

Boulder County Behavioral Health Strategic Plan: Advancing the Community Behavioral Health System

1. Introduction

The Boulder County Behavioral Health Strategic Plan outlines steps to increase the capacity and responsiveness of Boulder County's behavioral health system. It builds on the county's Behavioral Health Roadmap (Roadmap) planning process, setting forth priorities and action steps designed to make progress on the ideas of that earlier work. This plan outlines a subset of activities from the Roadmap that are both critical as well as achievable over the near-term, including a focus on a continuum of critical behavioral health services and implementation of system management activities. The plan is meant to be dynamic and will be adjusted as efforts are executed, community needs change, and learning occurs. Taking this deliberate and iterative approach will ensure that efforts achieve the larger goal of supporting community well-being well into the future.

Like the Roadmap, this plan seeks to create a system where all people can access timely, connected, and culturally responsive care. Turning aspiration into action, this plan reflects the shared commitment of partners and community members to create a behavioral health system that is more equitable, person-centered, coordinated, and accountable.

From Roadmap Vision to Strategic Prioritization

Unmet mental and behavioral health needs significantly impact Boulder County community members' well-being, regardless of income and background. Despite past efforts, behavioral health services in Boulder County remain fragmented, poorly coordinated, and difficult to navigate. The system continues to lack the comprehensive array of supports and services required to meet the community's needs.

In recognition of these issues, the county undertook a process to develop a comprehensive plan (or "roadmap") to organize and unify efforts across the county and municipalities. The *Boulder County Behavioral Health Roadmap* was developed to address systemic challenges and barriers that prevent access to mental and behavioral health supports. It also sought to identify opportunities for system-level improvements to improve overall functioning of the service delivery system. The Roadmap vision was developed through extensive research, including a thorough review of existing data and reports on behavioral health and system challenges, as well as broad-based community involvement, such as engagement efforts to surface priorities and needs. In total, more than 600 people engaged in the process to share hopes, experiences with the current system, barriers to care, and potential solutions. Additionally, the focus on equity led to criteria development for a trusted system to better focus improvements, help providers develop more equitable services, and ensure accountability.

The Roadmap is comprehensive and ambitious. In stakeholder discussions on required implementation work, it became clear that additional refinement and prioritization would be needed to move efforts forward. This Strategic Plan is the first iteration of that enhanced focus.

2. Gaps and Opportunities in Behavioral Health Services in Boulder County

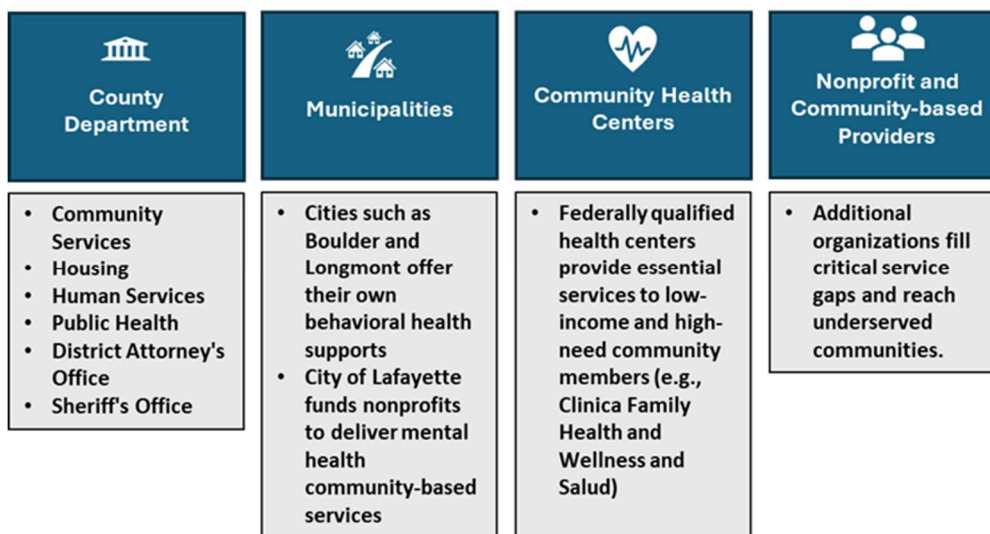
In recent years, seven state and 18 local reports were produced to identify gaps and opportunities in Boulder County's behavioral health system. These assessments examined the local mental health and substance use landscape, including service availability, access to care, and community needs. This section summarizes their key findings.

Key sources include:

- *Boulder County Behavioral Health Roadmap*
- *Background and Considerations for Developing a Behavioral Health Roadmap for Boulder County* (OMNI Institute, 2019)
- *Preliminary Assessment of Mental Health and Substance Use Provider Network and Service Continuum* (Health Management Associates)
- *Inpatient Care Assessment* (Health Management Associates)
- *Community Health Assessment 2023* (Boulder County Public Health and OMNI Institute)
- *City of Boulder Behavioral Health Framework 2024*
- *Grassroots Unity Summit on Mental Health Funding Report and Recommendations* (Together Colorado Boulder County, 2021)
- Reports from the Colorado Behavioral Health Administration

a. System Resource Challenges

The landscape of behavioral health in Boulder County includes the types of providers involved, how services are funded, and the gaps and unmet needs that persist. System services are provided and funded by an array of federal, state, local, and community-based organizations. Many programs and providers contribute to meeting the behavioral health needs of the community, including government entities, safety net organizations, and both for- and nonprofit organizations.



This network operates within a complex funding landscape. Varied rules, requirements, and limitations across funding streams contribute to disjointed efforts, making coordination, sustainability, and equitable access more difficult to achieve. Government and nonprofit providers generally rely on numerous financial sources such as grants, donations, revenues from fees, contributions from mill levies, and focused tax initiatives to cover costs, especially for services not reimbursed by insurance. Boulder County alone receives funding from at least 15 different state and federal agencies.

While attempts have been made to assess the depth, diversity, and comprehensiveness of the broader services network, these efforts proved extremely challenging given constant changes in the service mix and difficulties with creating an objective standard to compare the relative health of a given system, particularly since this is often tied to changes in community needs and stakeholder values and priorities. One benefit of implementing this strategic plan is that assigned staff will have an ongoing responsibility to assess the system and resources over time as well as determine strategic areas for future investments.

b. Community Behavioral Health Needs

Mental and behavioral health (MBH) needs continue to increase while resources remain limited in scope. In Boulder County, the ultimate cost of this can be seen through community member deaths. Since 2004, the number of Boulder County residents who have committed suicide rose by over two-thirds, with the crude rate increasing by 45% (from 14.1 to 20.5 per 100,000 in 2024). This is a sharper increase than at the state level, where the suicide rate has risen by just below 28% over the same two decades. In 2023, suicide was the third leading manner of death in the county with drug intoxication causes of death close behind – that’s 126 people who could be still alive if the system were more responsive at earlier points of the care continuum.

MBH issues in Boulder County impact neighbors, friends, and loved ones. Nearly one in five residents (18%) reported experiencing more than seven days where their mental health was not good in the past 30 days. In fact, 14% of residents reported that was true for 14 or more days – two or more weeks of the previous month were spent experiencing poor mental health. On the substance use side, comparisons help provide insight. While Boulder County residents used most substances at lower rates than Coloradans overall, this did not hold true in two categories – both cannabis usage and stimulant prescription dispensing rates were higher than the Colorado average.

Disaggregating the MBH data by age shows areas of heightened concern. While 19% of residents have ever been told they had a depressive disorder, 23% of Boulder County youth reported experiencing depression symptoms in the past 12 months, 15% reported self-harming, and 12% reported seriously considering attempting suicide. Additionally, the impact of “othering” in this population is clear – while experiencing depression symptoms for any youth is high at 23%, that rate increases for multi-racial youth (50%), gender queer or non-binary youth (54%), and LGB youth (65%). These disparities are apparent on the other side of the age spectrum as well – over 40% of Boulder County residents 60 years or older reported their feelings of depression were “at least a minor problem.” This has serious implications. Of the 69 people who committed suicide in Boulder County in 2023, 29% were 60 years or older.

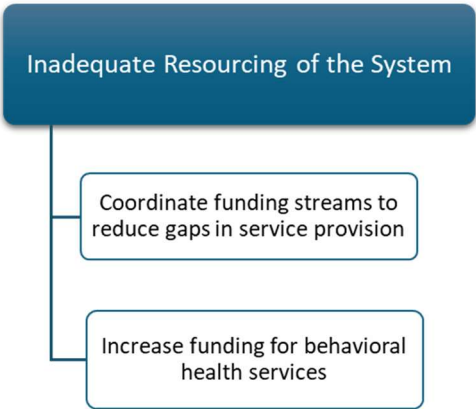
Finally, access to treatment is an issue in Boulder County. Despite having higher rates of insured people than Colorado overall, Boulder County residents received treatment for their mental or emotional problems at lower rates. This is exacerbated for Latino residents – while 16% of White only, non-Hispanic residents received treatment for their mental health needs, only 5% of Latino residents did. Additionally, much of Boulder County falls in the higher need designations according to Colorado’s health professional shortage area (HPSA) behavioral health and substance use provider maps, with most of the county west of Boulder falling in their highest need category.

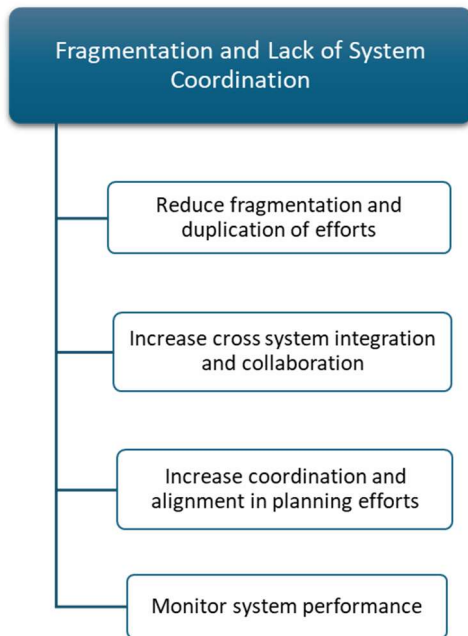
c. System Level Gaps and Opportunities for Action

The four high-level themes presented below summarize the documented needs in Boulder County’s behavioral health system and are reflected and operationalized across Strategic Plan goals. Addressing these areas will improve community access to care, service delivery, and behavioral health outcomes. Each theme is accompanied by a set of actionable recommendations to guide efforts aimed at strengthening the behavioral health system in Boulder County.

Inadequate Resourcing of the System

Complex and insufficient funding streams for behavioral health services create service gaps and make it difficult to support critical supports like navigation, case management, outreach, and care coordination. Overall, there is limited and unsustainable funding available, with many programs relying on restrictive short-term grants that cannot support operations at the scale needed to meet community needs. Prevention services are particularly underfunded, further weakening the system’s ability to intervene early and reduce long-term and costly behavioral health challenges. Addressing these funding issues is essential to building a more sustainable, effective, and comprehensive behavioral health system.



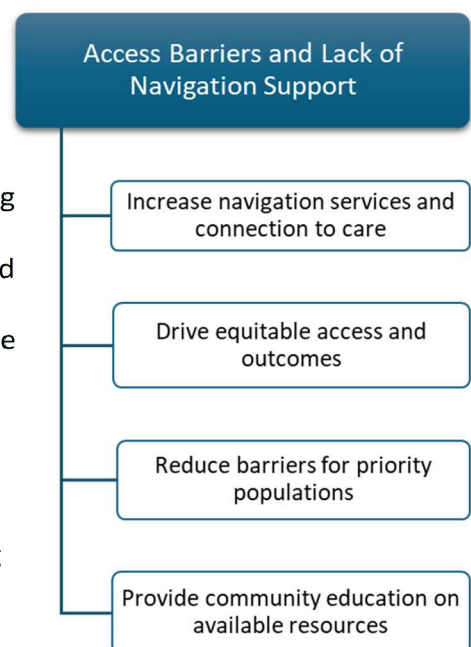


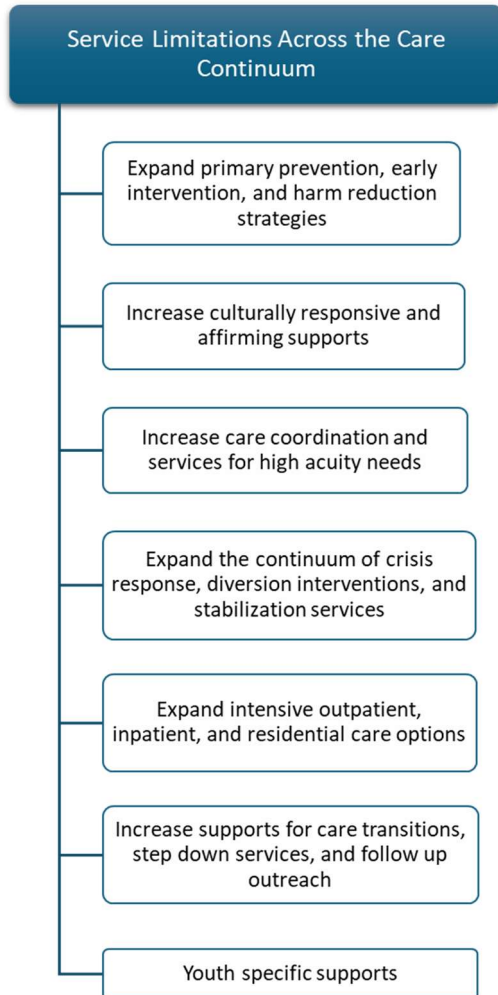
Fragmentation & Lack of Coordination Across the System

The behavioral health system in Boulder County is too complex. Across reports, multiple funding streams, providers, and payors were noted as causing fragmentation, duplication of services, and siloed operations. A lack of cross-system integration, care coordination, and information sharing limits access and hinders smooth transitions between levels of care. There is a critical need for more coordinated planning, alignment across programs, and collaborative problem solving. A unified, data-driven strategy would close service gaps, streamline referrals, foster stronger partnerships, and enhance understanding of community needs.

Access Barriers and Lack of Navigation Support

Accessing the right care at the right time remains a significant challenge. Service gaps, provider shortages, and poor coordination contribute to long waitlists and limited access. Navigating the system is difficult, resulting in a strong need for culturally responsive navigation and case management services to support both providers and individuals. Socioeconomic barriers such as the cost of care, insurance complexity, and low Medicaid acceptance rates further hinder equitable access. Priority populations—including youth, the Latino community, LGBTQIA+ individuals, and mountain rural community members—face unique barriers that require tailored, affirming approaches. Improving language access, addressing social determinants of health, and expanding community education about available resources are critical steps toward a more inclusive and accessible system.





Service Limitations Across the Care Continuum

The reviewed reports documented a critical need to expand prevention, early intervention, and harm reduction efforts. A particular emphasis was placed on those that address social determinants of health and promote mental health awareness, skill-building, and stigma reduction. Services must increase culturally responsiveness and tailored approaches for priority populations. Options are limited for those with co-occurring conditions, high acuity needs, and serious mental illness (SMI) or severe emotional disturbance (SED). Expanding intensive outpatient, inpatient, and residential treatment services is essential to ease pressure on crisis services, jails, hospitals, and homelessness services. Additionally, stronger crisis response and stabilization infrastructure is needed. Finally, follow-up rates after crises or inpatient stays are low, underscoring the need for more recovery-oriented, connected, and equitable care pathways.

3. Strategic Plan Implementation

Following release of the Roadmap, the Boulder County Community Services Department organized a Behavioral Health Planning Team to develop a more focused implementation plan from key components the Roadmap. The development process prioritized efforts needed to establish a more functional behavioral health system and sought to clarify resource deployment. This resulted in the Boulder County Behavioral Health Strategic Plan, which introduces a core set of services and management functions that will help to provide greater and more responsive access to care in Boulder County.

Goals for Advancing a Behavioral Health Services System

Advancing a behavioral health system that is connected, effective, responsive, and accountable requires more than individual programs or one-time efforts. It takes focused, sustained work to understand how the system functions, support complex partnerships, and translate siloed efforts into a cohesive, unified strategic approach. The goals outlined in this section provide a framework grounded in community priorities and Roadmap ideals that is informed and responsive to local health needs and outcomes as well as being designed to support long-term impact through data-informed decisions that respond to shifting community needs. With committed partnership and ongoing stewardship, these goals will guide the development of a stronger, more equitable, and higher functioning behavioral health system. While presented in list form, they are not sequential or ranked in priority. They are interdependent and will be advanced together to achieve meaningful, lasting impact.

Goal 1: Implement required governance structures to support ongoing refinements to the behavioral health system and ensure accountability.

The complexity of the behavioral health system requires some level of centralized support and oversight to ensure that services are responsive to the community's needs, available resources are put to the most strategic use, and the system can be assessed for effectiveness and changes in needs. Per the Roadmap:

"This complexity creates fragmentation and duplication in the system which makes increased collaboration, coordination, and transformational change harder. To date, there is no entity tracking all efforts, setting shared standards, or supporting the cross-system collaboration required to address behavioral health needs and challenges." (pg. 23)

In addition to senior leadership participation, governance bodies should be comprised of groups and other members that represent the voices of the community so that consumers of services and other critical stakeholders play a meaningful role in identifying system needs and guiding responses.

Objectives	Strategic Actions	Status	Timeline
Operations Board	Establish purpose of the group and identify members.	Completed	Q2 2024
	Develop ongoing agenda for the group including goals and objectives	In Progress	Ongoing
Executive Advisory Board	Establish purpose of the group and identify members.	Completed	Q1 2024
	Develop ongoing agenda for the group including goals and objectives.	In Progress	Ongoing
Community Advisory Board	Establish the purpose and role of the group in supporting strategic implementation steps.	Completed	Q2 2024
	Develop ongoing agenda for the group including goals and objectives.	In Progress	Ongoing

Goal 2: Support long-term service and system viability through development of a strategic funding plan, addressing inadequate resourcing and sustainability limitations.

Developing a strategic funding plan to address resource issues and sustainability limitations strengthens Boulder County's ability to provide behavioral health services over the long-term. It also helps to ensure that available resources are used in coordinated and impactful ways. This goal focuses on both immediate and long-term financial stability by identifying needs and gaps using available data, helping align resources, and engaging community input. The aim is to make funding more effective and responsive to evolving community needs.

Objectives	Strategic Actions	Status	Timelines
Create and advance a strategic approach to build support for and prepare to implement a behavioral health tax.	Research behavioral health tax strategies in other communities and develop recommendations to inform Boulder County's approach.	Completed	Q1 2025
	Develop and implement key messaging based on direction from county leadership to guide tax strategy and community engagement.	In Progress	Q2 / Q3 2025
	Establish infrastructure to support successful tax implementation and ensure accountable fund administration.	Pending	TBD / Dependency on ballot timing
Leverage internal and external funding sources to sustain and enhance investment in behavioral health services.	Develop funding recommendations based on community needs and system gaps.	Completed	Q2 / 2025
	Advance a shared understanding of existing county behavioral health investments to support strategic and coordinated use of resources.	Pending	2026

Objectives	Strategic Actions	Status	Timelines
	Convene department leaders to coordinate funding streams and develop a shared strategy for distributing county behavioral health funding to reduce gaps in service provision.	<i>Pending</i>	2026
	Identify, assess, and pursue external funding opportunities to expand system capacity and innovation.	<i>Pending</i>	2026
Guide resource investment using the established core services.	Monitor capacity and resource needs within priority service areas to inform funding decisions and long-term sustainability strategies.	<i>Pending</i>	2026
	Support BOCC funding decisions to address service limitations across the continuum of care in areas such as: prevention; crisis response; IOP, IP, PHP treatment; culturally responsive and affirming supports; care coordination and services for high acuity needs; supports for recovery, care transitions, step down services, and follow up outreach; and youth specific supports.	<i>Pending</i>	TBD / Dependency on tax service funding

Goal 3: Improve system functioning and effectiveness through increased system-level coordination and alignment across partners, addressing navigation support needs, system fragmentation, and lack of system coordination.

Improving coordination and alignment across partners to address system fragmentation helps ensure that behavioral health services are accessible, effective, and responsive to community needs. This work focuses on identifying where efforts align, exploring overlaps and interdependencies, and fostering stronger collaboration to address system fragmentation, avoid duplication, and maximize collective impact. By strengthening relationships and building trust, this goal supports a more cohesive system rooted in shared priorities, mutual accountability, and a commitment to enhancing care.

Objectives	Strategic Actions	Status	Timelines
Reduce duplication of efforts, and increase cross system integration and collaboration	Analyze partner strategic plans to determine shared priorities and inform joint planning opportunities.	<i>In Progress</i>	Q3 & Q4 2025
	Identify intersecting efforts to support more effective collaboration among partners.	<i>Pending</i>	Q4 2025 / 2026
	Identify service duplication and coordinate among partners to support more effective service delivery.	<i>Pending</i>	2026 / 2027
Establish a partner-driven approach to increase coordination	Convene partners to assess interdependencies, align commitments, and identify opportunities to advance shared goals.	<i>Pending</i>	Q4 2025 / 2026

Objectives	Strategic Actions	Status	Timelines
and alignment in planning efforts	Support partners in establishing shared decision-making practices that inform long-term planning.	<i>Pending</i>	2026
	Guide creation of a charter outlining partners' commitments, and a jointly defined accountability framework.	<i>Pending</i>	Q4 / 2026
Support partners in addressing structural, relational, and operational barriers to increase effective care coordination.	Facilitate discussions to identify coordination challenges and opportunities for strengthening continuity of care across agencies and reducing barriers for priority populations.	<i>Pending</i>	2026
	Support partners in developing or refining shared workflows and informal agreements.	<i>Pending</i>	2026
Increase navigation services and connection to care.	Continue elevating navigation as a system-level priority through communication and community engagement.	<i>In Progress</i>	Ongoing
	Support partners that offer navigation services in identifying opportunities to enhance coordination across transitions of care, driving equitable access and outcomes.	<i>Pending</i>	2026 / 2027
	Facilitate cross-agency learning to strengthen the overall navigation system.	<i>Pending</i>	2027

Goal 4: Advance system leadership through coordinated governance, system management, and communication to address system fragmentation.

Clear governance, effective system management, and strong communications are essential to advancing behavioral health efforts across Boulder County. This goal supports facilitation among leadership groups, builds visibility across initiatives, and ensures consistent information-sharing and clarity around how the system operates. By focusing on these basic functions to address fragmentation, the system is better equipped to improve decision-making, guide policy direction, and support implementation across a complex network of partners.

Objectives	Strategic Actions	Status	Timelines
Support system governance and alignment to enhance system cohesion by facilitating leadership	Leverage leadership groups, such as the Executive Advisory Board, Operations Group, and topical workgroups, to guide policy direction, inform strategy, and drive system-wide action.	<i>In Progress</i>	Ongoing

Objectives	Strategic Actions	Status	Timelines
convenings, engaging subject matter expertise, and serving as the coordination hub for system management.	Monitor system-level activity and connections across initiatives, funding streams, and partner efforts to identify insights that guide decision-making and strategic direction.	<i>Pending</i>	2026 See G1/goes with
Strengthen system-wide communication to support informed decision-making, shared visibility, and public engagement.	Create and maintain a partner-facing information resource to guide cross-agency decision-making through access to funding information, policy updates, system trends, and emerging practices.	<i>In Progress</i>	Q3 2025
	Ensure regular communications to elevate shared understanding of progress, insights, and emerging opportunities across stakeholders and the community through products such as bimonthly email updates, quarterly community convenings, and an annual report.	<i>In Progress</i>	Ongoing
	Advance efforts to align behavioral health messaging across county departments and platforms to ensure consistency, accessibility, and visibility.	<i>Pending</i>	2026

Goal 5: Drive system efforts through facilitated community and stakeholder input to increase access to care.

Community ownership is vital to shaping a behavioral health system that is responsive, inclusive, and grounded in lived experience. This goal focuses on creating culturally relevant, accessible, and affirming opportunities for public participation by encouraging people to guide the system through their perspectives and insights. By centering community voices, fostering communication, and reinforcing accountability through ongoing engagement, this approach aims to build trust, deepen connection, and ensure that system improvements reduce access barriers while reflecting the community's priorities and evolving needs.

Objectives	Strategic Actions	Status	Timelines
Increase access to care by raising awareness of existing services.	Provide community education on available resources through quarterly community convenings.	<i>In Progress</i>	Ongoing
Strengthen community ownership by creating meaningful	Offer culturally relevant and accessible opportunities for ongoing participation in system learning and guiding future efforts that support accountability to the community.	<i>Pending</i>	Q4 2025 / Q1 2026

Objectives	Strategic Actions	Status	Timelines
opportunities for people to share lived experience and inform how the system responds, improves, and evolves.	Gather and uplift lived experience through storytelling and reflection to elevate the needs and desires of the community, and to shape priorities.	<i>In Progress</i>	Ongoing
	Regularly communicate through annual reports, convenings, and email newsletters how community input has driven decisions and system improvements.	<i>In Progress</i>	Ongoing
Establish two-way communication to promote transparency, accountability, and shared ownership.	Offer varied and accessible input methods (e.g., surveys, facilitated discussions, informal feedback) to support continuous communication.	<i>Pending</i>	Q3 / Q4 2026
	Leverage system-wide communications to reinforce transparency and sustain engagement in between formal feedback opportunities.	<i>Pending</i>	Q4 2026 / Q1 2027

Goal 6: Promote priority service areas and culturally responsive delivery.

Ensuring that behavioral health services meet the diverse needs of the community requires focused attention on both what is offered and how it is delivered. This goal supports efforts to raise awareness of key services, invest in culturally grounded and affirming approaches, and strengthen provider capacity to offer care that reflects the needs and experiences of the people they serve. By advancing equity-focused strategies, this work aims to improve access, ensure services are relevant and inclusive, and reduce disparities in mental and behavioral health outcomes.

Objectives	Strategic Actions	Status	Timelines
Raise awareness of priority behavioral health services across partners and the public.	Share behavioral health service information through convenings and strategic communications.	<i>In Progress</i>	Ongoing
Support adoption of culturally responsive practices among behavioral health service providers.	Champion culturally grounded models through provider engagement efforts to ensure services reflect the needs of the community.	<i>In Progress</i>	Ongoing
	Invest in training, technical assistance, and related strategies to build provider capacity for culturally responsive care.	<i>Pending</i>	Dependent on funding
Strengthen equitable access to behavioral health services.	Leverage evaluation data to highlight disparities and support equity-focused planning.	<i>Pending</i>	TBD

Objectives	Strategic Actions	Status	Timelines
	Lead a cross-partner effort to implement strategies that reduce barriers to care.	<i>Pending</i>	TBD

Goal 7: Ensure system accountability by monitoring and evaluating system performance and improvements.

A strong behavioral health system requires the ability to monitor performance and assess what is working, where progress is being made, and what needs to improve. This goal supports the use of data, evaluation, and feedback to inform decision-making and drive meaningful change over time. Evaluation efforts will also focus on racial equity outcomes and impacts. By examining outcomes at the community, program, and system levels, the work aims to promote transparency and guide future decisions based on evidence, learning, and responsiveness to evolving needs.

Objectives	Strategic Actions	Status	Timelines
Establish and maintain a data dashboard of community health outcomes.	Identify and curate a set of community health indicators to support accountability and awareness.	<i>Completed</i>	Q2 2025
	Support technical development of the dashboard, including setup and troubleshooting during implementation.	<i>In progress</i>	Q3 2025
Monitor key system performance indicators to strengthen program accountability.	Coordinate identification of shared key performance indicators across county behavioral health programs.	<i>In progress</i>	Q4 2025
	Support ongoing tracking and interpretation of KPIs to assess program effectiveness and inform resource decisions.	<i>In progress</i>	Q4 2025
	Develop a countywide behavioral health performance report to support shared understanding, transparency, and accountability.	<i>Pending</i>	2026
	Leverage cross-departmental data workgroup to strengthen shared accountability and responsiveness to trends.	<i>In progress</i>	Ongoing
Support system responsiveness and strategic improvement through community feedback and ongoing evaluation.	Establish mechanisms to gather and integrate community voice and partner feedback.	<i>Pending</i>	Q4 2026
	Translate progress and system-level learning into strategic guidance for future action.	<i>Pending</i>	2027

Objectives	Strategic Actions	Status	Timelines
	Assess implementation progress to support system learning, guide improvements, and ensure alignment with strategic goals.	<i>Pending</i>	Q1 2026

4. A Focus on Core Services

In any behavioral health system, it is essential to understand which services are fundamental for supporting community well-being, ensuring continuity of care, and guiding effective coordination across providers and programs. Defining a set of core services establishes clarity in a complex and often fragmented system and provides a foundation for long-term planning, funding, and accountability. This clarity is especially important given changes in current federal spending. As service needs grow, funding becomes scarce, and as temporary investments from the American Rescue Plan expire, there is increasing uncertainty in what federal, state, and local resources will remain available. In this environment, it is important for the county to strengthen foundational services while remaining responsive to changing needs. Identifying and aligning around core services is a strategic step toward building a more responsive, resilient behavioral health system for years to come.

As part of its Roadmap implementation efforts, Boulder County developed a core services strategy that provides a framework for advancing a set of critical behavioral health services. This approach helps to focus investments and improves access to a subset of mental health and substance use services that are at the foundation of community health. This is not to exclude the larger array of behavioral health services; rather, adopting a core services strategy allows Boulder County to prioritize services most critical to meeting the behavioral health challenges of its community members. The strategy offers:

- Clarity for prioritizing investments and guiding funding decisions
- A shared framework for advancing equity, access, coordination, and alignment
- A tool for adapting to funding changes to sustain community behavioral health

The core services strategy offers a long-term approach for making informed, coordinated decisions to sustain and strengthen Boulder County's behavioral health system. If large funding sources expire or are reduced, it can help inform where to preserve, where to scale back, and where to reinvest. Likewise, if resources grow, the strategy helps ensure expansion builds on what is essential, scalable, and aligned with shared goals.

a. Guiding Principles and Approach

The core services strategy highlights a key group of services across the continuum of care. The strategy aims to balance the needs of the entire community while recognizing and addressing the most significant barriers to care that people face, including high acuity needs, economic hardship, and cultural or identity-based challenges.

The process for identifying system assumptions and core services was informed by input from the Behavioral Health Executive Advisory Board (BH-EAB) and the Operations Group, both of which were established to guide and implement the Roadmap. The BH-EAB is composed of representative leaders from county departments, local municipalities, and a Federally Qualified Health Center. The Operations Group includes representatives from those same agencies, as well as other service providers, local school districts, and community-based nonprofit agencies that address mental health and substance use. Insights from community polling and previous

engagement efforts were also considered as part of this guidance in shaping the strategy. As a result, the BH-EAB approved the following as the core services to guide ongoing efforts:

- **Navigation Services:** Culturally responsive care navigation for youth, families, and adults
- **Prevention and Early Intervention:** Suicide prevention, youth and family supports (including early childhood, school-based, and emotional wellness supports), and prosocial activities
- **Crisis Response and Crisis Intervention:** Mobile crisis response, co-responders, walk-in centers, and place-based crisis response
- **Treatment Services:** Outpatient services, intensive outpatient services, and partial hospitalization for both mental health and substance use
- **Recovery Supports:** Recovery housing and peer support services for mental health and substance use

Behavioral Health System Assumptions and Planning Considerations

The following key system assumptions and considerations guided the selection of core services and reflect shared perspectives on funding, collaboration, access, and equity, which will help guide long-term planning.

- System services should reflect the full behavioral health continuum – from prevention to recovery – and build upon existing infrastructure.
- Services should be easily accessible and improvement efforts should prioritize integration and coordination.
- County, municipal, non-profit partners, and private sector partners should plan and work collaboratively.
- Where possible, investments should be made upstream to minimize the need for downstream, more costly interventions.
- Existing funding streams (e.g., opioid settlement funds and other related government budget areas) should be leveraged and aligned to support prioritized MH and SUD efforts.
- Service and priority areas should reflect community needs and expectations.
- Efforts should be made to move towards culturally and linguistically appropriate services.
- Populations of focus should be those who lack insurance and are otherwise marginalized.
- Dollars should be strategically allocated as part of a comprehensive plan informed by the various mental and behavioral health funding that Boulder County administers.

b. Core Services and Recommendations for a Behavioral Health Tax Spending Strategy

Should the county pursue a behavioral health tax or explore additional options for future behavioral health investment, the core services strategy can provide guidance on how and where to prioritize spending. The table below provides a summary of identified core services

along with support from past community polling and service gaps identified in assessment reports. Core areas include navigation, prevention, crisis response and intervention, treatment, and recovery. Using this strategy will help to address critical needs, improve access to core services, and lead to improvements in behavioral health outcomes.

Core Services

Service Area	Community Polling Support*	Related Identified Gaps**
<p>Navigation Services</p> <p><i>Funding Recommendations:</i></p> <p>WellMind Connection</p> <p>Community navigation services</p>	<p>85%: Providing navigation support to help connect youth, parents, and residents with affordable mental health care. (54% found this very or extremely important to fund)</p>	<p>Improve access to care through navigation support.</p> <ul style="list-style-type: none"> • Case management and system navigation support for providers and public • Culturally responsive and affirming navigation services • Navigation services to mitigate barriers to entry • Community education on available resources • Funding for navigation services
<p>Prevention Services</p> <p><i>Funding Recommendations:</i></p> <p>Suicide prevention</p> <p>Youth and family supports</p> <p>Prosocial activities</p>	<p>89%: Increasing the availability and affordability of mental health services in the county. (64% found this very or extremely important to fund)</p> <p>90%: Providing early intervention care and programs that address mental health and substance use problems before they fully develop into an illness. (62% found this very or extremely important to fund)</p> <p>83%: Providing training and assistance to schools, non-profits organizations, and other groups to ensure there are trusted places people can learn about access to mental health and substance use disorder care. (48% found this very or extremely important to fund)</p>	<p>Expand primary prevention, early intervention, and harm reduction strategies.</p> <ul style="list-style-type: none"> • Countywide, coordinated prevention strategy • Upstream prevention focused on the social determinants of health • Mental health promotion, awareness, skill-building, and anti-stigma campaigns • Mental Health First Aid training provided community wide, free of cost • RISE programming and universal screening in schools • Spaces for community connection and opportunities for prosocial activities • Funding for prevention services

Service Area	Community Polling Support*	Related Identified Gaps**
<p>Crisis Response and Intervention Services</p> <p><i>Funding Recommendations:</i></p> <p>Mobile crisis response</p> <p>Co-Responder</p> <p>Walk-in centers</p> <p>Place-based crisis response</p>	<p>88%: Providing more services to help stabilize residents when they are in crisis (60% found this very or extremely important to fund)</p> <p>86%: Continuing mental health professionals - NOT law enforcement - response when residents are experiencing a mental health crisis. (65% found this very or extremely important to fund)</p> <p>88%: Providing early intervention and treatment that addresses mental health and substance use disorders to increase community wellness for youth, families, and adults. (61% found this very or extremely important to fund)</p>	<p>Develop a more robust crisis service continuum to address gaps and prevent escalation in level of care needed.</p> <ul style="list-style-type: none"> • Local options for addressing acute mental and behavioral health needs • Expanded mobile crisis response to meet countywide needs • Expanded IOP services • Crisis diversion interventions • Step-down services and follow up outreach following a crisis • Crisis connection and care coordination mechanisms
<p>Treatment Services</p> <p><i>Funding Recommendations:</i></p> <p>Substance use disorder treatment (OP, IOP, PHP)</p> <p>Mental health treatment (OP, IOP, PHP)</p>	<p>89%: Increasing the availability and affordability of mental health services in the county. (64% found this very or extremely important to fund)</p> <p>88%: Providing early intervention and treatment that addresses mental health and substance use disorders to increase community wellness for youth, families, and adults. (61% found this very or extremely important to fund)</p> <p>82%: Increasing the availability and affordability of substance use disorder services in the county. (54% found this very or extremely important to fund)</p> <p>79%: Providing culturally responsive mental health services that meet the needs of diverse county residents. (48% found this very or extremely important to fund)</p>	<p>Provide comprehensive treatment services and supports to meet the full community need, especially for high acuity.</p> <ul style="list-style-type: none"> • Treatment services and care coordination for those with high acuity needs, dual/multiple diagnoses, co-occurring needs, or persistent SMI • Expanded IOP options, IP treatment services, PHP, residential, and step-down services • Expanded post hospitalization supports • Culturally responsive and affirming treatment options • Mental health and substance use supports for justice involved population • Children & youth specific services, including services for children & youth experiencing SED and intensive substance use needs • Family system supports in substance use treatment programs

Service Area	Community Polling Support*	Related Identified Gaps**
		<ul style="list-style-type: none"> Funding for treatment programs to operate at scale to meet community's needs
Recovery Supports <i>Funding Recommendations:</i> Recovery homes Peer support services	<p>89%: Increasing the availability and affordability of mental health services in the county. (64% found this very or extremely important to fund)</p> <p>82%: Increasing the availability and affordability of substance use disorder services in the county. (54% found this very or extremely important to fund)</p> <p>79%: Providing culturally responsive mental health services that meet the needs of diverse county residents. (48% found this very or extremely important to fund)</p>	<p>Increase supports care transitions, post hospitalization or inpatient treatment supports, and recovery supports.</p> <ul style="list-style-type: none"> Support in care transitions and follow up outreach post hospitalization or inpatient treatment stay Peer supports Supportive housing and comprehensive supports for people in recovery Spaces for community connection Recovery services available in Spanish

* Elements of a potential behavioral health tax that county voters identified as being important to fund during public opinion polling gathered in 2024.

** Gaps in behavioral health services identified in past state and local reports and assessments needed to ensure a more robust continuum of care capable of meeting the community's full expressed needs.

5. Evaluation and Measuring Success

Establishing mechanisms to evaluate implementation efforts, assess impacts, and ensure accountable use of resources is critical given the complexity of the behavioral healthcare system. Evaluating this system will use population-, program-, and system-level measures to promote understanding of the impact of this work. This approach promotes transparency, supports evidence-informed decision-making, and ensures responsiveness to evolving needs. Evaluation activities will include monitoring long-term community outcomes, assessing service effectiveness across the care continuum, and developing an accountability framework to embed and track equity-related efforts throughout implementation. Boulder County aims to direct resources where they are most needed by integrating community feedback and equity metrics.

a. Population Indicators for Ongoing Community Assessment

A data dashboard of long-term Boulder County behavioral health outcomes measures is in development. The dashboard will highlight trends over time and provide a unified understanding of specific indicators, including prevalence of mental health conditions and substance use behaviors, access to treatment and providers, emergency department utilization and hospital admissions, and rates of community members committing suicide and dying of drug overdose. These indicators reflect changes to community well-being over time, increase awareness of local needs, and provide a foundation for shared accountability. The dashboard can also be used to support communication initiatives, including decision-making and public education of the state of mental and behavioral health in the community. Intentional communication strategies will be developed to communicate that these indicators are the target of long-term change in the community.

b. Program Level Evaluation

Program level accountability will be measured through an identified list of aligned key performance indicators (KPIs) from Boulder County departments and programs. These KPIs will capture the county's mental and behavioral health services reach as well as track program outcomes and invested resources. Alignment of these indicators will allow for increased insight into system outcomes and where improvements may be needed. Cross-departmental data workgroups will support shared accountability and respond to trends to improve service delivery as well as increase access to supports.

c. System Assessment and Accountability

Evaluation at the system level will assess the implementation of the Behavioral Health Strategic Plan and how effectively efforts are improving coordination, alignment, and access across the behavioral health system. This includes process and formative evaluations focused on system function, alignment with plan goals, and feedback from partners and community members. Insights will be used to inform future action, strengthen cross-agency collaboration, and support a culture of continuous learning and improvement. These efforts ensure that the county remains responsive to changing needs while advancing a more equitable and effective system over time.

6. Planning for Sustainability

To achieve and sustain a high-functioning behavioral health system, Boulder County needs to prioritize long-term investment, coordination, and administration. While current efforts reflect significant progress, the ability to meet growing and evolving needs depends on reliable funding and the infrastructure to carry this work forward.

This need is particularly urgent for programs currently supported by time-limited resources. The funding for several county-run programs that have successfully expanded access to care expires in 2026, including that of the WellMind Connection (WMC) and Community Assistance and Treatment (CAT) teams. Without ongoing funding, these critical services may be reduced or discontinued, leading to new gaps in care and setbacks in the progress achieved so far.

The importance of securing stable, local sources of funding is clear. Identifying diverse opportunities will ensure mental and behavioral health efforts are long sustained in Boulder County. Examples include not only the behavioral health tax and unified grantmaking proposals below, but budget reallocation, strategic funding opportunity applications, and more.

a. Behavioral Health Tax

Leadership across Boulder County has long envisioned a dedicated behavioral health tax as a sustainable source of local funding, even before the Roadmap was developed. Such a dedicated funding stream would help ensure that vital services are not only preserved but also strengthened and expanded to meet the needs of the community. As this idea gains renewed momentum, the identified core services provide a strong foundation for prioritizing future investments. These services reflect essential functions that support access, connection, and care across the continuum, and can serve as a guide for thoughtful, transparent, and community-centered use of potential tax resources.

b. Unified Grantmaking

Boulder County can strengthen how it stewards and coordinates existing funding. Currently, multiple departments and divisions administer behavioral health grants to community-based providers. While each award reflects intentional use of resources, developing and implementing a comprehensive, unified vision for these investments can ensure that resources are used with greater impact. A coordinated, system-wide approach is essential to maximizing the overall effectiveness of available funding.

This work includes convening cross-departmental leaders and leveraging existing groups such as the county's Grant Administration Group, which includes representatives from various departments, to develop a shared strategy for distributing behavioral health funds. It also involves identifying external funding opportunities that align with local priorities, supporting innovation and system expansion beyond what local dollars can provide.

Equally important is ensuring that this system is administered by a team with the capacity to guide, coordinate, and evaluate implementation. This structure is essential to building a system that meets people where they are, with what they need, and delivers lasting support for the well-being of everyone in Boulder County.

7. Appendices

Appendix 1: Draft Population and Program Level Measures

Navigation Services	
Goal(s): Meet behavioral health through connection to services	
Population level	Navigation services are primarily programmatic in nature, so difficult for population-level indicators
Potential outcome indicators	% identified additional service needs
	% connected to services
	Customer satisfaction with navigation
	% of folks with lower wait times/faster connection to needed services
Prevention Services	
Goal(s): Prevent negative behavioral health outcomes and care escalation	
Population level	Drug overdose: ED visits, hospitalizations, and death rate decreases
	Suicide: self-harm related ED visits, hospitalizations, and death rate decreases
	Positive change in behaviors and attitudes as found in HKCS and BRFSS
Potential outcome indicators	% decrease in specified risk factors
	% increase in specified protective factors
Crisis Response and Intervention Services	
Goal(s): Support people going through crisis, diversion from increased system involvement	
Population level	Decreases in hospitalizations for mental health holds
	Decreases in individuals booked into jail with Axis I designation
Potential outcome indicators	% successfully supported / de-escalated
	% connected to community supports
	% diverted from higher level of care/arrest

Treatment Services	
Goal(s): Increase community member access to treatment services	
Population level	Increase in providers reducing barriers to treatment (Medicaid acceptance, language access, etc.)
	Decrease in health professional shortage areas
Potential outcome indicators	% reduction in waitlist length and times
	% of participants reported progress toward treatment goals
	% successfully discharged from treatment

Recovery Supports	
Goal(s): Increase sustainable recovery	
Population level	Unknown metric availability
Potential outcome indicators	% sustained recovery during service delivery
	% returned to recovery post-relapse
	% increased supports in recovery capital categories (analogous to social determinants of health)

Appendix 2: Data Citations

“Boulder County Behavioral Health Roadmap,” (2023). Boulder County Community Services Department. https://assets.bouldercounty.gov/wp-content/uploads/2023/08/BHMap_Final_singles810b.pdf

“Boulder County: Inpatient Care Assessment.” (2023). Health Management Associates. <https://assets.bouldercounty.gov/wp-content/uploads/2023/06/Boulder-County-Inpatient-Care-Assessment-%e2%80%93-Health-Management-Associates-%e2%80%93-April-14-2023.pdf>

“Boulder County: Preliminary Assessment of Mental Health and Substance Use Provider Network and Service Continuum.” (2023). Health Management Associates. <https://assets.bouldercounty.gov/wp-content/uploads/2023/06/Boulder-County-Preliminary-Assessment-of-Mental-Health-and-Substance-Use-Provider-Network-and-Service-Continuum-%e2%80%93-Health-Managem.pdf>

“Boulder County Public Health: Community Health Assessment Data.” (2023). OMNI Institute. <https://assets.bouldercounty.gov/wp-content/uploads/2024/03/bcph-cha-2023.pdf>

“City of Boulder Behavioral Health Framework.” (2024). City of Boulder. <https://bouldercolorado.gov/media/17082/download?inline=>

Appendix 3: Additional Needs Data

Key Data Points on Community Needs

Data highlights from the “Boulder County Behavioral Health Roadmap,” as compiled by the City of Boulder’s Behavioral Health Framework, including data from:

- OMNI/BCPH Community Health Assessment 2023
- 2023 Healthy Kids Colorado Survey
- Colorado Health Access Survey 2021
- Boulder County Community Assessment Survey for Older Adults 2022
- Boulder County Jail
- Boulder County Community Service Program Data

a. Local Mental Health Needs in Boulder County

Many community members are experiencing a high degree of mental health need

- 19% of county residents have been diagnosed with a depressive disorder.
- Almost a quarter of Boulder County residents aged 55-64 have been diagnosed with a depressive disorder.
- Nearly one in five county residents experienced eight or more days where their mental health was not good in the past 30 days. For young adults (age 18-24), this rate was more than one in three.
- Approximately three in five Colorado adults experiencing food or housing insecurity reported eight or more poor mental health days in the past 30 days.
- Boulder County adults who identify as Hispanic/ Latinx experienced 14 or more poor mental health days; a higher rate than white adults (16% and 13% respectively).
- In the 2022 Community Assessment Survey of Older Adults (CASOA), 42% of Boulder County adults ages 60 years and older said feeling depressed was “at least a minor problem,” an increase from 33% in 2018.
- Adults in Boulder County ages 55 and older have a higher rate of mental health concerns and a higher rate of death by suicide compared to older adults in Colorado.
- 2023 Healthy Kids Colorado results show 23% of BVSD high school students were so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities.
- 29% of BVSD high school students report that their mental health was poor most of the time or always during the past 30 days.
- Approximately 56% of people in the Boulder County Jail have been identified with a mental health issue, and their length of stay in the jail was up to 30% longer than those without a mental health issue, due in part to delays in completing required competency evaluations.

b. Suicide Touches Our Community

- There were decreases in the 2023 Healthy Kids Colorado survey data in youth seriously considering suicide and youth suicide attempts compared to 2021.
- Nearly 11% of Broomfield and Boulder County high school students seriously contemplated suicide in the past year.
- Suicide is the second leading cause of death in Colorado for youth ages 10-24
- Boulder County's suicide rate is slightly lower than the state rate but significantly higher than the national rate.
- Boulder County's suicide rate increased by about three times as much as the US or Colorado between 2020 and 2021.
- Recent data from the city's Crisis Intervention Response Team (CIRT) reflects that more than a quarter (28%) of CIRT responses involve some concern about suicide.

c. Substance Use in Our Community

- Compared to Colorado, a higher percentage of residents in Boulder County use cannabis and a lower percentage engage in binge drinking.
- In Boulder County, a lower number of Hispanic/Latinx individuals use these substances than white Non-Hispanic individuals.
- A higher percentage of LGB+ residents binge drank, used cannabis or smoked cigarettes in the past 30 days compared to heterosexual residents.
- Substance use, acute intoxication, or substance withdrawal presented some level of concern in more than one out of five (23%) of CIRT responses.

d. Access to Care

- The percent of the population who needed mental health care/counseling services but did not get it at the time had increased. In 2021, nearly 17% of adults (18 years and older) had a mental health need but were not able to get services at the time of need, an increase from nearly 10% in 2016.
- Only 48% of local behavioral health providers accept Medicaid and many do not accept insurance.
- Census tracts with high safety net populations may have to travel farther to providers.
- There is a behavioral health workforce shortage with 15 psychiatrists per 100,000 people compared to 92 primary care physicians.
- Boulder County as slightly less offerings for co-occurring MH/substance use services, crisis connection, and care coordination compared to region/state.
- Less than 30% of providers in county offer specialty services including assertive community treatment, intensive case management, high intensity wraparound, and intensive outpatient for substance use.
- Less than 20% of providers have programs for clients with SMI/SED.

e. Service Needs

- Emergency department utilization by Boulder County residents has been increasing, especially among individuals 65 or older.

- Mental health needs are driving increases in ED utilization rates for behavioral health related needs.
- Alcohol is the most abundant substance use reason for ED visits at nearly 60% of substance use related ED visits.
- Hospital inpatient utilization for mental health/ substance use disorder is increasing; the average length of stay in inpatient settings is also increasing.
 - Prevalence of MH conditions among inpatient utilizers was higher than the prevalence of SUD conditions.
 - Inpatient boarding (8 or more days LOS) trended higher for stays involving MH or SUD compared to all inpatient stays, including those for medical/physical issues.
- Increasingly more Boulder County Medicaid/CHIP members were accessing MH or SUD treatment prior to their inpatient stay.
 - Among the Boulder County Medicaid/CHIP member residents who access MH or SUD care prior to their inpatient MH or SUD related stay, most of that care was Evaluation and Management (which may include treatment) and Outpatient Treatment.
- Post-inpatient stay follow-up is very low for Medicaid members who live in Boulder County at benchmarks of both three days (22% in 2020) and seven days (37%).