

Background and Considerations for Developing a Behavioral Health Roadmap for Boulder County



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Introduction



Problem Statement: There is no long-range strategic plan, or “roadmap,” that Boulder County Government agencies can use to guide and align behavioral health focused investments and efforts across departments to better meet the needs of the larger Boulder County community. Without the development of, and agreement on, a common plan, there is likely to be inefficient resource utilization, ongoing services access issues, lack of systems coordination, and suboptimal community behavioral health outcomes.



Goal: Create a behavioral health roadmap that will specify and prioritize behavioral health goals, objectives, and strategies; resources requirements; and timelines for implementation.



Vision: The behavioral health roadmap will act as a 5-year strategic plan to guide when, where, and how Boulder County government agencies, working in collaboration with service providers, concerned community members, and persons with lived experience, will strive to improve access, equity, quality, and overall system functioning to ensure successful behavioral health outcomes.



Current Objective: 1) Identify current, relevant behavioral healthcare approaches, priorities, and strategies at federal, state, and local levels, including emerging models of best practice for service provision, and 2) examine the needs, strengths, and opportunities for Boulder and its current systems and services relative to these frameworks and priorities, to 3) inform initial steps in Boulder County’s behavioral health roadmap work.

Background

Across the country and here in Colorado, innovative approaches are being identified and implemented to address long-standing and emerging population and community-level behavioral health needs to achieve better quality care and outcomes for individuals and communities. This report begins with a summary of documented issues, needs, and priorities in Boulder County from recent assessments, and learnings from local stakeholders representing multiple sectors and interests who are working to improve and transform systems, services, and outcomes for the county.

We then discuss the Colorado’s new Behavioral Health Administration, identifying broader implications and opportunities for the state and counties. This is followed by a description of how the state is planning to prioritize use of federal resources made available through various policy and legislative processes, as well as the Biden administration’s recently announced priorities for behavioral healthcare at the federal level. We then provide overviews of how local communities in Colorado are working to address related issues at the systems level, including models for addressing the opioid crisis, and an example from Douglas County that reflects an approach to organizing, managing, and implementing behavioral health services within a system-wide context. We conclude with a summary of how Boulder County’s priorities and needs overlap with various and emerging priorities at the state and federal levels.

Boulder County Priorities, Needs, and Progress to Date

Over the past several years, multiple assessments have been conducted on behavioral health needs for Boulder County community members, including those conducted by Mental Health Partners¹ (MHP), Boulder County Public Health,² and Boulder County Housing and Human Services,³ among others. At a high-level, existing assessments indicate the following priority areas:



Access to and Coordination of Care

As further described below, assessments suggest that there is inadequate access to behavioral health care for people in Boulder County. Affordability of care is also likely a challenge for many community members. While Boulder County's recent needs assessments have not focused on affordability issues, and the rate of poverty in Boulder County (9.5%) is lower than the national and statewide average, there are still a significant number of individuals who are likely to struggle to afford care.

As acknowledged by the developers of the Behavioral Health Administration,⁴ counties struggle to sufficiently resource behavioral health care, and must often seek other sources of funding including mill levies or local tax initiatives, federal grants, and county investments, beyond what the state has historically provided to meet needs. As reported in the recent Mental Health America report,⁵ based on available data through 2019, Colorado ranked 37th in the country in prevalence of mental illness and access to care for youth and adults combined (with lower rankings corresponding to greater prevalence and lower rates of access), and 51st when looking at just adults, reflecting the state of Colorado to have the worst overall rate in the country on a combined index that included rates of adults with any mental illness (AMI), and rates of AMI who did not receive treatment, had unmet needs, and/or were uninsured.

Compounding access issues is a fundamental need for increased capacity to effectively coordinate behavioral health service provision across the continuum. Current priorities include:

- Improving availability of information on resources, gaps and needs in the community
- Improving referral processes
- Streamlining processes for clients (e.g., limiting duplication in paperwork)
- Reducing barriers to cross-agency information sharing and client releases of information (ROI)
- Increasing opportunities for collaboration across Boulder departments and with Mental Health Partners

The County is moving in the direction of improved coordination of services and resources through initiation of work to develop a Behavioral Health Hub that in the long-term may serve as a coordinated point of entry for all individuals in need of behavioral health services in the county.



Population-Specific Care Needs

Coordination and provision of care for people with high acuity needs (e.g., high quality and appropriate behavioral health services that help people avoid high-cost services such as jail, mental health hospitalization, inpatient substance use treatment, etc.) is a priority. Construction of an Alternative Sentencing Facility for Boulder^{6,7} is intended to significantly increase capacity for serving justice-involved individuals with high acuity needs in a less restrictive and therapeutic setting. However, it is currently scheduled for completion in late 2024, more than two years from the date of this report.

More culturally appropriate services are also needed for specific populations including Spanish speaking community members, people with intellectual disabilities, and LGBTQIA+ youth. There is also a limited number of behavioral health care providers for both adults and youth—particularly providers who can serve monolingual Spanish speaking families and those with limited English proficiency². Insufficient providers are also reflected in reports of some adults (6%)⁸ needing but not able to obtain mental health counseling.

Boulder County also lacks intensive, substance abuse specific services for youth, including recovery or continuing care services for youth and adults⁸. This is exacerbated by a lack of formal processes for addressing family systems in substance use treatment, and a lack of knowledge among providers of service options for specific populations, including those with intellectual and/or developmental disabilities³.



Workforce Capacity

Behavioral healthcare workforce shortages are an acute issue across Colorado and the country, and Boulder is no exception. With a median advertised salary of \$52,000 and the high cost-of-living, Boulder County struggles to recruit and retain adequate staffing for behavioral health services provision. Past assessments have found challenges in recruiting and high turnover, and according to the Workforce needs report, Mental Health Partners had more than twice the total postings of the next largest employer in the county (UC Health). Ensuring adequate numbers of trained intake staff is particularly critical for treatment access at the point of entry for diversion programs⁹.



Community Awareness and Engagement

There is ongoing need for community education on available resources, support with system navigation and access to services, and stigma-reduction efforts. More robust community education and anti-stigma campaign efforts are needed to address barriers to care that are created by negative individual and community level beliefs and attitudes toward behavioral health. (Summary of Boulder County’s BH Needs Assessments). Positive consumer awareness and understanding of behavioral health is necessary for successful integration of these services with physical health care.

While availability and consumer awareness of behavioral health resources are a critical need in Boulder County, data from the 2019 Behavioral Health Data Summary⁸ indicated a sizable majority of Boulder residents (89%) reported “excellent” or “good” mental health, and 3 out of 4 (76%) expectant mothers indicated knowledge of what to do if they felt depressed after their pregnancy. At the systems level, Boulder County has also taken steps in the past couple years to develop and maintain a comprehensive resource list and map of its behavioral health providers.



Monitoring and Accountability

Currently in Boulder, there is no presiding substance use treatment authority for identifying care needs for clients of SUD services². More robust and ongoing utilization of data is also needed to effectively monitor and respond to behavioral health needs and trends. For example, past assessments have highlighted the lack of advocacy services for individuals with intellectual and developmental disabilities and their families³, and rising youth suicide rates. However, no centralized data systems exist for identifying and tracking such needs in the community.

Promisingly, Boulder’s Substance Use Advisory Group is moving toward a model of collective impact, which ensures a common agenda and shared goal of stakeholders, and continuous engagement in planning to meet the needs of the community.¹⁰ Additionally, there are multiple established and functional county workgroups (Healthy Futures Coalition, IMPACT, municipal level groups, etc.) and cross-county workgroups (Hub Implementation Group, Program Coordination Group, the Substance Use Advisory Group) that are actively invested in improving coordination and accountability¹¹. These groups, and core partners across the County, also support use of a coordinated referral system technology¹¹, and a technology platform (NowPow; recently acquired by UniteUs) is currently being piloted with plans for expansion (HIG).

The following sections of the report highlight state and federal efforts to address challenges surrounding behavioral health care provision. Many of the strategies designed to address behavioral health care needs are directly relevant to needs in Boulder County and may inform local efforts to address behavioral health at the community level.

Colorado Priorities for Behavioral Health Care

Colorado's Behavioral Health Administration



Colorado is poised to make a major structural transition to better support and coordinate behavioral health care provision across the state through the establishment of the Colorado Behavioral Health Administration (BHA). The BHA, created through House Bill 22-1278¹¹, is set to launch in July of 2022 and will be housed in the Department of Human Services through November 2024. The BHA is intended to align state mental health and substance use programs, reducing bureaucracy for providers and streamlining access to care for Coloradans and will encompass many of the behavioral health programs that were previously part of the Office of Behavioral

Health (OBH). In addition, the bill transfers the responsibility for community prevention and early intervention programs to the Colorado Department of Public Health and Environment (CDPHE), programs that have historically been administered by the state's Department of Human Services. Key to the establishment of the BHA are system-level goals of: Improving coordination, collaboration, and standardization of methodologies used to gather and analyze data across agencies; setting standards for behavioral health services and programs, and ensuring transparency and accountability for system expenditures and performance; and meaningfully engaging counties and local governments in strategic planning and shared funding efforts.

"The BHA is a game changer for counties and providers who have struggled with fragmented and complex funding streams, contractual requirements, data gaps, reporting standards, and often competing and even contrary administrative rules..... Some counties have developed funding sources through mill levies and other mechanisms to pay for services because the State has not been able to deliver everything that is needed..... For counties, the BHA is a path to an efficient use of public funds and resources that will lead to a more effective and accountable solution for Coloradans. It will serve as the lead collaborator on strategic planning between counties and the State to ensure that taxpayer dollars are well spent and that consumers have access to the services they deserve. Counties will also have a better sense of the dollars flowing into their community, and the outcomes resulting from those investments." (pp. 9, 63; *Plan for the Creation of the Behavioral Health Administration* report, November 2021, Colorado Department of Human Services).

The Task Force that recommended the development of the BHA identified 6 'pillars' of a strong behavioral healthcare system in Colorado: Access, Affordability, Workforce and Support, Accountability, Local and Consumer Guidance, and Whole Person Care. See Figure 1 below for more detail. As Boulder works to develop its behavioral health roadmap, it may be beneficial to review areas of alignment in Boulder's needs and strategic priorities with those of the BHA, and how these may inform and facilitate opportunities for the county. The graphic below depicts the six 'pillars' of behavioral health that the BHA has established to be essential to a strong behavioral health system⁴. Later in the report, we outline gaps, strengths, and opportunities for Boulder along these dimensions, based on prior needs assessments conducted in the county. The full BHA plan can be found by clicking [here](#).

Figure 1: The 6 Pillars of Colorado’s Behavioral Health Administration



Behavioral Health Recovery Act of 2021

Additional support for behavioral health service provision improvement is underway in the state of Colorado, including through the Behavioral Health Recovery Act created through Senate Bill 21-137¹². This act outlines specific actions that will be taken at the state level to further address the ongoing behavioral health crisis, including mental health and substance use disorders. While many of the specific actions outlined in the bill are focused on state-level institutions, there are several that directly intersect with efforts underway at the county level. These include: Creating the county-based behavioral health grant program in the Office of Behavioral Health (OBH) to provide matching grants to county departments for the expansion of behavioral health treatment programs, the development of a statewide care coordination infrastructure, and removing fire stations from the definition of “safe stations” as related to the disposal of controlled substances.

Additionally, this act intersects with federal priorities in a number of ways. These include: educating future medical professionals, through the University of Colorado and Colorado State University, to provide behavioral health support services and connect people to behavioral health services, creating a behavioral healthcare workforce development program in OBH, developing a program to provide emergency resources to providers serving children and youth who may require residential care for behavioral or mental health needs, creating data pathways across multiple agencies and areas of behavioral health care to improve tracking and reporting of behavioral health needs around the state, providing housing assistance to individuals with substance use disorders, and supporting harm reduction services around the state.

Behavioral Health Transformation Task Force

Recommendations

The legislative report from the Behavioral Health Transformational Task Force¹³ provides recommendations to the state legislature for the use of the \$450 million in unallocated funding from the American Rescue Plan Act of 2021 (ARPA). The report provides eight major recommendations for allocation of ARPA funding to create transformational change in Colorado's behavioral health services. The eight recommendations, including the proposed budget ranges for each, are as follows:

1. Address residential behavioral health needs of Colorado's Native American Tribes (\$5 to \$10M)
2. Meet the needs of children, youth, and families through youth and family residential care, community services, and school and pediatric behavioral health care integrations (\$110.5 to \$141.5M)
3. Invest in increased adult inpatient and residential care (\$65 to \$71M)
4. Integrate primary care and behavioral health (\$35 to \$37.6M)
5. Address gaps in the continuum of care through grants to local governments and community-based organizations (\$35 to \$37.6M)
6. Ensure people aren't arrested and jailed for their behavioral health conditions by using diversion, early interventions, and competency restoration (\$65 to \$70M)
7. Expand and support Colorado's behavioral health workforce (\$80.3 to \$82.7M)
8. Invest in Colorado's behavioral health system through care navigation and coordination, and immediate pandemic relief (\$44.2 to \$50.7M)

Federal Priorities for Behavioral Health Care

Biden-Harris Administration Agenda

At the State of the Union address on March 1, 2022, President Biden outlined his administration's agenda to address the country's mental health crisis, including both mental health diagnoses like anxiety and depression and non-pathologized mental health concerns like grief and trauma.¹⁴ The President highlighted the disproportionate burden faced by Black and Brown communities as well as the crisis state of youth mental health around the country.

This plan is divided into three main avenues for change:

1. Strengthen system capacity
2. Connect Americans to care
3. Support Americans by creating healthy environments

Strengthen System Capacity

According to the Biden Administration, more than one third of Americans live in designated Mental Health Professional Shortage Areas, which means that there are fewer providers for mental health services than the minimum required for that population size. Additionally, the fragmented structure of the healthcare system can make it very difficult to access mental health services, even if a provider is available. The President's FY23 budget will invest in programs that support the training of mental health and substance use disorder clinicians. Additionally, the plan outlines the intent to pilot new approaches to train a diverse group of paraprofessionals, build a national certification system for peer specialists, launch the "998" crisis response line and strengthen community-based crisis response, and expand the availability of evidence-based community mental health services.

Connect Americans to Care

This aspect of the agenda targets the gap between the onset of mental health symptoms and the time treatment begins, which is currently 11 years on average. The barriers to care include, but are not limited to, cost and stigma. Closing the gap and connecting Americans to care will be accomplished by expanding and strengthening parity, integrating mental health and substance use treatment into primary care settings, improving veterans' access to same-day mental healthcare, expanding access to tele- and virtual-mental health care options, supporting states and other entities to use relief funds, embedding and co-locating mental health and substance use providers into community-based settings, and creating behavioral health navigation resources.

Support Americans by Creating Healthy Environments

This section of the agenda acknowledges that the healthcare system is not the only thing that needs to change to address the mental health crisis. Of particular importance is the youth mental health crisis that is impacting children and adolescents around the country. To address this priority, the Biden Administration will strengthen children's privacy and ban targeted advertising for children online, expand early childhood and school-based intervention services and supports, increase mental health resources for justice-involved populations, providing supportive services for children and youth, and train social and human services professionals in basic mental health skills.

SAMHSA's Current Strategic Plan

The Substance Abuse and Mental Health Services Administration (SAMHSA), the primary federal agency devoted to funding behavioral health services within states, developed a strategic plan under the previous administration to outline the work for the Agency between fiscal years 2019-2023.¹⁵ While a new strategic plan will likely be released in Fall of 2022, the existing plan outlines five areas for the provision of behavioral health services that remain relevant for understanding current priorities. These priority areas are:

1. Combating the Opioid Crisis through the Expansion of Prevention, Treatment, and Recovery Support Services
2. Addressing Serious Mental Illness and Serious Emotional Disturbances
3. Advancing Prevention, Treatment, and Recovery Support Services for Substance Use
4. Improving Data Collection, Analysis, Dissemination, and Program and Policy Evaluation
5. Strengthening Health Practitioner Training and Education

Additionally, SAMHSA's work is guided by five core principles that are included across all aspects of the Agency's work:

1. Supporting the adoption of evidence-based practices.
2. Increasing access to the full continuum of services for mental and substance use disorders
3. Engaging in outreach to clinicians, grantees, patients, and the American public
4. Collecting, analyzing, and disseminating data to inform policies, programs, and practices
5. Recognizing that the availability of mental health and substance use disorder services are integral to everyone's health.

The full strategic plan can be found by clicking [here](#).

Models for Coordinating Behavioral Health Care and Treatment in Colorado

Hub and Spoke Models

In early 2021, The Colorado Attorney General’s Office released its Opioid Crisis Response Plan (OCR Plan), outlining its approach for the state’s opioid settlement funds. The plan focuses on several areas, reflecting identified needs and evidence-based strategies:

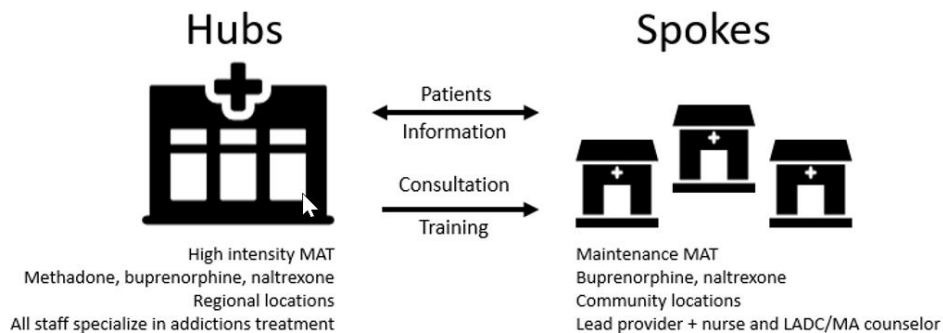
- Prevention and education
- Expanded access to evidence-based treatment and recovery services, including harm reduction approaches
- Oversight of medication distribution and prescriptions
- A focus on rural communities and the criminal justice system, as particular contexts in need of robust services and interventions

See [here](#) for the full report.¹⁶

As laid out in the state’s PowerPoint presentation,¹⁹ Colorado plans to apply a Hub & Spoke Model for coordinating treatment, similar to models being implemented in other states (e.g., Vermont) and currently in northern Colorado.¹⁷

A Hub & Spoke model endorses the use of a central organization that provides information and guidance to smaller providers, with providers supporting one another to ensure complete care coverage across its service area (for example, a community, county, or region). The example depicted below is from the state’s presentation referenced above. While specific to OUD strategies and services (i.e., MAT and overdose prevention interventions), this model can be applied to coordination of SUD services more broadly.

Figure 2: Hub & Spoke Model Examples



In Colorado, Larimer and Weld counties are currently using a Hub & Spoke model¹⁸ to address opioid use in their communities. A substance use disorder call center, which serves as the hub, is staffed with case

managers who coordinate care with the various health centers, which operate as the spokes. One of the health centers is also designated as the point of connection to hospital emergency departments and people who are coming out of corrections facilities. See here for more information on how CO-Slaw applies the Hub & Spoke model, and the entities comprising its community partnership.

A similar model for coordinating care emerged as a recommendation for Boulder County in 2019 through a collaborative assessment and planning process spearheaded by Boulder County Public Health and supported by OMNI⁹. Recommendations from the assessment centralized around the concept of a Boulder County behavioral health “hub” for behavioral health screening, referral, and service navigation to be utilized by law enforcement professionals, community partners, and the general public. The hub is envisioned to serve as both a coordinated referral response for all people who are in need of services and an enhanced response team for law enforcement professionals to assist in diverting individuals from the criminal justice system who would better benefit from behavioral health treatment and care. Boulder County has already put several programs and teams in place to move forward the vision of the recommended hub, including the Boulder County Co-Responder Services program, the appointment of a Hub manager housed in Community Justice Services, selection of a web-based resource and referral system, and creation of a Hub Implementation Group, a strategic group of leaders charged with informing the development of the Hub that includes representation across Community Services, Public Health, Housing and Human Services, the Sheriff’s Office, and the District Attorney’s Office. Recent grants from the Colorado Office of Behavioral Health and the State’s Department of Public Health and Environment, respectively, will also support navigation staff and outreach services to the Latinx population to further behavioral health Hub efforts.

A Networked System of Care Model

Douglas County, Colorado has emerged as a leader within the Colorado community for transforming its approach to coordination of behavioral health services and may serve as a useful example to Boulder County, particularly in relation to how it has sought to resolve underlying systemic issues through coordination across agencies and increased community engagement in care. Key challenges that led the county to the Douglas County’s response included:

- A lack of coordination in behavioral health service provision across the county
- A lack of trust in the community’s behavioral health service provider, from both providers and the community
- A unique community geography and demographic makeup, including: a primarily rural county with a concentration of relatively wealthy residents in its population centers; a presumed lack of behavioral health needs in the community, due to the affluence of many residents (e.g., there is a high insured rate, though often with high deductibles; a smaller percentage of the population is eligible for Medicaid relative to other communities).
- Community perceptions of stigma surrounding behavioral health care needs.

To address these issues, in 2019, Douglas County developed a blueprint¹⁹ for behavioral healthcare coordination and provision, including the creation of the Douglas County Mental Health Initiative, which comprises over 40 organizations. The blueprint utilizes a model of effective integrated care and specialty care for special populations. The county is now implementing a networked system of care across organizations that had care coordination teams already in place – this network evolved as a natural extension of the county’s co-responder program – with an emphasis on a ‘no wrong door’ approach to care.

The networked system is made effective, in part, by ensuring clear management and coordination roles and responsibilities through a leadership team comprised of decision makers at the county level (county government) and an operations team comprised of a Mental Health Navigator and case coordinators.










Activities that helped guide and support the reform of the behavioral health care system in Douglas County included (a) initial asset mapping and identification of gaps in resources, (b) leadership coordination, and (c) a commitment to transparent communication about the services and resources that each participating entity in the behavioral health care network brings to the table.

Boulder has several characteristics and circumstances in common with Douglas County, including a relative preponderance of affluent residents, challenges with care coordination and collaboration, and the asset of an existing co-responder program. The planning activities undertaken by Douglas County in developing its blueprint, as well as their early learnings and successes, may be useful for Boulder County in determining initial action steps for developing its roadmap.

Common Themes

Communities across the country are grappling with many common challenges and needs in striving to provide the best behavioral health care provision possible to members of the community. To better address behavioral health needs, local and federal governments must implement systems changes that improve access to and coordination of care, devise systems that address population specific needs, improve capacity within the community starting with the workforce but also including availability of culturally responsive, accessible and affordable services, and put in place data monitoring and accountability systems that can both monitor ongoing needs and anticipate rising needs within a community so that they can be readily addressed. While there are multiple plans and strategies being implemented to address pressing behavioral health needs, all have overlapping priorities that may be leveraged to inform and support community-based solutions. Importantly, there is much overlap between state and federal priorities, and these in turn intersect with the highest priorities identified in Boulder County. Boulder County can draw upon these resources and aligned interests to inform its roadmap, including consideration of emerging best practices in approaches to coordinated care, and identification of funding opportunities that come through state and federal mechanisms. Table 1 below highlights these points of commonality and overlap across Boulder County's goals and needs, statewide behavioral health plans and strategies, and the federal priorities addressed in this report.

Table 1. Boulder County, State, and Federal Plan Behavioral Health Priorities

	Boulder County Highest Needs and Priorities					Additional State & Federal Needs and Priorities			
	 Access to & Coordination of Care	 Population-Specific Care Needs*	 Increasing Workforce Capacity	 Community Awareness & Engagement	 Monitoring and Accountability (i.e., data sharing & public reporting)	 Address the High Cost of Care	 Integrating Behavioral Health & Primary Care	 Training Healthcare Professionals in Behavioral Health Needs	 Supportive Services (i.e., school & housing support)
6 Pillars of the Behavioral Health Administration	✓	✓	✓	✓	✓	✓	✓		
Behavioral Health Recovery Act	✓	✓	✓		✓			✓	✓
Behavioral Health Transformation Task Force	✓	✓	✓				✓	✓	
Biden-Harris Administration Fact Sheet	✓	✓	✓	✓		✓	✓	✓	✓
SAMHSA Strategic Plan for FY19-FY23	✓			✓	✓			✓	✓

*Note: Specific populations of focus include Native Americans, people involved with the justice system, Spanish speaking communities, LGBTQIA+ individuals, youth, rural communities.

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