

Boulder County Public Health
2023-2028 Public Health Improvement Plan
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Contents

- PHIP at a Glance 6
 - GOALS 6
- Community Understanding..... 6
- Policy 6
- Social connectedness 6
- Sustainability & funding 6
- Introduction 7
 - Decision Makers..... 7
 - Workgroup Members..... 7
 - Focus on the Role of Public Health 8
 - Focus on Mental and Behavioral Health (MBH) 8
 - Data Collection through the CHA..... 9
 - Alignment with the Boulder County Behavioral Health Roadmap 9
- Planning Process 9
 - Review CHA Data 9
 - Ensure Representation of Community Voices 10
 - Develop Initial Goals & Objectives..... 10
 - Conduct Community Open House 10
 - Finalize PHIP..... 10
- Boulder County Data Snapshot: Mental Health..... 10
 - Mental Health Challenges..... 11
 - Suicide 11
 - Suicide Over Time 11
- Boulder County Data Snapshot: Behavioral Health 11
 - Substance Use 12
- Current Cannabis Use 12
- Current Binge Drinking..... 12
- Current Smoker 12
- Current E- Cigarette Use 12
 - Access to Care 12
- Uninsured..... 12
- Received Treatment..... 12
 - Prescriptions Dispensed..... 12

Opioid prescriptions dispensed per 1,000	13
Stimulant prescriptions dispensed per 1,000	13
Overdose Deaths.....	13
2023–2028 Public Health Improvement Plan Overview.....	13
CHAPS & MBH Framework.....	13
PHIP Priority Area: Mental & Behavioral Health.....	13
2023-2028 PHIP.....	14
Goal 1: Community Understanding	14
Year 1 Objectives	14
Year 2-5 Objectives	15
Goal 2: Policy.....	15
Year 1 Objectives	15
Year 2-5 Objectives	15
Goal 3: Social Connectedness	16
Year 1 Objectives	16
Year 2-5 Objectives	16
Goal 4: Sustainability & Funding	16
Year 1 Objectives	16
Year 2-5 Objectives	17
Equitable Implementation Considerations	17
General Equitable Implementation Considerations	17
Population-Specific Considerations	18
Youth.....	18
Older Adults	18
Intergenerational Connection.....	18
New Parents.....	18
LGBTQIA&	18
Latine.....	18
People Experiencing Homelessness.....	19
Additional Focus Populations.....	19
Next Steps and Conclusion.....	19
Next Steps	19
Conclusion.....	19

Boulder County Public Health is delighted to present this 2023-2028 Public Health Improvement Plan (PHIP). In accordance with the Colorado Health Assessment and Planning System (CHAPS), the Community Health Assessment (CHA) and this 2023-2028 PHIP were conducted and developed over a period of 12 months. The plan incorporates data that were generously shared by community members and partners throughout the county.

This PHIP is a strategic framework that connects community assets, leverages expertise and resources, and enhances ongoing initiatives. The primary focus of this plan is to enhance mental and behavioral health (MBH) across Boulder County, with clear intention given to selecting priority activities that align with the role of the public health department.

The goals outlined in this 2023-2028 PHIP are as follows:

- Community Understanding - Increase community understanding and capacity to improve MBH through technical assistance, training, and community education.
- Policy - Develop and advocate for public health policy that improves MBH at the organizational, local, and state levels.
- Social Connectedness - Increase social connectedness and strengthen social support systems for the Boulder County community to improve MBH.
- Sustainability & Funding - Pursue sustainable and sufficient funding for prevention, early intervention, and harm reduction-focused MBH activities.

Furthermore, we recognize that different groups within our diverse communities across the county are impacted in distinct ways and have unique needs. Therefore, this plan includes consideration for implementing goals and objectives inclusively, taking cultural considerations into account. Careful consideration has been given to ensure that the goals and objectives outlined in this PHIP contribute to and align with the comprehensive services, programs, and initiatives countywide, most notably Boulder County's Behavioral Health Roadmap. This coordination maximizes outcomes for the community and optimizes the use of limited resources.

We urge you to review the goals and objectives outlined in this plan to determine how you can enhance initiatives in your business, school, organization, faith community, and/or neighborhood to support this effort. By working together towards shared goals, we can achieve the greatest impact. We eagerly anticipate continued collaboration in the years to come.

Together, we will create a healthier community!

Lexi Nolen, PhD, MPH Executive Director,
Boulder County Public Health

PHIP at a Glance

GOALS

Community Understanding

Year 1 objectives

Build capacity to support agency strategic communications to improve MBH

Develop a plan for conducting and continuing technical assistance and training activities

Develop a comprehensive plan to implement effective strategic communications to improve MBH

Year 2-5 objectives

- Implement the plan to provide technical assistance and training
- Conduct community education to increase understanding around key MBH topics and build skills
- Develop and disseminate messages of community solidarity to increase positive perceptions of MBH (e.g., reduce stigma).

Policy

Year 1 objectives

- Build internal capacity, systems, and processes to advocate for public health policy
- Develop and implement an annual MBH policy agenda for organizational, local, and state policy changes
- Develop and implement a policy agenda for internal BCPH policies to improve MBH.

Year 2-5 objectives

- Continue to develop and implement annual policy agendas at the organizational, local, and state levels to improve MBH
- Continue to implement a policy agenda for internal BCPH policies to improve MBH

Social connectedness

Year 1 objectives

- Develop a plan for prevention activities and policies that increase social connectedness and social support systems for youth

Year 2-5 objectives

- Implement the plan to increase social connectedness in youth
- Develop and implement a plan for prevention activities and policies that increase social connectedness social support systems for the Boulder County community

Sustainability & funding

Year 1 objectives

- Identify the resources required to sustain existing and planned MBH activities

- Analyze current budgets to determine gaps, identify unsustainable funding sources, and identify opportunities to shift funding to prioritize MBH services and programs

Year 2-5 objectives

- Implement a MBH sustainability plan
- Continue to prioritize MBH services and programs during the organization's annual budgeting process

Introduction

Every five years, all public health agencies in Colorado are required to follow the Colorado Health Assessment and Planning System (CHAPS) process and create a Public Health Improvement Plan (PHIP) for submission to the Office of Public Health Practice, Planning, and Local Partnerships. Boulder County Public Health's last PHIP was for 2018 - 2022. In 2022, Boulder County Public Health (BCPH) partnered with the OMNI Institute to conduct Boulder County's Community Health Assessment (CHA) and this corresponding Public Health Improvement Plan for 2023-2028.

The Community Health Assessment (CHA) process took place between February and May of 2023 and included a detailed review of recent data that had been collected as part of Boulder County's broader goals to improve the functioning of the behavioral healthcare system in the county. This report is the corresponding Public Health Improvement Plan and details the PHIP process, goals, and objectives to be prioritized in the public health system.

Decision Makers

OMNI worked closely with members of the Boulder County Public Health team throughout the CHA and PHIP processes. The CHA/PHIP Workgroup was the primary decision-making body for this PHIP, and all contributors are listed below. The workgroup was comprised of Boulder County Public Health staff, including representation from each division within the health department and the participation of leadership at key decision points. Consensus decision-making served as the guiding principle for all major decisions.

The Boulder County community members who attended focus group discussions and attended the May 2023 Community Open House contributed significantly to the goals and objectives in this report. These community members contributed their time, critical insights, and perspectives on mental and behavioral health needs in Boulder County. Their contributions are invaluable.

Workgroup Members

- Rachel Arndt, LEED AP, AICP, Built Environment & HEAL Coordinator
- Allison Bayley, MPH, CHES, Community Substance Prevention & Inspire Youth Connections Program Manager
- Seb Fairbanks, OASOS Program Specialist
- Jax Gonzalez, PhD, OASOS Program Manager
- Indira Gujral, PhD, MS Division Manager, Communicable Disease & Emergency Management
- Megan Hale, LCSW, IMH E (IV), Early Childhood Mental Health Coordinator

- Bill Hayes, PE, Air Quality Program Coordinator
- Kelli Hintch, Strategic Initiatives Director
- Daphne McCabe, MBA, MSW, Division Manager, Family Health
- Kari Middleton, PhD, Emergency Management Planner
- Rachel Mintle, MPH, Health Planner
- David LaRocca, MS, Mental and Behavioral Health Coordinator
- Carol McInnis, MPH, REHS, Environmental Health Specialist
- Lexi Nolen, PhD, MPH, Executive Director
- Elise Waln, MPH, Health Planning & Evaluation Manager

Focus on the Role of Public Health

While Public Health has a leading role in the improvement of MBH, this broad goal necessitates efforts beyond the scope of Boulder County Public Health alone. Therefore, this PHIP deliberately outlines only the specific responsibilities of Boulder County Public Health, but within the broader framework of MBH improvement across Boulder County. The reviewed data, strategies discussed, and subsequent PHIP encompass the work of Boulder County Public Health programs that directly focus on or include components dedicated to addressing MBH needs.

The design of this PHIP is purposeful, leveraging the strengths of Boulder County by tapping into the expertise of community partners and identifying areas where Public Health can make the most effective impact. This approach not only enhances the likelihood of achieving goals and strategies but also harnesses the capacity and expertise of multiple organizations and experts in the community. By fostering collaboration to tackle complex challenges, this method promotes shared accountability for driving the work forward.

Focus on Mental and Behavioral Health (MBH)

Drawing upon extensive knowledge of community needs and an understanding of ongoing efforts, it became evident that enhancing MBH should be the central focus of this PHIP. MBH encompasses how our thoughts, emotions, and actions collectively influence our overall well-being and daily experiences. BCPH diligently examined how it can contribute to improving MBH across the entire continuum of care, while aligning with its own Mental & Behavioral Health (MBH) Framework (see Appendix A). This comprehensive approach encompasses primary prevention, early intervention, and harm reduction strategies

Primary prevention involves taking proactive measures to prevent health issues from occurring in the first place, focusing on promoting well-being and reducing the chances of negative outcomes.

Early intervention refers to identifying and addressing concerns or risks as soon as possible, aiming to minimize the impact and prevent problems from getting worse.

Harm reduction strategies aim to reduce the negative consequences associated with certain behaviors or conditions, using practical and evidence-based approaches that prioritize safety, health, and well-being without necessarily requiring complete avoidance.

Data Collection through the CHA

In recent years, Boulder County has collected abundant data on gaps in the behavioral health system and has a firm understanding of which populations within the community are in need of additional resources and support. Additionally, the community indicated they were fatigued from previous data collection efforts. With the goal of minimizing burden on the community for additional data gathering, OMNI and BCPH reviewed recently collected data from community engagement efforts and determined that these data would meet the need for the CHA process and, subsequently to inform this PHIP.

With this in mind, OMNI worked with many different partners around the county to compile existing data. Data were then analyzed, and the findings were shared back with partner organizations who provided review, input, and additional context for those findings. This method allowed the CHA to capture perspectives from a wide swath of the community without creating any additional burden through potentially duplicative data collection efforts.

Alignment with the Boulder County Behavioral Health Roadmap

BCPH's approach to improving MBH in Boulder County is aligned with community partner's work and county-led initiatives. Of particular note, BCPH has worked to align our 2023-2028 PHIP with Boulder County's Behavioral Health Roadmap (BH Roadmap), a Community Services-led initiative aiming to create a shared, county-wide, comprehensive strategic plan to ensure access to the right MBH care at the right time. BCPH is committed to ongoing collaboration with our Community Services colleagues and alignment with the BH Roadmap as we move forward with implementation of our 2023-2028 PHIP.

Planning Process

Adopting a collaborative approach, a systematic process was followed to formulate this PHIP. The planning process was tailored to accommodate the distinct needs, culture, and circumstances of both the community and BCPH. This necessitated adaptations (noted below) from the initially proposed process. These adaptations led to this PHIP better aligning with the needs of BCPH, the community, and other assessment and planning efforts within the County. Consensus decision-making served as the guiding principle for all major decisions, while a combination of facilitation techniques and technological platforms supported the active participation and input of all members during and between meetings.

Review CHA Data

The Workgroup reviewed and interpreted the CHA data to highlight key areas of strength and opportunities for improvement in MBH in Boulder County. Disparities were explored and used to identify key focus populations.

Ensure Representation of Community Voices

Extensive data were collected from community partners, specifically including the key focus populations, to identify the community's priorities. These priorities were then compared and aligned with the MBH Framework, the BH Roadmap, and the role of BCPH, ensuring that they aligned with the overarching purpose of the PHIP.

Adaptation: The original plan involved collecting data directly from the community. To respect the community's fatigue around data collection, an alternative approach used existing data from the extensive community engagement efforts of trusted partners.

Develop Initial Goals & Objectives

During an extended session, the Workgroup reviewed the priorities from the previous step alongside community data snapshots for key focus populations. Using this information, the Workgroup identified the initial goal areas and potential objectives for the PHIP.

Conduct Community Open House

At a public open-house event, community members participated in a gallery walk to learn about the PHIP's purpose, and to weigh in on key community data and priorities. Attendees provided input on initial goals and objectives and shared firsthand insights on implementation and considerations for focus populations. Additionally, community members shared what supports their own MBH in Boulder County.

Adaptation: The original plan aimed to include community members of the key focus populations at various stages of the process. In order to minimize community burden and streamline the process, a larger one-time Community Open House event was conducted. This engaged a larger number of community members (53) in the decision-making process compared to the initial plan.

Finalize PHIP

Finally, all decisions and information generated throughout this process were compiled and refined into this report and supporting documents to inform and guide progress over the next 5 years. This includes the four finalized goals, their associated objectives, and key considerations for equitable implementation of the PHIP.

Boulder County Data Snapshot: Mental Health

These data provide a high-level snapshot of MBH indicators from various sources and pertain to individuals aged 18 years or above. Extensive additional data were reviewed for key focus populations to

inform development of this PHIP. See the corresponding Community Health Assessment (CHA) Report for more information.

Mental Health Challenges

- 19% of Boulder County residents (nearly 1 in 5) have ever been told they had a depressive disorder (Footnote 1).
- 18% of Boulder County residents (nearly 1 in 5) experienced 8+ days where their mental health was not good in the past 30 days (Footnote 1).
- 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 ((Footnotes 2,3).

- Boulder County – 20.1
- Colorado – 22.6
- USA – 14

Suicide Over Time

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

- Boulder – increase from 21.6 in 2020 to 22.6 in 2021
- Colorado – increase from 17.7 in 2020 to 20.1 in 2021
- USA – increase from 13.5 in 2020 to 14 in 2021

Footnotes:

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)

Boulder County Data 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 (Footnote 1).

Current Cannabis Use

- Boulder County – 22%
- Colorado – 19%

Current Binge Drinking

- Boulder County – 16%
- Colorado – 18%

Current Smoker

- Boulder County – 10%
- Colorado – 13%

Current E- Cigarette Use

- Boulder County – 6%
- Colorado – 7%

Access to Care

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

Uninsured

- Boulder County – 7%
- Colorado – 9%

Received Treatment

- Boulder County – 13%
- Colorado – 14%

Prescriptions Dispensed

Compared to Colorado, Boulder County dispensed fewer opioid prescriptions per 1,000 residents and more stimulant prescriptions per 1,000 residents (Footnote 6).

Opioid prescriptions dispensed per 1,000

- Boulder County – 333
- Colorado – 489

Stimulant prescriptions dispensed per 1,000

- Boulder County – 199
- Colorado – 171

Overdose Deaths

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

- Boulder County – 16
- Colorado – 32

Footnotes

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)

2023–2028 Public Health Improvement Plan Overview

The Goals and Objectives outlined in this PHIP are aligned with the broader frameworks and goals that had already been identified by BCPH to improve MBH in Boulder County. The visual below outlines how this PHIP fits in with BCPH's MBH Framework as well as how it aligns with CHAPS requirements.

Inclusivity Lens: Key Focus Populations

An equity lens was utilized throughout the process by centering the needs and data of key focus populations to ensure their unique needs were elevated, fostering a more inclusive and equitable public health approach. Please refer to the Equitable Implementation Considerations for a list of the key focus populations, along with how this inclusivity lens will be carried through implementation.

CHAPS & MBH Framework

PHIP Priority Area: Mental & Behavioral Health

Goals

"Shared Goals" in the BH Framework

- Promote positive mental health & resilience
- Facilitate access to clinical & social support
- Reduce substance use
- Prevent disease & death

Strategies

“Objectives & Strategies” in the BH Framework

- Community Connections & Belonging
- Community Capacity for Mental Health & Resilience
- Community Conditions & Policy
- Community Engagement
- Foster Prosperity
- Early Intervention Efforts

2023-2028 PHIP

Goals

Align with the “Objectives & Strategies” in the MBH Framework

- Community Understanding
- Policy
- Social Connectedness
- Sustainability & Funding

Objectives

Specific activities to accomplish the relevant Goals. Year 1 Objectives will be initiated first. Year 2-5 Objectives will be prioritized in following years during annual planning.

In the following sections of this report, the Goals and Objectives identified in this plan are detailed.

Goal 1: Community Understanding

By December 31, 2028, BCPH will increase community understanding and capacity to improve MBH through technical assistance, training, and community education.

Year 1 Objectives

This section summarizes Objectives that will be implemented during the first year (December 1, 2023 to December 31, 2024) of the PHIP.

- Objective 1.1: By December 31, 2024, build capacity to support agency strategic communications to improve MBH.

- Objective 1.2: By December 31, 2024, develop a plan for conducting and continuing technical assistance and training activities that coordinates work across BCPH and focuses on the expertise that BCPH can offer the community.
- Objective 1.3: By December 31, 2024, develop a comprehensive plan to implement effective strategic communications to improve MBH.

Year 2-5 Objectives

This section summarizes Objectives that will be implemented during subsequent years: 2024 -2028. An Objective prioritization process will be held annually to determine which Objectives from the PHIP will be implemented each year

- Objective 1.4: By December 31, 2028, implement the plan to provide technical assistance and training to community members, professionals, and organizations in key areas that improve MBH.
- Objective 1.5: By December 31, 2028, conduct community education to increase understanding around key MBH topics and build skills among community members to support MBH wellness.
- Objective 1.6: By December 31, 2028, develop and disseminate messages of community solidarity to increase positive perceptions of MBH (e.g., reduce stigma).

Goal 2: Policy

By December 31, 2028, BCPH will develop and advocate for public health policy that improves MBH at the organizational, local and state levels.

Year 1 Objectives

This section summarizes Objectives that will be implemented during the first year (December 1, 2023 to December 31, 2024) of the PHIP.

- Objective 2.1: By December 31, 2024, build internal capacity, systems, and processes to advocate for public health policy that improves MBH at the organizational, local, and state level.
- Objective 2.2: By December 31, 2024, develop and implement an annual MBH policy agenda for organizational, local, and state policy changes.
- Objective 2.3: By December 31, 2024, develop and implement a policy agenda for internal BCPH policies to improve MBH.

Year 2-5 Objectives

This section summarizes Objectives that will be implemented during subsequent years: 2024 -2028. An Objective prioritization process will be held annually to determine which Objectives from the PHIP will be implemented each year.

- Objective 2.4: By December 31, 2028, continue to develop and implement annual policy agendas at the organizational, local, and state levels to improve MBH.

- Objective 2.5: By December 31, 2028, continue to implement a policy agenda for internal BCPH policies to improve MBH.

Goal 3: Social Connectedness

By December 31, 2028, BCPH will increase social connectedness and strengthen social support systems for the Boulder County community to improve MBH.

Year 1 Objectives

This section summarizes Objectives that will be implemented during the first year (December 1, 2023 to December 31, 2024) of the PHIP.

- Objective 3.1: By December 31, 2024, develop a plan for prevention activities and policies that increase social connectedness and social support systems for youth to promote mental wellness throughout their development from early childhood through young adulthood.

Year 2-5 Objectives

This section summarizes Objectives that will be implemented during subsequent years: 2024 -2028. An Objective prioritization process will be held annually to determine which Objectives from the PHIP will be implemented each year.

- Objective 3.2: By December 31, 2028, implement the plan developed in Year 1 to increase social connectedness in children and youth throughout their development, from early childhood through young adulthood.
- Objective 3.3: By December 31, 2028, develop and implement a plan for prevention activities and policies that increase social connectedness and social support systems for the Boulder County community.

Goal 4: Sustainability & Funding

By December 31, 2028, BCPH will pursue sustainable and sufficient funding for prevention, early intervention, and harm reduction-focused MBH activities.

Year 1 Objectives

This section summarizes Objectives that will be implemented during the first year (December 1, 2023 to December 31, 2024) of the PHIP.

- Objective 4.1: By December 31, 2024, identify the resources required to sustain existing and planned MBH activities; diverse, sustainable funding sources; and ways to support the non-monetary resources for programs.

- Objective 4.2: By December 31, 2024, analyze current budgets to determine gaps, identify unsustainable funding sources, and identify opportunities to shift funding to prioritize MBH services and programs.

Year 2-5 Objectives

This section summarizes Objectives that will be implemented during subsequent years: 2024 -2028. An Objective prioritization process will be held annually to determine which Objectives from the PHIP will be implemented each year.

- Objective 4.3: By December 31, 2028, implement the MBH sustainability plan developed in Year 1.
- Objective 4.4: By December 31, 2028, continue to prioritize MBH services and programs during the organization’s annual budgeting process.

Equitable Implementation Considerations

To ensure the equitable implementation of the PHIP, it is crucial to center the voices of people with lived experience and who are currently experiencing MBH disparities. This involves engaging people with lived experience in decision-making, utilizing culturally responsive activities and approaches, and fostering community power-sharing throughout the implementation process. Youth involvement will be particularly critical. It is important to identify and engage cultural brokers to strengthen the relationship between BCPH and priority populations and address gaps and weaknesses in activities that require additional cultural expertise. Lastly, acknowledging and celebrating the leadership roles of people with lived experience will be an integral part of the implementation.

The following key considerations for each population were gathered via direct community input and through partner recommendations.

General Equitable Implementation Considerations

Utilizing an equitable approach to implement the PHIP will require various strategies.

- Community outreach will be conducted by actively participating in local events and organizations, such as youth centers, community groups, cultural festivals, libraries, and maker spaces. This engagement aims to build trust, identify needs, and integrate community voice in the implementation of the activities in this PHIP.
- Multiple communication channels, including social media, local partnerships, and visual communication strategies such as imagery, will be utilized to reduce stigma and effectively connect with the community.
- Collaboration with community partners that engage key focus populations will be a priority, ensuring coordination of services and maximizing the impact of the PHIP.
- Obtaining flexible funding will be essential to support upstream programming and enable responsiveness to changing needs within the community.

- Compensation will be provided to community members and people with lived experience to actively participate in planning and decision-making processes. This compensation is particularly important for populations who typically do not engage with BCPH. BCPH will also work to make decision-making processes more inclusive and equitable.

Population-Specific Considerations

Youth

Collaborate to organize engaging activities and events that bring youth together for fun and social interaction, fostering positive mental health and social connections. Consider connections with youth-oriented businesses, such as bounce parks or ninja warrior parks.

Older Adults

Increase outreach efforts focusing on older adults through community engagement initiatives and events, providing resources and support, and using anti-ageist language to promote healthy aging and well-being.

Intergenerational Connection

Foster intergenerational connections through activities that bring together older adults and youth to promote mutual support, understanding, mental health, and overall well-being.

New Parents

Establish partnerships with hospitals, daycares, and city preschool programs to reach out to new parents, providing them with information, resources, and support related to mental and behavioral health and integrating them in decision-making roles.

LGBTQIA&

Amplify the voices and create community spaces for queer minorities, including queer people of color, and ensure access to more therapists specifically trained to support the LGBTQIA& community. Collaborate with organizations like Out Boulder County, OASOS, and Gender & Sexuality Alliances (GSAs) to provide targeted support and resources.

Latine

Utilize culturally appropriate channels such as Spanish-speaking church services, radio stations, restaurants, English as a Second Language (ESL) classes, and community organizations to disseminate information about accessing mental and public health assistance. Also, facilitate social interactions through events like "open mics" to combat loneliness and promote mental well-being within the Latine community.

People Experiencing Homelessness

Increase support and resources for individuals experiencing homelessness through organizations like HOPE, Recovery Veterans, and projects like the Small House Café. Additionally, prioritize providing housing options for those living outside, especially people with disabilities.

Additional Focus Populations

Address the needs of additional focus populations, including Indigenous communities, non-Spanish speaking immigrants from diverse backgrounds (African, Middle Eastern, Asian), and individuals with multiple diagnoses, by providing culturally-responsive resources, language support, and tailored mental health services.

Maintaining the key strategies and considerations outlined above will be essential to ensuring BCPH's effective and inclusive implementation of the PHIP.

Next Steps and Conclusion

Next Steps

The next steps required for successful implementation of this PHIP include:

- Assigning Measure Leads for each Year 1 Objectives,
- Measure Leads completing Implementation Plans for Year 1 Objectives, with attention to equitable implementation considerations within their Implementation Plans, and
- Ongoing tracking, monitoring, and evaluation of PHIP Goals and Objectives in alignment with the Monitoring, Evaluation, and Learning (MEL) Plan adopted for BCPH's 2024 – 2028 Strategic Plan.

Conclusion

This Public Health Improvement Plan report marks a new chapter in Boulder County Public Health's journey toward improving MBH in the community over the next five years. With goals centered around community understanding, policy, social connectedness, and sustainability, BCPH is committed to implementing activities that address these goals and advance the MBH of Boulder County. This PHIP is designed to leverage community assets, expertise, and resources, ensuring a collaborative and equitable approach to building a healthier and more resilient community.

Boulder County Public Health has long been a champion of collaborative partnerships to enhance and improve the mental and behavioral health of our community and we are grateful to the partners and community members across the county who continue to share their time, effort, and expertise in the public health system.