



Access to Care

In Boulder County, a smaller percentage of **Hispanic/Latinx** residents received treatment for a mental health condition or emotional problem[3] compared to **White only, Non-Hispanic/Non-Latinx** residents.



A larger percentage of **Hispanic/Latinx** residents in Colorado overall received treatment than in Boulder County (10% and 5%, respectively). **This highlights a need for additional efforts to provide services to this community within the county.**

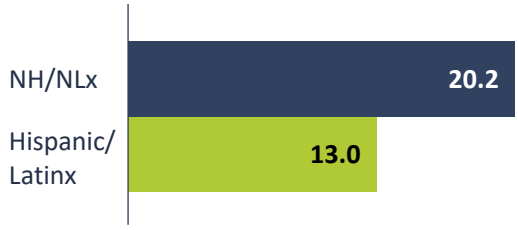
† *The term Hispanic/Latinx is used in this section to align with the terms used by the survey source.*

1. U.S. Census Bureau, American Community Survey 1-Year Estimates (2021); 2. Behavioral Risk Factor Surveillance Survey (2019-2021 Combined); 3. Behavioral Risk Factor Surveillance Survey (2016-2019 Combined)

Hispanic/Latinx/Latine Snapshot: Mental & Behavioral Health

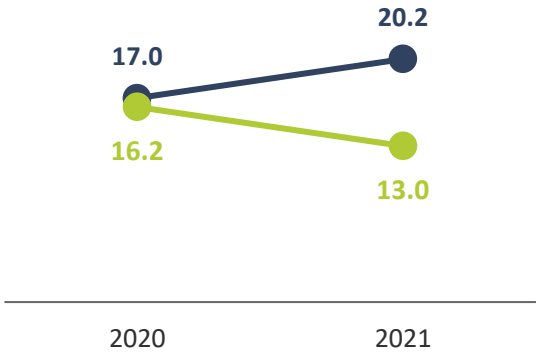
Suicide

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[4].



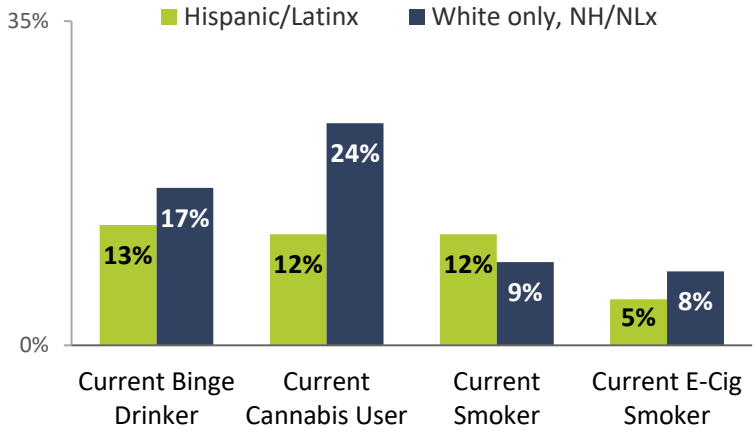
Suicide Over Time

In Boulder County, the rate of deaths by suicide per 100,000 (age-adjusted) **Hispanic/Latinx** residents **decreased** between 2020 and 2021, in comparison to the rate increase seen among **Non-Hispanic/Non-Latinx** residents of any race[5].



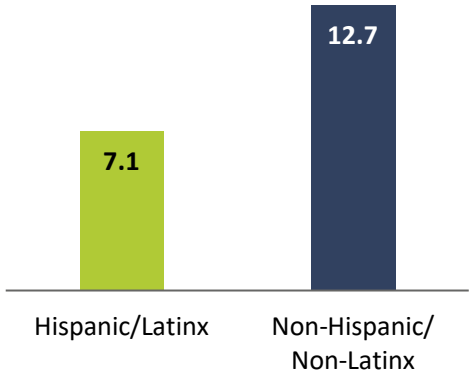
Substance Use

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[2].



Overdose Deaths

In 2021, the rate of overdose deaths in Boulder County due to any drug per 100,000 (age-adjusted) was lower among **Hispanic/Latinx**[4] residents than those who are **Non-Hispanic/Non-Latinx**.



4. Colorado Vital Statistics Program (2021); 5. Colorado Vital Statistics Program (2020-2021)

Hispanic/Latinx/Latine Snapshot: Additional Context from Community Engagement Efforts

Qualitative data from Boulder County's Hispanic/Latinx community engagement efforts were compiled from three reports developed between May 2019 to February 2023. The reports included information from multiple key Hispanic/Latinx organizations throughout the county. The focus of the reports ranged from COVID-19 impacts, cultural brokers or supports in the community, and BCPH's staff identification of needs.

The qualitative data summarized below was provided by the following organizations:

- Cultural Brokers Resiliency Program
- Formal Cultural Brokers
- City of Boulder - Community Connectors
- ELPASO Movement Community Organizers
- AMISTAD Health Promoters
- AFC+A Green Promoters
- Boulder County Public Health P & E
- Boulder County Office of County Administrator
- I Have a Dream Foundation of Boulder County

Key Themes and/or Needs Identified

Primary Prevention

- Need for racial equity work to be at the forefront of improving mental and behavioral health
- Lack of available and accessible services such as telehealth available in languages other than English
- Need for community-based and community-promoted resources accessible in Spanish
- Need for services that are culturally responsive including bicultural supports and increased diversity of behavioral health providers
- Limited capacity for use of technology
- Need for affinity group gatherings to help build community
- Concerns about mental health being stigmatized in Latine communities
- Lack of knowledge about mental health symptoms and/or resources for mental health support, particularly for community members who do not have US documentation

Early Intervention

- Need for expansions of effective programs such as the Promotores Model in El Centro AMISTAD
- Lack of diverse tools for recognizing mental health symptoms that work across cultures

Harm Reduction

- Need for increased collaboration with communities of faith to address mental health needs
- Concerns of burnout experienced by cultural brokers that are overworked help the community navigate resources

Hispanic/Latinx/Latine Snapshot: Potential MBH Framework Strategies

Findings from the qualitative data suggest the following potential strategies, organized below into the key areas of BCPH's MBH Framework:

Foster community connections and belonging

- Increase Spanish language support groups and community activities.
- Fund local places of faith to offer Spanish support groups and activities.
- Increase access to bilingual and bicultural mental health providers.
- Increase access to promotores.
- Promote events or organizations that directly reach out to the Latine community about services (e.g., Casa de la Esperanza, El Centro AMISTAD).
- Support free or low-cost outdoor activities for Latine youth.

> *I have been watching the Amistad & Suma Center share information about mental health issues. That's where I know there are resources available*
>
> - BoCo COVID Impact Study participant

Increase community capacity for mental health and resistance

- Promote Latine focused family strengthening interventions or trainings.
- Increase Latine behavioral health workforce.
- Provide Latine parent support to navigate school systems.

Address community conditions and policy

- Latine community relies on Medicaid to receive mental health support. Advocate for affordable mental health services and programs that are accessible.

Early intervention efforts

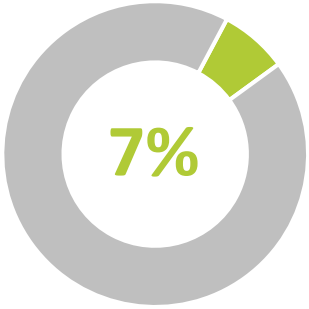
- Support primary care clinics that Latine communities already go to and know about for behavioral health services such as Clinica People's clinic, Salud Family Health Centers, and Kaiser.

> *We need more funds because we do not have the same rights as citizens, for example unemployment. That [elected officials and representatives] help more in mental health, that they inform us more, that they call us and give us services with Latino people; it is not enough for a therapist to be bilingual, it is the cultural part that does not help us to receive services in the best way…*
>
> - BoCo COVID Impact Study participant

LGBTQ+ Snapshot: Mental Health

The data highlighted below provide a snapshot of mental and behavioral health indicators from various sources and pertain to individuals aged 18 years or above. All trends identified are based on these data and focus on sexual orientation only. Data disaggregated by gender identity were not available. NOTE: Results displayed below are on an adjusted scale for visualization. These percentages can range from 0% - 100%.

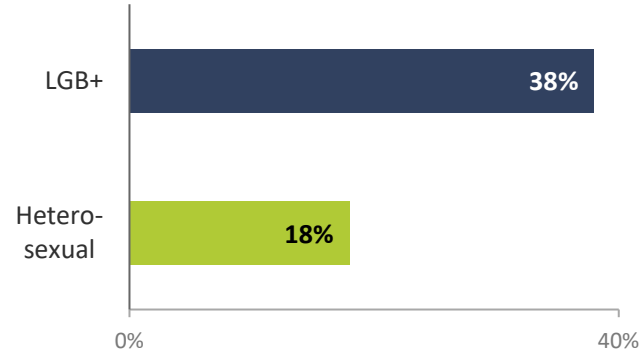
Population Characteristics



of Boulder County residents identify as **Lesbian, Gay, Bisexual or other diverse sexualities (LGB+)**[1], compared to 5% of Colorado's total population.

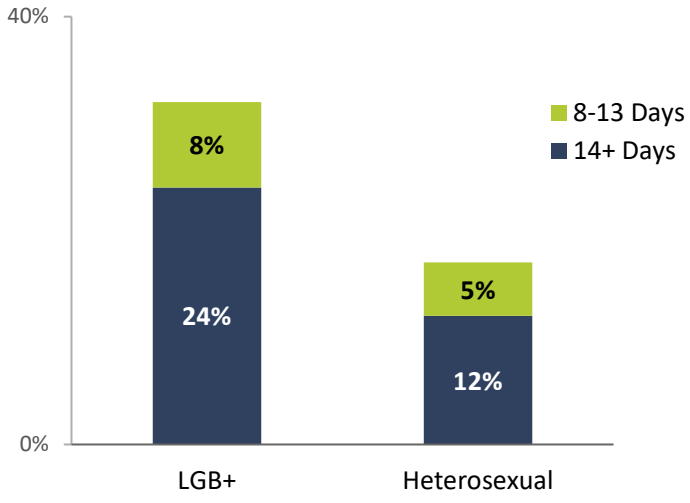
Depressive Disorder Diagnoses

Compared to **Heterosexual** residents, a higher percentage of **LGB+ residents** have ever been told they had a depressive disorder[2], underscoring the need for additional support for this group within the community.



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[2] relative to **Heterosexual** residents.



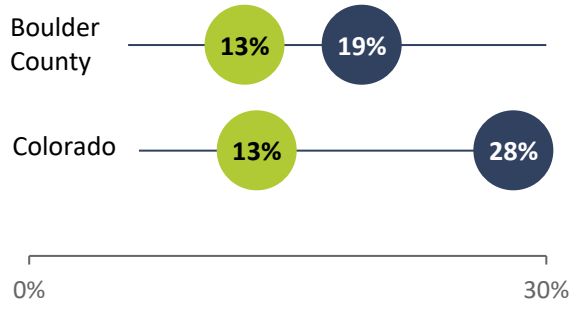
Compared to Colorado LGB+ residents, a lower percentage of **LGB+ residents in Boulder County reported a 14 or more days where their mental health was not good** in the last 30 days (34% and 24%, respectively).

1. Behavioral Risk Factor Surveillance Survey (2018-2020 Combined); 2. Behavioral Risk Factor Surveillance Survey (2019-2021 Combined)

LGBTQ+ Snapshot: Mental & Behavioral Health

Access to Care

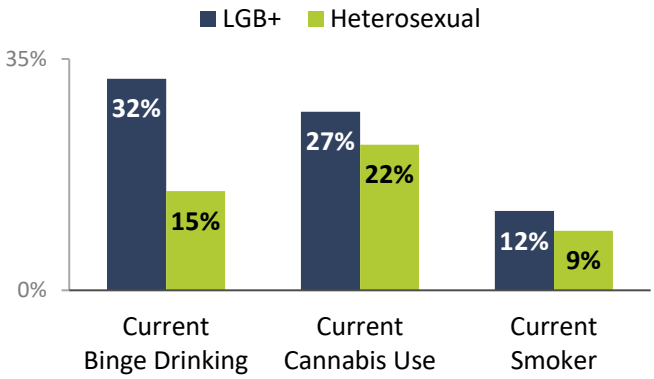
Relative to **Heterosexual** residents, a higher percentage of **LGB+** residents in Boulder County and Colorado have received treatment for mental health or emotional problems[3].



LGB+ residents in Boulder County may benefit from additional treatment services, including treatment that is culturally responsive.

Substance Use

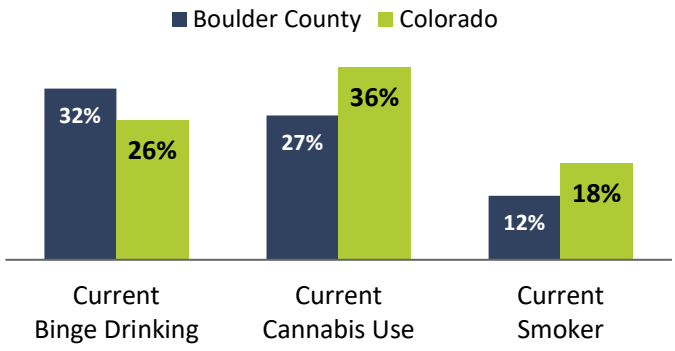
A higher percentage **LGB+** residents have binge drank, used cannabis, or smoked cigarettes in the past 30 days[2] compared to **Heterosexual** residents.



There were smaller substance use disparities between **LGB+** and **Heterosexual** residents in Boulder County than Colorado.

Substance Use, County & State

Compared to **Colorado LGB+** residents, a higher percentage of **Boulder County LGB+** residents have binge drank in the past 30 days[2] and a lower percentage have used cannabis or smoked cigarettes in the past 30 days.



3. Behavioral Risk Factor Surveillance Survey (2016-2019 Combined)

LGBTQ+ Snapshot: Additional Context from Community Engagement Efforts

Community engagement for this section referenced the LGBTQ+ community as a whole and often did not separate the differences in needs between sexual orientation and gender identity. These communities were often combined but it is important to recognize that these needs or strategies should be tailored to fit all sexual orientation and gender identities. In addition, certain sexual orientations, such as asexual, and intersex individuals were not mentioned. Engagement efforts were gathered between November 2022 and March 2023 from schools and the Boulder County roadmap efforts. The summary below may serve as an initial starting point for dialogue and further exploration during the PHIP development process.

The qualitative data summarized below was provided by the following organizations:

- St Vrain Valley School District Community
- Roadmap Discussions

Key Themes and/or Needs Identified

Primary Prevention

- Accessing gender affirming care
- Information about LGBTQIA+ identities are limited to parents
- Safety is needed
  - LGBTQ+ youth feel they can't be themselves without fear of losing safety
  - Individuals with diverse identities still feel marginalized and are being bullied
- Heteronormative practices across systems

Early Intervention

- More affirming spaces needed
  - GSAs in middle and high schools are working well
  - Programs like OASOS and Out Boulder are working well
- Challenge with accessing affirming spaces if LGBTQ+ individuals are not out

Harm Reduction

- Heightened stress due to non-affirming homes
- Suicidall ideation and self-harm is high in LGBTQ+ teens
- Effects of the local and global politics affecting LGBTQ+ individuals
- Crisis support like the Trevor project line are working well
- Runaways and lack of housing due to lack of support for some LGBTQ+ individuals

LGBTQ+ Snapshot: Potential MBH Framework Strategies

Reports and data gathered throughout Boulder County suggested:

Foster community connections and belonging

- Hiring diverse mental health providers that identify as LGBTQ+.
- Fund LGBTQ+ individuals to work with Gender and Sexualities Alliances (GSA) at schools.
- Highlight individuality within the LGBTQ+ community as each identity is different.
- Support LGBTQ+ serving centers and offer opportunities to make these programs accessible, such as providing transportation.

Increase community capacity for mental health and resistance

- Gender affirming training offered to all therapists.
- Increase safe and gender affirming residential treatment.

Address community conditions and policy

- Support and advocate for more LGBTQ+ individuals in positions of power.
- Advocate against anti-LGBTQ+ policies.

Early prevention efforts

- Increase opportunities for pride events.
- Increase opportunities for GSA summits.
- Audit for assessment tools, eligibility requirements, etc. to ensure they don't favor heteronormative responses.
- Family-centered programming for parents that are unsupportive, especially if this is known early on by the youth.

Homelessness Snapshot: Characteristics and Mental & Behavioral Health

The data highlighted below come from a Point-in-Time (PIT) snapshot of homelessness in the seven county Metro Denver Continuum of Care on the night of January 24, 2022. NOTE: Results displayed below are on an adjusted scale for visualization. These percentages can range from 0% - 100%.

Overall

457

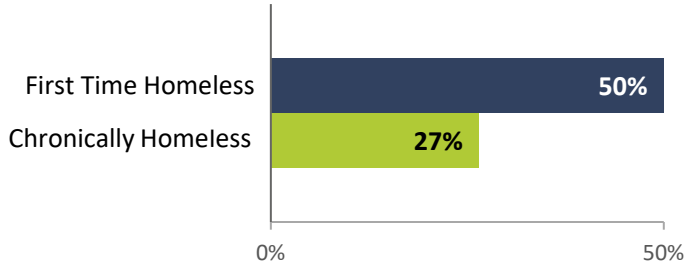
people in Boulder County experiencing homelessness

1.4

people experiencing homelessness in Boulder County per 1,000 residents

Frequency of Experiencing Homelessness

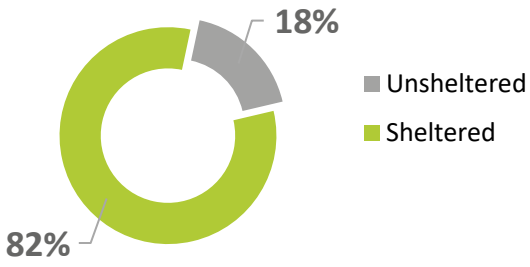
A higher percentage of people experiencing homelessness in Boulder County were **homeless for the first time** compared to **chronically homeless**.



A higher percentage of people experiencing homelessness in Boulder County were **homeless for the first time** compared to the average of those in all 7 counties where the PIT survey was conducted (50% and 36%, respectively).

Shelter Status

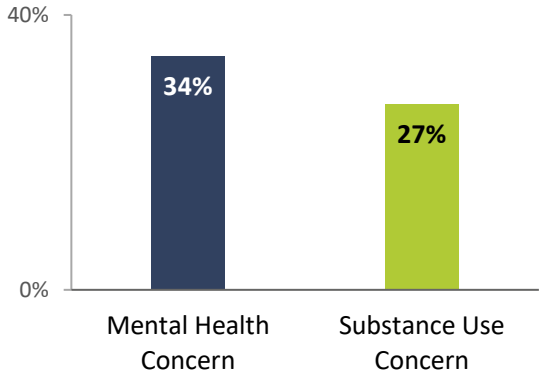
In Boulder County, the majority of people experiencing homelessness were **sheltered**. Less than 2 in 10 people experiencing homelessness in the county were **unsheltered** the night of the survey.



A smaller percentage of people experiencing homelessness in Boulder County were **unsheltered** than the average of the 7 counties where the PIT survey was conducted (18% and 30%, respectively).

Mental and Behavioral Health

Approximately 1 in 3 of people experiencing homelessness in Boulder County reported having a **mental health concern** and 1 in 4 reported having a **substance use concern**.



Source: Metro Denver Homeless Initiative, 2022 Point in Time Count

People Experiencing Homelessness Snapshot: Additional Context from Community Engagement Efforts

The information summarized below represents emerging themes from the behavioral health roadmap convenings on Harm Reduction, Recovery, and Treatment.

Key Themes and/or Needs Identified

Primary Prevention
- Lack of affordable, safe housing options

Early Intervention
- Lack of early supports for people experiencing homelessness becoming destabilized
- Lack of ongoing supportive and sober living homes
- Lack of housing options for MAT clients, individuals with criminal history or people who use meth.

Harm Reduction
- Stigma
- Lack of drop in options for PUD

Potential MBH Framework Strategies

Increase community capacity for mental health and resistance
- Train providers on trauma-informed housing programs.

Address community conditions and policy
- Housing options and navigation between levels of support/care including long-term supportive housing.
- Housing first and trauma-informed housing models.

Increase community engagement
- Ensure individuals experiencing homelessness have ongoing engagement in planning efforts.

People with Disabilities: Key Themes from Community Engagement Efforts

Boulder County Housing and Human Services partnered with the National Center for Start Services Institute on Disability, University of New Hampshire to assess service and support needs for individuals with disabilities. Information gathering took place between October-December of 2022 and included 113 community members who responded to an online survey, 51 individuals who participated in virtual focus groups, and 28 family caregivers who took part in telephonic surveys (Family Experiences Interview Schedule/FEIS). The full report is available upon request through Boulder County Housing and Human Services.

Key Themes and/or Needs Identified

The National Center for START Services/UNH identified 4 core themes with corresponding recommendations that are summarized below. Key system-level needed improvements included the following:

Access to Outpatient Mental Health Services & Supports

- Addressing high rates of polypharmacy
- Increasing access to crisis services
- Increasing access to providers accepting Medicaid, psychiatrists and other prescribers

Access to ordinary IDD services for people with IDD/BI-MH

- Addressing Bias-related access issues
- Promoting capacity/training to support people with IDD who have MH needs
- Increasing access to caregivers (current shortages)
- Increasing access to transportation, employment, recreation, and community inclusion.

Linkages Across Systems

- Fostering increased linkages and care coordination across systems
- Better integrating IDD and MH services so that systems are less separated

Crisis Response

- Promoting knowledge regarding how to access crisis services
- Addressing the overuse of police and emergency department for needs
- Meeting the need for stabilization services

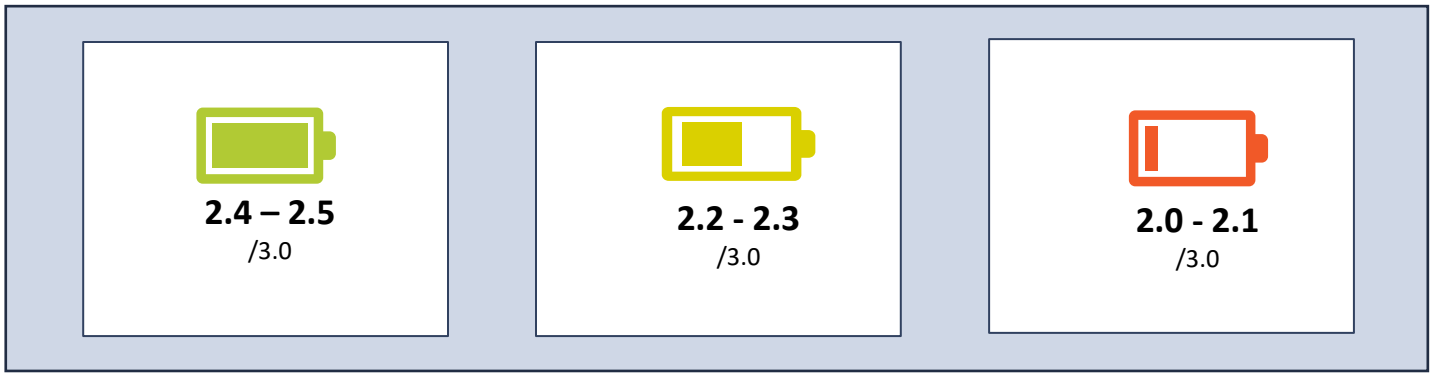
Capacity Assessment

Method

The capacity assessment process integrated data from a variety of sources to identify key strengths related to mental and behavioral health (MBH) services in Boulder County as well as opportunities for growth in the county.

In March of 2023, BCPH also conducted an internal assessment of current capacity to meet the goals of current community needs that align with the six objectives outlined in the **BCPH MBH Framework** (see page 7 of this report.) Internal capacity scores were determined through an internal BCPH survey with staff from all programs with MBH components. Staff rated the state of their program's resources to meet current program goals on a scale of 1-3, with 1=significantly under-resourced; 2=more resources needed; and 3=sufficient resources. BCPH internal capacity scores were calculated by averaging scores for each Objective across all programs. Averaged scores are represented in the charts below by color based on the range of scores (2.0 to 2.5), with 2.0-2.1 being represented in red, 2.2-2.3 represented in yellow, and 2.4-2.5 represented in red, to represent relative capacity across programs, as represented in the chart below.

BCPH Internal Capacity Analysis Ranges



OMNI Institute reviewed these findings as well as information on additional programs in the county to assess the total system capacity for each of the six MBH Framework objectives. Strengths and opportunities were specifically called out for each Objective area.

These findings are broken down into strengths and opportunities for continued exploration and development based on each Objective from the MBH Framework across the following pages.

Capacity Assessment

Objective One: Foster community connections and belonging

The information below describes the capacity of BCPH to meet the demands of community needs that are relevant to Objective One as well as the strengths and opportunities for growth within the broader behavioral health system to foster community connections and belonging.

Current capacity within BCPH in the goals supporting this objective are:

Increase trusted adults and positive adult relationships for youth	Reduce social isolation, decrease stigma, connect to resources	Equity and belonging efforts, prosocial groups for priority populations
		
2.4 /3.0	**2.3** /3.0	**2.1** /3.0

Capacity within BCPH to meet current community needs within Objective One varies by specific goals. Additional strengths and opportunities within the behavioral health system to support this objective. These are outlined below.

Strength

- There are many resources to support increasing positive adult-youth relationships within BCPH and in other organizations around Boulder County.
- The highest number of resources from organizations outside of BCPH that are devoted to any one goal seek to decrease isolation and stigma, making this a key strength of the behavioral health system in Boulder County.
- There are many resources for prosocial groups among LGBTQIA+ individuals, people with substance use disorders, and Latine individuals.

Opportunity

- Because capacity within BCPH is high to increase positive adult relationships for youth and there are many community resources devoted to reducing social isolation and decreasing stigma, these resources can be leveraged to improve access to prosocial groups for priority populations that have limited access to these support services.

Capacity Assessment

Objective Two: Increase community capacity for population level mental health and resilience

The information on this page describes the capacity of BCPH to meet the demands of community needs that are relevant to Objective Two as well as the strengths and opportunities for growth within the broader behavioral health system to increase community capacity for population level mental health and resilience.

Current capacity within BCPH in the goals supporting this objective are:

Training and technical assistance to community to improve outcomes

2.0 /3.0

Share and interpret data to help community make data-driven decisions

2.1 /3.0

Health promotion efforts

2.3 /3.0

While capacity within BCPH to meet current community needs may be low in two out of three goal areas and moderate in the third area, there are additional strengths and opportunities within the behavioral health system to support this objective. These are outlined below.

Strength

- Sufficient resources to support ongoing sharing and interpretation of data are found in organizations that support LGBTQIA+ individuals, people with substance use disorders, pregnant and post-partum people, and people with disabilities that all have sufficient or emerging programs that share or interpret data to aid in community decision making.
- Organizations that serve people with substance use disorders and people who use drugs are a key strength in this area.
- Organizations that serve people with substance use disorders and people who use drugs have partial or sufficient programming to support MBH promotion.
- The same is true for some organizations that serve adolescents—notably the two public school districts that serve Boulder County: Boulder Valley and Saint Vrain School Districts.

Opportunity

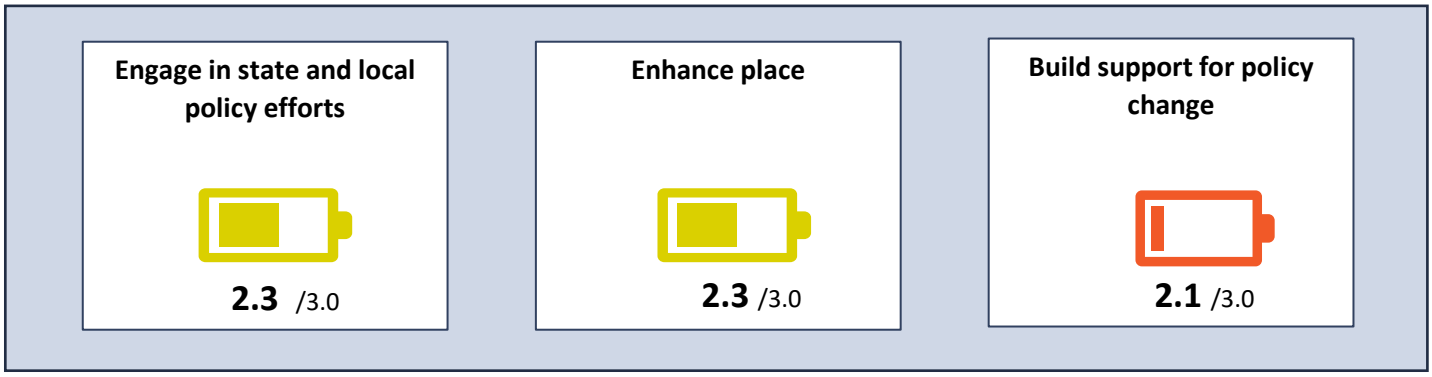
- Because there are already many successful efforts to train and provide technical assistance to community partners, those programs could be leveraged to provide additional training to serve focus populations with intersecting identities.
- Organizations that serve people with substance use disorders and people who use drugs have more robust programming in place around data sharing and interpretation. Partnerships with these organizations may be leveraged to train partners serving adjacent populations in the data sharing and interpretation processes.
- Additionally, some organizations have strong health promotion programming in spite of insufficient resources to support other elements of Objective Two. These programs could be expanded to include activities entailing data sharing and providing training and technical assistance to the community more broadly.

Capacity Assessment

Objective Three: Address community conditions and policy

The information on this page describes the capacity of BCPH to meet the demands of community needs that are relevant to Objective Three as well as the strengths and opportunities for growth within the broader behavioral health system to address community conditions and policy.

Current capacity within BCPH in the goals supporting this objective are:



While capacity within BCPH to meet current community needs may be moderate in two out of three goal areas and low in the third area, there are additional strengths and opportunities within the behavioral health system to support this objective. These are outlined below.

Strength

- Organizations with the most resources devoted to this objective are focused on working with specific populations (e.g., LGBTQIA+ community members, people with substance use disorders, people with mental health needs), and therefore have existing infrastructure to connect with community members more broadly around community conditions and policy.

Opportunity

- BCPH could increase collaboration with organizations already doing work around community conditions and policy to help expand those efforts or to support organizations in promoting their efforts with others in the community. This would leverage and enhance the policy-focused work already happening in the county.

Capacity Assessment

Objective Four: Increase community engagement through collaboration and leadership

The information on this page describes the capacity of BCPH to meet the demands of community needs that are relevant to Objective Four as well as the strengths and opportunities for growth within the broader behavioral health system to increase community engagement through collaboration and leadership.

Current capacity within BCPH in the goals supporting this objective are:

Convene community coalitions and partnerships	Assess community need and gather community input	Meaningfully involve community in planning and implementation
		
2.4 /3.0	**2.3** /3.0	**2.4** /3.0

Capacity within BCPH to meet current community needs is sufficient in two out of three goal areas and moderate in the third. Additional strengths and opportunities within the behavioral health system to support this objective are outlined below.

Strength

- Many BCPH programs with dedicated community engagement activities already have a high capacity to work toward this objective.
- Outside of BCPH, there are many programs working with LGBTQIA+ individuals that share other intersecting identities, such as LGBTQIA+ older adults and LGBTQIA+ Latine community members, offering opportunities for collaboration across communities and programs.

Opportunity

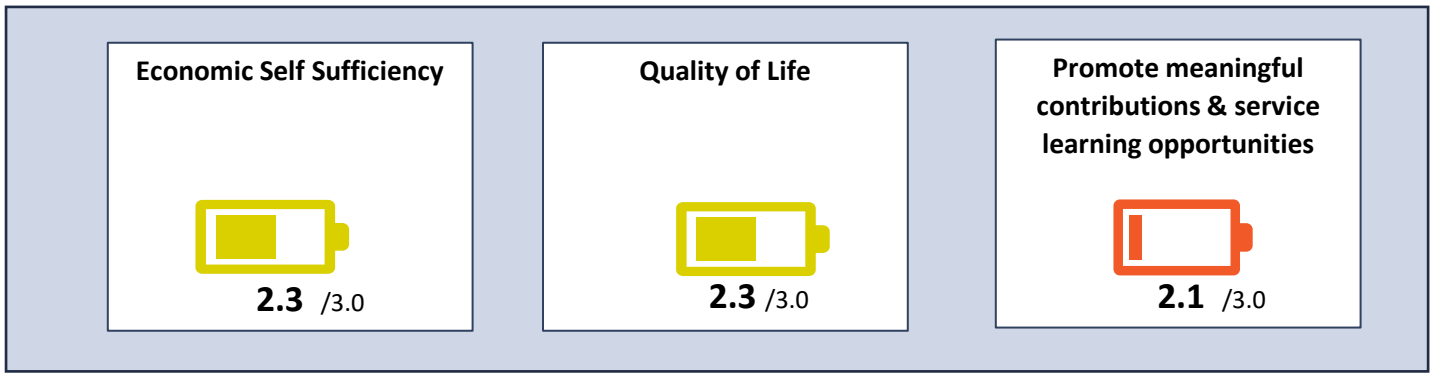
- BCPH can capitalize on existing capacity to convene community coalitions and involve the community in assessing ongoing MBH needs, planning, and implementation of the PHIP.
- BCPH should also continue to build on their support for other organizations in engaging and serving people facing housing or food insecurity, children with special needs, teen parents, and youth who use drugs or alcohol.

Capacity Assessment

Objective Five: Foster prosperity

The information on this page describes the capacity of BCPH to meet the demands of community needs that are relevant to Objective Five as well as the strengths and opportunities for growth within the broader behavioral health system to foster prosperity within the community.

Current capacity within BCPH in the goals supporting this objective are:



While capacity within BCPH to meet current community needs may be moderate in two out of three goal areas and low in the third area, there are additional strengths and opportunities within the behavioral health system to support this objective. These are outlined below.

Strength

- There are many organizations with programs to support economic self-sufficiency that serve a broad swath of clients because they are focused on people who are low-income and those who are facing house insecurity.
- Additionally, there are organizations that serve specific sub-populations, such as those with mental health or substance use disorders, people who are HIV positive, older adults, teen parents, and people with intellectual or developmental disabilities.

Opportunity

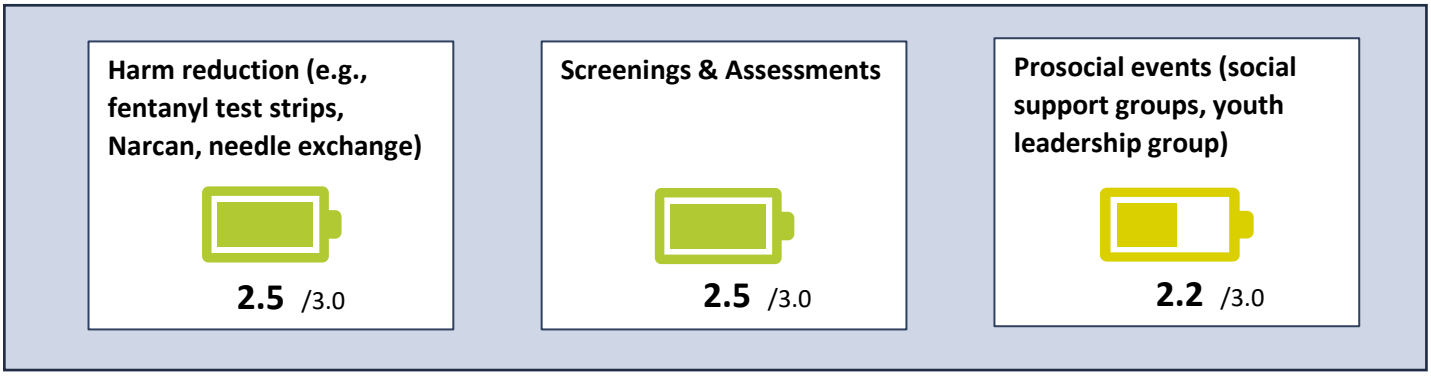
- There are many organizations focused on people who are low-income or facing housing insecurity that serve clients who may have intersecting identities with other sub-populations. These organizations have experience working with many sub-populations in Boulder County and have already established relationships with individuals from those communities. BCPH can continue to build on collaborative efforts with these organizations.

Capacity Assessment

Objective Six: Early intervention efforts

The information on this page describes the capacity of BCPH to meet the demands of community needs that are relevant to Objective Six as well as the strengths and opportunities for growth within the broader behavioral health system to meet community need related to early intervention efforts.

Current capacity within BCPH in the goals supporting this objective are:



Capacity within BCPH to meet current community needs is sufficient in two out of three areas and moderate in the third. Additional strengths and opportunities within the behavioral health system to support this objective are outlined below.

Strength

- While the number of organizations that provide harm reduction services is relatively small in Boulder County, the organizations that do so have high capacity to meet the goals of their programs and support early intervention efforts.
- Additionally, these programs are collaborating with other organizations through groups like the Substance Use Advisory Group (SUAG) allowing information to be shared widely among substance use professionals and concerned community members around the county.

Opportunity

- There is an important opportunity to expand access to harm reduction services and screening and assessments. Many organizations work with individuals who use drugs and training staff and community members to use harm reduction and screening tools can be efficient and cost effective.
- Additionally, there are many existing prosocial groups that can be leveraged to expand and increase access to these group support services.

Conclusions & Next Steps

The data provided in this report was used to:

Select initial focus populations with whom to further explore inequities and ensure adequate representation in community input

Identify an extensive initial menu of draft strategies for the 2023 – 2028 Boulder County Public Health Improvement Plan.

Key steps following the completion of this report included:

PHIP prioritization and selection of initial strategies: An OMNI-facilitated retreat with BCPH staff and leadership to examine the strategies emerging from community input highlighted in the qualitative data alongside the Capacity Assessment. Goals of this session were to prioritize initial strategies utilizing the following criteria:

- **Sufficient Capacity** (e.g., the extent to which BCPH has or could reasonably build, the capacity to implement activities; how well activities align with existing BCPH services areas; community support and political will, etc.)
- **High Impact** (e.g., the impact activities would have on improving mental and behavioral health in the community; how many people and which groups would experience the greatest impact; existing evidence base, etc.)
- **Addresses Current Gaps** (e.g., how well activities fill service gaps in the community, how it complements or expands existing work, etc.)

Community Open House: An OMNI-BCPH hosted event to seek extensive input from Boulder County community members on the initial strategies; gaps in the strategies; activities they would like to see for BCPH to focus on to improve mental and behavioral health in Boulder County and for specific focus populations.

Additional PHIP refinements and work sessions: OMNI will facilitate a CHA/PHIP Workgroup meeting in June, 2023 to make final refinements to the PHIP based on community input, and to launch the development of program-level action plans.

Finalization and public release of the PHIP: The Boulder County Public Health Improvement Plan will be finalized and released in the summer of 2023.

References

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