Road to Wellness
A Strategic Framework to Improve Behavioral Health in Denver

JANUARY 2020
There is a shared sense of urgency across our city around behavioral health. Our city is stronger when each person can reach their potential, cope with the normal stresses of life, work productively and fruitfully, and contribute to their community.

These are all aspects of managing good behavioral health. And the time is now to promote emotional well-being to address and prevent behavioral health and substance misuse conditions.

Our residents are eager to build on their knowledge and support one another. Our providers and organizations with expertise are already offering services. City workers are engaged and ready to implement policies and practices. Yet, too often, residents cannot access the support and care they need, in part due to services and systems that support behavioral health in Denver being fragmented.

The City and County of Denver has commissioned “Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver” to remove barriers, improve systems, and advocate for change, all while promoting equity in the care system. This framework lays out steps to improve behavioral health for all residents and create systems and communities where people can be supported and healthy.

The city will promote collaboration among city partners, community organizations, and the private sector to reach a common set of interconnected and overlapping goals, which are detailed in the pages of the framework.

The city is just one partner in this critical work. Central to the framework is that it was developed to allow all partners in behavioral health to participate, innovate, and implement strategies that work for them, while moving toward achieving the same goals for Denver’s well-being. That is why we created and convened a steering committee to develop this framework to address the behavioral health challenges facing Denver today.

A heartfelt thank you to all those involved in the steering committee and in the creation of this framework. Tackling behavioral health is a daunting task for a city, but it is also a task that comes with great responsibility and honor. I look forward to working together to fulfill Denver’s commitment to wellness and stability.

Respectfully,

MICHAEL B. HANCOCK
Mayor
According to a survey by the Colorado Health Institute, close to 100,000 Denver residents reported experiencing poor mental health in 2019. Mayor Hancock’s charge to the Behavioral Health Steering Committee was to hear the voices of those experiencing poor mental health, understand the scope of the issue, and build a framework that could bring us together to improve the mental and emotional well-being of all Denverites.

Since October 2018, more than 100 people and 50 organizations participated in this task. Work group members took a broad approach to understand the current state, identify gaps, learn about best practices, and work with each other to establish solutions.

One of the most important pieces of this work was to give community the opportunity to be heard – to share their stories, their struggles, their frustrations, and their hopes. Voices from people across Denver were heard. Caregivers and mental health professionals told of their experiences helping people affected by mental health challenges. Those suffering from substance misuse, mental illness, and emotional distress shared their stories and their hopes for the future, for themselves and others who face similar problems.

Family members told of their grief trying to understand a loved one’s struggles and finding ways to help, sometimes successfully and sometimes not. First responders, teachers, faith workers, members of the business community, and librarians as well as staff from city agencies and community groups contributed to the work. Six public listening sessions were held across the city to understand experiences and engage with community members.

This outreach helped to define the challenge and brought forward many recommendations to improve the mental health and well-being of our community.

There are no quick-fixes and no single organization can deliver the goals articulated in the Road to Wellness framework. However, community engagement and collaboration emerged as two key themes. The power of community-based involvement to promote an understanding of behavioral health issues, to be culturally inclusive of all residents, and to act early when someone needs help were identified as priorities. Connected, vibrant communities foster a sense of well-being and provide support for those experiencing mental illness.

Collaboration is critical and there can be no “wrong door” for people in need of help. Greater cooperation is necessary to bring together health care providers, social workers, educators, law enforcement, and everyone across our community, all in service to those in need.

The Road to Wellness was made possible by the Colorado Health Foundation. Their mission to improve the health of Coloradoans supports the purpose of our framework, and we are grateful for their belief that the time to act on mental health interventions is now, and that we all have unique and important roles to play in improving the mental health of our residents.

Thank you to the steering committee members and to those who contributed to the development of this important work. We are excited to embark on Denver’s Road to Wellness.

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Across Denver there is a shared sense of urgency: It is time to take action to promote emotional well-being and address and prevent mental health and substance misuse conditions.

In 2019, nearly 94,000 Denver residents reported experiencing poor mental health in the past month — almost enough to fill Coors Field twice over.1 About 30 percent of Denver’s teens report feeling sad or hopeless for two or more weeks in the past year.2 As a city, we must address behavioral health. We need to bring it out of the shadows and place it under a spotlight where solutions are paramount, and stigma and shame are not part of the conversation.

Road to Wellness: A Strategic Framework to Improve Behavioral Health in Denver is a framework that lays out steps to improve behavioral health for all residents and to create systems and communities where people can be healthy. We aim to achieve five interconnected and overlapping goals:

1. Our communities promote well-being.
2. When we seek care, we get the care we need.
3. We have access to compassionate, integrated, coordinated care.
4. We act early and manage crises in the appropriate setting.
5. We have the data to understand and improve behavioral health.

These goals are broad and foundational in order to address multiple behavioral health concerns that affect all Denverites, as well as the concerns of specific communities, such as higher rates of suicide among older adults and barriers to accessing care among residents with lower incomes.

For each goal, this report recommends a set of activities for the next five years. It also highlights ways that Denver can measure its progress.

And it includes examples of programs or projects in Denver that are already in progress or completed — a reminder that this framework is building on a strong foundation.

Nearly 94,000 Denver residents reported experiencing poor mental health in 2019 — enough to fill Coors Field twice over
Defining Behavioral Health

Behavioral health is a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to their community.

Behavioral health includes mental health and substance use.

Over the course of their lives, any person can experience poor mental health, triggered by a short episode, a long illness, a crisis, or daily situations when a person's sense of well-being is rattled.

This framework is about promoting wellness for all individuals so our community can reach its full potential.

**Behavioral health is generational.** Trauma and adverse experiences can affect an individual, but the ripple effects can also reach their families and children. Just over 15 percent of Denver adults have experienced four or more adverse childhood experiences, including physical or emotional abuse or having a household member who is incarcerated.³

**It is social.** Social connectedness, loneliness, and isolation have all been linked to mental health. Discrimination due to race, gender, or sexual orientation may exacerbate mental health problems. Stigma can also play a role and impact some populations disproportionately. For instance, nearly 70 percent of veterans in Colorado who said they didn’t get needed mental health care reported stigma-related reasons as a barrier in 2013, compared with 36 percent of non-veterans.⁶

**It affects people in different ways.** People of all ages, genders, races and ethnicities, and those with disabilities face behavioral health challenges. But certain populations may experience poor mental health more frequently than others or have a harder time accessing services. For instance, high school students who identify as gay, lesbian, or bisexual are four times more likely to have attempted suicide compared with their heterosexual counterparts.⁷ Colorado’s adults with an intellectual or developmental disability face barriers to accessing behavioral health services, such as lack of care coordination and insufficient training among providers who treat this population.⁸

**It is economic.** Having enough money is essential to meet basic needs such as food and housing. As income increases, reported rates of poor mental health decrease. In 2019, 24 percent of people at or below 100 percent Federal Poverty Level reported having poor mental health.⁴ The stress associated with economic insecurity and concern about the ability to afford housing, food, or medical care can affect physical and mental health.

**It is environmental.** Behavioral health can be affected by workplace conditions, housing instability and homelessness, or by environmental factors like adverse weather and hours-long commutes. In one study, living in a neighborhood with many foreclosures was associated with a higher risk of depression, anxiety, and psychological distress — even for people who did not lose their home.⁵

36% of Denver families with single mothers were living below the poverty level in 2017.
Developing This Framework

In October 2018, Denver Mayor Michael B. Hancock brought together a diverse group to form a Steering Committee charged with developing this strategic framework to improve the behavioral health of all Denver residents. (See Appendix 1 for a list of Steering Committee members.)

In addition, more than 100 people and 50 organizations participated in four workgroups that guided the work and research in four areas:

- Behavioral Health Crisis Response System
- Behavioral Health Literacy and Community Involvement
- Promoting Positive Mental Health
- Substance Misuse

These groups met over the course of six months to review the current state of these issues in Denver, identify gaps, examine best practices, and provide recommendations for the strategic framework. (See Appendices 2-5 for more information about workgroups and their findings.)

Workgroup members included people from organizations focused entirely on behavioral health, people with lived experience with behavioral health challenges, and people whose work often includes behavioral health matters, such as the staff of the Department of Human Services, homeless service providers, librarians, educators, and first responders.

The Steering Committee commissioned the Colorado Health Institute to host six community listening sessions across the city. These sessions were aimed at gaining information about Denverites’ understanding of behavioral health and identifying opportunities to engage community members and organizations in future work.

This framework’s goals and recommendations are based on insights from the workgroups and community listening sessions. Comments from community listening sessions are highlighted throughout this report.

The Steering Committee developed a set of shared values to guide its work:

- **Act early**, to prevent small concerns from developing into bigger challenges.
- **Be accountable**, to ourselves and one another, for our words, actions, and decisions.
- **Be culturally inclusive**, recognizing that we have unique understandings and experiences.
- **Be driven by community**, following the lead of those around us.
- **Recovery is possible**, for everyone at any time.

Committing to these values will help make Denver a city in which high-quality behavioral health is in reach for everyone.

Where We Are Now

Denver already has a large community dedicated to supporting the well-being of residents and addressing behavioral health crises when they arise. Services to treat substance misuse are more common now than in the past. Schools have expanded their substance use disorder treatment services and provide suicide prevention resources. There is more access to medication-assisted treatment, and Naloxone, used to treat opioid overdoses, is more available than ever before.

However, our services, systems, responses, and relationships too often don’t combine to provide comprehensive care for Denver residents. Uncoordinated systems and a lack of shared data makes it challenging for people to get the care they need or for information to be communicated among all the people who take care of a person.

The result is that too many Denverites go without needed supports or care to address their mental health or substance use problems.

Nearly 70% of Colorado veterans reported stigma-related reasons as a barrier to getting needed care.
A Role for Everyone

Each person has a role in supporting behavioral health and wellness in our community, just as each person may have behavioral health needs that will require additional support at some point in their lives.

Lawmakers and policymakers make decisions that affect how behavioral health care is provided as well as many other areas that affect people’s well-being, including housing, education, the workplace, access to substances such as alcohol and marijuana, access to guns, and more.

Denver’s social services, housing and health care professionals, and behavioral health providers work directly with individuals and families to compassionately treat complex behavioral health needs.

Community organizations, businesses, and places of worship have a role in supporting well-being. This might be as simple as participating in Mental Health First Aid training, posting a flyer about behavioral health supports, or providing a space for communal gathering or artistic expression.

Employers can help ensure access to behavioral health services through the health plans they offer. Businesses can create policies that support positive behavioral health, such as paid family leave, medical leave for employees who are experiencing behavioral health issues, and transition supports for employees who are returning to work after a medical leave.

More informal, interpersonal relationships also affect behavioral health. Denver residents support each other in many ways, from looking after kids playing in a park to talking with a colleague about a difficult time to making sure gatherings have non-alcoholic drinks.

Everyone in Denver has opportunities to support achieving the goals laid out below as part of a streamlined, coordinated system.

By working towards these goals, we aim to:

• Decrease the percentage of Denver residents reporting poor mental health.
• Decrease the percentage of Denver residents who needed but did not receive behavioral health services.
• Lower rates of suicide.
• Lower average Adverse Childhood Experience scores among Denver adults and children.
• Reduce disparities in behavioral health outcomes among specific groups of Denver residents.
• Reduce the percentage of people booked into jail who are suffering from acute mental health crisis.

Along the way, those working to improve behavioral health in Denver can establish metrics to track the city’s progression towards its goals. Working towards these goals and understanding what works and what does not will help refine our understanding of the factors that affect behavioral health.
1. Our Communities Promote Well-being

Why It Matters

Behavioral health is greatly influenced by social, economic, and environmental circumstances. The things we see and experience daily affect our emotional well-being and other aspects of our behavioral health.

Talking about mental health and substance use — how much we drink, our anxiety, depression, marijuana use — is not always easy. This is sometimes known as stigma. Statewide, about half of people who didn’t get needed substance use treatment said they didn’t feel comfortable talking about personal issues, according to the 2019 Colorado Health Access Survey. In Denver, more than a third of residents who did not get needed mental health care cited these concerns.⁹

But discussing these issues may increase the likelihood that people will seek and get the support they need. Organizations where people gather to work and play, including schools, workplaces, recreational centers or gyms, are all part of Denver residents’ social experiences. Strong social connections have been linked to improved mental health.¹⁰

There is an opportunity to equip people in diverse settings with more resources to guide them to help when they need it and to support others in their communities and social networks.

Policies and programs can support people who have experienced trauma and chronic stress and can address other social, environmental, and economic circumstances that are linked to poor mental health and to substance misuse.

“You can’t walk down the street without being impacted by behavioral health. We all see it and are aware of it and are concerned. I always feel like, what do I do?”

Denver resident
Recommendations

- **Implement** community-based educational activities and campaigns to increase awareness of mental health and substance use in ourselves and in others.
- **Initiate** a plan for promoting positive social connectedness and build local “networks of concern” with community-based organizations to engage and connect residents where they live.
- **Enact** policies to increase access to services that minimize the social and economic factors that prevent people from getting care.
- **Advocate** for the adoption of evidence-based organizational and municipal policies that address food insecurity; expand access to affordable child care, housing, and paid family leave; and ensure livable wages.
- **Ensure** that programs and supportive services for families such as home visitation, affordable child care, and early intervention are available in all communities.
- **Advocate** for the adoption of local, state, and national evidence-based policies that decrease access to means of suicide and limit access to harmful substances.
- **Ensure** universal access to preventive behavioral health services, social-emotional learning, and, where necessary, case management for young people.
- **Develop** funding opportunities to support local prevention and health promotion activities that are culturally responsive and available to all, including opportunities that support and enable collaboration among organizations and the sharing of resources.

Building Blocks

**LAUNCH Together:** LAUNCH Together is funded by eight Colorado-based foundations to build a coordinated system of community supports around the social-emotional development of children birth to age 8. Southwest Denver was awarded funding to help children and families flourish in relationships and environments that nurture hearts, minds, and bodies. The program is administered by Denver’s Early Childhood Council.

**Let’s Talk Colorado:** This media campaign is designed to improve the health of Coloradans by promoting access to physical and behavioral health care. The campaign has radio spots, posters, social media, and other tools to underscore the importance of talking about and seeking help for mental health concerns.

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**DENVER RESIDENTS SAY:**

“**Mental health issues are treatable. It’s important to help people know that they will get through this — because when it is featured (in public discourse) it is often the worst-case scenario.”**

“**Many of the issues are systemic ... You would lose housing and then fall deeper into behavioral health issues. You make one mistake and it cycles deeper and deeper. Some of those losses could have been prevented.”**

“**If someone is working in a position where they don’t have paid time off or employer sponsored health care or child care ... or it can take an hour to get across town ... they might not get care.”**
2. When We Seek Care, We Get the Care We Need

Why It Matters

It’s often challenging to find the appropriate level of mental health and substance use treatment services and other support services, such as housing and education. Many people and organizations are interested in helping others access care, but need more resources and knowledge of available community services.

Denverites should be able to learn about services and supports in a trusted environment, including places of worship, schools, workplaces. Providers and concerned community members should be given tools and resources that allow them to identify the appropriate level of service for a person in need.

People who receive behavioral health care should, when necessary, be connected with services to help them with other important aspects of life, such as food, housing, and transportation. This might involve obtaining behavioral health services at the same time they receive other support services, such as physical health care, child care, or even legal services.

Denver could use other approaches to bring behavioral health information directly to neighborhoods where it is lacking, such as kiosks where people can learn more about mental health and available services.

People should only have to ask once to get the help and information they need.

Recommendations

• **Create** a platform for Denver residents to find and access support and services based on unique circumstances. Build upon existing tools such as 211 and Colorado Crisis Services.

• **Train** members of community organizations such as schools, religious

“I wish we could make it easier for people with behavioral health issues to get the help they need without jumping through so many hoops.”

Denver resident
groups, businesses, and workplaces to recognize behavioral issues when they see them in themselves and others and engage appropriately.

- **Collaborate** with employer groups to implement workforce supports and trainings.

- **Expand** access to supportive services such as housing assistance, food, and transportation.

- **Identify** and develop care navigation and coordination plans that address the needs of specific populations in Denver, including but not limited to people across the lifespan, new parents, immigrants and refugees, and individuals with disabilities, as well as plans that address the needs of diverse racial and ethnic groups and genders and sexualities.

- **Increase** funding opportunities for behavioral health services and other support services to share spaces.

### Building Blocks

**Mental Health First Aid:** A national training that teaches participants to help people identify, understand and respond to signs of behavioral health issues. Mental Health First Aid Colorado reports that nearly 67,000 Coloradans have received the training.

**Behavioral Health Navigators:** Denver Human Services and the Denver Department of Public Health & Environment (DDPHE) have hired navigators to connect people to behavioral health resources, such as counseling, and to other social support services, such as transportation or housing.

**Denver Public Library Peer Navigators:** The University of Colorado Anschutz Medical Campus in partnership with the Colorado Mental Wellness Network have employed peer navigators to work at Denver Public Libraries. The navigators connect people — often those who are experiencing homelessness — to housing resources, mental health resources, and other social support services.

### DENVER RESIDENTS SAY:

“(When I needed help) everybody pointed the finger to go somewhere else.”

“In my culture, we were taught to hide everything. It (behavioral health) is not something you ever talk about. It causes shame and trauma for families.”

“I had a family member try to access support privately, but it was difficult to find someone who was a good fit.”
3. We Have Access to Compassionate, Integrated, Coordinated Care

Why It Matters

In 2019, nearly one in six (16 percent) Denver residents reported needing mental health care but not getting it. And more than 11,000 (2 percent) residents reported not getting the help they needed for substance use.15 Denver’s rate of suicide was 21.7 per 100,000 residents in 2018, similar to the state averages, higher than the national average. Many may need care and support but don’t know it or how to ask for help.

Denver residents talked about a lack of trust in the system and how interactions with the health care system have eroded their confidence in being able to seek care.

Behavioral health challenges can take many forms: from a temporary issue to a long-term, chronic illness. A more coordinated, compassionate, integrated care system would allow people to access the appropriate level of care at the right time.

Recommendations

- **Expand** and support Denver’s behavioral health workforce through multiple strategies, including: retain existing providers; train providers to offer trauma-informed services that meet the cultural and linguistic needs of different groups; identify pathways to hire providers with lived experience with mental health and substance misuse; and boost access to effective supervision models and resiliency and peer support trainings.

- **Develop** a center to provide 24/7 care for people with behavioral health conditions, including access to treatment, social support services, legal services, and transportation.

- **Provide** an accessible continuum of substance misuse care that stretches from prevention to treatment to community-based recovery.

Nearly 16% of Denver residents reported needing mental health care but not getting it.
A Strategic Framework to Improve Behavioral Health in Denver

- **Align** with efforts underway through the Denver Opioid Response Strategic Plan to increase access to harm reduction services and treatment on demand.

- **Eliminate** systems-level barriers to providing comprehensive care, such as reimbursement and payment structures that prioritize treating one health issue instead of the whole person, and lack of training in treating substance use and mental health issues together.

- **Promote** broad adoption and use of standardized screening and processes for mental health and substance use by all health care facilities in Denver, including primary care, school-based clinics, and emergency departments.

- **Identify** and fund supportive, creative strategies that build trust and strengthen relationships between Denverites and service providers.

### Building Blocks

#### Integrated School-based Health Centers:
Denver Health’s school-based health centers have integrated mental health and substance use services at 18 locations. Students get a same-day or next-day appointment, limiting the time they spend out of class to attend their appointments. The school-based health centers also offer group and family mental health counseling.

#### Denver Public Schools (DPS) Universal Health Screening:
As a part of the Whole Child, Healthy Child 2020 agenda, DPS is increasing the number of students who receive universal health screenings and referral for services when necessary. Screening students for health factors can identify areas in which the child may need additional support; referrals can help connect them with appropriate services.

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**DENVER RESIDENTS SAY:**

“There were constant issues with insurance networks ... our employees would have long wait periods for services.”

“There needs to be scaled responses to different levels of need.”

“There’s a need for facilities that can see complex patients.”

“If you get hit by a bus, you are triaged immediately. But if you have a behavioral health issue, there is no triage to help figure it out. Where can you go and where do you get that known to people?”
4. We Act Early and Manage Crises In the Appropriate Setting

Why It Matters

There is an opportunity to create a system where behavioral health concerns are addressed appropriately by behavioral health providers, and where behavioral health services are embedded into the crisis response system.

For many Denverites experiencing a behavioral health crisis, law enforcement has become the de facto response mechanism. At any given time, approximately 50 percent of people in custody in the Van Cise-Simonet Detention Center and Denver County Jail have a flagged mental health consideration. Such individuals stay 22 days longer than average.

Our response cannot be solely focused on the immediate crisis; it needs to include services that support whole-person health. This includes making sure people have access to housing, health care, and social supports that allow them to manage their health.

Denver has invested significantly in Crisis Intervention Training and Co-Responder models that pair behavioral health providers with law enforcement. But Denver residents identified a need to create more alternative options, such as hiring behavioral health navigators to support inmates released after hours or on weekends.

Recommendations

- **Establish** a first response mechanism that is distinct from law enforcement, fire, and emergency medical providers to connect people experiencing behavioral health crises with behavioral health providers directly.
- **Support** legislation to allow for diversion of people in crisis to appropriate treatment and care rather than sending them to jail or the emergency room.
- **Invest** in and adopt alternative crisis response models.
- **Increase** the availability and integration of peer support services.
- **Expand** training in trauma-informed care for law enforcement, people who work in the criminal justice system, first responders, and others who make up Denver’s behavioral health crisis response system.
Building Blocks

**Denver Supportive Housing Social Impact Bond Initiative:** This initiative is a partnership with the City of Denver, local service providers including the Colorado Coalition for the Homeless, and eight private investors to develop a social impact bond. The Denver Supportive Housing Social Impact Bond is paying for supportive housing for 325 Denver residents who were known to be experiencing chronic homelessness and spent nights in jails or at other health service agencies.17

**Co-Responder Program:** DDPHE and Denver Department of Public Safety partners with the Mental Health Center of Denver to pair licensed clinical social workers with Denver police officers to respond in emergency situations where a person is experiencing a behavioral health condition and needs additional supports. Co-responders link these individuals to appropriate services avoiding jails, hospitals, and emergency room visits.18

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DENVER RESIDENTS SAY:

“In the middle of the night, lots of services are closed but the jail is not.”

“We need professional development to help contribute to positive behavioral health, not just for treatment providers but for law enforcement and other groups.”
5. We Have the Data to Understand and Improve Behavioral Health

Why It Matters

Data and information about behavioral health challenges and services, managed securely and confidentially, will help Denver evaluate progress, identify gaps, make needed adjustments, and be accountable for working toward goals. For example, we want to be able to answer questions we haven’t been able to before, such as where are there substance use disorder treatment gaps? Or how many people report good mental health — not just the absence of poor mental health? There are many things we do not know about the current state of behavioral health in Denver, and more robust data collection will improve our understanding.

A systematic approach to collecting and sharing data can help these people and organizations coordinate efforts and identify areas that need more attention. Improving behavioral health will involve many organizations and individuals, including the need for data sharing partnerships.

Right now, providers and first responders who interact with those with behavioral health challenges often do not have access to information that would help inform their treatment. More coordinated data sharing agreements could help improve this situation. At the same time, it is important that people are informed and educated about how their data is used.

Recommendations

- **Develop** data collection mechanisms for behavioral health status at the population level, including positive outcomes, as well as data by race, ethnicity, and gender and for people across the lifespan, new parents, immigrants and refugees and individuals with developmental or intellectual disabilities.

- **Develop** an official data set for Denver that captures available substance use treatment services and the demand for those services.

- **Improve** care coordination by implementing a data-sharing system among providers of mental health care, physical health care, jails and social services.

- **Enact** data sharing agreements that allow multiple stakeholders, including hospitals, medical providers, and first responders, to enable secure and timely treatment.

- **Increase** family and consumer support and education for understanding health data sharing, privacy, and release of information forms.

Building Blocks

**Colorado Health Observation Regional Data Service (CHORDS):** CHORDS is a regional network that uses electronic health record data to support public health evaluation and monitoring efforts. This is a partnership among the metro Denver area public health departments to aggregate medical and behavioral health data from care providers.¹⁹

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DENVER RESIDENTS SAY:

“We must be data-driven. We need to look at the numbers and find ways to quantify something as simple as ‘what is happy?’ How do you quantify that? We can’t just be tossing darts in the dark and hoping we hit the right people.”
Moving Forward

We have a shared vision: a Denver where every person can realize their own potential, cope with the normal stresses of life, work productively and fruitfully, and contribute to the community.

Achieving this vision requires action. We can help make it a reality by working toward the five goals laid out in this report:

1. Our communities promote well-being.
2. When we seek care, we get the care we need.
3. We have access to compassionate, integrated, coordinated care.
4. We act early and manage crises in the appropriate setting.
5. We have the data to understand and improve behavioral health.

The goals in this framework cannot be achieved by any one person or organization. The City and County of Denver, businesses and community organizations, and residents from all walks of life will need to commit to aligning their work with this framework to create a coordinated, comprehensive approach to behavioral health in our city.

Opportunities lie ahead. We can enact policies that promote health and lower barriers to care. We can invest in a workforce that Denver residents trust to provide care. We can improve how we treat people in crisis. We can change our culture around behavioral health.

And we can create a Denver where each person’s well-being is a priority for all of us.
APPENDIX 1 ABOUT THE STEERING COMMITTEE

The Steering Committee that developed this plan was co-chaired and convened by Robert McDonald, Executive Director of Denver Department of Public Health and Environment, and Robin Wittenstein, Chief Executive Officer of Denver Health and Hospital Authority.

The members included:
- **Amanda Henderson**, Interfaith Alliance of Colorado (Delegate Attendee: **Heather Nelson**, Khesed Wellness)
- **Andrew Romanoff**, Mental Health Colorado
- **Anthony P. Young**, Association of Black Psychologists (Denver Chapter)
- **Bill Burman**, Denver Public Health
- **Bob Dorshimer**, Mile High Behavioral Healthcare
- **Daelene Mix**, Denver Department of Public Safety
- **Don Mares**, Denver Department of Human Services
- **Eldridge Greer and Ellen Kelty**, Denver Public Schools
- **George Mayl**, Inter-Neighborhood Cooperation
- **Holli Riebel**, Denver Metro Chamber of Commerce
- **Jeff Holliday**, Denver Department of Public Health and Environment
- **Jessica Sanchez**, Colorado Community Health Network
- **Kim Bimestefer**, Colorado Department of Health Care Policy and Financing
- **Letha Atwater**, Counseling Center of Colorado
- **Lisa Thompson**, Colorado Coalition for the Homeless
- **Mike Kopp**, Colorado Concern
- **Robert Bremer**, Colorado Access
- **Robert McDonald**, Denver Department of Public Health and Environment (co-chair)
- **Robert Werthwein**, Colorado Office of Behavioral Health
- **Robin Wittenstein**, Denver Health and Hospital Authority (co-chair)
- **Rudy Gonzales**, Servicios de la Raza
- **Tami Door**, Downtown Denver Partnership
- **Wes Williams and Carl Clark**, Mental Health Center of Denver

Their charge was to identify specific behavioral health issues and challenges that need to be addressed in Denver and create a plan that shows we value everybody and have a way to address their needs.

The process lasted from October 2018 to October 2019. Over the course of the year, the Steering Committee convened six times.

The work was driven forward by four workgroups, which were established to guide the work and research in four areas:
- **Behavioral Health Literacy and Community Involvement** (**Nachshon Zohari**, chair);
- **Promoting Positive Mental Health** (**Sarah Belstock**, chair);
- **Substance Misuse** (**Lisa Gawenus**, chair);
- **Behavioral Health Crisis Response System** (**Emily Lauck** and **Laura Wachter**, chairs).

These groups met over the course of six months to review the current state, identify gaps, review best practices, and provide recommendations for the Strategic Plan.
## APPENDIX 2 BEHAVIORAL HEALTH LITERACY AND COMMUNITY INVOLVEMENT: A SUMMARY OF WORKGROUP FINDINGS

<table>
<thead>
<tr>
<th>Task</th>
<th>Major Findings</th>
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</table>
| **Our Understanding** | • Stigma remains a major barrier in accessing behavioral health treatment.  
• Community-based organizations can play a key role in communicating about behavioral health and being an initial point of contact and services for individuals. |
| **Current State**     | • There are many traditional behavioral health agencies that provide quality care, but their work is often conducted without a broader understanding of complementary work provided by other agencies. A lack of collaboration impedes the ability to share information, navigate insurance and payment issues, and creates referral barriers.  
• Ancillary organizations are not trained to recognize and appropriately help people with behavioral health concerns to help connect people to needed services. |
| **Gap Analysis**      | Gaps identified by the Behavioral Health Literacy and Community Involvement workgroup include:  
• Preventive, outreach, and relationship-building activities are non-compensated services compared to traditional behavioral health services like individual or family therapy, but without them, the traditional services are much less effective.  
• Accurately matching needs to services and supports is critical, including culturally tailored services.  
• More agencies and organizations providing behavioral health support and services need to be trained in trauma-informed practices, taught how to build resiliency building into their work, and be able to refer individuals to trauma-specific interventions when needed.  
• Peer support offered by someone with shared lived experience of behavioral health conditions has been shown to be powerful and effective, but it is presently under-utilized.  
• Agencies and organizations working in a true spirit of collaboration to meet the many-faceted needs of individuals and families.  
• Ancillary organizations need to be trained to recognize and appropriately assist people with behavioral health concerns, helping to connect them to needed services. |

### Behavioral Health Literacy and Community Involvement Workgroup Members

- Nachshon Zohari (Chair)  
- Erica Green  
- Cecilia Sardina  
- Tammy Clark  
- Todd Helvig  
- Ana Vizoso  
- Monica Gerber  
- Carolyn Pitchford  
- Jade Williamson  
- Kristen Mason  
- Jeannie Ritter  
- Rochelle Brogan
## APPENDIX 3 PROMOTING POSITIVE MENTAL HEALTH: A SUMMARY OF WORKGROUP FINDINGS

<table>
<thead>
<tr>
<th>Task</th>
<th>Major Findings</th>
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<tbody>
<tr>
<td><strong>Our Understanding</strong></td>
<td>• Behavioral health problems can be prevented and/or mitigated through work to decrease adverse childhood experiences and through better support for persons during periods of social and economic stress.</td>
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<tr>
<td><strong>Current State</strong></td>
<td>• A person’s mental health status is greatly influenced by their social, economic, and environmental circumstances and impacted by experiences of trauma and chronic stress. We cannot only address recognized gaps in programs and services without also acknowledging and working to correct the social inequities that affect mental health.</td>
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<td>• There are strong partnerships among local agencies who are working to promote and support the mental health of our community.</td>
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<td>• There are programs and services available to support families and professionals who work with young children, but existing programs do not meet the needs of everyone.</td>
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<td>• Our system currently lacks data on the direct mental health impacts of social determinants of health.</td>
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<tr>
<td><strong>Gap Analysis</strong></td>
<td>• Existing programs do not meet the needs of everyone who might benefit, due to lack of capacity, limited scope of programs, and gaps in workforce training and retention.</td>
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<td>• There is a need for more programs and services to do more upstream work to prevent adverse experiences such as abuse and to help mitigate impacts of adversity.</td>
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<td>• There’s a need for more information for parents and caregivers that may be used to support the mental health of their children and themselves.</td>
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<td>• There’s a need for policies that support the mental well-being of all community members, such as policies to address food insecurity, housing, and other broad structural issues.</td>
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<td>• There’s a need for policies that would reduce access to lethal means, such as policies to support responsible alcohol use, and firearm safety.</td>
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### Promoting Positive Mental Health Workgroup Members

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<thead>
<tr>
<th>Member</th>
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<tbody>
<tr>
<td>Sarah Belstock (Chair)</td>
<td>Kelly Stainback-Tracy</td>
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<tr>
<td>Rebecca Frank</td>
<td>Dawn Davenport</td>
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<td>Ellen Kelty</td>
<td>Cathy Hay</td>
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<td>Marion Rorke</td>
<td>Jodi Litfin</td>
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<tr>
<td>Brandon Appelhans</td>
<td>Ayelet Talmi</td>
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<tr>
<td>Patrice Hawkins</td>
<td>Rose Ediger</td>
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<tr>
<td>Jennifer Koch</td>
<td>Gloria Higgins</td>
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<tr>
<td>Neva Martinez Ortega</td>
<td>John Tucker</td>
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<tr>
<td>John Tucker</td>
<td>Jean Finn</td>
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<tr>
<td>Joseph Homlar</td>
<td>Ann Padilla</td>
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## APPENDIX 4 SUBSTANCE MISUSE: A SUMMARY OF WORKGROUP FINDINGS

<table>
<thead>
<tr>
<th>Task</th>
<th>Major Findings</th>
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| **Our Understanding**       | • Denver has relatively high rates of substance misuse of alcohol, stimulants, opioids, and marijuana.  
• There is an opportunity to develop a coordinated, appropriately-resourced plan for decreasing the broader array of problems from substance misuse disorders.                                                                                                                                                                                                                                                                  |
| **Current State**           | • Denver’s illicit substance use and misuse rates are similar to the United States as a whole. Denver does have higher rates of alcohol and marijuana use among adults compared to the state average.  
• There are many referrals and entry points for substance use treatment, such as a referral from the court system, from outpatient care, or through emergency departments.  
• But there are barriers to being admitted for long-term care, such as needing medical clearance prior to admission.  
• Additionally, people might not have access to the appropriate levels of care – or care at all. There is not a treatment facility in Denver that can provide services to Spanish-speaking adolescents.  
• The current system is built to serve people with one condition, and often cannot provide adequate care for people with multiple health problems, such as substance use, mental health issues, and physical complications. And certain populations experience access to the system differently, including moms with young children, people who identify as LGBTQ, those with intellectual disabilities. |
| **Gap Analysis**            | • There is a lack of consistent public messaging about a sober lifestyle. The dangers of alcohol and other substance use are not communicated clearly, and the public view of getting well is going to a residential facility for a 30-day stay which does not include the full set of options for promoting long term recovery.  
• There is a lack of capacity in all parts of the system.  
• We don’t have the data to understand if the demand and need for substance use treatment services is being met in Denver.  
• There is not an adequate workforce or care delivery systems to provide a full continuum of services in Denver.  
• Available services are disjointed. There is poor coordination during transitions between different parts of the system — such as from mental health to substance use treatment services, or from inpatient to outpatient services.                                                                                                                                             |

### Substance Misuse Workgroup Members

- Lisa Gawenus, (Chair)
- Kristie Laadegard
- Brent Stevenson
- Benita Martin
- Helen Morgan
- Jean Finn
- Will Latimer
- Charlie Garcia
- Lori Dougherty
- Marion Rorke
- John Eisen
- Julie Taub
- Erik Stone
- Kaylin Klie
- Ryan Mueller
- Art Schut
- Rick Thompson
- Nancy VanDeMark
- Jillian Adams
## APPENDIX 5 BEHAVIORAL HEALTH CRISIS RESPONSE SYSTEM: A SUMMARY OF WORKGROUP FINDINGS

<table>
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<th>Task</th>
<th>Major Findings</th>
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| **Our Understanding**       | • Persons with behavioral health emergencies (e.g., suicidal ideation, overdose, psychiatric decompensation) can suffer severe consequences.  
• A great deal of work has been done to divert such persons from the criminal justice system, provide better support, and coordinate care, but more is needed.                                                                                                                                                                                                                             |
| **Current State**           | • There are many points of entry into the system, such as 911, the crisis line, emergency department or the jail. However, there are fewer triage and de-escalation services available, and even fewer stabilization and handoff services once the immediate behavioral health crisis is responded to.  
• People experiencing behavioral health crisis are often treated based on the immediate need, but the system lacks the capacity and ability to provide wrap around services, such as housing or transportation, to ensure all needs are met in order to prevent additional crises.  
• Further, people who have experienced the system report that the approach and attitude of first responders and providers influence the experience. This causes a lack of trust in the services the behavioral health crisis response system provides, so people avoid engaging with services, sometimes until it is too late. |
| **Gap Analysis**            | • There is an opportunity to improve coordination. Many of the services provided are in physical buildings, but the transportation and coordination between services located at different places is not well coordinated.  
• There is an opportunity to improve communication. Siloed data systems allow for gaps in care. For example, Denver jail inmates have high rates of mental health considerations, but there is no system to share information with community providers in order to provide wrap-around services when a person is released from jail.  
• There is an opportunity to address behavioral health triage and stabilization with an individualized approach. Existing first response systems have become the behavioral health crisis response system, but there needs to be conversation about what a true behavioral health system should like to provide individualized care – rather than trying to fit unique cases and needs into the traditional system. |

### Behavioral Health Crisis Response System Workgroup Members

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<th>Name</th>
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<tbody>
<tr>
<td>Emily Lauck (Co-Chair)</td>
<td>Steven Berkowitz</td>
<td>Shelly Lesnansky</td>
<td>Cheri Skelding</td>
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<tr>
<td>Jamie Brown</td>
<td>Athena Butler</td>
<td>Monica McQueary</td>
<td>Sarah Stella</td>
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<td>Rachel Chambers</td>
<td>Melissa Eddleman</td>
<td>Chris Richardson</td>
<td>Lynn Unger</td>
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<td>Lisa Gawenus</td>
<td>Mary Hoeffler</td>
<td>Marc Scherschel</td>
<td>Audrey Vincent</td>
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<td>Andrea Albo</td>
<td>Marley Borodvsky</td>
<td>Jeff Linville</td>
<td>Scott Snow</td>
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<td>Gary Bryskiewicz</td>
<td>Ty Campbell</td>
<td>Helen Morgan</td>
<td>Rosanne Surine</td>
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<td>Lara Dicus</td>
<td>Jay Flynn</td>
<td>Allison Rocker</td>
<td>Marissa VanDover</td>
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<td>Shayne Grannum</td>
<td>Jeff Holliday</td>
<td>Scott Simpson</td>
<td>Robert Werthwein</td>
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<td>Eileen Barker</td>
<td>Megan Lee</td>
<td>Beth Marquez</td>
<td>Carrie Stanley</td>
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<td>Bill Burman</td>
<td>Zach McDade</td>
<td>Claudia Muro</td>
<td>Eric Tade</td>
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<td>Charlie Drennan</td>
<td>Sasha Rai</td>
<td>Carleigh Sailon</td>
<td>Edgar Villareal</td>
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<td>Elissa Hardy</td>
<td>Ron Saunier</td>
<td>Earl Sims</td>
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</table>
Endnotes


12 Let’s Talk Colorado. “It’s time to talk about our mental health.” Retrieved from: https://letstalkco.org/

13 Mental Health First Aid. “Find a Mental Health First Aid Course.” Retrieved from: https://www.mentalhealthfirstaid.org/take-a-course/find-a-course/


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