ADAMS COUNTY
HEALTH DEPARTMENT
Your Health. Our Mission.

Adams County Behavioral Health Services & Supports Assessment:

A BLUEPRINT FOR ACTION REPORT

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ACKNOWLEDGEMENTS

We extend our deepest gratitude to the individuals and organizations who have contributed to the collective effort in addressing behavioral health challenges in Adams County. In particular, we wish to acknowledge the invaluable insights and contributions of community members with lived experience with behavioral health challenges. Your courage, resilience, and willingness to share your experiences have been instrumental in shaping our understanding of the issues at hand and guiding our efforts towards meaningful solutions. To each community member who has bravely shared their story, advocated for change, and participated in discussions and initiatives aimed at improving behavioral health services and supports, we offer our sincerest appreciation. Your firsthand perspectives have illuminated the realities faced by individuals and families impacted by behavioral health challenges, serving as a constant reminder of the urgency and importance of our work.

We also extend our appreciation to the community-based organizations and mental health providers who have demonstrated unwavering dedication and commitment to serving the needs of our community. Your tireless efforts, compassion, and expertise are invaluable assets in our collective pursuit of enhancing access to behavioral health services and supports for all residents of Adams County.

We stand united in our commitment to creating a more accessible, available, and equitable behavioral health services continuum. It is through the collaboration and contributions of individuals and organizations across our community that we can truly make a difference in the lives of our residents.

If you or someone you know needs immediate support, please reach out to Colorado Crisis Services at 1.844.493. TALK (8255) to speak to a trained professional or text TALK to 38255 to access a live chat available in 17 languages. Help and hope are available everyday 24/7. You may also visit one of their Denver metro area walk-in locations.

Adams County Health Department • 4430 South Adams County Parkway • Brighton, Colorado
Ph: 303.220.9200 | Email: behavioralhealth@adcogov.org

Offices and Locations

EXECUTIVE SUMMARY

ACHD safeguards and improves its community's health and well-being so that all residents have the opportunity to be healthy, valued, safe, and thriving. ACHD values Belonging, Courage, Community Leadership, Collaboration, and Justice. These values guide the ACHD's work and have informed the approach of this assessment.

As the Executive Director of the Adams County Health Department, I am proud to highlight the collective impact of community-based organizations and behavioral health providers in addressing our county's pressing behavioral health challenges. Together, we recognize the urgent need to tackle the complex interplay of individual, social, and structural factors affecting mental health and well-being across our community. With support from diverse funding sources, including crucial contributions from the American Rescue Plan Act (ARPA) and Opioid Abatement funds, our collaborative efforts are dedicated to enhancing access to behavioral health services and supports while combatting complex issues such as suicide, overdose, and substance misuse.

Dr. Kelly Weidenbach, Executive Director of Adams County Health Department

The 2023 Adams County Behavioral Health Services and Supports Assessment stands as a seminal report, documenting the point-in-time landscape of behavioral health challenges and existing capacity within our community to address the behavioral health needs of our community members, and providing tangible recommendations for mitigating and addressing these challenges. This report is intended to reflect our shared commitment to understanding and addressing the complex behavioral health landscape in our county. Through this assessment, we have highlighted concerning trends in poor mental health rates, deaths by suicide, and drug overdose, as well as disparities and inequities in service availability and access. With a deep understanding of the socioeconomic factors, structural racism, and social environments exacerbating these challenges, we have identified practical actions to drive positive change and ultimately improve the wellbeing of our community members.

Key recommendations emerging from the assessment center on bolstering the capacity and collective impact of our community-based organizations and behavioral health providers (See Table 1). These recommendations underscore the importance of workforce expansion, universal screening, integrated care, improved care coordination, and strengthened public health support. By uniting our efforts and aligning our resources, we aim to bridge service gaps and disparities, paving the way for a more accessible, available, and equitable behavioral health services continuum for all residents of Adams County.

As we navigate the shared challenges faced by our diverse population, it is clear that our strength lies in our collective action. By harnessing the power of collaboration and building upon the strengths of our community-based organizations and behavioral health providers, we are poised to make a lasting impact on the mental health and well-being of our residents. Together, we will continue to strive towards a more resilient and thriving Adams County, where every individual has access to the support and resources they need to lead healthy and fulfilling lives.

Table 1: Summary of Recommendations

Recommendation A	Expand the behavioral health workforce in Adams County.
Recommendation B	Increase universal screening, referral, and integrated care for behavioral health within all critical settings, including schools, primary care, and specialty services.
Recommendation C	Improve and increase care coordination and case management among providers, systems, and across jurisdictions.
Recommendation D	Provide public health leadership that engages critical behavioral health partners to improve access to behavioral health services and supports and integrate promotion and prevention strategies.

ASSESSMENT OVERVIEW

The 2023 Adams County Behavioral Health Services and Supports Assessment recognizes the importance of sharing data and statistics with care; centering on people whose lives are impacted directly and indirectly by pain and loss. The content shared throughout this report represents a profound impact on Adams County communities and the county's shared responsibility to take action to support mental health and well-being and prevent suicide, overdose, and substance misuse in Adams County.

> ***STATISTICS ARE HUMAN BEINGS WITH THE TEARS WIPED OFF."***
>
> – Irving J. Selikoff, M.D.

PURPOSE

Behavioral health challenges are increasing in Adams County. Rates of poor mental health have risen from 10 percent in 2018 to 26 percent in 2022. Deaths by suicide in Adams County have remained at a high, steady rate from 2017 to 2022, with over 100 people dying by suicide in Adams County every year.[1] Deaths by drug overdose have increased since 2011, with opioid-related overdoses accounting for the highest proportion of deaths. Death rates for all drug overdoses, prescription opioids, and fentanyl decreased in 2022.[2]

Behavioral health service availability in Adams County is uneven, and residents experience challenges accessing services and supports. Public and private sector organizations and providers working to deliver services and supports have difficulties connecting residents to needed care.[3] Additionally, socioeconomic factors, structural racism, and social environments influence access to care among Adams County residents and have impacted disparities and inequities in behavioral health outcomes across Colorado and the nation.

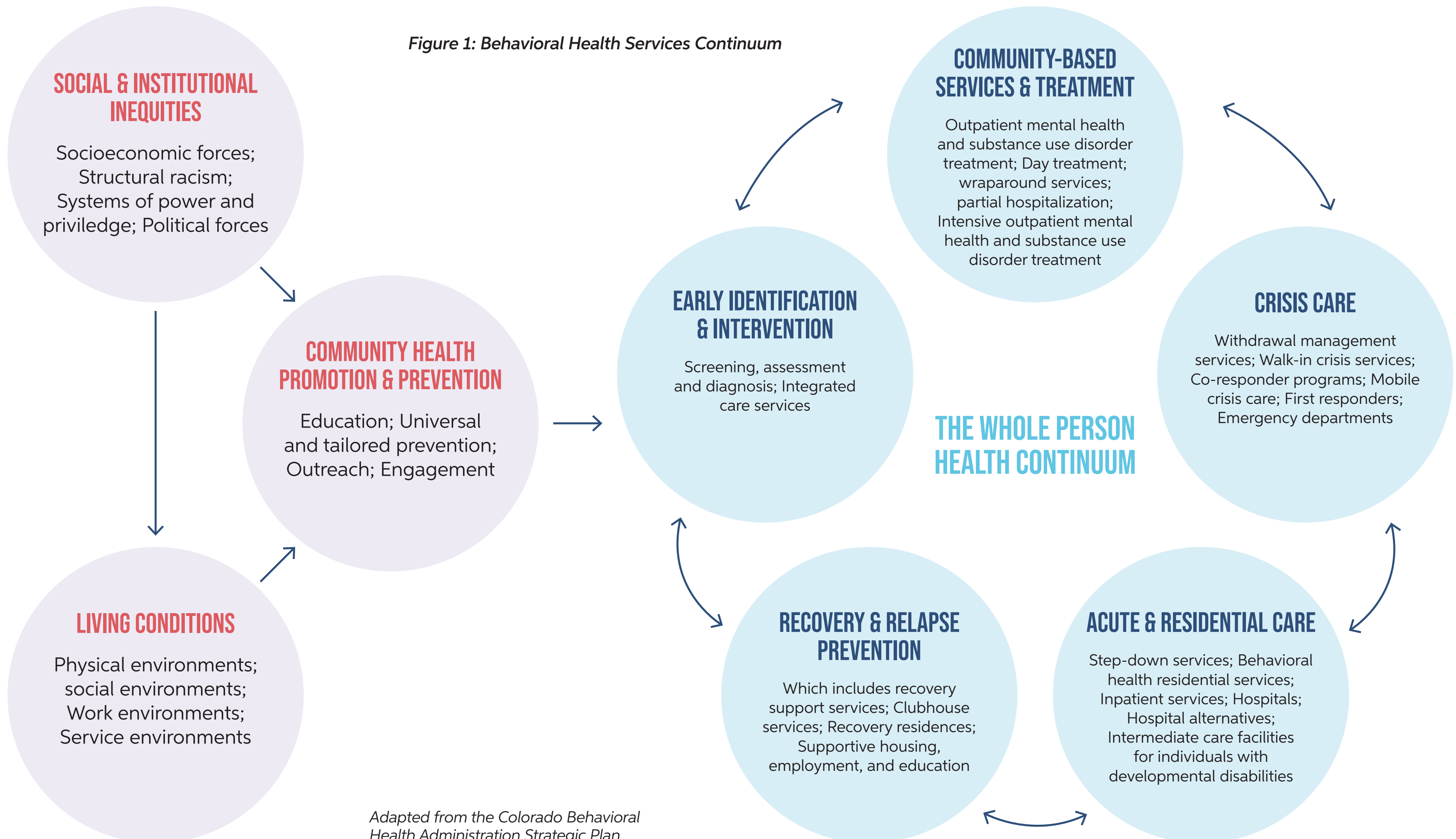
Adams County Health Department (ACHD) received funding through the American Rescue Plan Act (ARPA) Tranche II funds to assess the county's behavioral health services continuum and determine the system's capacity to provide direct services and supports for people with the greatest needs. Key recommendations identified in the assessment build on assets and opportunities available at the state and local levels and provide evidence-based solutions to address behavioral health service and support gaps. These

> ***A BEHAVIORAL HEALTH SERVICES CONTINUUM includes mental health promotion, prevention, treatment, and recovery. Continuums of care recognize multiple opportunities for addressing behavioral health challenges. This interconnected system is intended to deflect and divert people experiencing behavioral health crisis away from legal system involvement and emergency room visits through an array of services in the outpatient setting. Ensuring integration and seamless transitions across the continuum of care is essential to connecting people to tailored care when needed.[3]***

recommendations are being made available to organizations serving Adams County to create a more accessible, available, and equitable behavioral health services continuum for residents.

This assessment defines the behavioral health services continuum with the following service categories to align with the Colorado Behavioral Health Administration's 2023 strategic plan (Figure 1).[4] While this assessment focused on Early Identification and Intervention to Recovery and Relapse Prevention, it acknowledges the importance of Community Health Promotion and Prevention, including education, universal and tailored prevention, and community outreach and engagement.

Figure 1: Behavioral Health Services Continuum



Adapted from the Colorado Behavioral Health Administration Strategic Plan

BACKGROUND

NATIONAL & STATE LANDSCAPE

Behavioral health issues affect millions of people in the United States. According to the 2023 State of Mental Health in America, approximately one in five (21 percent) adults reported having experienced a mental illness while nearly one in six (16 percent) youth reported suffering at least one major depressive episode in the past year.[5] Among people 12 or older in 2022, 60 percent reported having smoked, vaped, drank alcohol, or used substances in the past month, with alcohol being the most commonly used substance.[6] A 2022 survey found that 90 percent of U.S. adults believe the country is facing a behavioral health crisis, with the opioid epidemic, mental health issues in children and youth, and severe mental illness the most common concerns.[7]

- Colorado residents are experiencing many of the same behavioral health trends and challenges seen nationwide. Colorado ranks 45th worst state on Mental Health America's 2023 State of Mental Health for prevalence of mental illness and access to care. States ranked 39-51 indicate adults have a higher prevalence of mental illness and lower rates of access to care than other states.[8]
- In 2021, Colorado had the sixth highest age-adjusted rate of death by suicide (22.8 deaths per 100,000 deaths by suicide nationally).[9]

Racism as a Public Health Issue

Racism has a long history deeply rooted in the systems, structures, and policies of the United States. Racial injustices including acts of violence against Black Americans, COVID-19 inequities, and mass shootings targeting specific racial and ethnic groups have elevated national conversation in recent years. While advocacy and national movements have increased attention on racism as a public health issue, these inequities have had profound effects on the lives and mental health of communities of color for generations. There is increasing evidence that trauma caused by racial injustice and greater exposure to unfavorable social, economic, and environmental circumstances among people of color have extensive impacts on their mental health.[10,11]

Tony Hake

Impacts of the COVID-19 Pandemic

During the COVID-19 pandemic, rates of anxiety and depression, poor mental health, deaths due to drug overdose or alcohol, and substance use increased in Colorado and nationwide. The pandemic had significant impacts on behavioral health stressors for individuals and communities. People experienced stress, anxiety, and loneliness as the disease disrupted daily life and for some people, elevated economic hardship. Some individuals were more likely to experience worse behavioral health outcomes, including people of color, American Indian and Alaska Native people, adolescent females, and those experiencing household job loss.[12]

In Colorado, the **annual number of deaths by suicide** increased steadily between 2014 and 2019 from 1,156 to 1,306 respectively. In 2020, counts dropped to 1,294 only to fluctuate again in 2021 (1,370) and 2022 (1,287); with suicide deaths by firearm consistently accounting for more than half of all suicides in Colorado.[20]

Deaths by drug overdose have been on the rise in Colorado since 2011, but the COVID-19 pandemic had an unprecedented impact on the number and rate of overdose deaths. In 2021, 1,881 Coloradans died of drug overdoses—the most deaths by overdose ever recorded in the state and a 75 percent increase from 2019 (1,072).[2]

The number of Coloradans who died from **alcohol-induced deaths** (acute and chronic) increased by 41 percent from 2019 to 2021 (1,175 to 1,653, respectively).[16]

COVID-19 & COLORADO MEDICAID: *Throughout the COVID-19 Public Health Emergency, members who were enrolled in Medicaid and Child Health Plan Plus (CHP+) programs retained coverage through a process known as continuous enrollment. In 2023, continuous enrollment was discontinued, and eligibility redetermination was required beginning in May 2023. As a result, between May 2023 to January 2024, the process disenrolled an estimated 549,410 Coloradans. Just over 50 percent of members due for renewal in January 2024 remained covered (n=39,588). The re-enrollment process will be complete in April 2024, and Colorado will return to regular annual redetermination procedures.[17] Coloradans who are no longer eligible for Medicaid or CHP+ can enroll in insurance coverage through Connect for Health Colorado, the state health insurance marketplace. During marketplace open enrollment from November 2023 through mid-January 2024, Connect for Health saw an 18 percent increase in enrollments over the previous year with 77 percent of residents receiving financial incentives to help pay the premiums.[18]*

Trends toward expanding coverage for behavioral health services within Medicaid continue in many states. Colorado now offers coverage for more high-intensity services and will soon offer Medicaid in carceral settings while working to address social determinants of health (primarily housing) as part of Medicaid waivers.[19]

The federal Public Health Emergency expanded Medicaid coverage in early 2023 which ensured continuation of coverage for behavioral health services and supports for millions of Americans. The Public Health Emergency ended on May 11, 2023, initiating eligibility redetermination of all Medicaid enrollees, which led to decreases in those insured by Medicaid and potential increases to the population without insurance.[13]

COLORADO MEDICAID: ***Colorado Medicaid, known as Health First Colorado, has taken additional steps to address and improve access to behavioral health among its members. In 2021, Health First Colorado added several covered services for substance use disorder treatment, including medically monitored inpatient withdrawal management as well as all levels of residential substance use disorder treatment.[21] Policy and funding changes within Medicaid that have also promoted integration of behavioral healthcare include:***

- ***Increasing members coverage to access of up to six behavioral health services within the primary care setting.***
- ***Providing short-term grant funding to support physical and behavioral healthcare providers from August 2023-December 30, 2026, for integrated mental health and substance use services in primary care settings. Through distribution of funds allocated by the American Rescue Plan Act (ARPA), the Department of Healthcare Policy and Financing (hereinafter referred to as "Colorado's state Medicaid agency") received $29 million in funding for integrated behavioral health services in primary care settings. Short-term grant funding is awarded to physical and behavioral healthcare providers expanding access to care and treatment for mental health and substance use disorders using an evidence-based integrated care model. Awardees in Adams County include Kids First Healthcare, Commerce City and Saint Anthony's North Medical Residency, Westminster.[22]***

While the COVID-19 pandemic brought many challenges, it also initiated or accelerated policy changes to increase accessibility and availability of services such as telehealth delivery for both mental health and substance use care.[14] Providers were allowed to initiate patients on buprenorphine (a medication to treat opioid use disorder) via telehealth without first evaluating them in person. Colorado launched the federally mandated crisis number 988 in 2022 for those in need of crisis counseling, resources, and referrals.[15]

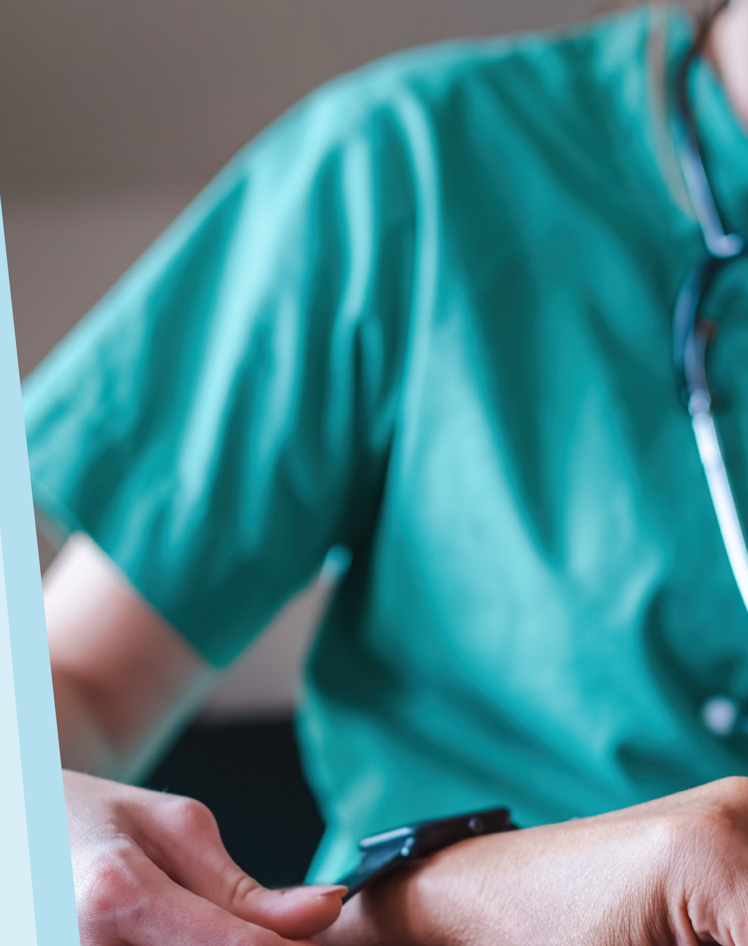
"INTEGRATED BEHAVIORAL HEALTHCARE **blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral healthcare, a part of "whole-person care", is a rapidly emerging shift in the practice of high-quality healthcare. It is a core function of the "advanced patient-centered medical home." Providers practicing integrated behavioral healthcare recognize that both medical and behavioral health factors are important parts of a person's overall health. Medical and behavioral health clinicians work together as a team to address a patient's concerns. Care is delivered by these integrated teams in the primary care setting unless patients request or require specialty services. The advantage is better coordination and communication, while working toward one set of overall health goals.[23]**

REFORMING & ALIGNING COLORADO'S BEHAVIORAL HEALTH SYSTEM

Behavioral Health Administration (BHA)

Efforts to evaluate and set a roadmap to improve the Colorado behavioral health system began in 2019 through the Colorado Behavioral Health Taskforce, led by the Colorado Department of Human Services. The Taskforce unanimously recommended establishing a Behavioral Health Administration (BHA) to lead and promote Colorado's behavioral health priorities and ensure behavioral health services respond to the changing needs of communities, monitor state and local outcomes, and evaluate state efforts. The Taskforce released a Blueprint for Reform in 2020 that outlined the vision for the future of the BHA to "ensure a standard of high-quality, integrated, people-first behavioral healthcare that's accessible to all Coloradans."[24]

In the coming years, the work of the BHA will have significant impacts on regions and counties including **regional service delivery**, care coordination, workforce development and systems change to create a comprehensive continuum of services for children and youth with high-acuity behavioral health needs.[25]



Established in 2022, the *BHA* is a cabinet member-led agency within the State of Colorado, housed within the Department of Human Services. The BHA is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA is focused on six key areas over the next three years, including improving access to behavioral healthcare, making behavioral healthcare more affordable, strengthening the behavioral health workforce, promoting accountability, uplifting lived experience, and improving whole-person care. The BHA is charged with the following activities:

- **Creating a coordinated, cohesive, and effective behavioral health system.**
- **Unifying efforts with other state agencies that administer behavioral health programs to maintain alignment in programs, resource allocation, priorities, and strategic planning.**
- **Reforming and centralizing mental health and substance use services and co-creating a people-first behavioral health system.[24]**

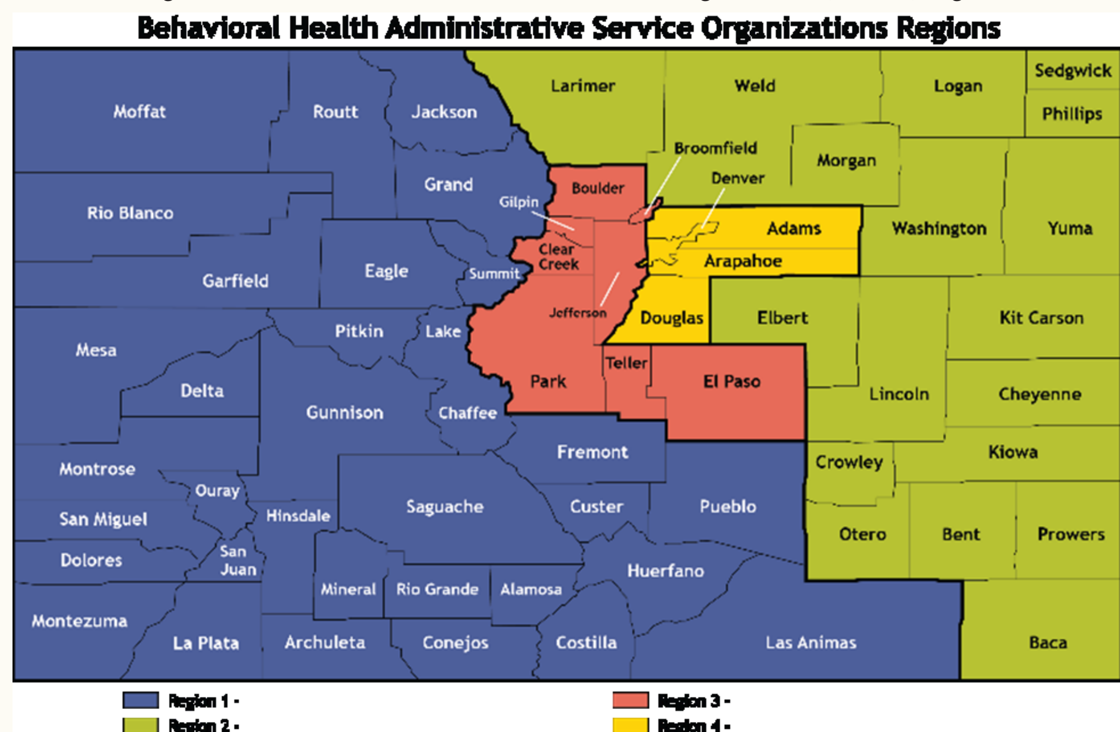
REGIONAL SERVICE DELIVERY, a primary function of the BHA, includes overseeing and funding regionally based behavioral health service organizations to streamline contracting, service delivery, and access.[25] Currently, the BHA contracts with 18 community mental health centers (CMHC) for the provision of mental health treatment services to individuals and families with low income or to those not covered by insurance throughout Colorado. CMHCs are statutorily mandated to provide: (1) inpatient care, (2) outpatient care, (3) partial hospitalization, (4) emergency care/services, and (5) consultative and educational services. CMHCs provide these and other services through a variety of individual programs tailored to the specific needs of their communities.[26]

Beginning in July 2025, the BHA will administer public funds through local, private organizations referred to as Behavioral Health Administrative Service Organizations (BHASO).

- The BHASOs will oversee the delivery of a continuum of behavioral health services, consolidating substance use disorder treatment services, crisis services, and services from CMHCs, as well as care coordination in each region.[27]
- The BHASOs are charged to interface and align with Health First Colorado's Regional Accountable Entity(ies) (RAE) to reduce administrative burden for providers and minimize confusion for people in Colorado who are seeking services. Adams County is currently within a RAE region served by Colorado Access that includes Arapahoe, Douglas, and Elbert counties. *RAEs are organizations responsible for coordinating Health First Colorado members' care, ensuring they are connected to primary and behavioral healthcare, and developing regional strategies to improve access and outcomes for members. RAEs manage payments to providers for behavioral health services.*[28]
    - » The BHASO regional map (Figure 2) will be split into four regions to align with Health First Colorado's RAE regional map to be launched in 2025. The number of Colorado RAE regions will shift from seven to four to mirror the BHASO regions and bring greater alignment between Medicaid and non-Medicaid behavioral health services. This change means Adams County will be in a new region that will include Arapahoe, Denver, and Douglas counties. Provision of Medicaid-related and safety net behavioral healthcare may change.[29]

For more information on the impacts of the BHA's efforts and initiatives, see Appendix B.

Figure 2: Behavioral Health Administrative Service Organizations (BHASO) Regions.



EXPANDING THE BEHAVIORAL HEALTH WORKFORCE

Nationwide, the current behavioral health workforce is unable to meet the volume of need for services. As of March 2023, 160 million Americans lived in **Behavioral Health Professional Shortage Areas**, with over 8,000 more professionals needed to ensure an adequate supply of services.[30] Additionally, the demographics of the behavioral health workforce often do not reflect those of the populations they serve, limiting access to culturally and linguistically congruent care. For example, in the United States only a tenth of practicing psychiatrists identify as Black or Hispanic.[31] A growing body of research shows providers who share the same race, ethnicity, or culture with their patients may have greater capacity to communicate with them, understand their perspectives, and anticipate their needs.[32]

BEHAVIORAL HEALTH PROFESSIONAL SHORTAGE AREAS
are defined based on unmet need for provider capacity.[42]

Colorado has invested in and continues to prioritize efforts to close gaps and expand the behavioral health workforce;

- From 2021-2023, Colorado made historic investments to recruit, expand, train, diversify, and retain behavioral healthcare workers. The BHA awarded more than $20 million in grant funds to local providers and organizations in 2023 to stabilize, recruit, and retain behavioral health professionals as well as expand career options for early/entry-level workers. Awardees in or serving Adams County include Community Reach Center, Clinica Family Health, and Servicios de la Raza. Another $30 million will be dedicated to support the development, training, and diversification of the workforce over the next several years.[33]

According to the BHA report *STRENGTHENING THE BEHAVIORAL HEALTH WORKFORCE IN COLORADO,* "employers are reporting that staff members are leaving behavioral health jobs for higher-paying jobs in fast food, retail, and comparable entry-level roles. Wages for those working in the behavioral health workforce and reimbursement offered by payers are behind comparable industries, relative to education level and career point. Rising cost of living, including housing, add extra layers of difficulty in attracting and retaining key talent, especially in certain geographic areas of the state. An increasingly tight labor market means that attention must be paid to longer-term strategy and investment to elevate behavioral health job quality, recruit and retain talent, and develop a system where behavioral health professionals at every level can thrive."[41]

- The Colorado Health Service Corps, modeled after the National Health Service Corps, offers significant loan repayment for providers in Health Provider Shortage Areas. Although data are not available on the number of providers who have used the program, Adams County has 24 approved sites for mental health or substance use providers.[34]
- Colorado is working to implement strategic efforts to retain a high-quality, diverse, and culturally responsive behavioral health workforce. The BHA cites the expansion and strengthening of the peer support workforce as one of its top priorities. Peer support professionals are individuals who use their lived experiences to help others, from assistance with navigating treatment and recovery services to supporting through transitions between types of services. These professionals can deliver billable services through Health First Colorado to individuals with behavioral health concerns.[35]
  - Legislation in 2023 directed Colorado's state Medicaid agency to seek a federal waiver for reimbursement for community health workers (CHW) by July 2024, with the benefit starting in July 2025. Community health workers, also referred to as promotores de salud, are members of the communities they serve, sharing language and cultural identities. They help people build health-related skills and knowledge; perform health screenings such as measuring blood pressure, height, and weight; and assist individuals in gaining access to care as well as social determinants of health like housing and food.[36] A systematic review found that training and involving community health workers to deliver evidence-based mental health interventions resulted in positive mental health outcomes among adults, children, and families served by these programs.[37]
  - By April 2024, the BHA will develop prerequisites including coursework and professional experience for individuals to obtain a "behavioral health assistant" credential. This paraprofessional will assist licensed and certified clinicians with navigation and other nonclinical services. Individuals with this credential will be able to deliver services billable through Health First Colorado and its requirements will lead directly to a degree, such as counseling, that requires behavioral health credentials.[38]
- Colorado is also using interstate compacts (a contract among states), allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without need for multiple licenses.[39,40]

BEHAVIORAL HEALTH & THE CARCERAL SYSTEM

Individuals with behavioral health concerns are disproportionately represented in the carceral system. Nearly two in five people who are incarcerated have a history of mental illness, yet among those about three in five receive mental health treatment while incarcerated in state and federal prisons.[43] Nationwide, an estimated 65 percent of individuals in carceral settings experience an active substance use disorder.[44]

Mirroring national trends, many Coloradans who are incarcerated or interacting with the carceral system experience behavioral health challenges. In Colorado, 38 percent of people currently incarcerated have a mental health need and 72 percent have a substance use disorder. Colorado ranks 10th in the nation for the number of people incarcerated or under community supervision by population. In 2023, over 12,000 people were held in local jails, 70,000 were on probation, and 10,000 were on parole; these numbers reflect an overrepresentation of Black, Hispanic, and Native people in the carceral system.[45]

***CARCERAL SYSTEM* (otherwise known as the criminal legal system, law enforcement, jails, prisons, and courts) considers that not all who violate the law, or commit a crime, are exposed to this system and justice is a relative term many people do not positively associate with delivery of the current model. In the context of this report, the carceral system is best understood as a comprehensive network of systems that include formal institutions, such as law enforcement and the courts, monitoring, surveillance, criminalization, and incarceration of people.[54]**

Throughout this report, carceral system is used when not in reference to a specific data source.

Individuals continue to struggle after release from incarceration. November 2023 Department of Corrections data indicate 29 percent of parolees have a mental health need and 70 percent need substance use services.[46] Of those, 33 percent of parolees were in a housing situation that was transitional, and another 6 percent were either in transient housing or were unsheltered.[47,48]

The BHA's 2022 behavioral health workforce strategic plan acknowledged the criminal legal system as currently "one of the largest providers of behavioral health services" in the state.[34]

In effect, Colorado's jails and prisons have become mental health treatment centers in part because of a shortage of more-appropriate settings, particularly for inpatient psychiatric care. This shortage of both forensic and civil hospital beds in Colorado has been well established and is closely monitored following a consent decree (or legally binding performance improvement plan) related to violations of court-ordered timeframes for providing competency evaluations and restoration services to people with mental illness in the criminal legal system.[55]

Research demonstrates the positive impacts of treatment offered to individuals in carceral settings for reducing substance use, relapse, and criminal activity upon release. As in many states, Colorado jails and prisons now offer treatment for opioid use disorder in their facilities to ease the symptoms of withdrawal and reduce the likelihood of returning to custody after release.[49]

Colorado has invested in evidence-based services and programs across the carceral system continuum, including two highlighted below in which Adams County is participating.

- The Jail Based Behavioral Health Services Program, administered by the Colorado Department of Human Services, offers an array of behavioral health services to individuals who are incarcerated, including substance use treatment, mental health services, competency enhancement, presentence reentry coordination services, and medication-assisted treatment.[50]

- The Medication Consistency Program supports access to effective medications for individuals with behavioral health needs who transfer in and out of the carceral system and mental health facilities as well as supporting access to sharing health information in jails to facilitate Health Information Exchange (HIE). HIE allows doctors, nurses, pharmacists, other healthcare providers and patients to appropriately access and securely share a patient's vital medical information electronically. HIE equips providers with a better understanding of the whole health of an individual so they can provide the safest and most effective treatment recommendations. In general, this includes information on recent hospital or emergency room admissions and recent providers that are connected to a HIE. This ensures coordinated care for people during incarceration and upon release.[51]

In 2019, Adams County began participating in a pilot to ensure healthcare providers caring for people who are incarcerated have access to relevant health information and coordination of treatment across various treatment settings. Screening and referral to medical or mental health providers is done in most counties by the jail intake staff upon booking. The outcome of this pilot has informed the roll out of access to HIE for all remaining jails in the state.[53]

Efforts to divert people with behavioral health challenges from jails and prisons and into appropriate care have also expanded in recent years. One example includes co-responder programs that typically pair law enforcement officers or first responders with behavioral health specialists who can help assess, support, treat, and refer individuals with behavioral health challenges at the scene of an incident or service call. Co-responder programs in the United States originated in the early 1990s, with many cities and counties launching programs within the last five to 10 years. Programs differ in practice, from the types of behavioral health professionals involved to hours of operation and timing of response and supports provided. While this variation in models has created challenges in evaluation of their impact, overall evidence suggests promising results and benefits, including enhanced crisis de-escalation, decreased arrests and jail admissions for individuals experiencing a behavioral health crisis, and faster and better access to effective treatment for individuals.[52,53]

Adams County is home to seven co-responder programs. Municipalities with co-responder programs are all located in the most populated areas of the county, and include Aurora, Brighton, Federal Heights, Northglenn, Thornton, and Westminster. The Adams County Sheriff's Office operates a co-responder program that serves unincorporated Adams County. The most populous city in Adams County without a co-responder program is Commerce City, with nearly 65,000 residents.[57]

THE BHA'S 2022 BEHAVIORAL HEALTH CRIMINAL JUSTICE ROADMAP RECOGNIZES THAT THE NATIONAL AND LOCAL REALITY THAT TOO MANY PEOPLE WITH SIGNIFICANT BEHAVIORAL HEALTH NEEDS ARE LANDING IN THE CRIMINAL LEGAL SYSTEM WITHOUT THE CARE THEY NEED.[56]

ADAMS COUNTY LANDSCAPE

Located in the Denver metropolitan area, Adams County is the state's fifth largest county serving a population of more than 527,000 residents (Figure 3). Adams County is home to the cities of Brighton, Commerce City, Federal Heights, Northglenn, and Thornton; portions of Arvada, Aurora, Lochbuie, and Westminster; and the Town of Bennett. Unincorporated communities include Henderson, Strasburg, and Watkins.[58] Adams County is home to a diverse population — rich in culture, language, traditions, and history.

Facing Adams County are similar behavioral health-related challenges shared across Colorado and the nation, including the impacts of the COVID-19 pandemic, behavioral health worker shortages, and difficulties accessing and navigating services. More people are experiencing poor mental health in Adams County and disparities appear in behavioral health outcomes by age, race/ethnicity, income, sexual orientation, gender identity, educational attainment, and geographic area. Populations of focus described in this assessment face unique challenges accessing behavioral health services and supports influenced by historical and persistent systemic and structural inequities.[59]

SYSTEMATIC & STRUCTURAL INEQUITY "Institutionally created and reinforced privilege for some groups of people and a lack of privilege and access to resources by others. Examples include policies, laws, business practices, access to healthcare, education, housing, and banking."[60]

Figure 3. Adams County Demographics, Prevalence of Adult Health Risk Issues, and Prevalence of Youth Health Risk Issues

ADAMS COUNTY DEMOGRAPHICS

Population*	527,498	Median Household Income**	$86,297
White Non-Hispanic*	46.9%	No High School Education**	15.2%
Hispanic*	42.4%	Families Below Poverty**	9.6%
African-American*	3.5%	Unemployment***	4.61%
Asian*	4.3%	Median Rent (monthly)**	$1,632
Median Age**	35		

*Source: Colorado Department of Local Af airs, July 2021 Estimates, released Aug 2023; **Source: American Community Survey 2022 (Dec 2023 release); ***Source: Bureau of Labor Statistics, Nov 2023

PREVALENCE OF ADULT HEALTH RISK ISSUES

Poor Mental Health	17.2%	Current Marijuana Use	19.0%
No Physical Activity	20.0%	Current Smoking	13.1%
Obesity	32.4%	Current Vaping	11.1%
Binge Drinking	16.3%		

Source: BRFSS 2023

PREVALENCE OF YOUTH HEALTH RISK ISSUES

Poor Mental Health	40.7%	Binge Drinking	12.0%
Considered Suicide	16.9%	Current Marijuana Use	13.4%
No Physical Activity	57.1%	Current Smoking	3.0%
Overweight/Obesity	26.5%	Current Vaping	17.7%
Electronically Bullied	8.2%	3+ hrs Daily Screentime	76.5%

Source: Healthy Kids Colorado Survey 2021, except overweight/obesity from 2019

METHODOLOGY

"MENTAL HEALTH refers to the emotions, behaviors, and biology relating to a person's mental well-being, their ability to function in everyday life, and their concept of self." It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. The term "behavioral health" encompasses all contributions to mental health including substances and their misuse, behavior, habits, and other external factors. Behavioral health issues and disorders include substance use disorders, mental health disorders, serious psychological and mental distress, and suicide. They range from unhealthy stress or subclinical conditions to diagnosable and treatable conditions. All people have biological and psychological characteristics that make them vulnerable to, or resilient to, potential behavioral health issues. These characteristics exist in multiple contexts like relationships, communities, and society, and need to be addressed in multiple settings.[64,65,66]

Community Health Assessments (CHAs) previously conducted in Adams County identified behavioral health, including mental health and substance misuse, as priority issues for residents. In 2020 and 2022, the former Tri-County Health Department serving Adams County conducted two assessments that garnered significant input from Adams County community partners and residents (i.e. 1,250 residents surveyed, 90 partner organizations surveyed, 35 key informant interviews, and 45 focus group participants).[1,61]

Notably, the CHAs documented disparities among Adams County residents in self-reported mental health status by factors such as age, race/ethnicity, income, and educational attainment. Disparities by geographic area were documented with greater percentages of mental health distress in north Aurora, north Brighton, Commerce City, Federal Heights, south Thornton, and Welby. These assessments identified barriers to accessing behavioral health services including insurance, cost, transportation, ability to navigate the system, ability to be seen by a provider, time to get to an appointment, and limited awareness of existing resources and services.[1,61]

The 2023 Adams County Behavioral Health Services and Supports Assessment (hereinafter referred to as the "Behavioral Health Assessment" or "the assessment") used a data-driven and community-informed approach, including both quantitative and qualitative data collection and analysis; aligning with the Colorado Behavioral Health Administration's recommended approach to community-informed assessments.[62]

"BEHAVIORAL HEALTH EQUITY is the right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location, to access high-quality and affordable healthcare services and support."[63]

The following data principles and values centering equity were used to guide data collection, analysis, interpretation, and dissemination of the findings and recommendations identified through this assessment.[67,68,69]

DATA EQUITY PRINCIPLES & VALUES

Use Data to Inform, Drive Action, and Impact Health Outcomes

Keep Data Timely and Relevant

Ensure Transparency Regarding Limitations of Data Collection

Disaggregate Data to Understand Who is Most Impacted

Communicate Historical Context

Name Disparities and Inequities

Tell the Story of Intersectionality

Take a Strengths-Based Approach

Communicate Data to Partners and Residents Effectively

Sources: Adapted from Center for Disease Control and Prevention, Urban Institute (2020), and The White House (2022).

Six exploratory questions guided the assessment:

1. What is the need for services across the behavioral health continuum in Adams County?
2. What is the current supply of behavioral health supports across the continuum in Adams County?
3. What is the quality of behavioral health supports across the continuum in Adams County?
4. What are the gaps in serving Adams County residents in need of services across the behavioral health continuum?
5. What barriers do Adams County residents face in accessing behavioral health supports across the continuum?
6. What are the barriers to providing needed behavioral health supports across the continuum in Adams County?

The assessment included a review of over 60 quantitative data sources categorized by data topics shown in Figure 4. A qualitative approach engaged more than 75 professionals representing behavioral health providers, co-responder programs, law enforcement, community-based organizations, social services organizations, faith-based organizations, and Adams County departments and programs, through over 35 key informant interviews and four focus groups (one Spanish-speaking only). For a list of key reports and data sources that informed this assessment, please review the Resource Index (Appendix C).

Figure 4: Data Sources Used for This Assessment

Multiple data sources are needed to understand behavioral health needs and services as no one data source can present a comprehensive picture.

PRIMARY DATA SOURCES	SECONDARY DATA SOURCES	
Focus Groups	Demographics & Social Determinants of Health	Injury Surveillance
Key Informant Interviews	Healthcare Utilization	Population Health Surveys
Co-Responder Survey		Services Directories
		Vital Statistics

Ten populations of focus were identified based on behavioral health disparities documented in state and local assessments conducted over the last three years. Key findings and recommendations presented in this assessment prioritized populations of focus.

By cross-referencing secondary data sources and primary qualitative data collection, this assessment took a systematic approach to defining the current state of availability, accessibility, and acceptability of behavioral health services and supports. The findings section details the mental health and substance use services and supports challenges facing Adams County, including barriers to care, service needs and gaps, and provider capacity and capabilities. The ten key findings are informed by multiple quantitative data sources and a thematic and narrative analysis conducted of qualitative data (i.e. interviews and focus groups).

THEMATIC ANALYSIS is the process of systematically organizing and describing the data set in rich detail and highlighting patterns within it.

NARRATIVE ANALYSIS focuses on how individuals convey their experiences and the structure of their stories.[72]

Review Appendix D for more information on the methodology used to analyze the qualitative data collection.

POPULATIONS OF FOCUS: *Youth and Young Adults, Older Adults, Black, Indigenous, and People of Color (BIPOC)*, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus (LGBTQIA+)** and other sexual and gender populations; and people without documentation, who are unhoused, with low incomes, who are pregnant and postpartum, with disabilities, and who have interfaced with the carceral system.*

Terminology used throughout this report is based on the data source.

Not all terminology is considered inclusive language.

This assessment recognizes those who hold multiple social identities or belong to multiple groups who have been historically, persistently, and systematically marginalized face compounding challenges, from stigma to finding culturally and linguistically congruent and trauma-informed care that centers intersectionality and equity as core principles.

- ***Intersectionality*** is a way of understanding the impact and experiences of overlapping and intersecting social identities, such as age, gender, race/ethnicity, ability, class, and sexual orientation.
- Data are often not collected, available, or sample sizes are too small to assess disproportionately impacted populations from this intersectional perspective.[70]
- This assessment discusses these data limitations while acknowledging there are behavioral health disparities among populations of focus stemming from systematic and generational inequities, such as trauma, racism, and inequitable policies.[71]

**This assessment uses the umbrella term BIPOC to refer to Black, Indigenous, and People of Color. This includes Latino/a/e/x and Asian and Pacific Islander people as well as other racial and ethnic groups historically and systematically marginalized.*
***This assessment uses the umbrella term LGBTQIA+ to refer to all marginalized sexual orientations, gender identities, and intersex.*

KEY FINDINGS

Key findings are organized into two subsections:

1. Adams County Behavioral Health Service and Support Needs (two main findings)
2. Adams County Service Provider Capacity and Capabilities (six main findings)

County-level data is used throughout the findings unless unavailable and/or otherwise specified.

ADAMS COUNTY BEHAVIORAL HEALTH SERVICE & SUPPORT NEEDS

FINDING 1 Accessing behavioral health services and supports is very difficult in Adams County.

In Adams County, more residents every year report experiencing poor mental health and going without needed mental healthcare, with a substantial increase since 2019. In 2023, just over one in five Adams County residents ages five years and older reported having poor mental health for eight or more days over the past month (Figure 5). Over 75,000 (16 percent) residents reported there was a time in the past year when they needed but did not get mental healthcare or counseling services.[73]

Over half (52 percent) of Adams County residents who reported needing but not getting mental healthcare cited obtaining an appointment as the biggest barrier (Figure 6). Also of great concern was cost of treatment (48 percent). Additional barriers included, thinking health insurance would not cover care regardless of insurance type (40 percent) and not feeling comfortable talking with a health professional (27 percent) (Figure 6).[74]

Figure 5. Trends in Mental Health and Care Needs in Adams County, 2013-2023

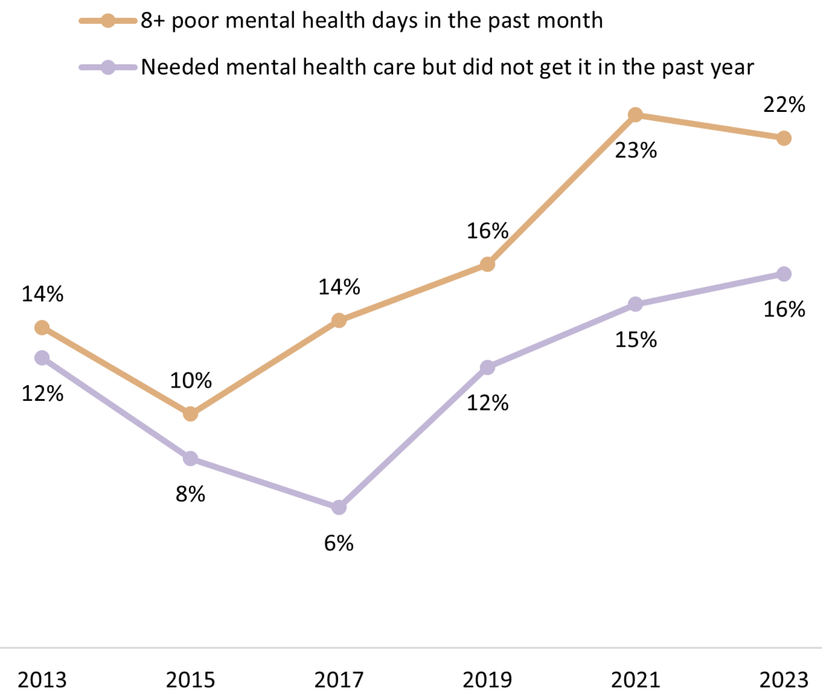
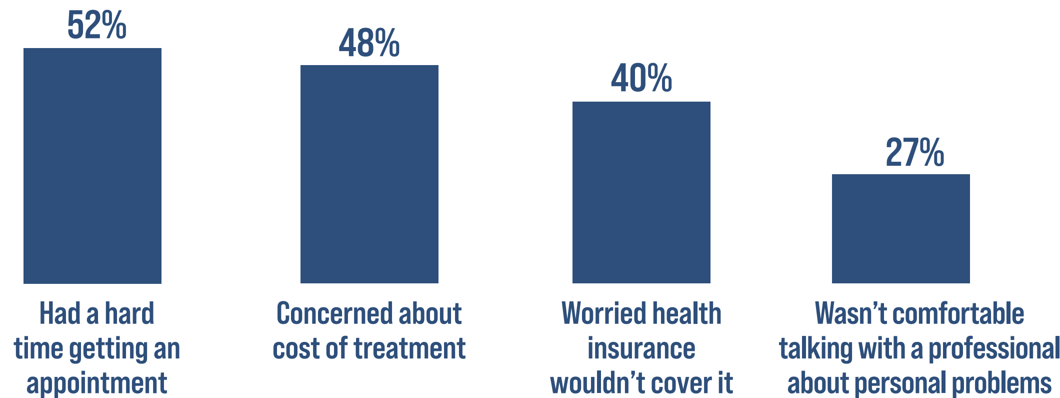


Figure 6. Barriers to Mental Healthcare in Adams County, 2023



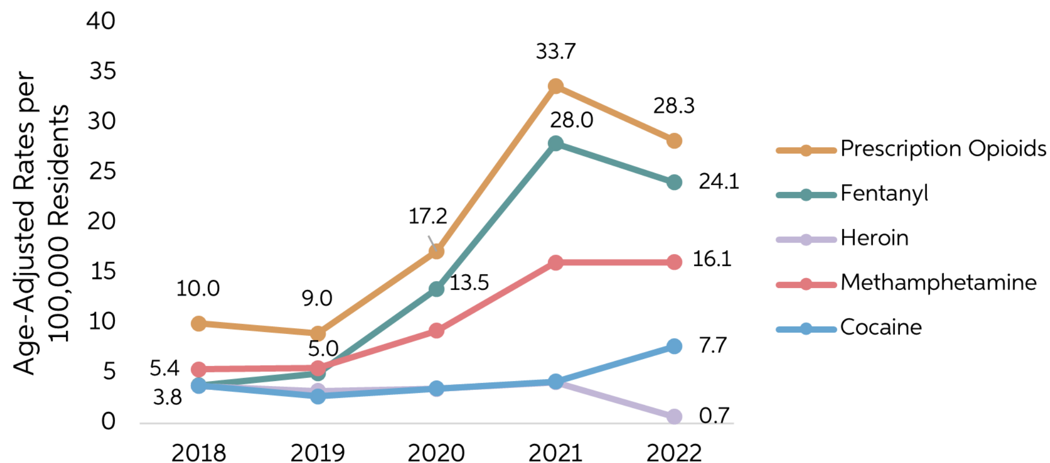
Source: Colorado Health Access Survey

Between 2018 and 2021 in Adams County, the rates of drug overdose deaths involving prescription opioids tripled, and death rates involving fentanyl increased by eight times. Drug overdose death rates involving prescription opioids, fentanyl, and heroin decreased in 2022 (Figure 7).[2]

The presence of illicit fentanyl has impacted drug overdose deaths rates in Adams County. This potent drug can be laced or combined with other drugs, which poses a higher risk of severe adverse effects and death particularly if someone cannot receive timely medical care.[74] Fentanyl overdose deaths in Adams County have increased from 14 deaths to 24 deaths per 100,000 residents from 2020 to 2022, following similar trends statewide (Figure 7).[2]

Figure 7. Age-Adjusted Rates of Drug Overdose Deaths per 100,000 population by Substance and by Year, Adams County, 2016-2022

Note: "All Opioids" category includes any opioid (prescription or illicit), fentanyl, and heroin



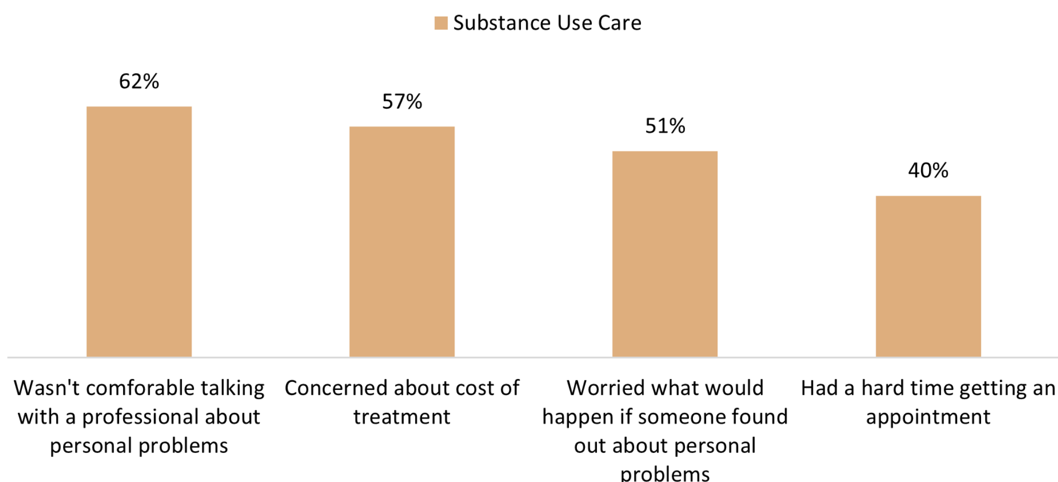
Source: Colorado Department of Public Health and Environment, Vital Records Program

Death certificate data (or vital records) do not capture the prevalence of POLYSUBSTANCE USE which involves the consumption of more than one substance taken together or within a short period of time, either intentionally or unintentionally. Polysubstance use significantly increases the potential for overdose or adverse side effects from drug use.[75] While many may prefer a specific substance or substance class, use of multiple substances is common, making treatment or policy directed at a single substance less effective than those focusing on substance use overall.[76]

Colorado data indicates stigma and cost are considerable barriers to substance use and alcohol treatment (Figure 8).[74] It is widely recognized that stigma has a significant impact on whether one engages in substance use and mental health treatment.[79] Stigma can stem from internal and external factors, such as feeling shame or embarrassment for having a behavioral health challenge, or concerns about what others may think if they found out.[80,81]

SUBSTANCE USE DISORDER (SUD) is a "treatable behavioral health disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.[82]" SUDs are characterized by the recurrent use of alcohol and/or substances that cause clinically significant impairment, including health problems, disability, and inability to meet major responsibilities at work, school, or home. SUDs can range in severity from mild to severe and can affect people of any race and ethnicity, gender, income level, or social class. SUD diagnosis can be applied to a variety of substances including alcohol; cannabis; hallucinogens; inhalants; opioids; sedatives; stimulants; tobacco (nicotine); and other (or unknown) substances.[83]

Figure 8. Barriers to Substance Use Treatment in Colorado, 2023



Survey data are not available at the county level due to small sample sizes.

Source: Colorado Health Access Survey

CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Mental health and substance use challenges sometimes occur together for several reasons. People experiencing poor mental health sometimes turn to substances to self-medicate, and certain substances can cause people to experience mental health challenges. Mental health challenges and substance use disorders share some underlying causes, such as early exposure to stress or trauma, structural and functional brain changes, and genetic vulnerabilities.[77]

According to the 2022 National Survey on Drug Use and Health, nearly half of people who have a serious mental illness also have a co-occurring substance use disorder. In 2021, 46.3 million people ages 12 and older (16.5 percent of that population) reported a substance use disorder in the past 12 months, while nearly 19.4 million had both a substance use disorder and mental health challenge, such as depression, acute anxiety, or bipolar disorder.[82]

Coordinated care is critical in treating anyone with a SUD and/or co-occurring conditions to achieve positive outcomes.[78]

People with low incomes

Low income is defined as family income less than 200 percent of the poverty threshold and poverty is defined as family income less than 100 percent of the federal poverty threshold.[84]

- About one in ten Adams County residents earn incomes at or below the federal poverty level ($30,000 or less annually for a family of four in 2023).[85,86]
- About one in four residents earned incomes at or below 200 percent of the federal poverty level ($60,000 or less annually for a family of four in 2023).[86,87]

People in certain racial and ethnic groups, people living in rural areas, and people with disabilities, have a higher risk of poverty for a number of factors.[87,88,89]

- Institutional racism and discrimination contribute to unequal social and economic opportunities.[89]
- Across the lifespan, residents living in poverty are at increased risk for mental health challenges.[90,91,92]
- Poverty in childhood and among adults can cause poor mental health through social stresses, stigma, and trauma. Conversely, mental health challenges can lead to poverty through loss of employment or underemployment, or lack of social relationships.[93]

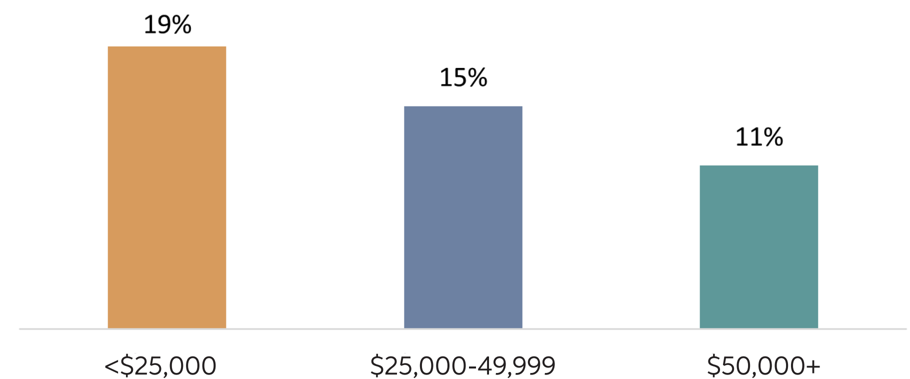
People with lower incomes tend to experience poor mental health status more often than people with higher incomes in Adams County (Figure 9).[94]

There are limited mental health and substance use provider options for people with low incomes who are enrolled in Medicaid as their primary healthcare coverage. In Adams County, just over half (53 percent) of behavioral health treatment providers accept Medicaid.[95]

- In Adams County, 60 percent of people with public insurance (Medicaid, Medicare, CHP+) reported having a hard time getting an appointment while 54 percent of people with private insurance reported the same.[74]
    - → ***Community Voice:*** Community partners conveyed that even for Medicaid members who can make appointments, waitlists can be months long. A local behavioral health provider reported their waitlist has 200 people on it.

People with low incomes experience added barriers to behavioral healthcare including, lack of transportation, lack of childcare, lack of flexibility in service hours, and fear of discrimination, among others discussed in Finding #2.[96,97]

Figure 9. Percent of People Reporting Poor Mental Health for 14 or More Days During the Past 30 days, by Annual Household Income, Adams County, 2019 and 2021 combined.



Source: Behavioral Risk Factor Surveillance System

FINDING 2

There is a need in Adams County for linguistically congruent, culturally congruent and tailored behavioral health services and supports.

Adams County residents face a combination of unique challenges that make accessing behavioral health services and supports increasingly more difficult. Following are two subsections to this finding, including (1) Linguistically Congruent Care and (2) Culturally Congruent and Tailored Care.

Linguistically Congruent Care

In Adams County there are numerous languages spoken other than English. The county has an ongoing need for service providers and outreach accessible in a variety of languages. Over a quarter (29 percent) of Adams County residents ages five and older speak a language other than English at home (Table 2).[86] The predominant language need is Spanish with about one in four residents speaking Spanish as either their primary or preferred language.[98]

LINGUISTICALLY CONGRUENT CARE is care that is communicated in an individual's primary and or preferred language.[99]

Of the 268 mental health and substance use facilities within a 30-minute drive of Adams County that list languages spoken, only 94 (35 percent) list that they speak Spanish.

There are limitations to language listed on licensure data. These data are self-reported, and at the facility level. Meaning, a facility could list Spanish as a language spoken with only one provider who speaks Spanish.

→ *Community Voice:* Many communities in Adams County continue to face barriers to accessing care that communicates in their primary and/or preferred language.

Language is just one important element of tailored care. Residents may be more inclined to seek care where they know the providers speak the same language and share similar cultural backgrounds or identities.

Table 2. Languages Spoken Among Adams County Residents Ages Five Years and Older, 2022 Five-Year Estimates

Indicator	Estimate	Percent of Total Population
Total Population	**527,501**	
Population five years and older	494, 937	93.8%
Speak only English at home	350,710	70.9%
Speak a language other than English at home	144,227	29.1%
Speak a language other than English (Spanish)	118,878	24.0%
Speak a language other than English (Indo-European, including Slavic Languages, German, French, and Haitian)	11,645	2.4%
Speak a language other than English (Asian and Pacific Island, including Vietnamese, Korean, Mandarin, Cantonese, and Tagalog)	10,773	2.2%
Speak a language other than English (other languages include Arabic, and languages not specified)	2,931	0.6%

Source: US Census, American Community Survey Five-Year Estimate 2018-2022

"LANGUAGE IS NOT JUST ABOUT COMMUNICATION; IT'S ABOUT CONNECTION."

– Behavioral Health Provider

Culturally Congruent and Tailored Care

CULTURE including customs, beliefs, and values can influence how people understand health concepts, care for their health, receive medical advice, and make health decisions. People can be part of more than one culture, based on their racial, ethnic, religious, political, gender, or sexual identity, as well as their age, family dynamic, what language they speak, where they were born, where they live, their occupation, and other factors."[100] When a mental health professional understands the role that cultural differences play in the diagnosis and treatment of a condition and incorporates cultural needs and differences into a person's care, it significantly improves outcomes.[101]

CULTURAL CONGRUENCE in this finding is defined as the "process through which providers and clients create an appropriate fit between professional practice and what patients and families need and want in the context of relevant cultural domains. Through culturally congruent care, providers adapt care to meet the patients and families' unique needs."[102]

TAILORED CARE in this finding is defined as person-centered, trauma-informed, and integrated care. Trauma-informed care "acknowledges the need to understand a patient's life experiences to deliver effective care and has the potential to improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness.[103]

In May 2023, United States Surgeon General, Dr. Vivek Murthy, released a new Surgeon General Advisory calling attention to the public health crisis of loneliness, isolation, and lack of connection in the U.S. Even before the onset of the COVID-19 pandemic, approximately half of U.S. adults reported experiencing measurable levels of loneliness. Loneliness and isolation increase the risk for individuals to develop mental health challenges in their lives, and lacking connection can increase the risk for premature death to levels comparable to smoking daily.[104]

PROTECTIVE FACTORS are "characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. ***RISK FACTORS*** are "factors at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes."[105]

"Social connectedness is a notable protective factor that influences our minds, bodies, and behaviors—all of which influence our health and life expectancy. Social connectedness is the degree to which people have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging, and being cared for, valued, and supported."[106]

"Conversely, social isolation is the lack of relationships with others and little to no social support or contact. It is associated with risk even if people don't feel lonely. Loneliness is feeling alone or disconnected from others. It is feeling like you do not have meaningful or close relationships or a sense of belonging. Loneliness and isolation may be shaped by many factors, including culture, demographics, and the places where people live, work, learn, and play."[107]

Factors that might increase a person's risk of social isolation and loneliness include:

- Having a lower income (less than $50,000/year).
- Experiencing a psychiatric or depressive disorder.
- Being marginalized or discriminated against.
- Experiencing challenges accessing resources, such as living in a rural area, limited transportation, language barriers.
- Experiencing stress due to a lack of resources.
- Having a chronic disease or condition.
- Having a long-term disability.
- Being unpartnered or living alone.
- Being a victim of violence or abuse.
- Experiencing major life transitions like losing a job, separation or loss of a loved one.[107]

Black, Indigenous, and People of Color (BIPOC)

A cumulative body of research consistently documents the relationship between racial discrimination and mental health challenges. People who experience discrimination based on race/ethnicity, gender, identity, sexuality, disability, or a combination of identities are subject to individual and generational trauma that has lasting mental health impact. Research has demonstrated trauma has a direct link to mental health and substance use challenges and is often mentioned as a reason people experience serious mental health challenges today.[108,109]

Over 80,000 people without documentation live in Denver metropolitan counties, but there is limited quantitative data available about the behavioral health needs and experiences of these individuals, including at a county level.

→ *Community Voice: "There are a lot of [upstream] causes of behavioral health needs, like domestic violence, parental substance use, immigration trauma, racism, and systemic barriers. A lot of issues are made worse by the journey immigrant/refugees [without documents] face."* – Social Service Organization

National data reflects that Black, Indigenous, Hispanic/Latinx, and Asian American/Pacific Islander populations do not receive mental health treatment at the same rate as those with other racial/ethnic backgrounds. These communities experience the intersection of factors that can include stigma and shame, racism and discrimination, multi-generational trauma, mistrust of government services, provider bias, and immigration status, among other factors, that disproportionately impact behavioral health outcomes.[110]

For more information on the systematic and root causes identified across the populations described above, review the National Alliance on Mental Illness Identity and Cultural Dimensions Webpage.[111]

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Plus (LGBTQIA+)

***Note:** The content below uses terminology that is used in the sources cited.*

While belonging to the LGBTQIA+ community is a source of strength, it also brings unique challenges. Many face discrimination, denial of civil and human rights, harassment, and family 'disapproval'. There is strong evidence in recent research that members of this community are at higher risk for experiencing mental health challenges and particularly worsened for those with intersecting racial and socioeconomic identities.

In Adams County, over half (58 percent) of LGBTQ+ residents report having poor mental health for at least eight days in the last month, while only a quarter of heterosexual, cisgender residents report experiencing poor mental health.[111] LGBTQIA+ youth also experience greater risk for mental health challenges, including suicidality.[111] In 2021, about half of LGBA+ high school students in Adams County felt so sad or hopeless that they stopped doing some usual activities while about one-third of 'straight' students reported these depressed feelings.[112]

Most evidence-based practices and treatment rely on a **Western medical model** for behavioral health between treatment and rely "Most evidence-based practices and treatment for behavioral health rely on a Western medical model" which may not reflect perceptions and health practices across diverse cultures. In contrast, culturally defined interventions are developed and delivered with culture integrated in specific and intentional ways and in partnership with community. Culturally defined treatment utilizes the therapeutic value inherently embedded within cultural practices, such as healing circles, limpiezas (or ritual cleansing), music, art, and storytelling.[113]

WESTERN MEDICAL MODEL
"encompasses a system in which medical and healthcare professionals such as doctors, nurses, therapists, and pharmacists manage and treat disease using conventional evidence-based practices such as drugs, surgery, lifestyle changes or treatment protocols."[133]

→ *Community Voice:*

Many communities in Adams County continue to face barriers to accessing care that respects their cultural backgrounds.

"There is a lack of therapists who understand our [Latino] culture." – Parent Focus Group (Spanish speaking only)

Community partners currently engaged in increasing access to culturally responsive services in Adams County expressed the importance of integrating informal supports.

"Our success stories often come from programs that dare to step outside conventional treatment models, incorporating art, music, and community storytelling." – Behavioral Health Provider

"We offer non-traditional supports, like acudetox, indigenous healers, limpias, sweat lodge, etc. We also host peer services support groups in English and Spanish and host twice monthly outings with this group."* – Social Service Organization

**Acudetox is a "stress reduction technique, improving sleep and coping, not only in those with substance misuse challenges but also in those exposed to trauma."[114]*

Children, Youth and Young Adults

Children ages zero through eight years can experience poor mental health and some children are at greater risk of experiencing poor mental health than others. A broad range of economic, family, and mental health factors — like poverty, parental adverse childhood experiences (ACEs), generational trauma, and maternal depression — predict poor mental health outcomes in young children, youth, and young adults. In 2018, an analysis of nine Early Childhood Mental Health risk factors, including maternal depression, parental ACEs, suspension and expulsion for children in grades K-12, and child abuse and neglect showed Adams County has greater risk for poor early childhood mental health than any other Denver metropolitan county.[115]

Schools are a critical setting to ensure equitable, effective, and student-centered screening, services, peer supports, and policies.

- Exclusionary discipline involving in- and out-of-school suspension and expulsion can lead to long-term harmful outcomes for students who are frequently excluded from learning environments.[116]

ADVERSE CHILDHOOD EXPERIENCES (ACEs) are associated with children's physical and mental health. ACEs are traumatic or stressful experiences, such as domestic violence, abuse, neglect and/or substance use in the household, which occur during childhood or adolescence. Existing research shows these negative early life experiences have long-lasting effects on an individual's well-being from childhood into adolescence and adulthood.[132]

- Research indicates that students with disabilities are disproportionately likely to be subject to exclusionary policies. Schoolwide discipline policies are meant to reduce disruptions to student learning but may, in some cases, have the opposite effect. In Colorado, according to 2017-18 data from the Department of Education's Office of Civil Rights, students with disabilities comprised approximately 13 percent of total school K-12 enrollment yet receive about 25 percent of one or more out-of-school suspensions and 23 percent of all school expulsions.[117] Exclusionary discipline increases the risk of academic failure, school dropout, and socioemotional and mental health challenges.[118,119,120]

Youth and young adults (15-24 years) experience significant and rapid growth and development as they transition from adolescence into young adulthood. Young adults' brains, especially those 18-25, are still developing the connections between the emotional part of the brain (amygdala) and the decision-making center (prefrontal cortex). These changes can affect how young people act on impulses, learn prosocial behaviors, and experience mental health challenges.[121] Nationally, young adults aged 18-25 years have the highest reported prevalence of suicidal thoughts, and report twice the rates of anxiety and depression as adolescents. Drivers of emotional challenges include lack of meaning and purpose, financial stress, achievement and job pressure, social and political issues, awareness of ongoing worldwide issues, and loneliness.[122]

→ ***Community Voice:*** Community partners shared the need to provide holistic and tailored youth services and programming.

"There's an alarming rise in anxiety and depression among teenagers in our community, but a stark lack of available services tailored to their unique developmental needs." – Behavioral Health Provider

"Engage youth to ensure efforts remain responsive and relevant to their evolving needs." – Community Partner

CHILDREN AND YOUTH WITH SPECIAL HEALTHCARE NEEDS

Children and youth with special healthcare needs have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions. Special healthcare needs include conditions such as asthma, epilepsy, anxiety, autism spectrum disorder, emotional disorders and learning disorders. While each child and youth's needs may vary, more specialized health and educational services are needed to support the child thriving. With these additional needs comes additional financial burden, causing children and youth with special healthcare needs and their families to experience greater household food insecurity, housing instability, and medical hardship.[134] Financial challenges can also make seeking and receiving services and supports more difficult.[135] Parents of children with special needs may be prone to psychological distress, such as anxiety, sleep disturbances, and frustration, and may experience social isolation, stigma, and judgment from others.[136] Services and supports must be tailored to meet these families where they are. School environments and primary care providers can play an important role to ensure early intervention, referral to services, and care coordination.

→ ***Community Voice:*** **A HCP Program (program for children and youth with special healthcare needs) provider emphasized that families are the experts on their childrens' needs. They also shared the importance of youth with special healthcare needs and their parents having the opportunity.**

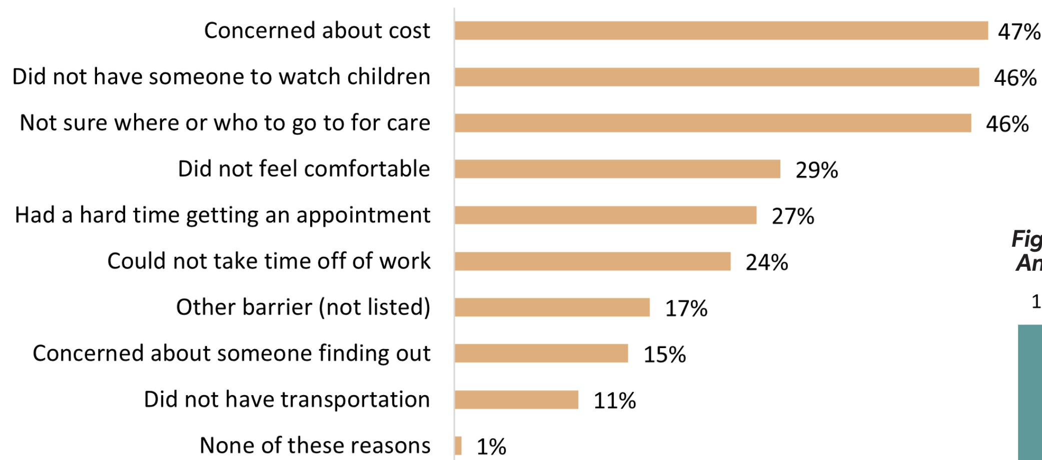
"They're [parents of children and youth with special healthcare needs] are so isolated. They need childcare so they can attend this stuff." **– Home Visitation Program Focus Group**

Pregnant and Postpartum People

Pregnancy and the birth of a child can be a joyous and exciting time, but some pregnant

and postpartum people struggle with their mental health during this period. Pregnant and postpartum people experience hormonal, physical, social, and financial changes during and after pregnancy. Mental health challenges such as depression, anxiety, or obsessive-compulsive disorder may surface during or after pregnancy.[123,124,125] Similar to other populations, concerns about the cost of treatment were cited by almost half (47 percent) of postpartum people in Colorado (Figure 10). Additionally, 46 percent said they did not get care because they did not have childcare and 46 percent reported they did not know where to go for behavioral healthcare (Figure 10).[126]

Figure 10. Barriers to Accessing Needed or Wanted Mental Healthcare Among Postpartum People, Colorado, 2018 Birth Cohort



Source: Health eMoms Survey

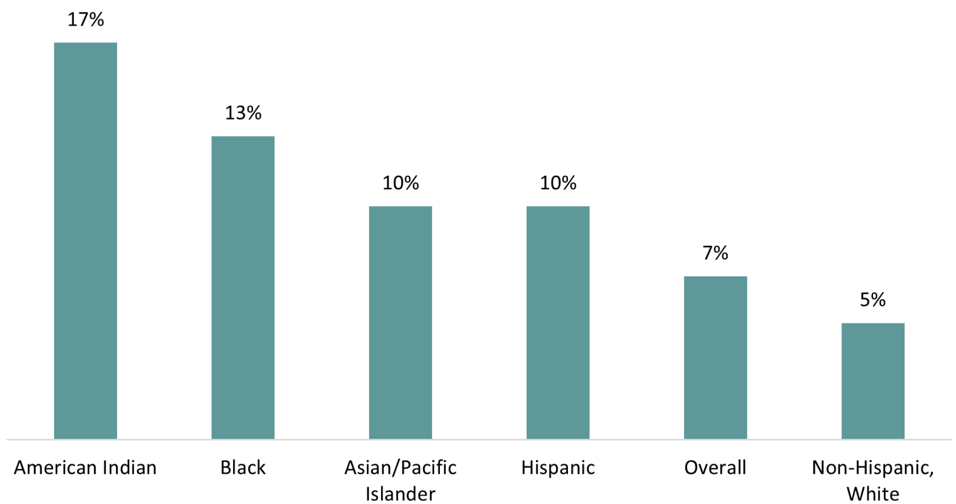
→ **Community Voice:** *"[There is a need for] childcare. A lot of single parents in programs need childcare to let them work."* – Community Partner

Among people who are pregnant and for those postpartum up to a year after giving birth, those experiencing mental health and/or substance use challenges may be stigmatized for seeking treatment, refusing treatment, or consuming medications.[127,128] Disparities and inequities exist among postpartum people looking for care. In Colorado, a greater percentage of American Indian, Black, Asian/Pacific Islander, and Hispanic communities did not feel comfortable talking to any healthcare worker, an indication of stigma and lack of culturally and linguistically tailored care (Figure 11).[127]

Another important barrier is parents' hesitation to disclose their behavioral health challenges out of fear of losing custody of their child.[129] Not obtaining treatment for common perinatal mental health disorders, including depression, anxiety, obsessive compulsive disorder, post-traumatic stress disorder, bipolar mood disorders, and postpartum psychosis, increases the risk of suicide and substance use among perinatal people.[130,131]

→ **Community Voice:** Home visitation providers spoke of the added stigma for some parents with infants or young children: *"fear of admitting that their mental health is not well…fear that in the child protection world, this means their kids will be taken away from them. Trying to dispel this [stigma] is hard."*

Figure 11. Percent of Postpartum People Who Did Not Feel Comfortable Talking to Any Healthcare Worker, by Race and Ethnicity, Colorado, 2018-2020 Birth Cohort



Source: Health eMoms Survey

Older Adults

A 2022 Adams County Community Health Assessment Survey found older adults (aged 60 and older) with an income of $25,000 or less annually were almost twice as likely than others their age to report having a mental health need (55 percent and 30 percent, respectively).[137] Lack of integrated care (transportation and accessibility), poverty and unemployment (having a "fixed income"), communication barriers (including technology barriers), previous negative experience with mental health services, and stigma are significant barriers to accessing behavioral health services and supports for older adults.[138] Older adults with low incomes or living on a fixed income are more likely to face barriers finding or remaining in affordable housing and accessing quality food—stressors that can lead to poor mental health. These barriers are further compounded for ethnic and racially under-resourced older adults who face additional challenges finding adequate care consistent with their linguistic, cultural, and personal preferences and values.[139]

→ ***Community Voice:*** *“Stressors are high among older adults with the housing shortages and cost of housing in Adams – most are on a fixed income and money isn't going as far these days. Our food pantry has seen an increase in the past year, and we are just one of many food pantries in the area. Food costs are going up. All low-income housing has waitlists of months to years.”* – Older Adult Serving Organization

People With Disabilities

About one in nine people (11 percent) in Adams County have a disability.[86]

The most common types of disability are:

- Ambulatory- or mobility-related (5 percent)
- Cognitive (4.7 percent)
- Independent Living (4.5 percent)[140]

People with disabilities often encounter challenges when seeking effective and accessible mental healthcare that are often more frequent and have greater impact. These include, communication barriers, physical barriers, transportation barriers, and financial barriers including fixed disability income, unemployment, and poverty.[141] People with disabilities experience heightened levels of poverty while incurring additional costs associated with their disabilities, including health-related expenses, daily care assistance, and transportation.[142]

People Who Are Unhoused

People without a stable home or shelter report experiencing high rates of poor mental health or substance use challenges. In 2023, Adams County had 4,800 people who were unhoused or were recently unhoused and have entered a housing program.[143] On the night of Jan. 30, 2023, there were 948 people experiencing homelessness in Adams County.[144] Of the 948 people experiencing homelessness:

- One out of three were unsheltered.[144]
- About half were experiencing homelessness for the first time.[144]

Nearly one third of people (30 percent) experiencing homelessness in Adams County have a mental health condition and about one in seven (14 percent) have a substance use condition.144 Unstable housing can exacerbate existing behavioral health and substance use challenges and can precipitate new challenges. Studies find behavioral health treatment is most effective when a person’s housing needs are met.[145]

→ ***Community Voice:*** *“When people stabilized (with housing), their mental health improves significantly.”* – Community Partner

People Who Interface With the Carceral System

In 2023, an estimated 75 percent of people in the Adams County jail have a mental health condition and approximately 50 percent have a substance use condition.[146] Individuals with mental health challenges are overrepresented in incarcerated and supervised populations and face particularly difficult challenges with continuity of their care when entering and existing incarceration.[147]

DIVERSION HELPS PEOPLE FIND SERVICES AND SUPPORTS.

Adams County has one of the longest operating Adult and Juvenile Diversion Programs in Colorado (through the 17th District Attorney's Office), with an emphasis on behavioral health interventions as an alternative to court proceedings. The Diversion Program offers non-violent offenders the opportunity to gain social skills, repay debts, dismiss their cases, and seal and/or expunge their records. Diversion is a therapeutic alternative to the prosecution of formal charges for juveniles and adults. More than 85 percent of Adams County Diversion Program clients remain crime-free three years after completing the program.[148]

Adams County also has multiple problem-solving courts, including Adult and Juvenile Drug Courts, Family Dependency Treatment Court, Juvenile Mental Health Court, and Veterans Treatment Court.

Seven co-responder programs serving Adams County work to divert, support, treat, and refer individuals individuals with behavioral health issues at the scene of an incident or service call.

→ ***Community Voice:*** Most co-responder programs expressed the need to increase their capacity to respond to service calls and connect individuals to the services and supports they need where they are and when they need them.

PROBLEM-SOLVING COURTS, also known as treatment or accountability courts, are criminal or non-criminal courts for adults, youth, and families. Problem-solving court models have been shown by a growing body of research to be an effective means of reducing substance misuse, managing mental illness, and increasing the likelihood people will remain in recovery and reintegrate into their communities. Studies of established programs also demonstrate they reduce jail and prison costs.[149,150]

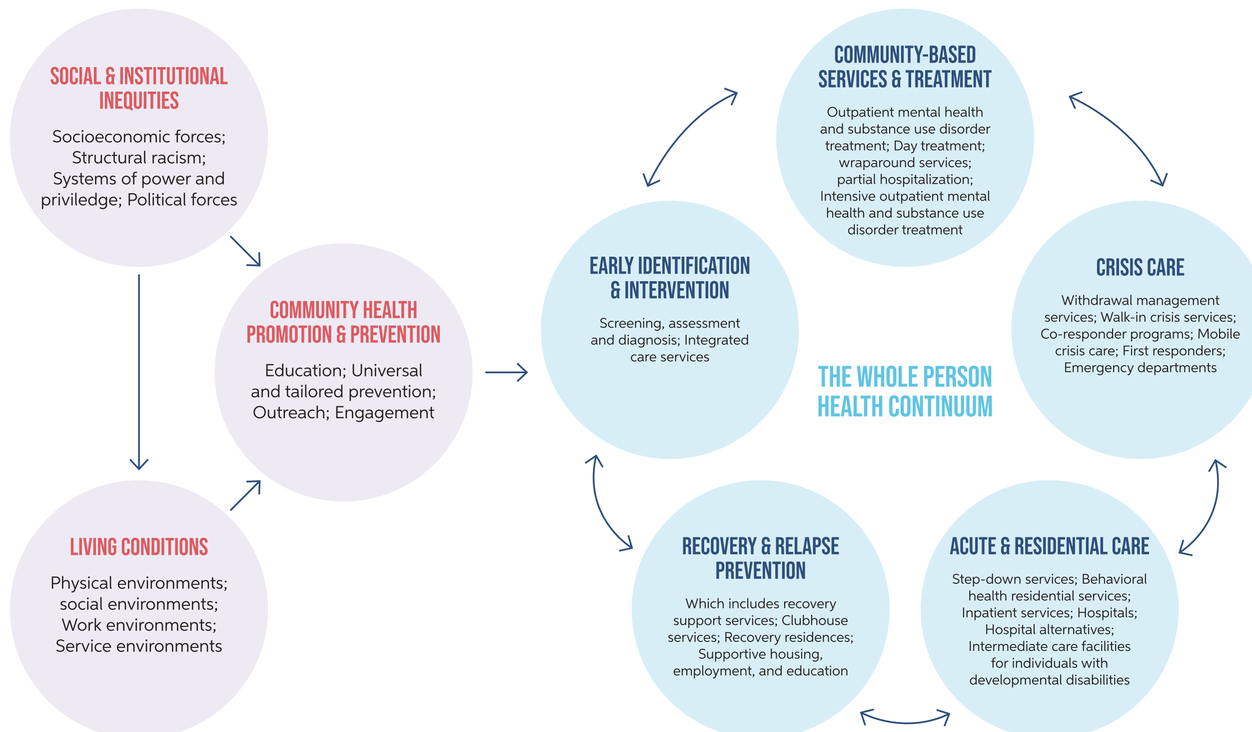
BEHAVIORAL HEALTH PROVIDER CAPACITY AND CAPABILITIES

Across the behavioral health services continuum, early identification and intervention, community-based services and treatment, crisis services, acute and residential care, and recovery, and relapse prevention occur in various settings in and outside Adams County. There are multiple evidence-based tools to provide support for mental health and treat behavioral health needs, including counseling (therapy), education, medication, and social support. To meet the variety of behavioral health needs and address barriers to services and supports, it is critical to ensure robust behavioral health provider capacity and capabilities in settings that meet the needs and preferences of the community.

Behavioral health services and supports typically involve a multidisciplinary team of providers such as counselors, psychologists, psychiatrists, nurses, behavioral health aides, and peer support professionals. There is no one-size-fits-all approach to behavioral health treatment. Services and supports are most effective when they are trauma-informed; linguistically and culturally congruent; and tailored to the individual, family, and community needs.

→ ***Community Voice:*** *"We need more providers who can provide trauma informed care. We have students who have suffered through refugee trauma, domestic violence, parents using drugs or struggling with addiction. This goes for our teachers and staff, too. We are working on training for our staff to be more trauma-informed."* – School District Representative

Figure 1: Behavioral Health Services Continuum



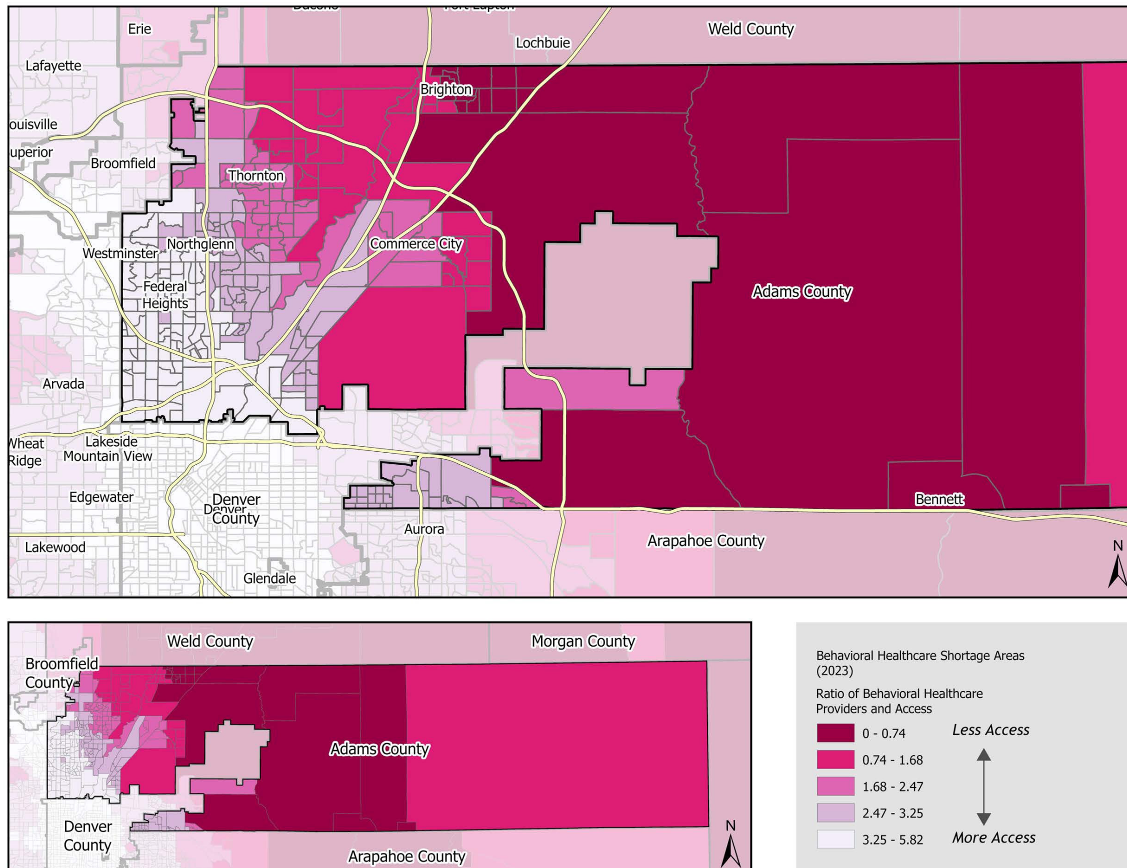
- Data for understanding behavioral health service reach, utilization, and provider capacity and capabilities are limited across the behavioral health service continuum. See Appendix E for more information.
- Data on reach and utilization can be obtained through insurance claims.
  - This assessment analyzed hospital and emergency department data for all insurance types from the Colorado Hospital Association.
  - This assessment analyzed data on utilization by Medicaid enrollees provided by Colorado Access and enrollees of Signal Behavioral Health Network, upon request.
    - » These data do not capture service utilization among individuals who are privately insured, uninsured, or self-pay for services.

FINDING 3

Adams County's behavioral health system does not meet the need for behavioral health services across the continuum of care.

Much of northern and eastern Adams County are in behavioral health professional shortage areas according to the Colorado Department of Public Health and Environment (Figure 12).[151]

Figure 12. Behavioral Healthcare Shortage Areas, Adams County, 2023



The ratio of behavioral healthcare providers and access represents the estimated number of accessible behavioral health encounters per person Age 15+ for each census block group.

Source: Colorado Department of Public Health and Environment, Colorado Health Systems Directory administered by the Colorado Department of Public Health and Environment's Primary Care Office, 2023

"HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) is a geographic area, population group, or healthcare facility that has been designated by the Health Resources and Services Administration (HRSA) as having a shortage of health professionals.

There are three categories of HPSAs:

1. **Primary Care**
2. **Dental Health**
3. **Mental/Behavioral Health**

Eligibility for HPSA status is based on demonstration of unmet need for provider capacity. The federal scoring method takes into account population to provider ratios for the designation, as well as other indicators of need specific to the discipline of the designation. In addition to these federal designations, Colorado has created an HPSA for behavioral health services under a method described in state Board of Health Rules. The methodology for behavioral health services designation is based on:

- **The estimated demand for behavioral health services for a population within a specific geographic area.**
- **The estimated supply of behavioral health services for the population within a specific geographic area.**
- **The determination of whether supply meets demand within a service area.**
- **Areas of the state where the supply falls short of estimated demand for minimally adequate behavioral health services will be designated substance use disorder health professional shortage areas."[33]**

Sub-finding

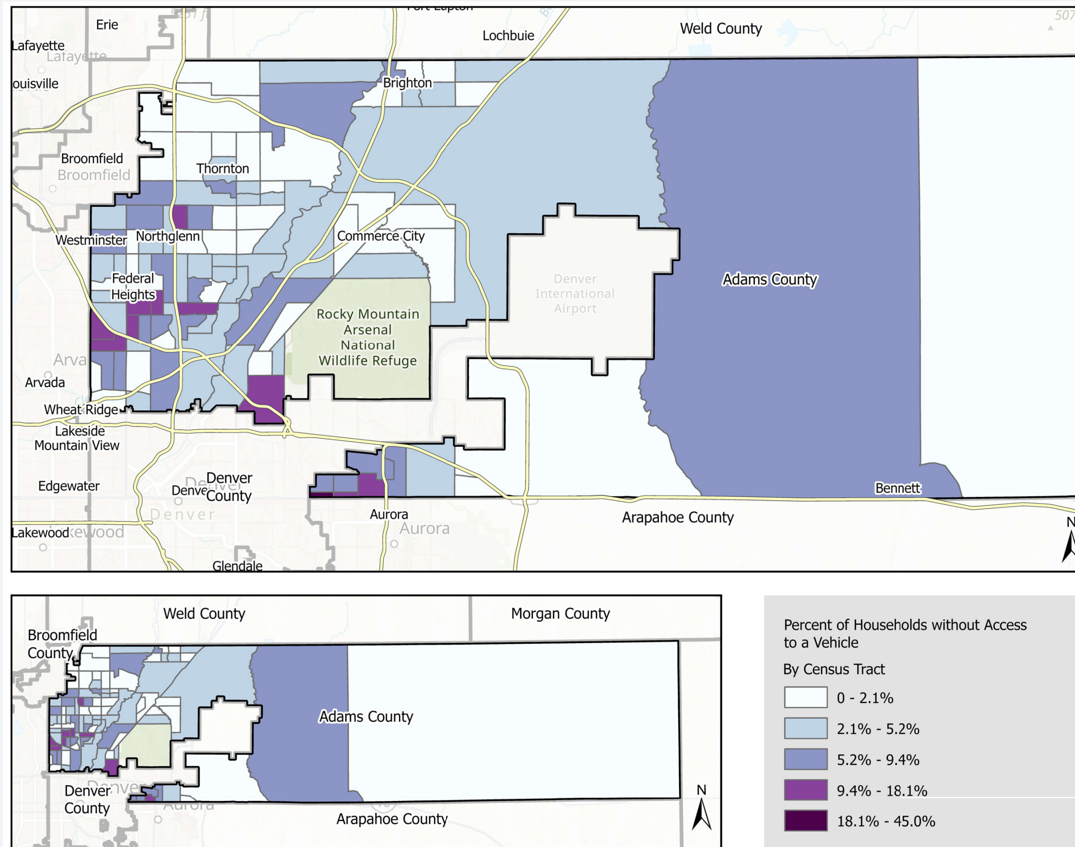
Residents in parts of northern and eastern Adams County have little-to-no access to mental health and substance use facilities. The current supply of outpatient mental health and substance use services is not reaching all those who need it.

Most inpatient and outpatient mental health and substance use treatment facilities are located within a 30-minute drive of Adams County's highest populated municipalities and are closest to southwest Adams County.[96]

DATA REMINDER: Over 75,000 (16 percent) Adams County residents reported there was a time in the past year when they needed *but did not get* mental healthcare or counseling services in 2023.[74]

A 30-minute drive time to obtain behavioral health services and supports does not mean services are accessible to those who need them. People who experience transportation barriers face additional challenges accessing behavioral health providers within Adams County. See Figure 13 for households without access to a vehicle.

Figure 13. Households Without Access to a Vehicle, Adams County, 2018-2022



Source: U.S. Census, American Community Survey Five-Year Estimate 2018-2022

There are two types of ***OUTPATIENT CARE.*** The first type is similar to a standard doctor's visit. How often a person goes for care depends on the care they need. The second type includes more intensive outpatient care or partial hospitalization. These can include one-on-one appointments, group sessions, or appointments where someone learns something, such as coping skills. These programs might coordinate a person's care more intensively than standard visits and may take more time. ***INPATIENT CARE*** generally refers to overnight or longer stays in a hospital setting or residential treatment program.[152]

As of December 2023, there were 93 inpatient and outpatient mental health facilities and 295 inpatient and outpatient substance use treatment facilities within a 30-minute drive of Adams County municipalities, all of which are south and west of Brighton. There are only seven mental health facilities within Adams County; the other 55 are in neighboring counties.[96]

→ ***Community Voice:*** *"Our biggest need is more supports given that we're a rural area. We have Peak Vista, but they don't have urgent care or a walk-in – they only have a few providers."* – Rural School District Representative

One in four inpatient and outpatient mental health facilities do not accept Medicaid or offer sliding fee scales. Even fewer substance use treatment facilities serve patients who rely on Medicaid or sliding fee scales.[96]

→ ***Community Voice:*** *"[Being a recipient of] Medicaid, getting into residential, it was impossible, but when I had private insurance, got into [Name of Facility Redacted]."* – People With Lived Experience Focus Group

→ *"We're focused on 1) stabilization and send back to primary care or 2) refer back into community. The second part is hard to find – can't find a provider who accepts insurance."* – Behavioral Health Provider Focus Group

There are not enough treatment options for youth experiencing acute behavioral health crises. Only 53 out of 93 (57 percent) of inpatient and outpatient mental health facilities within a 30-minute drive of Adams County municipalities offer youth services.[96]

Over the past several years, the need for behavioral health services among youth has increased, while the availability of behavioral health treatment has decreased.[153]

Treatment options for the LGBTQIA+ community in Adams County can be limited. Only 65 percent of behavioral health treatment facilities in Adams County report competence working with LGBTQ+ individuals.[96]

→ ***Community Voice:*** *"How do you find an affirming therapist, or a residential treatment option for trans individuals? This is particularly prominent in eating disorder treatment. Intersectionality– dual stigma makes treatment-seeking more difficult."* - Behavioral Health Partner

About half of Adams County behavioral health treatment facilities list individuals who are unhoused as a population of focus.[96]

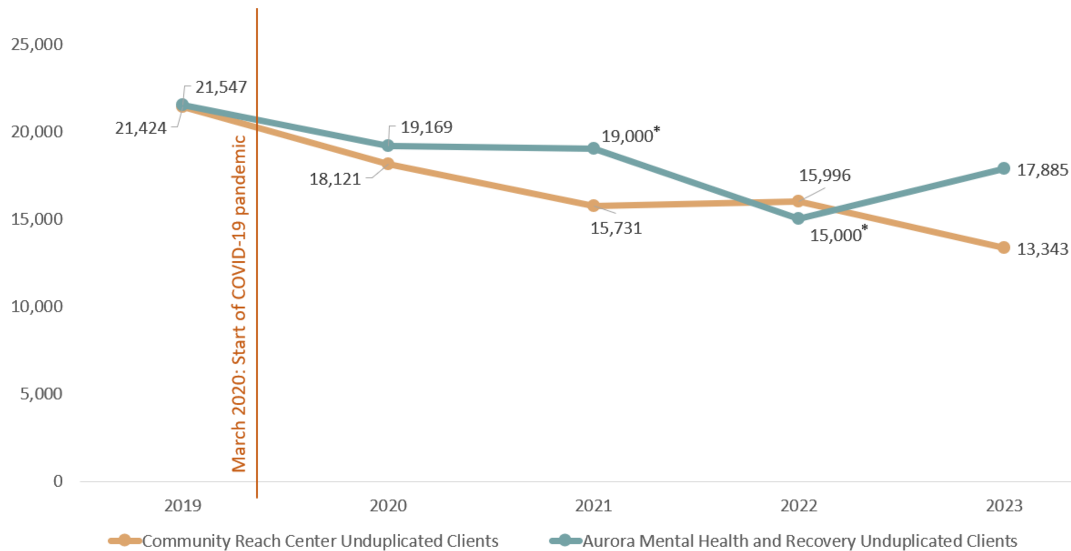
→ ***Community Voice:*** Community partners reported some individuals who are unhoused are "nervous about leaving their immediate community." Community partners expressed the need for convenient, wraparound service options like mobile and co-located services and supports.

Sub-finding

Total clients served by Adams County Community Mental Health Centers (CMHC) declined during the COVID-19 pandemic and remain lower than pre-pandemic levels.

Adams County is served by two CMHCs, Community Reach Center (CRC) and Aurora Mental Health and Recovery (AMHR). For both CMHCs, the number of total clients served declined significantly during the COVID-19 pandemic, and client numbers in 2023 remain lower than pre-pandemic levels (Figure 14).[154,155]

Figure 14. Annual Number of Unduplicated Clients Before and After Start of COVID-19 Pandemic, 2019 Compared to 2020-2023, Community Reach Center (CRC) and Aurora Mental Health Recovery (AMHR), Adams County, Colorado



**These are approximate counts of unduplicated clients as provided by each community mental health center*

Source: Community Reach Center and Aurora Mental Health and Recovery 2019-2023 Annual Reports

→ ***CMHC Voice:*** One Adams County CMHC shared *"...like many other organizations this [decline in services] was due to the uncertainty of the pandemic and what was to come."*

Challenges early in the pandemic included shifting to a telehealth or hybrid model and training to ensure ethical service provision during "Stay at Home" and "Safer at Home" Executive Orders.[156] Many of the individuals CMHCs serve prefer in-person supports, and it took time to adapt and follow Center for Disease Control guidelines to get offices reopened safely for staff and consumers. CMHCs also saw a decrease in the workforce during the 2021-2022 calendar years, affecting their ability to keep certain programs open and staffed appropriately.

→ ***CMHC Voice:*** *"With the inception of a widely accepted telehealth business model, many licensed staff started virtual private practices and left the nonprofit space."* CMHCs shared they more recently have grown outpatient offerings with individual and group services and have shorter wait times for intakes. One CMHC shared that when they analyzed "time to service" by program, they "*can get people in quickly.*"

→ ***Community Voice:*** In contrast, community partners spoke about long waitlists at CMHCs. Some shared wait times are getting better, but some services and locations have therapist caseloads greater than 100 people and providers may be booked several months out. *"That's not helpful to most people, and they don't know where to go same-day."*

Sub-finding

There are not enough school-based behavioral health providers to support students' mental health needs. Evidence-based practices, which can help inform school-based interventions and connect youth with needed care, are being offered in Adams County, though not consistently.

DATA REMINDER: Youth in Adams County are struggling with poor mental health, depression, and suicidality. In 2021, the percent of youth in Adams County who reported feeling so sad or hopeless they stopped doing usual activities increased for the first time since 2013 from about 30 percent to 41 percent of high school students.[113]

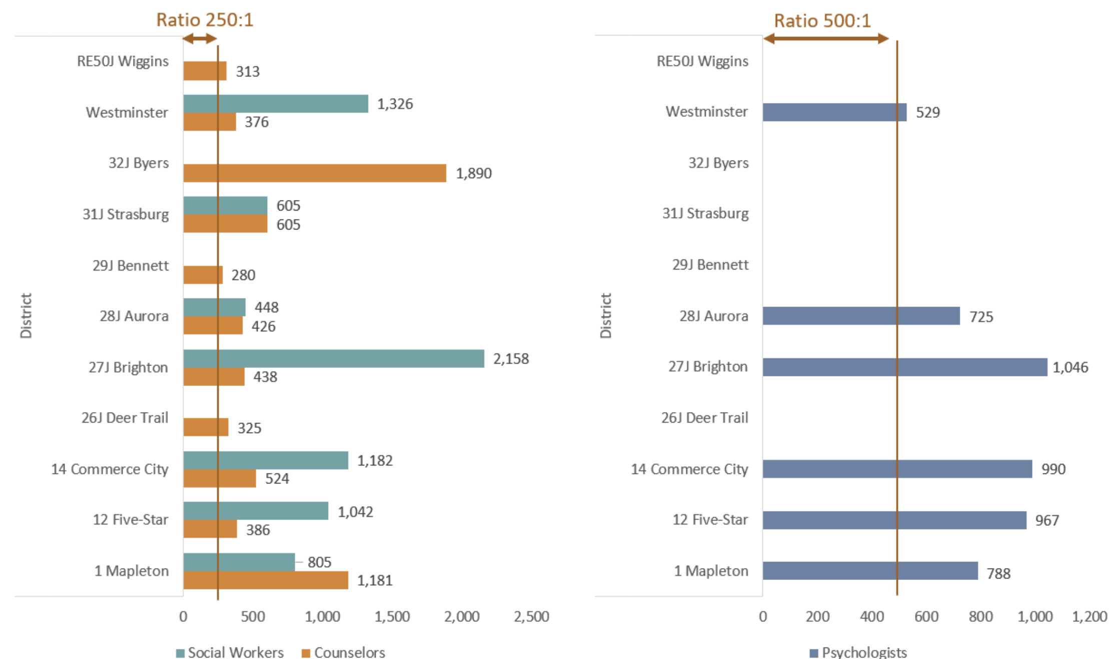
According to the American Psychological Association, less than half of children with mental health challenges get treatment, services, or support.[157] Yet, research increasingly reveals the connection between social, emotional, and behavioral health and academic achievement.[158] Because students are much more likely to seek behavioral health support when school-based services are available, schools are a critical setting for identifying and addressing youth mental health and substance use challenges.[159]

No school districts in Adams County meet the recommended ratio of students-to-behavioral health professionals. Some districts are well above the recommended ratios, with over 1,000 students-to-behavioral health professionals (i.e. counselors, psychologists, and social workers).

Youth who report feeling depressed or having thoughts of or attempting suicide do not have enough opportunities to be screened for mental health challenges or options to be connected with trained behavioral health providers in Adams County's schools. Without needed mental health treatment, students have an elevated risk of poor academic performance, school violence, suicide, and substance misuse.[160]

- Adams County school districts' student-to-school-counselor average ratio is 447:1, higher than the American School Counselor Association's recommended ratio of 250:1 (Figure 15).[162]
- Adams County school districts' average student to-psychologist ratio is 860:1, well above the National Association of School Psychologists recommended ratio of 500:1 (Figure 15).[163]
- Adams County school districts' average student-to-social worker ratio is 725:1, also well above the National Association of Social Workers recommended ratio of 250:1 (Figure 15).[164]

Figure 15. Ratio of Students to Mental Health Professionals, by School District and Professional Type, Adams County, 2022-2023
Note: School districts without numbers did not have data available.



Source: Colorado Department of Education[161]

According to the 2021 Colorado Healthy Schools Smart Source survey among schools in the Denver metropolitan area[1]:

- 57 percent conduct universal social emotional screening.
- 71 percent ensure all teachers and other staff have received training on how to incorporate principles of social-emotional learning into their work with students.
- 57 percent ensure all teachers and other staff receive training on how to respond to an individual student in crisis (i.e. threatening harm to self or others).
- 71 percent offer individual counseling and group counseling (in-school).[165]

While all Colorado schools provide referrals to behavioral health services outside of school, only 14 percent have a referral protocol which involves an in-person meeting where a school staff member directly introduces the student to the external behavioral health provider (e.g. "warm hand-off"). About 76 percent have a re-entry plan for students after a prolonged absence (e.g. from hospitalization or residential treatment) that includes social and emotional support for reintegration into school.[166] Evidence-based practices, which can help inform school-based interventions and connect youth with needed care, are being offered in Adams County but not consistently.

FACILITY SCHOOLS provide educational services outside of the traditional classroom to students with physical, behavioral, mental health, or special education needs. Schools are found primarily on the Front Range and operate as day or residential treatment facilities or in a hospital setting. Each year approximately 6,000 Colorado students rely on Facility Schools for critical educational and treatment services, but statewide capacity has decreased by 30 percent over the past five years. This has led to a decrease in available placement options for students and limited access for students. There is one Facility School in Adams County. This loss of approved Facility School capacity creates significant barriers to academic success for many students and decreases educational opportunities for the state's students with intensive behavioral health needs.[173]

1 Denver metropolitan area includes the following school districts: Adams 12 Five Star Schools, Adams 14/Commerce City, Adams-Arapahoe 28J, Boulder Valley RE-2, Cherry Creek 5, Clear Creek RE-1, Denver County 1, Douglas County RE-1, Elizabeth School District, Englewood 1, Gilpin County RE-1, Jefferson County R-1, Littleton 6, Mapleton 1, Platte Canyon, School District 27J, Sheridan 2, and Westminster Public Schools.[167]

Sub-finding

There are not enough detoxification (detox) services and withdrawal management facilities with a medical component in Adams County.

"DETOXIFICATION, (also referred to as withdrawal management) is a set of interventions aimed at managing acute intoxication and withdrawal. It requires a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances. Detoxification seeks to minimize the physical harm caused by the misuse of substances including alcohol." Medical detoxification is generally referred to as the acute medical management of life-threatening intoxication and related medical problems. It requires a physician and nursing staff who administer medication to assist people through withdrawal safely.[174]

DETOXIFICATION AS DISTINCT FROM SUBSTANCE USE TREATMENT: "Supervised detoxification may prevent potentially life-threatening complications that might appear if the patient were left untreated. At the same time, detoxification is a form of specialized care (reducing the intensity of a disorder) for those who want to or must refrain from using substances as a result of legal involvement. For some patients it represents a point of first contact with the treatment system and the first step to recovery. Treatment/rehabilitation, on the other hand, involves ongoing therapeutic services and supports, ultimately intended to promote recovery for substance use disorder."[169]

There are 21 facilities within a 30-minute drive of Adams County municipalities that offer medically monitored inpatient detoxification or clinically managed residential detoxification.[96]

In 2021, the Adams County Detox/Withdrawal Management Facility and 24/7 Walk-in Crisis Center managed by Community Reach Center closed. Currently the only location in Adams County to offer crisis and withdrawal management services is the Fitzsimons Center, operated by Aurora Mental Health and Recovery. This facility, while technically in Adams County, is in the southwest part of the county and is not conveniently located for most Adams County residents and organizations working with residents experiencing behavioral health crises.

With limited local detox facilities, patients are often sent to emergency departments for detox, which is neither effective nor a reliable avenue to connect patients with continued care. While efforts are underway in Adams County to stand up a detox center, the current challenges that face Adams County cannot be understated.

→ ***Community Voice:*** Community partners repeatedly raised the need to increase clinically managed detox capacity in Adams County.

"Currently, there is nowhere to take individuals who are intoxicated. This takes up resources in the hospital and does not solve the issues. These individuals 'sober up' and are discharged without receiving treatment." – Co-responder Program Representative

"Biggest [challenge] is walk-in crisis center and detox." – Law Enforcement Partner

"Medically managed withdrawal management is a particular level of care and is difficult to get into. Often, they are full." – Behavioral Health Provider

Sub-finding

Hospitals and emergency departments (EDs) continue to be a main source of support for Adams County residents experiencing behavioral health crises.

Among mental health hospitalizations and ED visits, substance use disorder was the major contributor to hospital use followed by mood disorders and anxiety.

People who misuse substances (including alcohol) frequent emergency departments at a higher rate than the general population. This population has distinct healthcare considerations (e.g. withdrawal management) and are also more likely to leave or be discharged from the hospital against medical advice.[167] When withdrawal management and detox services are limited or unavailable, the burden on emergency departments is high.

Between 2016 and 2021, Medicaid saw a 196 percent increase in the number of emergency department visits for mental health or potential self-harm in Colorado.[175]

During 2022, among 40,625 hospital admissions* of patients with an Adams County address:

- 2,037 (5 percent) had a principal diagnosis of a mental health condition with Internal Classification of Disease (ICD-10) codes F01-F99.
  - » Among those admissions with a mental health (MH) principal diagnosis, the most noted code, ICD-10, was for substance use (36.6 percent) and mood disorders (35.1 percent).

INTERNATIONAL CLASSIFICATION OF DISEASES, TENTH REVISION (ICD-10) is a system used by physicians to classify and code all diagnoses, symptoms, and procedures for claims processing. ICD-10 codes F01-F99 include Mental, Behavioral, and Neurodevelopmental disorders, a medically classified list by the World Health Organization.[176]

During 2022, among 195,965 ED visits[2] of patients with an Adams County address:

- 8,466 (4.3 percent) had a principal diagnosis of a mental health condition with ICD-10 codes F01-F99.
  - » Among those ED visits with a mental health principal diagnosis, the most noted ICD-10 codes were for substance use (59.3 percent) and anxiety disorders (19.8 percent).

→ ***Community Voice:*** *"People are going to ED for withdrawal management, but there are no beds for inpatient so people cycle in and out."* – Co-responder Program

2 Hospital admissions and ED visits do not represent unique patients (i.e. a patient could have more than one hospitalization with a behavioral health condition).

Sub-finding

Youth and young adults have high hospital and ED utilization for mental health related visits, including self-harming injury and drug overdose.

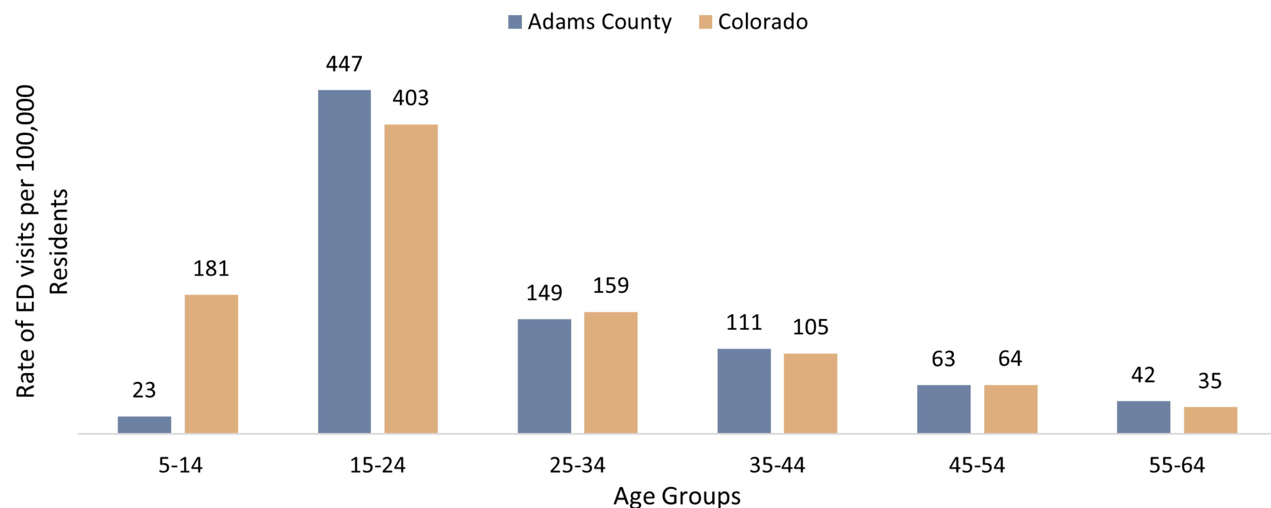
In 2021, Children's Hospital Colorado declared a state of emergency in youth mental health. They cited a 90 percent increase in demand for behavioral health treatment among youth in the previous two years, noting anxiety and depression having been exacerbated by pandemic-related isolation and stress.[168] One year later, during the first quarter of 2022, Children's cited a 23 percent increase in patients visiting their hospital's emergency departments for behavioral health concerns when compared to the first quarter of 2021.[169]

Youth and young adults, aged 15-24, account for almost a quarter (23 percent) of all mental health hospitalizations.[170] In 2022, young adults in Adams County and Colorado were almost twice as likely than other age groups to visit the emergency department for a self-harm injury (Figure 16).[171] About one in three youth who died by suicide between 2016-2020 had a history of self-harm.[172]

To help address long-term mental health needs, it is recommended people who visit the ED for a mental health or substance use condition receive follow-up care as soon as possible for the best outcome. The Colorado Community Dashboard shows from 2013-2019, a patient's chances of receiving follow-up care for a mental health visit within seven days was 69 percent in 2019, while chances of follow-up within 30 days was 54 percent.[177]

→ ***Community Voice: "Alcohol detox gets treated in the ED but very little follow-up care."*** – **Behavioral Health Provider**

Figure 16. Rate of Emergency Department Visits Mentioning Intentional Self-Harm Injuries per 100,000 Residents by Age Group for Adams County and Colorado, 2022



Source: Colorado Department of Public Health, Violence and Injury Prevention Mental Health Promotion Branch

Many individuals who self-injure report overwhelming sadness, anxiety, or emotional numbness as common emotional triggers.[178,179,180] Self-injury, they report, can be performed for a variety of reasons. Individuals may perceive it as a means of coping with anxiety, relieving stress or pressure, feeling more in control of their body and/or mind, or distracting themselves from other problems. They may also feel as though using self-injury as an outlet protects others from their emotional pain.[180,181] Regardless of the specific reason provided, self-injury may best be understood as a maladaptive coping mechanism.

Youth and young adults aged 15-24 are also struggling with substance use. They are more likely than any age group to visit the emergency department for an overdose involving drugs with potential for abuse (Figure 17).[176]

→ ***Community Voice:*** Community partners repeatedly raised the need to increase juvenile assessment, treatment, and diversion resources in Adams County. Multiple community partners spoke about the gap created by the closure of an Adams County program that provided screening/assessment and referral to community services for youth who are at risk of becoming involved in the juvenile justice system.

"Don't have a juvenile assessment program because they closed that down – as a co-responder we use these programs to keep people out of the ED." – Co-Responder Representative Program

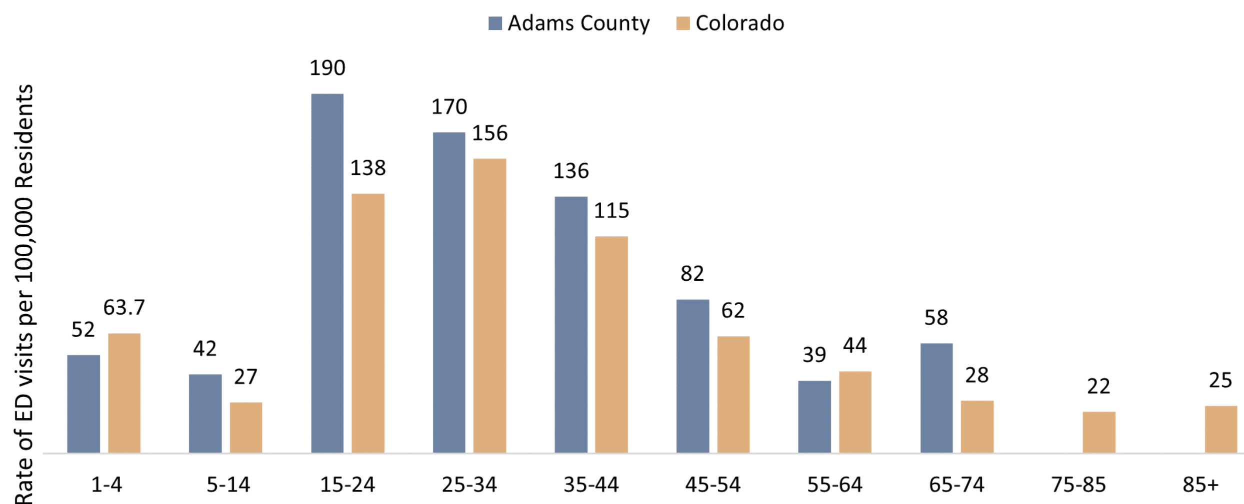
Sub-finding

Adams County co-responder service reach and capacity is limited by internal and external challenges.

Co-responder programs respond to hundreds of calls annually. Call and response volume may be reflective of jurisdiction and population size as well as program capacity. Based on data provided by programs:[181]

- Thornton's program responded to approximately 380 calls between June and December 2023.
- Northglenn's program reported approximately 521 year-to-date referrals in December 2023, with 302 referrals from the police department and 167 self-referrals from residents requesting assistance directly.
- Aurora's Crisis Response Team has responded to 9,500 calls since it started in 2018.

Figure 17. Crude Rate of Emergency Room Visits for Overdoses Involving Drugs with Potential for Abuse per 100,000 Residents. Note: Drugs with potential for abuse include all drugs except for muscle relaxants, anti-seizure drugs, and antidepressants.



Source: Colorado Hospital Association

Only one of seven co-responder program representatives who completed a survey estimated their teams can respond to 100 percent of calls occuring during service hours, while others estimated they are able to respond to 70-90 percent of calls coming in during service hours. No co-responder program within Adams County has overnight or 24/7 coverage.[182]

- The biggest barrier to responding to 100 percent of calls was

staffing shortages. Four out of seven co-responder programs surveyed had at least one vacancy as of Dec. 7, 2023. Several programs noted that even if they were fully staffed based on their budget, they do not have full coverage when someone is out for a personal or sick day.[182]

- Surveyed programs also pointed to training opportunities for law enforcement and court systems that would benefit co-response efforts and reduce the impact of the carceral system on individuals involved in low acuity situations.[182]
- A lack of standardized data collection procedures was also named as a challenge for programs in understanding and assessing programmatic impact and community need. Various funding sources (and therefore distinct reporting requirements), different software, and inconsistent definitions of measures across reporting platforms make it difficult to generate meaningful data analysis within programs and to aggregate data across programs.[182]
- Co-responder programs share several external challenges that make connecting community members to appropriate care difficult. These include:
  - » lack of substance use treatment services (especially residential)
  - » lack of detox and crisis stabilization centers
  - » shortage of juvenille assessment and support services.[182]

→ ***Community Voice:*** *"Long-term substance use treatment beds aren't available...all the beds for the people who have lower SES (Socialeconomic Status) are taken. Beds they're expensive, even for people with decent insurance it's nearly impossible."* – Co-Responder Program

RECOVERY from alcohol and substance use and dependence is a "process of change through which an individual achieves abstinence and improved health, wellness, and quality of life." The process of recovery is highly personal and occurs through many pathways. Recovery and relapse prevention may include clinical treatment; medications; faith-based approaches; peer support; family support; self-care; recovery support services; clubhouse services; recovery residences; and supportive housing, employment, and education. Recovery is characterized by continual growth and improvement in one's health and wellness and managing setbacks.[188]

Recovery residences are for individuals recovering from drug dependence. This housing provides an alcohol and drug-free living environment, peer support, assistance with obtaining substance use treatment services, and other recovery assistance. Recovery residences are also sometimes referred to as sober living homes.[186]

Recovery residences aim to provide healthy environments that support recovery. Four levels of sober living exist, including:

- **Level 1: Fully peer-run**
- **Level 2: Monitored with at least one paid staff**
- **Level 3: Supervised with certified staff**
- **Level 4: Clinical and administrative supervision with credentialed staff[187]**

Sub-finding

Adams County residents in northern and eastern Adams County have little-to-no access to recovery residences.

There are two major organizations supporting recovery residences in Adams County: Oxford House and the Colorado Association of Recovery Residences (CARR).

- The term Oxford House refers to any house operating under the "Oxford House Model," a community-based approach to recovery, which provides an independent, supportive, and sober living environment.[182] Oxford House Inc., the umbrella organization of the worldwide network of individual Oxford Houses, is a nonprofit umbrella corporation that provides charters to eligible groups of people who have recovered from alcohol and/or substance use dependence who want to establish a new Oxford House.
- CARR defines recovery housing as sober, safe, and healthy living environments

dedicated to promoting recovery from alcohol, drugs, and other associated problems. CARR has four levels of recovery housing that offer differing levels of support for residences.[183]

There are 324 recovery residences managed by either the CARR or Oxford House within a 30-minute drive of Adams County municipalities. Most of these are outside of Adams County, with only 26 recovery residences within county borders.[96]

There are no recovery residences in Brighton. Adams County's Adult Drug and Treatment Court (through the 17th Judicial District) is located in Brighton. People involved in drug court who live in recovery residences must find transportation to court each week.

RECOVERY RESIDENCES FOR PEOPLE WITH ACUTE MENTAL HEALTH NEEDS ARE COMING IN 2024.

In summer 2023, the Colorado Department of Human Services (CDHS) announced plans to open Mental Health Transitional Living (MHTL) Homes on a rolling basis through 2024.[189]

→ ***Community Voice:*** *"These homes, which are run by the Office of Civil and Forensic Mental Health within CDHS, will be used as a transition to a less restrictive setting for individuals with severe mental health conditions. Clients may stay as long as necessary for stabilization with an ultimate goal of reintegrating clients successfully in the community."* – Behavioral Health Provider

Historically, there have been no recovery residences for people with acute mental health needs in Adams County. A Mental Health Transitional Home (Level 1) will open in Northglenn in May 2024 (operated by Sequoia Cares Partners), and one will open in Westminster before the end of 2024 (operated by CDHS).[184]

- **LEVEL 1 TRANSITIONAL HOMES** are responsible for daily living with regular support such as medication dispensation, ongoing minimal therapeutic activities, regularly scheduled daily activities, and an emphasis on Activities Daily Living (ADL) support. Such programming is geared toward supporting the individual's engagement and work toward full independence.[185]
- **LEVEL 2 SUPPORTED THERAPEUTIC TRANSITIONAL LIVING HOMES** provide coordinated whole person care to include daily living, social and life skills activities/training, therapeutic services, group activities, medication management and dispensation, and ADL's support. Programmatic services are geared for those needing more hands-on care due to continued management of severe mental illness.[186]

FINDING 4 Organizations serving Adams County residents with behavioral health challenges have difficulty connecting residents to needed behavioral health services and supports.

Sub-finding

Lack of Knowledge of Existing Services and How to Find Care

Community partners identified both individuals in need of care and service providers lack knowledge of existing services and have difficulty knowing how to find existing resources or navigate care systems. While multiple provider and resource directories exist, such as OwnPath.co, 2-1-1 Colorado, and FindHelp, many people are not aware of these tools, and providers continue to rely on outdated or incomplete resource lists.

→ ***Community Voice:*** *"Not about a lack of resources – it's about getting access to those resources. Need to understand what is and is not available."* – Home Visitation Program Representative

"Being able to navigate the system. Helping people get connected to the service that's far away – if they are making a trip to get care, they need to make sure all the care is happening in one go." – Rural School District Representative

Sub-finding

Lack of Shared Knowledge of Existing Referral Process and Lack of Quality Referral Systems

Community partners from various sectors shared their challenges with referrals and connecting across programs and systems. Providers also conveyed there is a lack of understanding of referral processes between systems, or these processes are subject to disruption due to staff turnover and program changes or closures. Ideally, the referral process would include bi-directional communication between the referrer and the provider where both are accountable for follow-up at every step of the referral, engagement, and treatment process. This is sometimes described as a "feedback or closed loop" and promotes successful engagement between the client and the provider, whether that provider is located onsite or across town. Community

Behavioral health challenges seldom occur in isolation. Consequently, mental health challenges, substance use, and other health challenges are often intertwined, and coordination of care is essential to improve health outcomes. Drivers of health such as employment and housing stability, insurance status, and food security also impact behavioral health and require coordination of care. The existing care delivery system requires individuals to have numerous interactions with different providers, organizations, and government agencies. It also requires multiple provider "handoffs" of patients for different services and sharing of information with joint planning by all providers, organizations, and agencies. Overcoming these separations can be difficult due to the lack of effective structures and processes for linking multiple providers and organizations caring for patients. This is further complicated by legalities around sharing patient information about mental and substance use diagnoses, medications, and other clinical information.

→ ***Community Voice:*** **Many community partners, from co-responders and schools to social services providers, identified difficulties connecting people to the mental health or substance use treatment they need. Community partners also identified the need for better linkages among behavioral health, general healthcare, and other human services agencies caring for patients or clients.**

partners identified that many referral systems do not support bi-directional communication, which leads to clients not receiving the support they need to follow through with the referral.

- ***Community Voice:*** *"...connecting, it's person to person. So it's like, connection to this person and then if she leaves, the connection is gone. The system isn't working. It's too siloed."* – Home Visitation Program Representative

  "Difficulty keeping updated resources. Having that connection across providers and Community Based Organizations (CBOs) – making sure you close the loop on referrals. [Closed loop means] if I make a referral, I have a way to make sure the client received services, and the services are where the client already is engaged." – Human Services Organization Representative

Sub-finding

Lack of Local Services and Supports

As established in previous findings, there is a lack of mental health and substance use treatment services within Adams County, especially for people who are Medicaid members. As a result, many people are referred outside of Adams County to access needed services, which is difficult for the individual (transportation, for instance) and more difficult for follow-up, care coordination, and case management. Community partners also identified a lack of essential resources such as affordable housing, free and reliable transportation, and food.

- ***Community Voice:*** *"We have to send people outside of the community to get these [services] in Denver, etc. These are our neighbors . . . it's sad, frankly, that we have to send people elsewhere."* – County Government Department Representative

  "We need day centers, help with educational programs, walk-in crisis, detox, and shelter. For the people we are helping – the question is where do we send them? We also have poor transportation in Adams, and it isn't free (no free buses or scooters). We really need free transit." – Co-responder Program Representative

  "The wraparound services are really essential to behavioral healthcare (i.e food security supports, housing especially, school-based supports)." – Behavioral Health Provider

Sub-finding

Lack of Relationships Between Providers and Referring Organizations[1]

Some referring organizations do not have relationships with providers and lack trust in the availability or quality of services. Additionally, when referring organizations do not know specifics about what the client may experience, there may be a mismatch in "provider to client fit". It is important for referrers to ensure individuals understand what to expect when a referral is made for them.

- ***Community Voice:*** "The clients are the guinea pigs to try the new resource and then another and then another, and this is a bad experience. Feels like they have to "test" the services on the clients. Also, little-to-no option for choosing therapists, especially when there isn't a good therapist/client connection. There is nowhere else for clients to go so they stop going." – Home Visitation Program

  "We build trust by not referring via 'bridge to nowhere.'" – Social Services Organization

1 Referring organizations includes, but is not limited to, providers, social services organizations, community-based organizations, human services, etc.

Sub-finding

Lack of Timely Services

It is critical individuals can access the services they need in a timely manner, particularly when in treatment or at risk for a setback (otherwise known as relapse). The amount of time between referral to when an individual is able to receive behavioral healthcare can be very long. When there is a delay between referral and intake, or between intake and service appointment this can result in loss of contact with the individual or "the window of readiness" for treatment has closed for the person being referred.

- ***Community Voice:*** *"Our programs have demand for services and items we cannot provide, like housing. At times if you don't address that first, you cannot help them with the behavioral health program. Clients say 'I need help, but I need this other issue first, then I'll get my behavioral health support.' It's an endless cycle."* – Human Services Organization Representative

  "Ideally, in addiction, if someone just expresses interest, that's where you want to get them into treatment, but you can't get them in there until they're like 'ok I'm ready totally.'" – Home Visitation Program

Sub-finding

Gaps in Patient Navigation and Care Coordination

Gaps in care coordination and insufficient patient navigation were common themes identified among community partners in Adams County. Individuals presenting with multiple behavioral health, medical, and basic needs require engagement and coordination between multiple providers, services, and systems. Barriers to effective patient navigation and care coordination include lack of dedicated staffing, absence of a mechanism for information sharing between organizations and across jurisdictions, and manageable caseloads.

- ***Community Voice:*** *"[One organization] has a single navigator for thousands of patients. That person is constantly updating lists of referral providers, social services, etc."* – Behavioral Health Provider

  "Our staff does a lot of case management for people who are experiencing homelessness. We do case management for other people we serve, too – like helping people to become court compliant, connecting people to therapeutic services, etc." – Co-responder Program Representative

  "They [clients] need education about what to expect in treatment, and that SUD [Substance Use Disorder] is chronic, so that people understand various ways to engage in treatment and recovery." – Behavioral Health Provider

When medical, behavioral health, and community-based service providers work together and share information, individual's needs and preferences are known and communicated at the right time to the right people, and the information is used to provide safe, appropriate, and effective care. Comprehensive and sustainable patient navigation or care coordination depends on robust and timely service referrals and individual and organizational partnerships.

Members of the Adams County Criminal Justice Coordinating Council recently discussed a myriad of challenges with the continuum of care for individuals who transition from jail into the community, for example. Risk factors known to predict probation violations and revocations and that have the strongest associations with criminal behavior include antisocial behavior, traits, and associates; family and/or marital strain; problems at school and/or work; and substance use.[190] Community partners discussed how these risk factors can compound challenges with engagement in treatment and motivation to change, especially when housing, clothing, employment, and social support needs must be addressed immediately.

FINDING 5

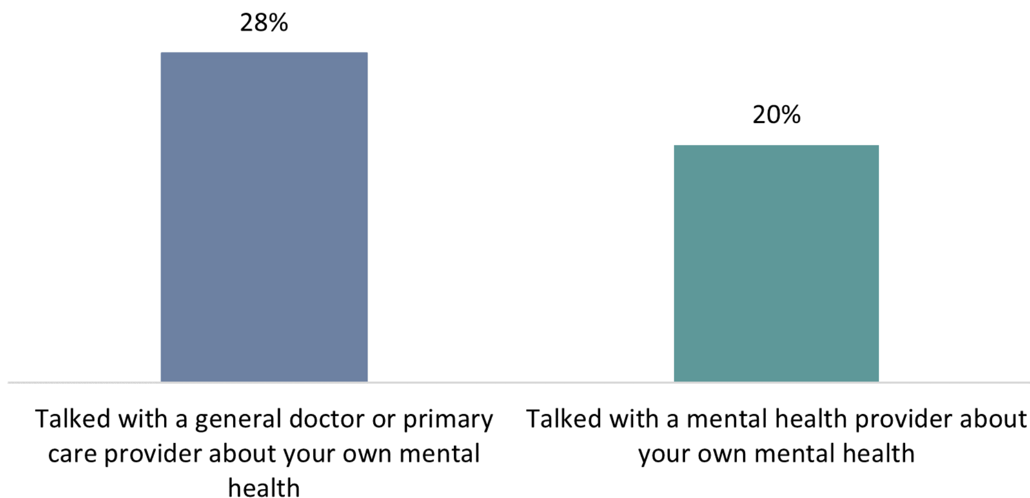
Primary care is a critical setting for increasing access to behavioral health services and supports in Adams County.

When asked, "what is your preferred place for receiving mental health or substance use services if needed?" Adams County residents responded:

- A mental healthcare or substance use provider in their office (29.3 percent)
- Their primary care provider in their office (22.8 percent)
- Telemedicine from a local mental health or substance use provider (9.2 percent)
- Other (2 percent)[74]

In Adams County, residents are more likely to talk with a primary care provider about their mental health than with behavioral health specialists. Nearly one in three residents talked about mental health with a primary care provider and less than one in four residents talked about it with a mental health provider (Figure 18).[74]

Figure 18. People Discussing Mental Health Issues with Providers During the Past Year, Adams County, 2023



Source: Colorado Health Access Survey

Primary care providers have more frequent visits with patients than specialists and are often the first point of contact for patients seeking healthcare services. Annual well visits are fully covered under the Affordable Care Act for people with insurance, reducing cost for many to get initial mental health screening from a primary care provider.[191] People are also more likely to share mental health concerns with a provider they are familiar with.[192] Most people (80 percent) with a behavioral health disorder visit with their primary care doctors at least once a year.[193] Primary care providers can help reduce stigma by having conversations with patients that normalize talking about mental health, use patient-centered communication, and are tailored to patients' preferred setting.[194]

It is important to recognize primary healthcare provider shortage areas in Adams County where less access to these providers is available. Less access is observed in rural Adams County and parts of north Aurora, Brighton, and Commerce City.[53]

OLDER ADULTS: **Most older adults receive and prefer their healthcare from primary care providers. Through coordination of mental, physical, and social health services and interventions that integrate mental health treatment and management into primary care can mitigate many of the barriers to meeting the mental health needs of older adults.**

FINDING 6

Utilization of telehealth services increased during the COVID-19 pandemic and remains a common delivery method for behavioral health services.

In 2023, almost one in three (31 percent) Adams County residents reported they had a telehealth appointment with a doctor, nurse, or other health professional in the past 12 months. Among those, 58 percent reported receiving primary care and 23 percent received mental healthcare.[1]

Telehealth may improve healthcare access post-pandemic, but more research is needed to understand factors that drive differences in utilization and effectiveness among groups and identities.[195] See box below.

TELEHEALTH can be an easy and effective way for individuals to receive behavioral healthcare on their computers, tablets, or cell phones. Telehealth is also an important tool to improve access to care for populations who experience barriers to in-person care. People with disabilities, people in areas with behavioral health provider shortages, rural communities, and youth and young adults can all benefit from telehealth options when regular travel to in-person appointments can be difficult. While some people may need more intensive, in-person services, telehealth can provide people with behavioral health needs with a range of options for care.[196]

Telehealth visits may not be appropriate or feasible for all clients or all services and supports, including for people who have serious mental illness or for those who pose a danger to self or others. Many traditional office elements, such as touch, physical presence, and emotional connection, may be missing or restricted by digital technologies.[197] The "digital divide" can create potential disparities in access to telehealth, including for those living in rural areas with limited internet access, older adults, and those with diverse cultural settings and socioeconomics.[198] Even among people with adequate internet access, access may be limited to a public location or may incur monetary costs due to data charges. Older adults may have difficulty accessing telehealth services due to inexperience with technology or physical disabilities.[199]

→ ***Community Voice:*** "More and more resources are just available online, and not all older adults have access to tech or a strong tech skillset." – Older Adult Serving Organization

FINDING 7

Behavioral health workforce recruitment and retention challenges in Adams County have a negative impact on provider service capacity.

Adams County's behavioral health workforce shortages and high rates of turnover place enormous demands on the workforce, and jeopardize the provision of care, especially to under-resourced individuals. Moreover, the nature of the work, which often involves helping individuals manage mental health issues, substance use issues, trauma, or behavioral health crises, can be emotionally straining. The behavioral health workforce experiences high levels of work-related stress, low salaries, high student debt, and full and increasing caseloads. These combined factors place individuals working in the behavioral health field at high risk for experiencing burnout.

WHAT IS BURNOUT?

Burnout results from chronic workplace stress that encompasses:

- Exhaustion—feeling depleted, overextended, and fatigued
- Depersonalization—being detached from oneself and emotionally distant from one's clients and work
- Feelings of inefficacy—having a reduced sense of professional accomplishment

Burnout has physical and emotional consequences for individuals and impacts their work with clients and within an organization.[200]

Survey data from the National Council for Mental Wellbeing indicates more than nine in 10 behavioral health workers (93 percent) said they have experienced burnout, and a majority report suffering from moderate or severe levels of burnout (62 percent) in 2023.[201]

SALARIES: State-contracted, non-profit, community-based providers need to maintain a highly trained, stable workforce that can provide the safety-net services upon which Coloradans depend to keep our state healthy. Between 1999 and 2021, community provider inflationary increases have fallen so far behind that providers have lost more than 30 percent of their spending power as compared to the inflation rate across the state. Additionally, compared to State employee salary survey increases, community providers have lagged by 28 percent. Without adequate rate increases, providers in the safety net system cannot compete with the growing healthcare industry, especially at a time when Colorado communities expect more services by providers whose mission is to serve all Coloradans regardless of their ability to pay.[202]

→ ***Community Voice:*** *"Also taking a look and making sure that people are being appropriately compensated for the time they spend and the nature of the work should be built into expansion/restructuring of programs."* – Law Enforcement/Co-responder Program Representative

SAFETY: High levels of violence in the mental healthcare sector directly contribute to the behavioral health workforce shortage.[203] Studies have shown exposure to workplace violence is associated with poor mental health outcomes and unfavorable physical and emotional performance. Long-term exposure to workplace violence has been shown to lead to higher levels of post-traumatic stress disorder, burnout, anxiety, depression, and insomnia in the behavioral health workforce.[204]

→ ***Community Voice:*** *"Behavioral health among staff is extremely important in addition to clients. Need to address secondary trauma, etc., in order to help them be there for clients."* – Behavioral Health Provider

WORKLOAD INCREASE: Psychologists' workload increased substantially throughout the course of the pandemic which in turn increased the severity of provider burnout and negatively impacted provider mental health, particularly among frontline professionals. In response to a survey in September 2022, 38 percent of U.S. licensed psychologists reported that they were working more than they did before the pandemic. Faced with increased workload, the percentage of psychologists who reported not being able to meet the demand rose from 30 percent in 2020 to 46 percent in 2022. Almost half (45 percent) reported feeling burned out in 2022.[205] More than three-quarters of psychiatrists—predominantly early-career and female providers—reported burnout in 2020, and 16% reported symptoms of major depression. Additional sources of provider burnout can include family responsibilities, time pressure, chaotic environments and lack of pace control.

→ ***Community Voice:*** *"People [behavioral health professionals] are going to private practice as well as other CMHCs and small groups. It comes down to money, caseload, and flexibility."* – Behavioral Health Provider

"Turnover... is because people come in who are used to therapeutic/outpatient mental health and the co-responder role is very different and very demanding. And you are getting paid less than private practice and the hours/schedule are worse than private practice." – Co-responder Program Representative

KEY RECOMMENDATIONS

As previously mentioned in the Methodology section, key recommendations identified in this assessment prioritized populations of focus with the greatest needs and who experience the greatest barriers to obtaining behavioral healthcare in Adams County. The recommendations noted below are cross-cutting and were identified using the following systematic approach.

1. Organized all key findings into broad categories to identify major cross-cutting themes.
2. Drafted recommendations that address the largest number of key findings.

DATA REMINDER:

- One in four inpatient and outpatient mental health facilities do not accept Medicaid or offer sliding fee scales and even fewer substance use treatment facilities serve patients that rely on Medicaid or sliding fee scales.
- Most behavioral health facilities within 30 minutes of Adams County municipalities are located southwest of Adams County in neighboring counties.

Expand the behavioral health workforce in Adams County.

Increase the number of services and providers, including those that accept Medicaid and sliding fee scales.

Residents in Adams County who rely on Medicaid, live in rural Adams County, are unhoused, experience transportation barriers, or a combination of these factors have less access to in-person or conveniently located behavioral health services. There is a need to increase services and providers across the behavioral health services continuum, including inpatient, outpatient, school-based services, and recovery residences conveniently located and tailored to those with the greatest needs. Investing in the following areas can improve access to behavioral health services and social supports.

STRATEGIES TO STRENGTHEN THE BEHAVIORAL HEALTH WORKFORCE

Comprehensive recruitment and retention, education and training, technology integration and telehealth, communtiy engagement and advocacy, and addressing provider burnout and self-care are key strategies to expanding and strengthening the behavioral health workforce. For more information on these strategies, review Building A Sustainable and Resilient Behavioral Health Workforce.[206]

Increase Acceptance of Medicaid and Offering Sliding Fee Scales

There is a need to invest in and incentivize providers to accept Medicaid and offer sliding fee scales. Concurrently, there is a need to recognize and address the obstacles providers face to accept Medicaid patients, including administrative hurdles and billing. Additionally, Medicaid payment rates are lower on average than Medicare and private insurance rates.[207]

→ ***Community Voice:*** *"Sustaining our programs is difficult because we serve a lot of uninsured populations, and even Medicaid reimbursement is very low. We have to supplement with other funds."* – Behavioral Health Provider

Leverage Behavioral Health Administration (BHA) Workforce Development Strategies for Local Providers

- Increase applications among Adams County providers for BHA grant funding dedicated to stabilize, recruit, and retain behavioral health professionals as well as expand career options for early career or entry-level workers. It is anticipated that the BHA will dedicate $30 million to support the development, training, and diversification of the workforce over the next several years.[34]
- Expand the number of providers using interstate compacts, allowing professional counselors licensed and residing in a compact member state to practice in other compact member states without need for multiple licenses.[34]
- Leverage partnerships with educational institutions and residency programs. These partnerships can encourage students and early career professionals to practice in rural and under-resourced communities and expand career pathways.
- Career pathways introduce students, from kindergarten through college, to healthcare careers through a combination of education, training, and other services that align with the skill needs of the field. Research shows career pathway participants are more likely to attain higher wages and to complete training-related credentials than their peers.[208]
- Provide incentives and/or stipends for students to participate in local internship programs which provide clinical training to future mental health professionals. Many Adams County organizations offer behavioral health internship programs within local community settings including, but not limited to:[34]
  - » Aurora Mental Health and Recovery
  - » Children's Hospital Colorado
  - » Reaching HOPE
  - » Regis University
  - » Servicios de la Raza

→ ***Community Voice:*** *"Higher Ed programs are thinking about co-responder tracks, and that will be helpful. Training in community-trauma. Interest in making sure different levels of certification and*

REDUCE ADMINISTRATIVE BURDEN

Provider administrative burden refers to a wide range of administrative activities and can include prior authorization, lengthy forms or documentation requirements, unclear processes to navigate, lengthy credentialing processes, and unclear reasons for reimbursement denials or auditing. Research indicates administrative burden can impede provider insurance acceptance, particularly if the administrative burdens are disproportionate for Medicaid relative to other payers. Providers contracting with multiple payers may notice administrative requirements and processes vary between payers due to the lack of standardization. Compared with those in medical and surgical specialties, the behavioral health workforce is less likely to accept insurance and to participate in health plan networks. Research suggests administrative burdens play as important a role as reimbursement in influencing clinicians' decisions to accept insurance. Varying administrative burdens may be particularly challenging for smaller behavioral health providers/organizations. Addressing administrative burdens could reduce time associated with non billable provider time and resources and result in higher rates of Medicaid acceptance.

training are being matched to the right kind of jobs. A lot of barriers to obtaining behavioral health professional certifications." – Law Enforcement/Co-Responder Program

- Incentivize individuals to engage in training and certification for supportive roles and incentivize providers to employ the supportive workforce. The following three unlicensed providers, whose supportive services and expertise are covered by Health First Colorado, may deliver care under the supervision of a licensed provider.
  - » Community Health Workers (CHWs)
    - CHWs, also referred to as promotores de salud, are frontline public health workers who are members of the communities they serve, sharing language and cultural identities. This trusting relationship enables the worker to serve as a link between health/social services and the community. This helps facilitate access to services and improve the quality and cultural competence of service delivery.[209]
  - » Peer Support Professionals
    - Peer support professionals and services may be referred to by different names. Some common terms include peer recovery specialists, peer counselor, forensic support specialists, and peer advocates.[210]
    - Peer support encompasses a range of activities and interactions between people who have shared similar experiences of being diagnosed with mental health conditions. This mutuality—often called "peerness"—between a peer worker and person using services promotes connection and inspires hope. These professionals provide links to resources and help individuals navigate the complex health system.[211]
  - » Qualified Behavioral Health Assistants (QBHAs)
    - By April 2024, the BHA will develop prerequisites including coursework and professional experience for individuals to obtain a "behavioral health assistant" credential. This paraprofessional will assist licensed and certified clinicians with navigation and other nonclinical services. Individuals with this credential will be able deliver services billable through Health First Colorado, and its requirements will lead directly to degree-requiring behavioral health credentials such as counseling.[212]

ADDRESSING AND PREVENTING BURNOUT

SAMHSA has developed the Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies guide. Ithighlights organization-level interventions to prevent and reduce burnout among behavioral health workers.[220]

- Invest in and promote scholarships, loan forgiveness and loan repayment
  - » E.g. promote participation in the Colorado Health Service Corps loan repayment for providers in Health Provider Shortage Areas.

Sub-finding

Increase the capacity and diversity of behavioral health providers to support linguistically congruent, culturally congruent, and tailored care.

Improve access to linguistically congruent care

Increasing the capacity of the behavioral health workforce to provide care in the primary and/or preferred language of a patient is critical. By increasing awareness and utilization of quality interpretation and translation services, recruiting bilingual staff, and integrating community health workers, like promotoras de salud, behavioral health providers in Adams County can increase their ability to provide services and supports in languages other than English. This includes Spanish (representing the greatest need in Adams County based on population size) and numerous other languages including, Indo-European, Asian and Pacific Islander, and other languages not specified. *For more specifics on languages*

spoken in Adams County, please refer back to Table 2.

Improve access to culturally congruent and tailored care

By investing in and promoting existing efforts to expand the behavioral health workforce, with a focus on recruiting and hiring within diverse communities, there is opportunity in Adams County to increase patient engagement and access to services.

→ ***Community Voice:*** *"Adams County has a lot of diversity that isn't reflected within the providers. ...Wish there were more providers that can offer services in a culturally specific manner."* – Community Partner

Promoting, expanding, and incentivizing culturally congruent and tailored trainings and certifications is crucial. Access to non-traditional and informal supports in Adams County may also increase behavioral health providers capacity to support populations with the greatest needs, including BIPOC, LGBTQIA+, pregnant and postpartum people, youth and young adults, older adults, people interfacing with the carceral system, and people with co-occuring mental health and substance use challenges.

→ ***Community Voice:*** Organizations providing non-traditional supports said they were well-received by community members, and they felt strongly that they should be expanded. "Incorporating [traditional] healing circles into our mental health programs has allowed us to offer a more holistic approach that respects our clients' cultural heritage." - Behavioral Health Provider

→ *"More providers and clinicians will help, but that won't change the stigma or other things that we're hearing. We need more alternatives. We can't workforce our way out of it. We can't force a therapist on [people who don't want it]."* - Home Visitation Focus Group

Examples of tailored trainings and certifications include:

- Certifications:
  - » Colorado School of Public Health Latino Research and Policy Center certificate in Latino Health[213]
  - » E4 Center for Excellence for Behavioral Health Disparities in Aging Older Adult Mental Health Certificate Program[214]
  - » Postpartum Support International Certification in Perinatal Mental Health[215]
- Organizational trainings:
  - » Envision:You LGBTQ+ Behavioral Health Provider Training Program[216]
  - » Behavioral Health Administration's Behavioral Health Integration modules for different populations and topics[217]
- Community-based and Community-initiated care trainings:
  - » Mental Health First Aid
  - » Naloxone
  - » Positive Youth Development
  - » Question, Persuade, Refer Gatekeeper Training for Suicide Prevention
  - » Social Justice Approach to Prevention and Policy
  - » Strengthening Families Five Protective Factors
  - » Trauma-Informed Practices
  - » Understanding De-Escalation

COMMUNITY INITIATED CARE **is an evidence-based model that centers on the idea that anyone in the community can have a significant impact on behavioral health outcomes. Through training, community members can learn how to recognize behavioral health issues in a friend, a neighbor, or a family member and take helpful action in the moment.[221] Community involvement is a foundational component of "narrowing the health equity gaps seen in mental health outcomes."[222]**

Improve access to behavioral healthcare in accessible and preferred settings

Residents in Adams County are more likely to access care in their preferred settings, including location and service delivery. Following are models and strategies to prioritize in Adams County.

- ***Co-Located Services:*** Refers to "services that are located in the same physical space (e.g. office, building, campus), though not necessarily fully integrated with one another. Co-location can involve shared space, equipment, and staff for health and human services; coordinated care between services; or a partnership between health providers and human services providers. Co-location can streamline referrals, increase access to care, and increase communication between different providers.[218] Examples of where co-location has been proven to be beneficial include, but are not limited to, housing providers, faith-based organizations, school-based health centers, WIC clinics (Special Supplemental Nutrition Program for Women, Infants, and Children).
- ***Mobile Services:*** Refers to mobile mental health units staffed with behavioral health professionals, such as counselors and peer navigators, who provide services and supports to people where they are. Services might include peer support services, active referral to services, informal health classes, harm reduction supplies (e.g. sharps disposal), and wraparound supports based on need. Critical to this service delivery is consistency in scheduling mobile services at conveniently located areas in Adams County.[219]
  - → ***Community Voice:*** *"Mobile services could work, but they are very unreliable. Building trust is difficult. If they say they are going to be there, they must commit to it."* – School District Representative
- ***Flexibility in Service Hours:*** For those who work a typical 8-5 workday, seeking care during working hours is a barrier.
  - → ***Community Voice:*** *"Flexibility in scheduling. Everyone wants appointments in the evening."* – Behavioral Health Provider

RECOMMENDATION B

Increase universal screening, referral, and integrated care for behavioral health within all critical settings, including schools, primary care, and specialty services.

In addition to increasing behavioral health workforce and services, strategies for improving access to mental healthcare focus largely on increasing the number and kinds of providers who can deliver preventive and treatment services. This includes engaging family members, improving the mental health promotion and treatment capacity of schools and community programs, and increasing the capacity of primary care providers.

Behavioral health screenings are a critical part of the behavioral health continuum of care. Approximately 50 percent of lifetime mental health conditions begin by age 14 and 75 percent begin by age 24. The average delay between when symptoms first appear and intervention is 11 years, underscoring the importance of behavioral health screenings for early identification and intervention. Reaching young people before crisis is critical to addressing the life-long impacts that behavioral health challenges can incur.

Researchers have identified a significant and positive relationship between the timely detection of behavioral and emotional challenges and academic performance.[223] "Given schools' unique ability to access large numbers of children, they are most commonly identified as the best place to provide supports to promote the universal mental health of children."[224]

Increase Screening in Schools

A number of organizations and institutions recommend screening all students for social and emotional needs. They include the National Association of School Psychologists, National Research Council, Institute of Medicine, Healthy Schools Campaign, Mental Health America, and others.[225] There are various evidence-based, behavioral health screening tools available in the public domain for professionals to use in schools. The Substance Abuse and Mental Health Services Administration (SAMSHA) Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools Toolkit is a resource to reference and learn more.[226]

In 2024, the Behavioral Health Administration (BHA) will administer a mental health screening program to public schools serving grades six through 12. The screening program will help identify potential risks related to unmet mental or emotional health needs of students and provide them resources and referrals to address their needs. The BHA will procure vendors to provide support and technical assistance to schools who participate in the screening program.

Universal mental health screening in schools is one element of a school-based behavioral healthcare framework — a multi-tiered system of supports to appropriately serve students and meet their behavioral health needs.

Increase Comprehensive School Behavioral Health Systems

K-12 comprehensive school behavioral health systems include district- and school-level educational and local behavioral health professionals working in concert with families to improve prevention, early intervention, and intervention strategies within the school and community to meet students' social, emotional, and behavioral health needs. The Colorado Framework for School Behavioral Health Services includes three recommended models of service delivery for students with high behavioral health needs:

1. Co-located services, where a district or school has a school-based health center that includes behavioral health and primary care.
2. A school-based therapist, where a therapist from the community comes to the district or school to deliver group and individual based therapy.
3. A referral to a community based therapist, where a district or school has a strong relationship with a Community Mental Health Center (CMHC) and has a streamlined referral process with the center to create a seamless service delivery model for children, adolescents, and their families.[227]

The Framework provides a guide for K-12 student supports on prevention, early intervention, and intervention for students' social, emotional, and behavioral health needs as well as the key elements required to implement comprehensive school behavioral health systems in districts and schools across Colorado.[228]

Increase Screening in Primary and Specialty Care

Screening for early detection and treatment of mental health and substance use disorders in primary care settings can improve quality of life, help contain healthcare costs, and reduce complications from co-ocurring behavioral health and medical conditions. Many national family medicine, internal medicine,

SCHOOL DISCIPLINE POLICIES AND PRACTICES:

On October 15, 2020, the Colorado Attorney General's Office created a Roundtable focused on how school discipline policies and practices—notably, an overreliance on punitive measures such as suspension, expulsion, or criminal arrest and citation rather than an emphasis on healing-centered restorative approaches—reduce the likelihood of graduation and place students on a path towards involvement with the criminal justice system.[230] Using punitive and exclusionary discipline measures in response to violations of school rules can create a cycle that results in undesirable outcomes for individual students and their communities. Suspensions, expulsions, and criminal consequences remove students from the learning environment and harm academic and interpersonal connections. In turn, for students subjected to these punitive measures, the likelihood of successful high school completion falls while the likelihood of future involvement with the criminal legal system increases substantially.[231] Too often, school disciplinary approaches lead to involvement with the criminal legal system, meaning that efforts to improve the criminal legal system must pay attention to school discipline.

In 2021, the Roundtable put forward multiple public policy concepts for consideration by policymakers seeking to curb punitive measures in school and shift to greater utilization of restorative justice principles. They conclude the report acknowledging the rise of restorative practices and community-based programs that support students and can serve as models for schools and communities across Colorado. Moreover, as Colorado develops a clearer picture of best practices, there is room for improving what data are collected, how schools utilize School Resource Officers, and how to develop more supportive school climates.[232]

pediatric, and obstetric organizations, as well as the U.S. Preventive Services Task Force (USPSTF), have released general recommendations for behavioral health screening in primary care settings. The USPSTF recommends that adults be screened for depression, alcohol misuse, and drug misuse, and that primary care physicians ensure there is appropriate diagnostic follow-up available from behavioral health clinicians.[229]

Many behavioral health screening tools are available for primary care providers to consider. Some examples include:

- Ask Suicide-Screening Questions
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Beck Depression Inventory
- Columbia Depression Scale
- Columbia Suicide Severity Rating Scale
- CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)
- Depression, Anxiety and Stress Scale
- Edinburgh Postnatal Depression Scale
- Generalized Anxiety Disorder
- Kutcher Adolescent Depression Scale
- NIAAA Screening Questions for Alcohol Abuse
- Patient Health Questionnaire-9
- Pediatric ACES and Related Life Events Scale
- Pediatric Symptom Checklist 17
- Screening, Brief Intervention, and Referral to Treatment
- Strengths and Difficulties Questionnaire - children and youth ages 3-16 years

Screening for Behavioral Health Conditions in Primary Care Settings: A Systematic Review of the Literature **identified and evaluated publicly available, psychometrically tested tools that primary care physicians can use to screen adult patients for common mental health and substance use disorders such as depression, anxiety, and alcohol use disorder.**

- **Health First Colorado covers screening services in a wide variety of settings to increase the chance of identifying individuals with common mental health and substance use disorders or those at risk for future substance use.**

DEPRESSION

- **Health First Colorado covers an annual depression screening for individuals aged 11 and older, using a standardized, validated depression screening tool at the member's periodic visits. The department recommends the Patient Health Questionnaire-9 but accepts other validated tools including the Edinburgh Postnatal Depression Scale, Columbia Depression Scale, Beck Depression Inventory, and Kutcher Adolescent Depression Scale. The exact frequency of validated, standardized screening depends on the concerns of the child's parents, adult members or the provider as to whether routine surveillance suggests the member may be at risk for depression.[233]**
- **The Depression benefit includes the option for reimbursing pediatricians or family medicine for screening new mothers for depression at well-child visits. In 2020, up to three postpartum depression screens were covered by Health First Colorado and could be billed to the birthing parent's or baby's Medicaid ID.**

SCREENING BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)

- **SBIRT is designed to prevent individuals members from developing a substance use disorder, for early detection of a suspected substance use disorder, or to refer patients for treatment. Full screens are covered for individuals with signs, symptoms, and medical conditions that suggest risky or problem alcohol or substance use. Individuals who are pregnant may be eligible for additional substance use screening and intervention services through Special Connections, Outpatient Substance Use Disorder treatment, and the Prenatal Plus program.[234]**

Increase integrated behavioral healthcare in primary care and specialty settings.

The Agency for Healthcare Research and Quality (AHRQ) Academy developed the *Integrating Behavioral Health and Primary Care Playbook* as a guide to integrating behavioral health in primary care and other ambulatory care settings to help improve healthcare delivery to achieve better patient health outcomes. This is one example of free resources available to support primary and specialty care providers to establish and maintain integrated behavioral healthcare.

The Colorado Department of Healthcare Policy and Financing convenes the BEHAVIORAL HEALTH AND INTEGRATION STRATEGIES SUBCOMMITTEE to assess behavioral health integration within the Accountable Care Collaborative (ACC). The subcommittee investigates the strategies by which Regional Accountability Entities and providers are joining behavioral and physical health at the practice and systems level by

- Improving foundational understanding of behavioral health issues, benefits, and services, including substance use disorders
- Ensuring care coordination and continuity across benefits
- Identifying the barriers to accessing behavioral health including but not limited to gaps in care and stigma.[235]

CONTENT REMINDER: Integrated Behavioral Healthcare blends care in one setting for medical conditions and related behavioral health factors that affect health and well-being. Integrated behavioral healthcare, a part of "whole-person care", is a rapidly emerging shift in the practice of high-quality healthcare. It is a core function of the "advanced patient-centered medical home." Providers practicing integrated behavioral healthcare recognize that both medical and behavioral health factors are important parts of a person's overall health. Medical and behavioral health clinicians work together as a team to address a patient's concerns. Care is delivered by these integrated teams in the primary care setting unless patients request or require specialty services. The advantage is better coordination and communication, while working toward one set of overall health goals.

Typically, medical and behavioral health clinicians collaborate with each other and with patients and families to address health concerns identified during medical visits. Integrated behavioral health is found in primary care and in specialty settings, such as oncology, cardiology, neurology, pediatrics, obstetrics and rehabilitation. Behavioral health clinicians often work right in the medical setting, or, if not onsite, are thoroughly integrated into the established procedures, team, and information systems."[236]

RECOMMENDATION C

Improve and increase care coordination and case management among providers, systems, and across jurisdictions.

Opportunities and desire for leveraging care coordination and case management resources and practices between systems and jurisdictions were elevated by community partners in Adams County.

- → ***Community Voice:*** *"Want to know how we share these resources, create some continuity of care? How can we do better to resource share and create something that works for jurisdictions that are separate but are still integrated and intertwined?"* – Behavioral Health Provider

"[We need] in-depth case management and structure, larger database for sharing of resources and connecting to care. I'd like to see a "one-stop-shop" with resources but also places to take showers, do laundry, etc. that provide easy access these should be provided around the county with incentivization structure – a card that indicates they're meeting with their person/ people (counselor, case manager, etc.) that allows them access to facilities and services" – Law Enforcement/Co-responder Program Representative

WHAT IS THE DIFFERENCE BETWEEN CARE COORDINATION AND CASE MANAGEMENT?

Care coordination organizes patient care activities and information sharing among all participants to achieve safer, more effective care. It focuses on communicating and collaborating with patients, their families, and their healthcare teams to ensure the patient's needs and preferences are met, ensuring a patient-centered approach across various health services. Successful care coordination requires several elements:

- Relationships with a wide range of services and providers
- Knowledge of community resources
- Team-based care: Interdisciplinary care teams address and integrate the full range of a patients' needs
- Good communication
- Regular health/needs assessments
- A focus on transitions in care
- Clear and simple information everyone can understand[237]

Case management, on the other hand, is a collaborative process involving assessment, planning, facilitation, and advocacy to meet an individual's comprehensive health needs. It often targets specific diseases or conditions, using a structured care plan, and is more clinical in nature. Case management in behavioral health refers to a holistic and coordinated approach for providing support and services to individuals with behavioral health needs. Case management aims to ensure that individuals receive the appropriate care, resources, and support to maintain their mental well-being and improve their quality of life.[238] Effective case management is patient-centered, community based, equity driven, involves advocacy, is culturally sensitive and non-stigmatizing, pragmatic, involves advocacy, and offers the patient a single point of contact with the health and social services systems. The SAMHSA Advisory on Comprehensive Case Management for Substance Use Disorder Treatment further defines and offers recommendations for implementing quality case management.[239] While both aim to improve healthcare outcomes, care coordination is broader, emphasizing continuous, integrated care, whereas case management is more focused and structured around specific health issues such as behavioral health conditions.

RECOMMENDATION D

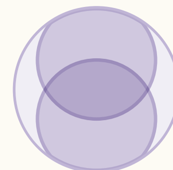
Provide public health leadership that engages critical behavioral health partners to improve access to behavioral health services and supports and integrate promotion and prevention strategies.

Within and across Adams County, there is a need to bring together the multiple sectors (traditional and non-traditional) addressing the complexity of behavioral health challenges while ensuring alignment with regional partnerships, like the Metro Denver Partnership for Health. While there are various collaborations and coordination points in Adams County around behavioral health as a priority, these efforts are not integrated or aligned by a common agenda; shared measures; and resourced to support continuous communication, facilitation, and ongoing improvement. The complexity of behavioral health requires a collective impact approach.

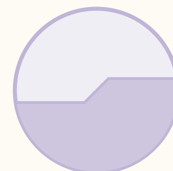
Public health is charged with meeting the challenges of the 21st century by assuming the role of Chief Health Strategist and rethinking the way community-wide issues and priorities like behavioral health are addressed while drawing on existing data and evidence base.[240]

Social determinants of health such as stable housing, economic security, and access to care are also strategic systems-level approaches that must be addressed to influence long-term impact.

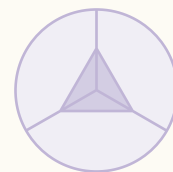
Cross-sector collaboration and collective impact are inherent to the role of Chief Health Strategist. COLLECTIVE IMPACT is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. There are five conditions that have been well researched and provide foundation for collective impact.[241]



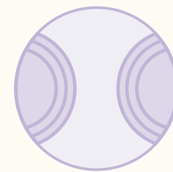
IT STARTS WITH A COMMON AGENDA
This means coming together to collectively define the problem and create a shared vision to solve it.



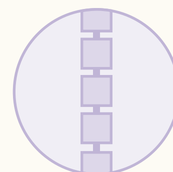
IT ESTABLISHES SHARED MEASUREMENT
This means tracking progress in the same way, allowing for continuous learning and accountability.



IT FOSTERS MUTUALLY REINFORCING ACTIVITIES
This means integrating the participants' many different activities to maximize the end result.



IT ENCOURAGES CONTINUOUS COMMUNICATION
This means building trust and strengethening relationships.



AND IT HAS A STRONG BACKBONE
This means having a team dedicated to aligning and coordinating the work of the group.

LOOKING AHEAD

In addition to the Adams County American Rescue Plan Act (ARPA) Tranche II funding for this assessment, ACHD has additional ARPA funds to allocate behavioral health services and supports through the following opportunities:

- **Behavioral Health Services and Supports Focused Investments (~1.7 million)** to address mental health service gaps for youth informed by this assessment.
- **Behavioral Health Services and Supports Response Funds (~$2.5 million)** to address gaps in behavioral health services and supports informed by this assessment.
- **Co-Responder Program Funds (~$1.4 million)** to address co-responder service gaps informed by this assessment.
- **Co-Responder Evaluation ($500K)** to evaluate outcomes of co-responder programs and create a countywide plan for sustainability.
- **Training and Stigma Reduction Funds (~$1.2 million)** to increase community capacity to recognize early signs of mental health distress, reduce mental health stigma, and respond compassionately and equitably to mental health needs, with a focus on populations experiencing inequities in mental health outcomes and access to services.
- **Strengthening Families Funds (~$1.1 million)** allocated for the Early Childhood Partnership of Adams County (ECPAC) to promote the five protective factors for parents and caregivers and build out the Adams County Resource and Referral Hub model to connect families to support in times of need, as advised by the ECPAC Family and Caregiver Advisory Council. This project includes an external evaluator to track outcomes and plan for sustainability.
    - » ECPAC is made up of over 80 Adams County organizations and family partners building a system of early childhood education, health promotion, mental health, and family support to improve equitable access to affordable and high-quality, comprehensive child and family services and support.

While these funds will make an impact, this Blueprint for Action report is designed to inform organizations in directing other resources and efforts that leverage Adams County community assets and regional partnerships to improve behavioral health access and outcomes for all Adams County residents.

COMMUNITY ASSETS AND REGIONAL PARTNERSHIPS

Please note this list is not considered comprehensive.

Local Strengths

Adams County Health Department

- In October 2021, the Adams County Board of Commissioners made the decision to end their partnership with Tri-County Health Department and create a new health department focusing on the specific needs of the more than 527,000 residents and businesses in Adams County. ACHD, established on Jan. 3, 2023, is home to many programs and initiatives that support behavioral health efforts directly and indirectly. These include:
  - » Access to Health Enrollment
  - » Breastfeeding Support and Services
  - » Diabetes Prevention and Self-Empowerment Programs
  - » Emergency Preparedness and Response
  - » Economic Security
  - » Epidemiology and Data Science
  - » Food Access and Food Systems
  - » Harm Reduction
  - » Health and Housing
  - » HCP Program (program for children and youth with special healthcare needs)
  - » Immunizations
  - » Maternal, Family, and Adolescent Health
  - » Mental Health Promotion
  - » Nurse Family Partnership
  - » Nurse Support Program
  - » Nutrition Services and Programs
  - » Sexual Health
  - » School-Based Health and Wellness
  - » Substance Use Prevention
  - » Women, Infants & Children (WIC, a special supplemental nutrition program)
- ACHD and the Adams County Thriving Communities Collective (ACTCC) – a partnership of county staff, community partners, and community residents – are working together to develop the inaugural Adams County Community Health Improvement Plan (CHIP). Focusing on three priorities – Access to (Whole Person) Care, Economic Security, and Housing – the CHIP is a community plan to improve health and wellness over the next five to 15 years. Behavioral Health is an important part of the Access to Care Priority Area.

Adams County Health Alliance (ACHA)

- ACHA is a group of over 200 community collaborators committed to achieving increased access to quality healthcare and improved health outcomes in Adams County. ACHA accomplishes this work by establishing partnerships and identifying collaborative strategies to improve health outcomes in the county.

Community Reach Center (CRC) and Aurora Mental Health and Recovery (AMHR). Housed within these two Community Mental Health Centers (CMHCs) are the following programs *(not considered a comprehensive list)*:

- Both CMHCs house community-based programs, peer support programs, residential programs, and school-based services.[242,243]
- CRC oversees the Empowerment Center for Adolescence (a youth shelter), and programming for people involved with the carceral system (i.e. Justice, Accountability, and Recovery Program).[96]

- AMHR offers services for people who are unhoused, intensive in-home services, withdrawal management (detox), and programming tailored to youth (e.g. Aurora Youth Options).[97]
- CMHCs also shared posting-to-hiring timelines for various positions have decreased greatly, creating efficiencies with hiring. Highlights of new programs and initiatives for the Adams County CMHCs include:
  - AMHR's establishment of a Center of Excellence for Refugees and Immigrants and the expansion of care through their Cultural Development & Wellness Center Behavioral Health services. The Cultural Development & Wellness Center Behavioral Health clinics provide culturally sensitive behavioral healthcare services to local immigrant and refugee populations.
  - AMHR's integration of the Zero Suicide Framework into all their services in 2023. According to their website, Zero Suicide is "a way to improve suicide care within health and behavioral health systems."[244]
  - CRC's establishment of The Empowerment Center for Adolescents, a new shelter facility in Adams County serving young people in the community facing crises.
  - *"With all these positives, plus our continued growth with community partners, we are confident we will see our service numbers, staff numbers, and our offering of programs grow over the next year."* – CMHC Serving Adams County

There are seven co-responder programs within Adams County, including Aurora, Brighton, Federal Heights, Northglenn, Thornton, Unincorporated Adams County, and Westminster.

- Established in August 2023, all co-responder programs participate in a "Community of Practice" where programs are focused on sharing best practices and advancing the impact and sustainability of co-response in Adams County.

REGIONAL COLLABORATIONS

Opioid Settlement Funds

> *"Nationally, attorneys general have been investigating and suing opioid manufacturers, distributors, and other related parties for their actions in fueling the opioid crisis and to recover funds to help address the damage they have caused. On July 21, 2021, a coalition of attorneys general announced final agreements with Johnson & Johnson, a manufacturer of prescription opioids, and the three major pharmaceutical distributors – Amerisource Bergen, Cardinal Health, and McKesson. These agreements resolve legal claims against those companies stemming from actions that fueled the opioid addiction epidemic in return for their payment of $26 billion and commitment to make major changes in how they do business to improve safety and oversight over the distribution of prescription opioids."*[251]

Over 18 years, Colorado expects to receive $467 million to combat the opioid epidemic. Colorado has a joint framework that prioritizes regional collaboration to distribute the opioid settlement funds in partnership with 312 participating local governments. The framework grants local governments and regions control of 80 percent of the settlement funds with oversight from the Colorado Opioid Abatement Council and support from the Colorado Department of Law.[245,246]

The Colorado Opioid Abatement Council (COAC), created by the Department of Law works with the 19 Regional Opioid Abatement Councils to distribute opioid settlement funds for substance use disorder treatment, recovery, harm reduction, law enforcement, and prevention/education programs.[97]

The Adams County Opioid Abatement Council is committed to reducing the impacts of the opioid epidemic in Adams County, especially for those community members who are disproportionately impacted. The Adams County Opioid

Abatement Council ("Council") is comprised of nine voting members who are responsible for prioritizing work to address the opioid crisis in alignment with the statewide joint framework, making decisions on how to distribute funds from the litigation settlement based on prioritized needs, and identifying policy priorities and opportunities related to addressing the opioid crisis. The Rocky Mountain Partnership (RMP) is the backbone organization supporting the Council. RMP support will ensure funds are invested in the region in a way that will have the most impact and are implemented using a data-driven approach to monitor impact in real time.[247]

The Adams County Opioid Abatement Grant will provide $46 million of funding to efforts intended to abate the opioid crisis in the Adams County region over 18 years. The Council has a total of $6,766,011 to allocate in 2024. This number will change year to year based on a few factors, including if additional funds from litigation settlements come into the State of Colorado. Efforts that can be funded fall into one of the following categories: Prevention & Education, Treatment, Recovery, Harm Reduction, Criminal Justice, Efforts in Rural Colorado, Other, and Administration.

ACHD received Opioid Abatement funds in its first year of operations to build capacity to support harm reduction services. In 2024, a second round of funding was awarded to ACHD to support the expansion of harm reduction services in Adams County, a Family Recovery Care Coordinator to support home visitation programs, and a Youth Engagement Team to facilitate an Adams County Youth Health Advisory Council.

Colorado Consortium for Prescription Drug Abuse

The Colorado Consortium for Prescription Drug Abuse Prevention ("Consortium") coordinates Colorado's response to the misuse of medications such as opioids, stimulants, and sedatives. The Consortium mission is to reduce prescription drug misuse and abuse in Colorado by developing policies, programs, and partnerships with the many Colorado agencies, organizations, and community coalitions addressing one of the state's major public health crises.[248]

Regionally, the Consortium supports local public health agencies and community partners to elevate grassroots efforts and share knowledge and technical assistance among communities working on prescription drug abuse prevention. ACHD is an active member of the Consortium work groups and the Metro Area regional group.[99]

Metro Denver Partnership for Health (MDPH)

MDPH serves the seven-county Denver metro area, including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson counties. MDPH includes ACHD as well as the other six metro area local public health agencies, health systems, and Medicaid Regional Accountable Entities (RAEs).

MDPH's behavioral health work group, which receives financial support from ACHD, leads the Mental Health Ambassador Program. The Mental Health Ambassador Program aims to reduce stigma associated with mental health among communities who experience disproportionate mental health outcomes (e.g. Latinx, Asian American, African American/ Black, as well as Medicaid eligible recipients). The Ambassador Program has partnered with 32 community-based organizations between 2021 and 2023, and a cohort of 17 community-based

organizations began work in January 2024. Ambassador organizations have implemented diverse and innovative community touchpoints using culturally relevant messaging.[249]

MDPH is also working to support connectivity between patients and the providers and community partners with whom they interact. Often referred to as social-health information exchange, this approach uses both technological tools and community relationships to securely share physical, behavioral, and social health information between providers. This regional effort aligns with statewide work underway through the Office of eHealth Innovation to develop a system for healthcare and behavioral health providers to use technology to coordinate care and connect people to services they need such as food, transportation, and housing. Colorado awarded funding for the technical activities required to build a social-health information exchange network and activities are underway. A request for applications is expected in mid-2024 for community organizations seeking to share data through this network.[250]

IN CONCLUSION

The national and state behavioral health landscape is dynamic and undergoing change that affects Adams County. It is critical to recognize in addition to providing behavioral health services and supports, mental health and wellness can be promoted and the impacts of behavioral health challenges can be mitigated or prevented. Balancing investment in needed services and supports with evidence-based prevention and community-based efforts to address the social determinants of health and risk and protective factors will ensure adequate, equitable access while reducing the need for behavioral health services and supports in the future. The role of local public health includes working with community to prevent disease and protect the health of residents through programs, policies, and systems changes. By applying the four cross-cutting recommendations identified in this report and building upon Adams County local strengths and regional collaborations, organizations and institutions serving Adams County can improve the accessibility, availability, and acceptability of behavioral health services and supports in the years ahead.

APPENDIX A

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APPENDIX B: BEHAVIORAL HEALTH ADMINISTRATION ADDITIONAL INFORMATION

Established in 2022, the Behavioral Health Administration (BHA) is a cabinet member-led agency within the State of Colorado, housed within the Department of Human Services. The BHA is designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs. The BHA is focused on six key areas over the next three years, including improving access to behavioral healthcare, making behavioral healthcare more affordable, strengthening the behavioral health workforce, promoting accountability, uplifting lived experience, and improving whole person care. The BHA is charged with the following activities:

- Creating a coordinated, cohesive, and effective behavioral health system.
- Unifying efforts with other state agencies that administer behavioral health programs to maintain alignment in programs, resource allocation, priorities, and strategic planning.

Reforming and centralizing mental health and substance use services and co-creating a people-first behavioral health system.[1]

In the coming years, the work of the BHA will have significant impacts on regions and counties including regional service delivery, care coordination, workforce development and systems change to create a comprehensive continuum of services for children and youth with high-acuity behavioral health needs.[1]

- Regional Service Delivery – *please refer to the full report for more information.*
- Care Coordination
  - » The BHA is also creating programs and resources for a statewide care coordination infrastructure to make it easier for Coloradans to understand and navigate the behavioral health system.
    - › In 2022, the BHA launched OwnPath.co. This searchable online directory allows people in Colorado to find licensed behavioral health providers and to search for specific services or providers. Searches can be narrowed by criteria such as location, days of operation, language support, and payment types accepted.[2]
    - › Behavioral Health Integration (BHI) Modules are available to provide comprehensive and practical information about behavioral health integration that can be applied to healthcare practices. The modules are free and available to use for practice instruction and provider support.[3]
    - › In 2024, a capacity tracking and bed management system will be implemented to support inpatient and residential behavioral health referrals. This centralized referral platform is intended to improve efficiency by helping providers find and contact only applicable facilities for their client's needs and provide a mode for exchanging client information. It will also allow the BHA to track and measure trends across service

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types and populations to highlight care deserts and advocate for communities most in need.[4]

- Workforce Development – *Please refer to "Expanding the Behavioral Health Workforce" within the Background section of the full report.*
- Systems Change for Children and Youth
  - » The BHA issued the Children and Youth Behavioral Health Implementation Plan in 2024. It highlights action items for state agencies to take in the next two years to ensure children and youth receive the treatment and support services they need to thrive. The plan calls for creating a system of care structure for children with high acuity needs including a full continuum of assessment, care coordination, support services, residential care, and crisis resolution.[5]
  - » The BHA administers programs supporting youth including I Matter, a program that provides up to six free therapy sessions for youth in Colorado and reimburses participating licensed providers. The program is available for youth 18 years of age or younger and 21 years of age or younger if receiving special education services. Funding for this program is available through June 30, 2024, with legislation pending in the 2024 legislative session to permanently fund these services.[4]
  - » The BHA is also overseeing the implementation of House Bill 23-1003, which created a state-funded mental health screening and referral program for public schools serving students in grades six through 12. Colorado is currently soliciting proposals for a vendor to conduct these screenings, which will begin July 1, 2024.[6]

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APPENDIX C

Data set / dashboard

Author/Owner	Source Name	Type
Adams County	2023 Community Services Block Grant Community Needs Assessment	Report
Adams County Department of Community Safety and Well-Being	Homeless Management Information System	Data set / dashboard
Adams County Health Department	Substance Use in Adams County	Data set / dashboard
Adams County Health Department	Mental Health in Adams County	Data set / dashboard
Adams County Health Department	Mental Health Framework	Report
American School Counselor Association	School Counselor Roles and Ratios	Report
Aurora Mental Health Center	School-based Behavioral Health Staff	Data set / dashboard
Centers for Disease Control and Prevention	Suicide Rates by State	Data set / dashboard
Colorado Access	Substance Use and Mental Health Claims Data	Data set / dashboard
Colorado Agency for Recovery Residences	Recovery Residences	Data set / dashboard
Colorado Behavioral Health Administration	Community Assessment Toolkit	Report
Colorado Behavioral Health Administration	2023 Strategic Plan	Report
Colorado Behavioral Health Administration	Co-Responder Programs	Report
Colorado Behavioral Health Administration	Community Mental Health Centers	Data set / dashboard
Colorado Behavioral Health Administration	Colorado Crisis Services	Data set / dashboard
Colorado Department of Education	School/District Staff Statistics	Data set / dashboard
Colorado Department of Human Services	Licensing and Designation Database and Electronic Records System	Data set / dashboard
Colorado Department of Local Affairs	State Demography Office Population Resources	Data set / dashboard
Colorado Department of Public Health and Environment	Healthy Kids Colorado Survey (HKCS)	Data set / dashboard
Colorado Department of Public Health and Environment	Colorado Health Information Dataset - Live Births	Data set / dashboard

Author/Owner	Source Name	Type
Colorado Department of Public Health and Environment	Colorado Health Information Dataset - Suicide	Data set / dashboard
Colorado Department of Public Health and Environment	Colorado Health Information Dataset - Injuries	Data set / dashboard
Colorado Department of Public Health and Environment	Colorado Health Information Dataset - Drug Overdose	Data set / dashboard
Colorado Department of Public Health and Environment	Colorado Behavioral Risk Factor Surveillance System	Report
Colorado Department of Public Health and Environment	Pregnancy Risk Assessment Monitoring System (PRAMS)	Data set / dashboard
Colorado Department of Public Health and Environment	Health eMoms Survey	Data set / dashboard
Colorado Department of Public Health and Environment	Maternal Mortality in Colorado	Report
Colorado Department of Public Health and Environment	Behavioral Health Professional Shortage Area	Data set / dashboard
Colorado Department of Public Health and Environment	Vital Records	Data set / dashboard
Colorado Department of Regulatory Agencies	Prescription Drug Monitoring Program Database	Data set / dashboard
Colorado Department of Regulatory Agencies	Behavioral Health Providers	Data set / dashboard
Colorado Division of Criminal Justice	DUI Convictions and Assessments	Data set / dashboard
Colorado Division of Criminal Justice	Jail Data	Data set / dashboard
Colorado Health Institute	Colorado Health Access Survey	Data set / dashboard
Colorado Healthy Schools	2021 Smart Source Results by CDE Region	Data set / dashboard
Colorado Hospital Association	Hospitalizations and Emergency Department Visits with Principle Mental Health Diagnosis Data set / dashboard	Data set / dashboard
Mental Health America	State Rankings	Report
Metro Denver Homeless Initiative	2023 Point in Time Count	Data set / dashboard
Migration Policy Institute	Unauthorized Immigrant Population Profiles	Data set / dashboard
National Association of School Social Workers	NASW Standards for School Social Work Services	Report

Author/Owner	Source Name	Type
National Research Center at Polco	Community Assessment Survey for Older Adults	Report
Oxford House of Colorado	Recovery Residences	Data set / dashboard
Rocky Mountain Partnership	Rocky Mountain Partnership Opioid Abatement Data Hub	Data set / dashboard
Signal Behavioral Health Network	Substance Use and Mental Health Admissions Data	Data set / dashboard
Tri-County Health Department	2022 Community Health Assessment	Report
Tri-County Health Department	Mental Health and Suicide Prevention Assessment, Framework and Recommendations for Pu Report	Report
United States Census Bureau	American Community Survey	Data set / dashboard
United States Census Bureau	Small Area Income and Poverty Estimates	Data set / dashboard
United States Department of Health and Human Services	Poverty Guidelines	Data set / dashboard
United States Department of Transportation	Fatality Analysis Reporting System	Data set / dashboard

APPENDIX D: METHODOLOGY OF QUALITATIVE ANALYSIS

To identify the state of behavioral health services in Adams County from a community perspective, a qualitative analysis was conducted employing a variety of methodological approaches. Content analysis allowed for the identification of recurring words and concepts within textual data, illuminating prevalent themes. Thematic analysis then played a pivotal role, systematically organizing and describing the data set in rich detail and highlighting patterns within it. Narrative analysis brought depth, focusing on how individuals convey their experiences and the structure of their stories. Discourse analysis provided insight into the language used and its implications within the social practices of behavioral health. The framework analysis approach helped in sorting and sifting through the material to tease out key issues, while lastly, Grounded Theory was used to develop a theoretical understanding that emerged directly from the data, ensuring our conclusions were deeply rooted in actual, lived experiences.

These varied analytical lenses converged to form a comprehensive understanding of access and gaps within behavioral health services. Drawing upon a rich pool of data from key informant interviews and focus groups, the analysis delved into the collective narrative, seeking to understand the layers of experiences of those who navigate this complex system. Each method contributed to a more nuanced and multidimensional view, capturing the voices of service users and providers alike. This integrative approach ensured that the resulting narrative was not just an academic exercise but an accurate reflection of the lived realities within the Adams County community in the behavioral health landscape.

Following is a step-by-step of the approach.

Preparation	Creating the Codebook	Coding the Data	Generate Themes	Defining Themes	Writing the Analysis
Objective: Understand the breadth and depth of services, challenges, and community engagement strategies described.	**Objective:** Develop a coding framework specific to the services, challenges, populations served, and organizational collaborations.	**Objective:** Categorize the interview notes according to the developed codebook.	**Objective:** Identify broader insights that span across multiple codes.	**Objective:** Finalize themes and clarify their significance.	**Objective:** Compile findings into a structured narrative.

APPENDIX E: DATA LIMITATIONS TABLES

Table 1. Resource Inventory and Availability Data Summary

	Early Identification and Intervention	Community-based services and treatment	Co-responder programs	Acute and residential care	Recovery and relapse prevention
Inventory of organizations and individuals that provide behavioral healthcare across continuum of care in Adams County	***Partial Availability*** **Organizations:** Family support programs Facilities: Licensed SUD treatement facilities that provide "assessment and referral" and "screening" **Providers:** school-based counseling, psychology, and social work.	***Available & Systemic*** See Behavioral Health Providers and Behavioral Health Facilities	***Data Held by Individual Organizations*** Partial data obtained for this assessment. See aggregate data by continuum	***Available & Systemic*** See Behavioral Health Facilities	***Available & Systemic*** See Recovery Residences Tabs
Name of organization/ individual	***Partial Availability*** **Organizations:** Family support programs **Facilities:** Licensed SUD treatement facilities that provide "assessment and referral" and "screening" **Providers:** school-based counseling, psychology, and social work	***Available & Systemic*** See Behavioral Health Providers and Behavioral Health Facilities	***Data Held by Individual Organizations*** Partial data obtained for this assessment. See aggregate data by continuum	***Available & Systemic*** See Behavioral Health Facilities	***Available & Systemic*** See Recovery Residences Tabs

	Early Identification and Intervention	Community-based services and treatment	Co-responder programs	Acute and residential care	Recovery and relapse prevention
Location(s) of service provision	***Partial Availability*** **Organizations:** Family support programs **Facilities:** Licensed SUD treatement facilities that provide “assessment and referral” and “screening” **Providers:** school-based counseling, psychology, and social work	***Available & Systemic*** See Behavioral Health Providers and Behavioral Health Facilities	***Data Held by Individual Organizations*** Partial data obtained for this assessment. See aggregate data by continuum	***Available & Systemic*** See Behavioral Health Facilities	***Available & Systemic*** See Recovery Residences Tabs
Scope of services	***Data Does Not Exist***	***Available & Systemic*** See Behavioral Health Providers and Behavioral Health Facilities	***Data Held by Individual Organizations*** See aggregate data by continuum	***Available & Systemic*** See Behavioral Health Facilities	***Available & Systemic*** See Recovery Residences Tabs
Audience for services	***Data Does Not Exist***	***Available & Systemic*** See Behavioral Health Providers and Behavioral Health Facilities	***Data Held by Individual Organizations*** Partial data obtained for this assessment. See aggregate data by continuum	***Available & Systemic*** See Behavioral Health Facilities	***Partial Availability*** Bed type for recovery residences are available
Eligibility criteria for services	***Partial Availability*** Eligibility criteria for family support programs	***Partial Availability*** Insurance eligibility	***Not Applicable***	***Available & Systemic*** See Behavioral Health Facilities	***Data Held by Individual Organizations***
Service exclusions	***Partial Availability*** Variable by family support program and based on eligibility	***Data Does Not Exist***	***Not Applicable***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***

	Early Identification and Intervention	Community-based services and treatment	Co-responder programs	Acute and residential care	Recovery and relapse prevention
Current, point-in-time service waitlist	***Data Does Not Exist***	***Data Does Not Exist***	***Not Applicable***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***
Range and average time of client waitlist	***Data Does Not Exist***	***Data Does Not Exist***	***Not Applicable***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***
Number of individuals served annually by service level and condition	***Partial Availability*** School-based therapy services	***Partial Availability*** Claims data but does not include self-pay. This assessment analyzed data from Colorado Access and Signal Behavioral Health Network only.	***Data Held by Individual Organizations***	***Partial Availability*** Claims data but does not include self-pay. This assessment analyzed data from Colorado Access and Signal Behavioral Health Network only.	***Partial Availability*** See Aggregate Data by Continuum for Oxford House service data, Colorado Access data on peer services
If inpatient/ residential, # of beds in facility	***Not Applicable***	***Not Applicable***	***Not Applicable***	***Partial Availability*** Only available for inpatient SUD treatment	***Partial Availability*** Not all Colorado Association of Recovery Residences locations list number of beds
If inpatient/ residential, # of beds currently staffed	***Not Applicable***	***Not Applicable***	***Not Applicable***	***Data Held by Individual Organizations***	***Partial Availability*** Not all Colorado Association of Recovery Residences locations list number of beds

Table 2. Behavioral Health Systems Capacity and Capability Data Summary

	Early Identification and Intervention	Community-based services and treatment	Co-responder programs	Acute and residential care	Recovery and relapse prevention
Staff Ratios	***Partial Availability*** Available for school-based settings only	***Data Does Not Exist***	***Data Does Not Exist***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***
Number of staff by provider type	***Partial Availability*** Available for school-based settings only	***Partial Availability*** Available through licensure data but does not capture unlicensed professionals working in community-based settings	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***
Number of unfilled or vacant positions by provider type	***Data Does Not Exist***	***Data Does Not Exist***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***	***Data Held by Individual Organizations***
Education and training needs by provider type	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***
Other workforce needs	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***
Incongruence between the characteristics of the service population and those providing services	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***	***Data Does Not Exist***
Geographic or facility-based needs or limitations	***Partial Availability*** Available for school-based behavioral health professionals, and some facility data.	***Available & Systemic*** See Behavioral Health Providers and Behavioral Health Facilities	***Data Held by Individual Organizations***	***Available & Systemic*** See Behavioral Health Facilities	***Partial Availability*** Available for recovery residences, but not peer or recovery community organizations