



STUDY SESSION MEMORANDUM

TO: Mayor and Members of City Council

FROM: Nuria Rivera-Vandermyde, City Manager
Mark Woulf, Assistant City Manager
Kurt Firnhaber, Director of Housing and Human Services
Wendy Schwartz, Human Services Senior Manager
Michael Calderazzo, Fire Chief
Lucy Larbalestier, Behavioral Health Crisis Response Manager
Jenna Steege, Fire Division Chief
Bradley Riffin, Police Communications Manager
Marissa Frost, Behavioral Health Crisis Response Program Analyst
Nicolia Eldred-Skemp, Housing and Human Services Data Senior Analyst
Wendy Korotkin, Data and Analytics Manager, Fire-Rescue Department

DATE: January 23, 2025

SUBJECT: City of Boulder Behavioral Health Framework and Update on Community Assistance Response and Engagement (CARE) Program

EXECUTIVE SUMMARY

This study session memo focuses on two related subjects.

- Overview of the city's role in behavioral health; and
- Update on the Community Assistance Response and Engagement (CARE) program.

City role in behavioral health

Behavioral health (mental health and substance use disorders) is an increasingly important area of concern for the Boulder community but is largely outside of traditional city roles and responsibilities. As a result, internal and external stakeholders have requested more information to clarify local government roles in behavioral health.

Boulder County recently completed extensive community planning and engagement via the [Behavioral Health Roadmap](#) process. The City of Boulder Behavioral Health Framework (Attachment A) is designed to align city strategic work with the Boulder County Behavioral Health Roadmap (Roadmap) vision and strategies.

Behavioral health is primarily funded and regulated at the state and federal levels, with availability and cost of care linked to “payor sources,” such as Medicare, Medicaid or commercial insurance. The Medicaid landscape has changed significantly over the past year, resulting in a 33% decline in Colorado Medicaid enrollment, with an estimated 65% of disenrolled individuals becoming uninsured. As a result, local safety net providers face increasing financial challenges treating more uninsured patients and receiving less Medicaid revenue.

Local governments generally have a limited role in behavioral health, though Boulder County, Boulder Valley School District and the City of Boulder all support this area in ways that go beyond traditional local responsibilities.

The Boulder County Behavioral Health Roadmap (Roadmap) is a community tool for organizations and community members across Boulder County that range from healthcare entities and advocacy groups to local governments like the City of Boulder. No Roadmap goal can be achieved by just one entity, and certain roles and activities are more appropriate for some stakeholders than others. Key roles for the city within the Roadmap include:

- Augmentations to services that are within scope for the city – extensions of services already provided by city staff as part of traditional municipal responsibilities.
- Policy advocacy to improve local behavioral health access – joining regional partners to advocate for changes at the state and federal levels.
- Continued support to supplement funding for local behavioral health providers and community initiatives, particularly for costs not covered by public or private insurance – typically done through city competitive fund rounds or one-time funding opportunities.
- Partnership, research and idea incubation – ongoing, proactive collaboration with Boulder County and other partners to research and analyze local behavioral health needs, brainstorm potential solutions, and test concepts to fulfill Roadmap goals.
- Continuing to model behavioral health support and leadership in the city’s role as an employer.

Developing priorities within Roadmap strategies is challenging for every organization, including the city, because there is such a high degree of community need across the behavioral health spectrum and all areas are important. However, multiple sources of feedback and data indicate some areas of the behavioral health spectrum are critical to preserve in an environment of scarcity; or important to expand if additional funding becomes available:

- Preserving safety net services and integrating them across systems – while it is not within the city scope to fully maintain local safety net providers, it is in the city’s interest to support those services in ways that align with city roles.
- Service navigation/connection – building on connection points offers the city an opportunity to leverage existing resources and help community members make the most of them in an environment of scarcity.

- Capacity to serve people with dual diagnosis and high-acuity needs, with particular emphasis on youth and older adults – though the city cannot independently address these complex needs resulting in a “revolving door” effect for emergency services, this is an important priority.
- Suicide prevention and substance use treatment – These two areas are highlighted throughout Roadmap and community data and are the two highest drivers of 911 calls routed to the city’s behavioral health crisis response team.

Given the high demand for behavioral health services and the reality of resource constraints, city staff and partner agencies are focused on preserving existing services; and envisioning what service tradeoffs may be necessary.

While the four areas above are considerations for future behavioral health choices, broader city support across the Roadmap goals and strategies should continue. Metrics have not yet been established for the Boulder County Behavioral Health Roadmap, though some potential outcomes can be drawn from existing city and partner agency goals, outcomes and outputs. The City of Boulder Behavioral Health Framework is a starting place for more formally defining the city’s role in behavioral health and guiding future efforts.

Community Assistance Response and Engagement (CARE) Program Update

The city launched the Community Assistance Response and Engagement (CARE) program in December 2023 and was fully staffed and functional by March 2024. CARE is comprised of behavioral health clinicians, paramedics and case managers that respond to calls to 911 or the police non-emergency line that do not require a police officer and may be better suited to a health-focused response. Staff have been asked for an update on CARE. Key points from the first year include:

- 299 community responses, follow up and case management contacts;
- Peak demand hours are primarily on weekday afternoons and early evenings, and align well with program hours;
- A cross-departmental team meets 1-2 times per month to analyze CARE data and make adjustments based on those findings;
- Response numbers began low, experienced an upward trend with program adjustments in July, and trended downward at the end of 2024 in alignment with overall calls to dispatch;
- Calls for service fitting the CARE program profile often involve multiple underlying issues that benefit significantly from case management;
- The most frequent issues involved in CARE calls are:
 - Situational reaction¹
 - Medical Issue
 - Suicidal Ideation
 - Behavioral Issue

¹ Situational reactions are behaviors or actions arising from a specific event. For example, this could refer to someone experiencing sadness following a recent separation with their partner or a person becoming upset after being denied benefits.

- Substance Intoxication
- During the first year of operation, CARE responses involved police assistance 22 times and ambulance service 37 times. Of those instances, there were three times when both police and ambulance service were called for.
- There were 3 arrests and 0 reported use of force in calls CARE was assigned to.
- During the first year of operation, 1 in 5 CARE calls for service resulted in no contact made with an individual, often due to cancelled calls or the team being unable to locate or converse with an individual. However, more than half of CARE's clients remained in the community after contact with CARE. Remaining in the community is a goal of the program, supported by evidence that it generally results in better outcomes for individuals and communities.

The city has contracted with an external evaluator to do further analysis of CARE, beginning in the second quarter of 2025 after the first full year of operation is complete. In addition, the cross departmental team will continue to make program adjustments based on data.

Questions for Council

1. Does council have questions on the city's role in behavioral health as defined in the Behavioral Health Framework?
2. Does council have questions or feedback on the city's priorities or work with partners in the Boulder County Behavioral Health Roadmap?
3. Does council have questions on the update related to the CARE program?

BACKGROUND

Behavioral Health and the City of Boulder Framework

Behavioral health (mental health and substance use disorders) is an increasingly important concern in Boulder. Local data, as described in The City of Boulder Behavioral Health Framework (Attachment A) supports significant gaps and needs for the community in this area.

Generally local government roles in behavioral health have been limited, as healthcare policy and funding are primarily controlled at the state and federal levels. Over many years, the City of Boulder has made investments in affordable housing and human services that exceed typical municipal levels, particularly for a city its size. These investments include significant support for behavioral health, as well as social determinants of health – the non-medical factors that can influence health (e.g. education, social economic status, neighborhood and built environment, health care access and quality and social connections). Examples of city investments in direct behavioral health supports or the social determinants of health include:

- The Crisis Intervention Response Team (CIRT) and CARE programs, which provide an alternative response to 911 or police non-emergency line calls with behavioral health and/or medical issues;

- City grants of approximately \$2 million in 2025 to community nonprofit and healthcare organizations providing behavioral health programs;
- An annual average of \$14.6 million in affordable housing funding; and
- American Rescue Plan Act (ARPA) start-up funds of:
 - \$400,000 for [The Hope Institute Boulder](#), an innovative suicide prevention clinic model demonstrating impressive results in other parts of the country;
 - \$200,000 to support Wellness Centers in Boulder Valley School District (BVSD) high schools in Boulder; and
 - \$315,077 to support behavioral health case management and medication-assisted treatment (MAT) in the Day Services Center for people experiencing homelessness.

A more extensive list of city behavioral health support, as well as partner roles, is included in Attachment A.

Boulder County recently completed extensive community planning and engagement via the [Behavioral Health Roadmap](#) process, with participation from city staff and residents. The City of Boulder Behavioral Health Framework is designed to align city strategic work with the Boulder County Behavioral Health Roadmap (Roadmap) vision and strategies.

The CARE Program

The city launched the Community Assistance Response and Engagement (CARE) program in December 2023 after requests from council and community stakeholders. CARE is comprised of behavioral health clinicians, paramedics and case managers who respond to calls to 911 or the police non-emergency line that do not require a police officer and are better suited to a health-focused response. Calls may involve concerns about anxiety, depression, thoughts or statements about suicide, substance use, minor medical issues, or a person who is experiencing a decline and not receiving appropriate care. Goals of the program include:

- Help people feel supported and able to manage challenges while staying in the community.
- Increase positive health impacts for community members served by CARE and reduce future emergency services calls for those individuals through connection to ongoing community services.
- Better use police and fire resources by diverting calls that could be more appropriately served by an alternative response.

This new program complements the existing Crisis Intervention Response Team (CIRT), which pairs clinicians and police officers in responding to calls with a behavioral health component. CIRT began as a contracted program pilot in 2015 and became a directly operated city program in 2021. Clinicians and case managers are shared between the CIRT and CARE programs to offer flexible response and better integrated service.

CARE responds to calls that are not criminal in nature and do not present safety concerns. CARE does not respond to calls with a report of criminal activity, threats of violence, physical disturbance, weapons, injuries, or a major medical need.

The program operates seven days a week from 9 a.m. to 7 p.m.

ANALYSIS

City of Boulder Behavioral Health Framework

As community interest and the city's role in behavioral health has grown, the need for clarification of city roles and priorities has also become apparent.

Behavioral health is a vast and complex landscape, which the city cannot significantly impact alone. Therefore, the approach to the City of Boulder Behavioral Health Framework (Framework) is to align city strategic work with the Boulder County Behavioral Health Roadmap (Roadmap) vision and strategies, which involved extensive community engagement; and continue to connect the community to Roadmap implementation engagement opportunities to avoid duplication of effort and repetitive community input requests.

City behavioral health roles and priorities are informed by key principles.

- *Advocate, don't duplicate* – When considering potential investments of city funding or other resources, the city should evaluate whether there are other entities or levels of government with primary responsibility for that service, and if city resources would duplicate those efforts. If the responsible entity has created barriers to access, the city can advocate for changes to correct the situation. For example, if community members are having a difficult time accessing a certain type of behavioral health service that should be covered by public or private insurance, it typically makes more sense for the city to advocate for changes to insurance procedures than to try to pay for those services with city funds and de facto subsidize other levels of government or private insurance companies.
- *Collaborate, strategically leverage opportunities* – The city sometimes has unique opportunities to leverage other sources of funding including grants or investments by partner organizations, which allows limited city investment to make a deeper community impact by filling gaps or providing start-up funds.
- *Maximize impact with upstream investment* – The city already has a strong footprint in preventative investments and the social determinants of health. Those types of programs, that improve people's lives overall, have a powerful impact on behavioral health and wellbeing. One example is the Elevate Boulder Guaranteed Income Pilot which combats the negative impacts of poverty. After just 8 months of receiving an additional \$500 per month, program participants experienced a 20% increase in psychological wellbeing.

- *Match roles, expertise and infrastructure* – Overall, behavioral health services are the domain of local healthcare and non-profit organizations that have extensive expertise and infrastructure to deliver those services. While there are some direct behavioral health roles that are appropriate for the city with examples discussed in the Framework, the most effective service enhancements generally rely on maximizing existing community infrastructure rather than building new systems.
- *Evaluation, outcomes, transparency* – Through [Budgeting for Resilience and Equity](#) and other efforts, the city has been moving toward an evaluation and outcomes focus for city investments. The city's Housing and Human Services Department has implemented dashboards and annual reports for multiple programs for transparency and analysis and will continue to build this into its lens for behavioral health actions. The Boulder County Behavioral Health Roadmap Executive Advisory Board also plans to prioritize evaluation metrics for the larger system.

At the department level, the city Housing and Human Services Strategy includes short-, mid- and long-term health care outcomes that apply to behavioral health. Outcomes include increased health benefits enrollment and connections to a health care "home"; increased capacity for care and prevention services; fewer barriers to health care; and other health equity goals. As with all city policies and programs, city behavioral health efforts must also align with the [Sustainability, Equity and Resilience Framework](#) and the [Citywide Strategic Plan](#). Similar to the county's decision to embed equity and support for priority populations throughout the Roadmap, rather than as a separate goal area, the city infuses equity and the principles of the [City of Boulder Racial Equity Plan](#) throughout its roles and priorities in this Behavioral Health Framework.

City roles and priorities for behavioral health are highlighted in the Executive Summary of this document, with more extensive background and analysis included in Attachment A, the City of Boulder Behavioral Health Framework.

CARE Program: Initial Results from 2024

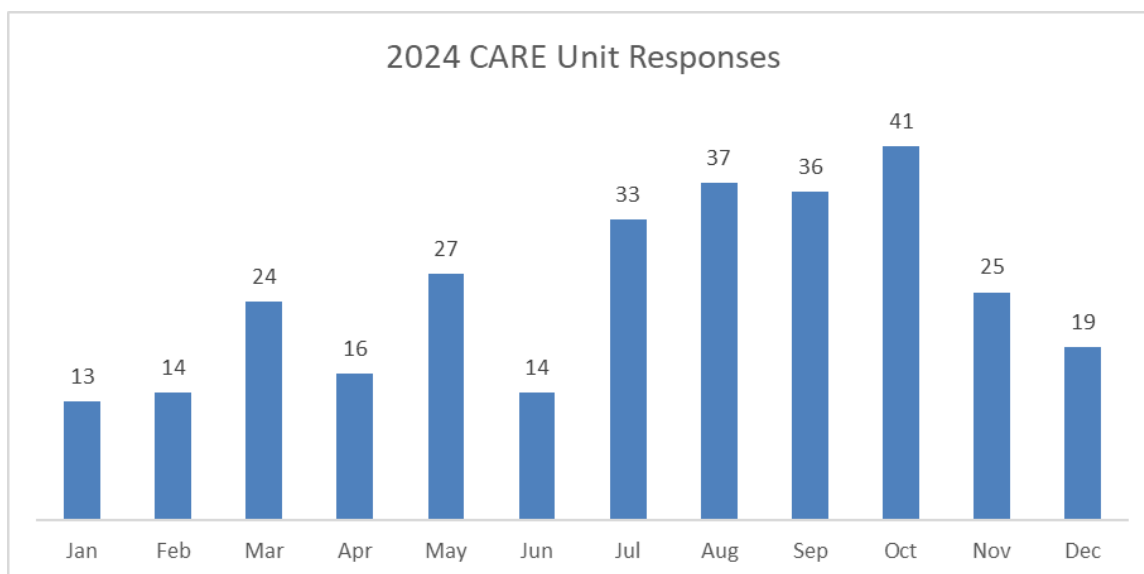
Following are highlights from the first year of CARE operation. CARE began its pilot phase in December 2023, but was not fully staffed and operational until mid March 2024

CARE Contacts

Between Jan. 1-Dec. 31, 2024, the CARE team had approximately 299 community contacts, including calls for service, follow up contacts and case management. Further analysis of CARE data across the Housing and Human Services, Fire-Rescue and Police departments has highlighted the need for refinement of data collection procedures and that will be one area of team work in 2025.

CARE response numbers began low and experienced an upward trend with significant adjustments to dispatch protocols in July. In some months, such as November and December 2024, lower CARE responses reflect lower numbers of calls to dispatch overall.

Figure 1



Alignment of program demand and operating hours

Peak program demand hours are primarily on weekday afternoons and early evenings, and match well with program hours (9 a.m. to 7 p.m. seven days per week). Figure 2 shows times of higher CARE call demand during 2024, as measured by dispatch triage, in shades of red and orange, with times of lower demand in green and yellow.

Figure 2 – CARE Demand

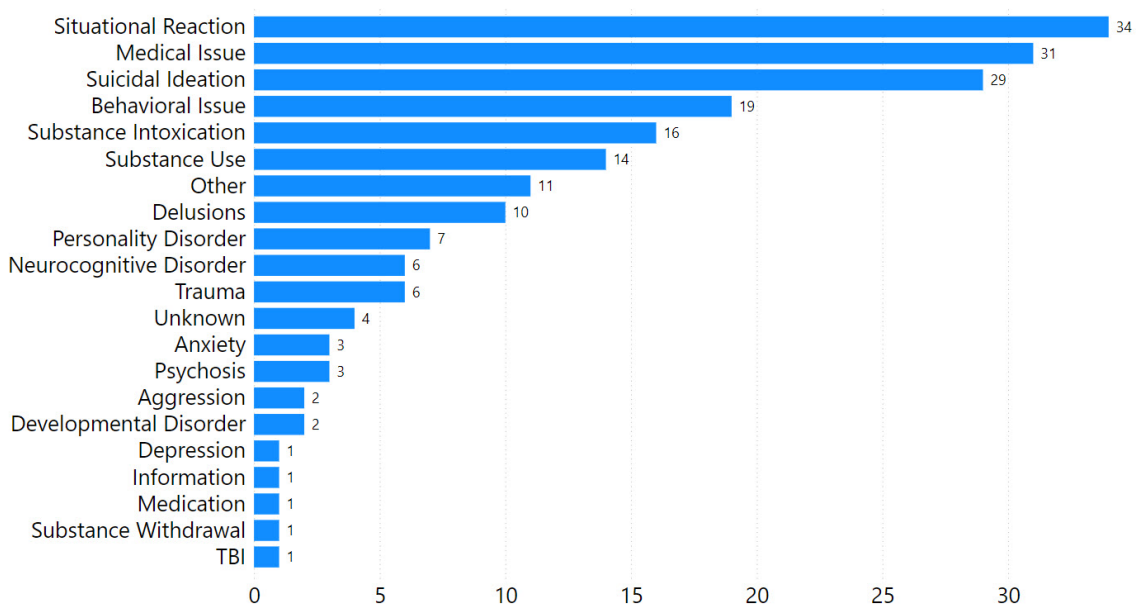
Day of Week	Hour of Day																								Grand Total
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	
Sunday		1	1	3		3		3	1	2	2	4	9	6	9	6	2	2	4	2	1	2	3	1	67
Monday	2	1		2		1	1		4	5	6	5	9	8	12	14	4	10	4		5	2	3	1	99
Tuesday	1	3	1	1		2	1	2	6	8	4	2	6	10	6	8	14	8	5	3	5	5	1	2	104
Wednesday	2			2	3	1			3	4	6	8	10	6	7	1	9	3	3	4	4	4	5	1	86
Thursday		1	2	2	4				1	6	6	4	5	4	3	8	10	4	1	1	5	4	2	3	76
Friday	3	2	1		1	2	1	2	3	2	2	5	7	2	6	5	1	4	3	4	3	2	3		64
Saturday	2	2	1		2	2	2	2	1	8	1	3	2	8	3	3	4	1	5	2	6	2	1		63
Grand Total	10	10	6	10	10	7	6	8	19	29	34	26	47	43	47	46	47	32	22	18	26	26	18	12	559

Primary Concerns for CARE Encounters

CARE responds to a variety of situations, with primary concerns at the time of encounter displayed in Figure 3. Suicidal ideation and substance use are frequent issues for CARE calls, mirroring data captured by CIRT as well as the Boulder County Behavioral Health Roadmap.

Figure 3

Primary Concerns for CARE Encounters



Additional resources required on CARE calls

During the first year of operation, CARE responses involved police assistance 22 times and ambulance service 37 times. Of those instances, there were three times when both police and ambulance service were called for. In 17 cases, people were transported to a medical or behavioral health facility via ambulance. There were 3 arrests and 0 reported uses of force in calls CARE was involved in.

Nearly half of CARE requests for police assistance involved the need to transport an individual to a destination such as the Clinica Family Health & Wellness (formerly Mental Health Partners) Walk-In Crisis Center or to the hospital. State Secure Transportation legislation significantly restricts the ability to transport people in crisis – even on a voluntary basis – without a secure transportation permit and license. CARE is working on obtaining a secure transportation permit and license, which takes some time due to the need to create policies and procedures that meet state guidelines, undergo vehicle inspections, and apply for the licenses and permits through Boulder County.

Case Management

Often people served through CARE are experiencing multiple health and social challenges and can benefit significantly from case management.

The team’s clinical case managers act as a critical bridge by working with people immediately following a crisis. They provide short-term, community-based, intensive support with the goal of connecting people to available resources, benefits, and care in the community. The team’s case management service is designed to be low-barrier and is tailored to the needs and goals identified by the person being served.

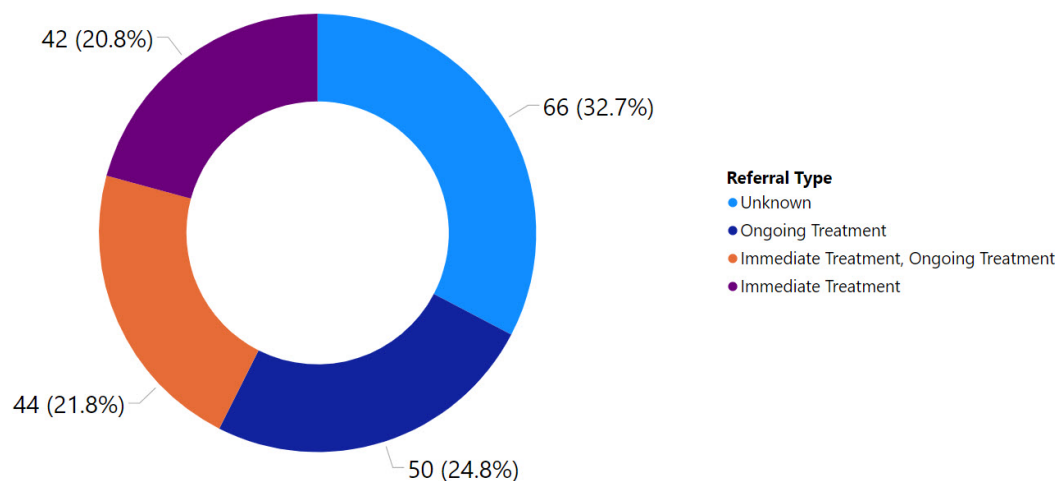
Some of the team's clients have had negative experiences trying to engage with services in the past, so the case managers do a lot of engagement up front to build willingness on the part of the client to try again.

The case managers' work is highly collaborative and often involves bringing treatment providers together to work through barriers and meet clients' needs. Due to the level of support that the team's case managers offer, some providers in the community have been willing to work with high-acuity clients they were previously unwilling to work with. The clinicians on the team report that case management has not only improved outcomes for the people they serve, but has also improved their feelings of efficacy, since clinicians know they have something to offer beyond their intervention during a moment of crisis.

Figure 4 reflects a variety of referrals for CARE clients to immediate treatment (e.g. the Walk-In Crisis Center) and ongoing care (e.g. outpatient therapy).²

Figure 4

CARE Client Referrals



Community Members Served by CARE

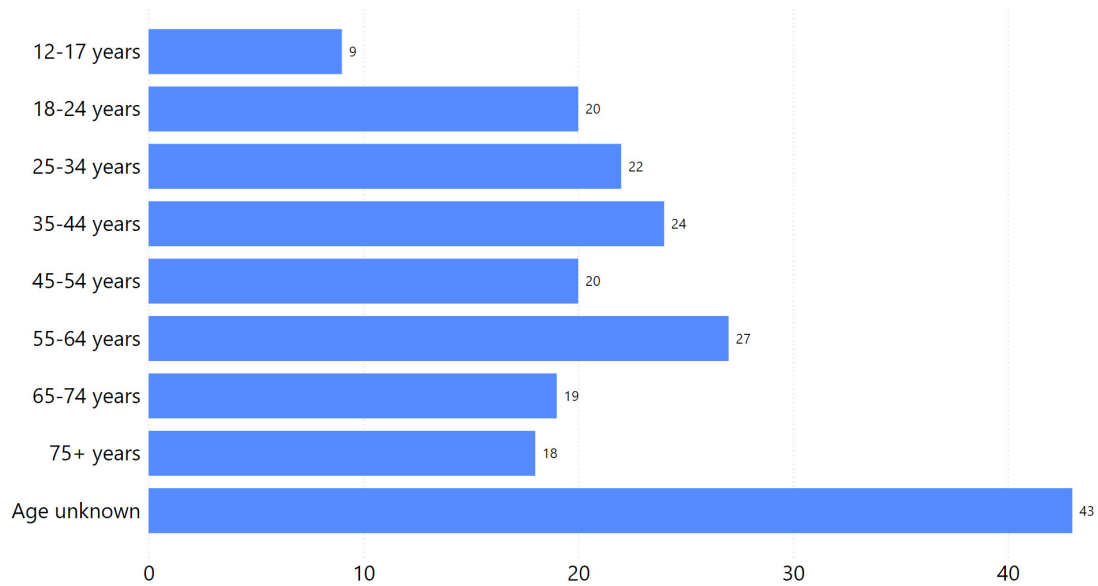
Demographics are challenging to collect for community members served by city crisis teams, as people in crisis may not have the desire or capacity to answer demographic questions. For this reason, limited information currently exists on CARE client characteristics. The following is data that has been gathered in this area.

² Differences between contact numbers and total responses may exist in some cases due to staff being unable to capture information from the client they are responding to. For example, a client that cannot be located when the team arrives.

CARE serves a wide variety of ages.

Figure 5

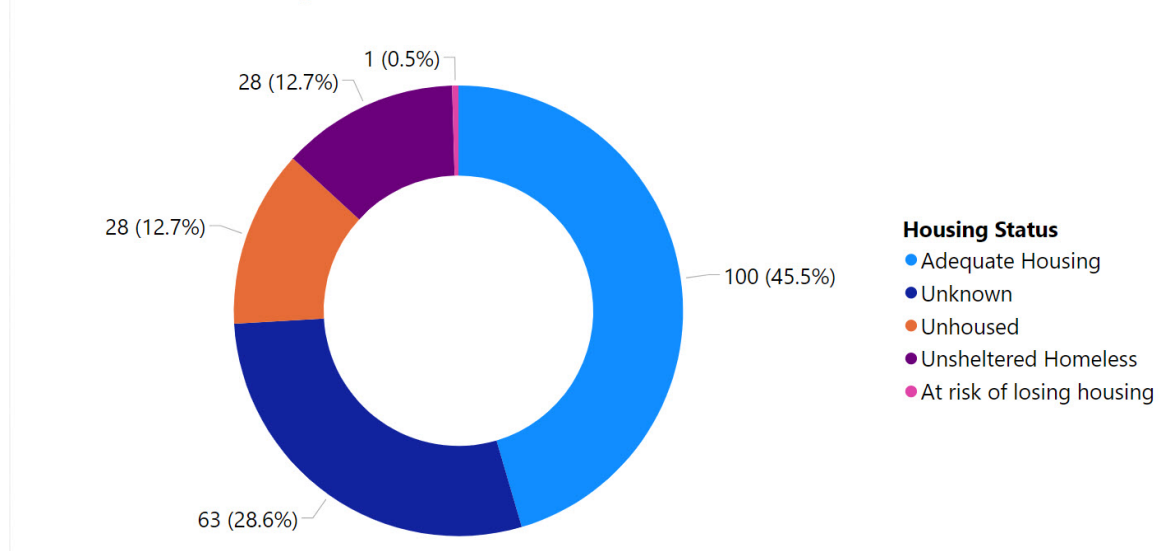
CARE Team Encounters by Age



About half of CARE clients have adequate housing. The remaining half have either an unknown housing status or unhoused/unstable housing situations.

Figure 6

CARE Client Housing Status



Ongoing Analysis and Refinement of CARE Operations

A cross-departmental team (Housing and Human Services, Fire-Rescue, Police) meets 1-2 times monthly to analyze CARE data and make program adjustments based on those findings.

The city has contracted with an external evaluator to do further analysis of CARE, beginning during the second quarter of 2025 after the first full year of operation is complete. In addition, the cross departmental team will continue to make program adjustments based on data.

NEXT STEPS

2nd Quarter 2025 – Begin CARE first year assessment

Ongoing throughout 2025 – Collaborative implementation of Boulder County Behavioral Health Roadmap with partners

ATTACHMENTS

Attachment A: City of Boulder Behavioral Health Framework



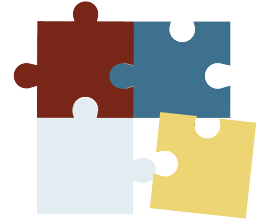
City of Boulder

Behavioral Health Framework

2024



Purpose of this framework



Historically, behavioral health (a broad term for issues including mental health and substance use disorders) has been overlooked nationally and locally, in part due to significant stigma associated with this area of health. However, in recent years it has become apparent that behavioral health is a mainstream national issue impacting at least 1 in 5 adults, and 1 in 6 youth, annually.¹ After decades of underinvestment in behavioral health, and more identified need across the nation, people are turning to all levels of government for help.

Behavioral health is an increasingly important area of concern for the Boulder community but is largely outside of traditional city roles and responsibilities. As a result, internal and external stakeholders often suggest programs or policies in this area, and the city lacks guidance for decisions about which behavioral health options are most appropriate to pursue.

Behavioral health is a vast and complex landscape, which the city cannot significantly impact alone. Boulder County has recently completed extensive community planning and engagement via the [Behavioral Health Roadmap](#) process. Therefore, the approach to the City of Boulder Behavioral Health Framework is to align city strategic work with the Boulder County Behavioral Health Roadmap (Roadmap) vision and strategies; and continue to connect the community to Roadmap implementation engagement opportunities to avoid duplication of effort and repetitive community input requests.

The city's role in behavioral health, as well as its priorities and partnerships across the county, will likely become increasingly important as challenges mount for healthcare locally and nationally. Resources in this area are not increasing – and with reductions in programs including Medicaid, difficult choices may be ahead. While it is hoped that the community will have the opportunity to expand access to behavioral health services under the umbrella of the Roadmap, the city and its partners should also be prepared for an environment of reductions and related tradeoffs.

The goal of this document is to define the City of Boulder's role in behavioral health, under the broader umbrella of the Roadmap. While the Roadmap is an extensive and detailed document, this framework offers a streamlined tool with frequent references to the Roadmap as the anchor for the City of Boulder Behavioral Health Framework.

¹ National Alliance on Mental Illness nami.org/about-mental-illness/mental-health-by-the-numbers/ accessed May 25, 2024.

Local Behavioral Health Needs and Gaps

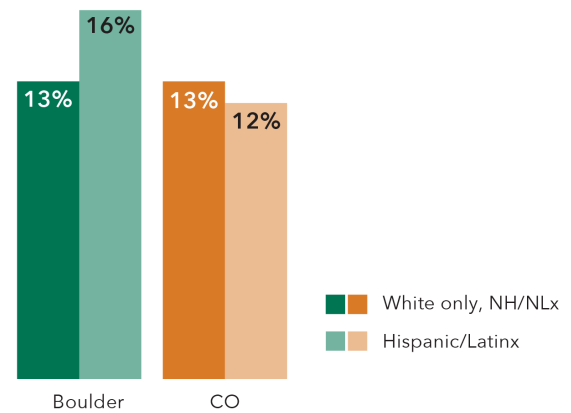
Across the nation, communities are experiencing significant behavioral health needs with inadequate resources to address them. Examples of needs and gaps impacting people in Boulder, as noted in the Boulder County Behavioral Health Roadmap (pp. 16-21), are highlighted here.

High mental health needs

Data reflects that many people in the community are experiencing a high degree of mental health need, with even higher rates in some population segments.

- Nearly 1 in 5 county residents experienced 8+ days where their mental health was not good in the past 30 days. For young adults (age 18-24), this rate was more than 1 in 3.
- Approximately 3 in 5 Colorado adults experiencing food or housing insecurity reported 8+ poor mental health days in the past 30 days.
- Boulder County adults who identify as Hispanic/Latinx experienced 14+ poor mental health days; a higher rate than white adults (16% and 13% respectively).
- In the 2022 Community Assessment Survey of Older Adults (CASOA), 42% of Boulder County adults age 60+ said feeling depressed was "at least a minor problem," an increase from 33% in 2018.
- In 2023 Health Kids Colorado surveys, 28% of Colorado high school youth most of the time or always had poor mental health during the past month. 26% of high school youth reported persistent feelings of sadness or hopelessness in the past year (a decrease from 40% in 2021). 11% of youth seriously considered suicide in the past year (a decrease from 17% in 2021) and 6% of youth attempted suicide in the past year (a decrease from 7% in 2021).²
- 2023 Healthy Kids Colorado results also show 23% of Colorado middle school youth most of the time or always had poor mental health during the past month (new question in 2023). 24% of youth reported persistent feelings of sadness or hopelessness in the past year (a decrease from 32% in 2021), 17% of youth have seriously considered suicide (a decrease from 24% in 2021), and 7% of youth have attempted suicide (a decrease from 9% in 2021).³

Mental Health Days

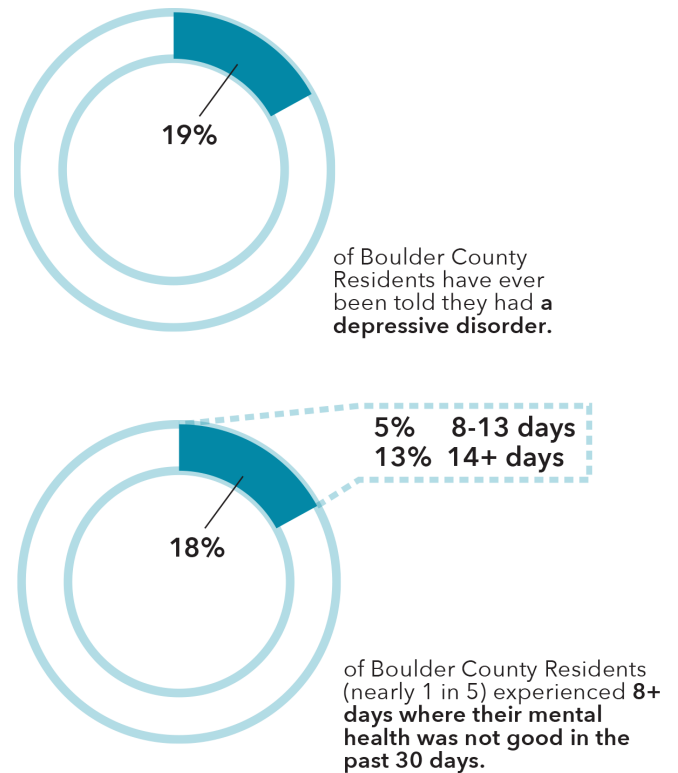


In Boulder County, a higher percentage of Hispanic/Latinx residents reported 14 or more days where their mental health was not good in the past 30 days compared to White only, Non-Hispanic/Non-Latinx residents. In Colorado, percentages were similar across the two groups.

² Colorado Department of Public Health & Environment [2023 Healthy Kids Colorado Survey Results | Colorado Department of Public Health and Environment](#) Accessed November 18th, 2024.

³ Colorado Department of Public Health & Environment [2023 Healthy Kids Colorado Survey Results | Colorado Department of Public Health and Environment](#) Accessed December 3rd, 2024.

Mental Health Challenges



- Approximately 56% of people in the Boulder County Jail have been identified with a mental health issue, and their length of stay in the jail was up to 30% longer than those without a mental health issue, due in part to delays in completing required competency evaluations.

Suicide

- Nearly 11% of high school students in Broomfield and Boulder County seriously contemplated suicide in the past year.⁴
- Suicide is the second leading cause of death in Colorado for youth ages 10-24.
- Boulder County's suicide rate is slightly lower than the state rate, but significantly higher than the national rate.
- Boulder County's suicide rate increased by about three times as much as the US or Colorado between 2020 and 2021.
- In 2022, Colorado had the 10th highest suicide rate in the nation. The U.S. Centers for Disease Control and Prevention reported that Colorado had an age-adjusted death rate⁵ of 21.11 per 100,000 total population for suicides.⁶ In 2023, Boulder County had 69 reported suicides, which made up 5.19% of the 1,290 reported suicides in the state of Colorado.⁷
- Older adult males are heavily impacted by suicide at a rate of 42 deaths per 100,000 population (age 55-64) and 58 deaths per 100,000 population (age 65+), compared to an overall county rate of 20 deaths per 100,000 population. Males were heavily impacted by suicide. 57 of Boulder County's 69 suicide death cases were male and 12 were female.⁸
- Recent data from the city's Crisis Intervention Response Team (CIRT) reflects that more than a quarter (28%) of CIRT responses involve some concern about suicide.

⁴ Colorado Department of Public Health & Environment [2023 Healthy Kids Colorado Survey Results | Colorado Department of Public Health and Environment](#) Accessed December 3rd, 2024.

⁵ An age adjusted death rate is a way to make fairer comparisons between groups with different age distributions. A "standard" population distribution is used to adjust death rates. The age-adjusted rates are rates that would have existed if the population under study had the same age distribution as the "standard" population. [Age-Adjusted Rate Definitions](#) Accessed December 3, 2024.

⁶ U.S. Centers for Disease Control and Prevention [Suicide Rates by State | Suicide Prevention | CDC](#) Accessed November 27th, 2024.

⁷ Colorado Department of Public Health & Environment [Workbook: COVDRS Suicide Dashboard Single Race and Multiple Race](#) Accessed November 27th, 2024.

⁸ Boulder County Coroner's Office 2023 Annual Report [2023-Annual-Report-webpage.pdf](#) Accessed November 27th, 2024.

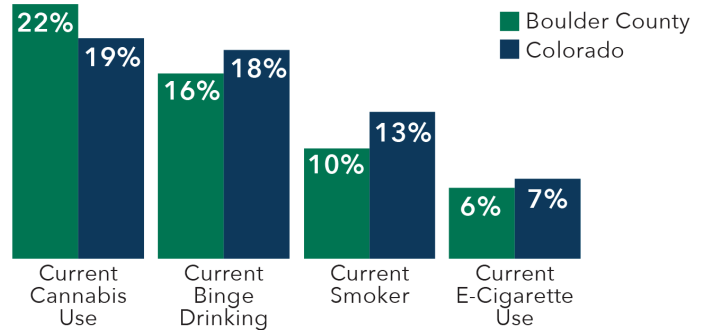
Substance Use

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

System gaps

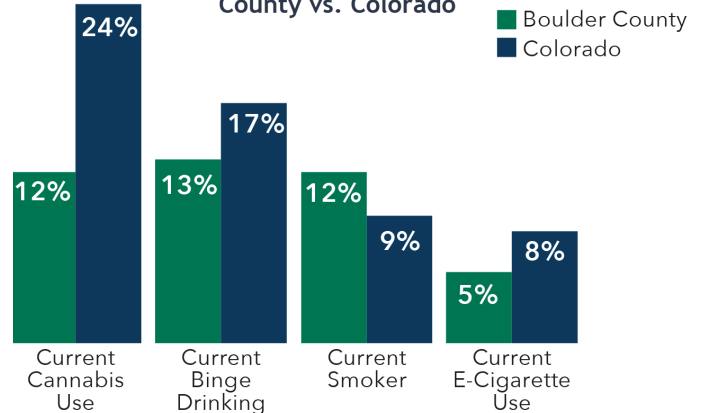
- In 2024, Mental Health America ranked Colorado 40th in the nation for adult mental health and 44th for youth mental health.⁹
- An adult on Medicaid is limited to an annual income under \$20,000 with asset limitations; which is half the income required to meet basic needs in Boulder County. There were 54,169 Medicaid recipients in Boulder County in 2022, and approximately 20% of those had a behavioral health diagnosis. Of that twenty percent, 41% were people of color, and 755 were non-English speakers.
- Less than 50% of local behavioral healthcare providers accept Medicaid and many do not accept any insurance.
- A recent Health Management Associates assessment of behavioral health services in Boulder County noted limited relevant services for children, adolescents and older adults; with particular limitations for Serious Mental Illness (SMI), Serious Emotional Disturbance (SED) and dual or multiple diagnoses.

Attachment A: City of Boulder Behavioral Health Framework
Substance Use in Boulder County vs. Colorado



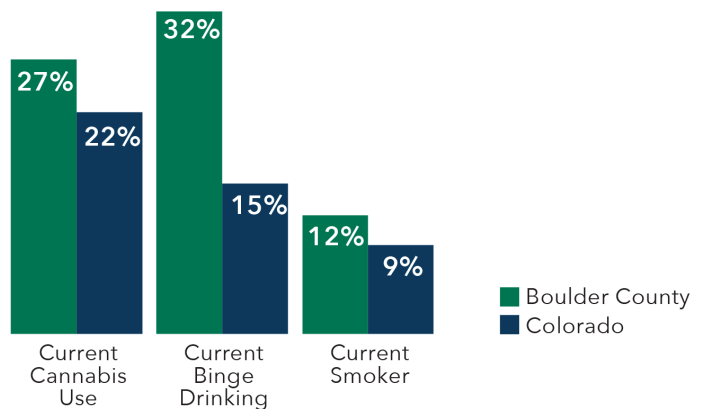
Compared to Colorado overall, a higher percentage of residents in **Boulder County** used cannabis in the past 30 days and a lower percentage binge drank (5+ drinks for males and 4+ drinks for females on an occasion), smoked, or used an e-cigarette in the past 30 days.

Hispanic/Latinx Substance Use in Boulder County vs. Colorado



In Boulder County, a lower percentage of Hispanic/Latinx residents used cannabis, binge drank (5+ drinks for males and 4+ drinks for females on an occasion), or used e-cigarettes in the past 30 days compared to **White only, Non-Hispanic/Non-Latinx**. A higher percentage of Hispanic/ Latinx residents reported smoking in the past 30 days.

LGB+ Substance Use in Boulder County vs. Colorado



Compared to Colorado LGB+ residents, a higher percentage of **Boulder County LGB+** residents have binge drank in the past 30 days and a lower percentage have used cannabis or smoked cigarettes in the past 30 days.

⁹ Mental Health America [Ranking the States 2024 | Mental Health America](#) Accessed November 27th, 2024.

Key themes repeated as consistent challenges in community engagement as well as previous reports on the local behavioral health system, include:

- Accessing the right care at the right time;
- Workforce shortages;
- Case management and system navigation;
- Primary prevention, early intervention, harm reduction;
- Addressing social determinants of health;
- Primary and behavioral healthcare integration and information sharing;
- Supportive housing shortages;
- Shortages of inpatient treatment and step-down services;
- Criminal Justice System: insufficient diversion, mental health and substance use support; and
- Overall system fragmentation.

More information on challenges in the local behavioral health system is included on Roadmap pp. 16-21.

What is the Government's Role in Supporting Behavioral Health?

How Behavioral Health is Funded **Federal/State**

Health care in the United States – including behavioral health care – is primarily funded and regulated at the state and federal levels. The care available and cost of care is linked to the “payor source” or health insurance coverage for each individual. Generally, payor sources fall into a few categories.

Payor Source	Eligibility/Key Points	Funding
Public Insurance (Medicaid/Medicare)	<ul style="list-style-type: none"> • Health First Colorado (Medicaid) – Adults under 138% of Federal Poverty Line (FPL) with higher income limits for children, pregnant women¹⁰ • Medicare – Age 65+ or some cases of disability • Undocumented residents ineligible, with some exceptions for children, pregnant women¹¹ • States have broad authority to determine many elements of their Medicaid programs, resulting in varied eligibility and benefit rules across the nation • Care restricted to “in-network” providers, which limits access • Public insurance includes access to behavioral health services, though restrictions exist for some services (example: limited in-patient treatment days). 	<ul style="list-style-type: none"> • Medicaid - Federal/State partnership • Medicare – Primarily Federal • Co-pays exist for some services in each program • Reimbursement rates are frequently lower than the cost of providing care • Extensive administrative burdens further reduce compensation for healthcare providers • Current Colorado state budget issues may result in further decreases to Medicaid reimbursement rates

¹⁰Children and pregnant women in Colorado with incomes too high for Health First Colorado, but not high enough to purchase private insurance (<260% FPL), are eligible for Child Health Plan Plus (CHP+). Costs vary, with an out-of-pocket max of 5% of annual income.

¹¹Colorado offers a program, OmniSalud, that provides healthcare coverage to undocumented residents, including plans with no premiums for individuals/families with incomes <150% of the Federal Poverty Level (FPL)

Commercial Insurance	<ul style="list-style-type: none"> • Employees with access to employer-based coverage • Individuals/families that purchase plans directly or through Connect for Health Colorado (health insurance marketplace with subsidies) • Most plans limit care to “in-network” providers or include a higher deductible or reduced coverage for out-of-network care • Commercial insurance includes access to behavioral health services, though restrictions exist for some services (example: limited in-patient treatment days). 	<ul style="list-style-type: none"> • Premiums and co-payments made by insured, often required to meet deductible before services are covered • Premiums/co-pays generally subsidized by employers in employer-based plans
Uninsured	<ul style="list-style-type: none"> • People are uninsured for a variety of reasons, including lack of eligibility for public plans, inability to afford private insurance, distrust of healthcare/systems, barriers in accessing benefits for which they are eligible. • For a number of years since implementation of the Affordable Care Act (ACA) Boulder County had a relatively low uninsured rate (around 7%). However, with the end of the COVID public health emergency, more people are falling off public insurance rolls and becoming uninsured due to onerous requirements to retain program eligibility. 	<ul style="list-style-type: none"> • Some providers receive partial payment for uncompensated care for uninsured patients through state/federal sources. • Local grants (city, county, foundations, etc.) also fill some compensation gaps for non-profit and safety net providers, who serve a disproportionate share of uninsured community members. • Despite some sources of partial funding, safety net providers experience significant financial impacts when there is little or no compensation to support treatment for individuals that are uninsured.

These payor sources are typically billed by local healthcare providers (hospitals, clinics, private practice psychologists and psychiatrists, etc.) for services they provide to covered individuals.

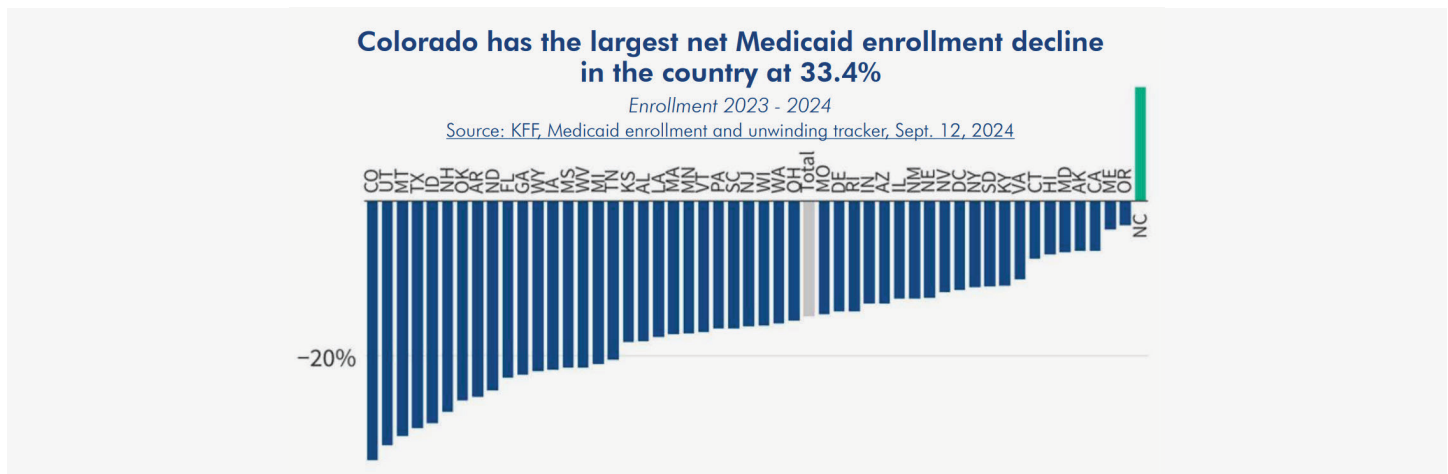
Additional Changes to Medicaid Landscape and Increased Uninsured Rates¹²

In 2020, the U.S. Department of Health and Human Services declared a public health emergency (PHE) in response to the outbreak of COVID-19. Congress passed legislation under which anyone enrolled in Medicaid (Health First Colorado, locally) was guaranteed to keep their health coverage during the PHE. This is known as the “continuous coverage” requirement, and it also applied to kids and pregnant people covered by the Children’s Health Insurance Plan (CHIP - Child Health Plan Plus or CHP+, locally). At the end of 2022, Congress passed a bill ending the continuous coverage requirement, effective on May 11, 2023. This meant that all 1.7 million members of Health First Colorado and CHP+ had to go through a redetermination process to assess if they still qualified for coverage. That 14-month process started in March 2023.

Medicaid enrollment declined by 575,605 Coloradans – or 33% - from May 2023 to May 2024, likely driving corresponding increases in the number of uninsured Coloradans. Experts estimate that 65% of Coloradans who were disenrolled from Medicaid lost coverage due to administrative barriers such as application processing delays, never receiving the enrollment packet, or onerous enrollment requirements; resulting in Medicaid members being denied benefits for which they are eligible.

Compared to before the pandemic, 5.9% more of Clinica Family Health Services (Clinica) clients are now uninsured, and 8.2% fewer are covered by Medicaid. More than 70% of Clinica’s clients who lost Medicaid coverage are now uninsured.

Additional challenges may be on the horizon for Medicaid in Colorado as the state looks to close a significant anticipated budget gap with a proposal from the governor to freeze provider pay.



Local Government

Local government is not typically a significant provider of behavioral health care services, as those services are covered by public and private payor sources as described above and provided by healthcare organizations.¹³

¹²Information in this section is included in the Colorado Hospital Association October 2024 Update to Policymakers: Colorado’s Safety Net Crisis & Medicaid Disenrollment cha.com/wp-content/uploads/2024/10/Save-our-Safety-Net-10-21-24.pdf with most underlying data cited from Kaiser Family Foundation

¹³Due to the diversity of Medicaid programs and healthcare supports at the state level, local government roles in behavioral health may vary in other states. Large, densely-populated cities or counties (Los Angeles, New York, etc.) also sometimes include more extensive direct service local healthcare infrastructure which is more practical in those cases due to scale.

Generally, if local government funding plays a role in behavioral health care, it is a supplemental role – supporting limited directly operated programs (e.g. mental health clinicians co-responding to 911 calls) or providing grants to community healthcare providers to help cover gaps not funded by major payor sources.

States have broad discretion about how to handle behavioral health responsibilities for their populations and designate a range of responsibilities to counties. In Colorado and many states, those responsibilities are heavily focused on public health activities.

Boulder County

Boulder County funds and oversees a subset of behavioral health services through the following departments. Boulder County is a separate governmental entity from the City of Boulder.

- Boulder County Community Services
- Boulder County Human Services
- Boulder County Housing
- Boulder County Public Health
- Boulder County District Attorney's Office
- Boulder County Sheriff's Office

Some county departments have more specific roles or mandated programs related to behavioral health. For example, public health has a significant role in community-level prevention and harm reduction and offers related behavioral health programs in community substance abuse prevention and syringe access. However overall, the county's role in behavioral health is not specifically defined and is in the process of further refinement through the Roadmap implementation process.

Typically, the programs provided or supported through Boulder County focus on:

- Community-level prevention and harm reduction activities (e.g. youth mental health and substance use programs, syringe exchange)
- Services and supports for populations served by the county in other ways (e.g. behavioral health support for those re-entering community from jail, juvenile and adult mental health diversion programs through the District Attorney's office, co-responder programs)
- Grants to healthcare and non-profit organizations directly providing behavioral health services to community members.



WellMind Connection

WellMind Connection was designed by Boulder County to make it easier for people to find behavioral health resources and providers. They are partnered with Crisis Assistance and Treatment (CAT) team which offers bilingual, urgent, and confidential behavioral health response. CAT can go to clients, wherever they are, to talk, offer support, and help determine next steps.

How to Contact:

Call [303-441-1300](tel:303-441-1300)
(9 AM - 6 PM, Mon-Fri)

Email them at
wellmind@bouldercounty.gov

Access their website at
wellmindconnection.org

In April 2023 Boulder County launched WellMind Connection, a centralized countywide resource to help community members navigate complex systems to connect to behavioral health resources to meet their needs.¹⁴ Community-wide navigation is one of the strategies identified in the Roadmap to address challenges voiced in community engagement. Boulder County published [a report](#) on the first year of WellMind Connection in July 2024, which demonstrates increasing usage of the service by community members identifying as Hispanic/Latinx as well as those with children. The report also notes basic needs and benefits navigation as some of the most common assistance requested, alongside direct mental health and substance use services.

Boulder County utilizes a mix of grants from federal, state, and local governments, as well as from community foundations, to support behavioral health. County behavioral health funding sources also include county mill levy and tax funds, fines and fees. Some fund uses are determined by requirements of dedicated mill levies, taxes, grants or settlement funds. Examples include Worthy Cause, Community Partnership Grants, ARPA, and Opioid Settlement funds. A 2023 snapshot of sources of funds utilized by the county for behavioral health services in the Roadmap includes totals by level of government:

- Federal: \$14,884,239
- State: \$11,592,575
- County: \$11,169,388
- Local cities and towns: \$2,793,488 - Just over \$2 million of the local funds included in this snapshot were from the City of Boulder, with approximately \$1.8 million of that comprised of one-time investments to establish the Tribe Recovery Home during that particular year. City funds provided to Boulder County vary from year to year as joint projects and city fund rounds change.
- Other (foundations, fees/fines) - \$469,624

More specific information on sources of behavioral health funding coming into Boulder County, and categories for usage by the county, is included on pp. 19-20 of the Behavioral Health Roadmap.

Boulder Valley School District (BVSD)

Boulder's local school district, BVSD, provides mental health supports to students in various ways.

Direct services include:

- School counselors and mental health advocates located in the schools at all levels.
- Prevention programming related to protective factors and reducing risk factors, substance use, suicide, bullying and related behavioral health issues.
- High school wellness centers, where students can drop in during the day to take a break from stressful situations or seek help from mental health professionals.

In addition to direct services, BVSD schools have partnerships with behavioral health organizations in the community to provide programs in the schools, or to refer and connect students with external services.

¹⁴ WellMind Connection is not an emergency service. People requiring critical emergency support should contact 911, or 988 for urgent behavioral health needs.

BVSD has a long-standing partnership with the City of Boulder to support the health and wellbeing of city students, including:

- [The Family Resource Schools \(FRS\) Program](#) which offers children and families at five elementary schools in Boulder a broad array of prevention and early intervention services, including individual and group counseling paired with case management, afterschool activities and parent engagement that support wellbeing. This program is staffed by a combination of city and Clinica Family Health & Wellness staff.
- City investment in high school Wellness Centers, which have shown early success in improving student mood. Beginning in 2025, the city will be investing \$150,000 annually in the Wellness Center program.
- Funding through City of Boulder competitive fund rounds¹⁵ including:
 - Substance Education and Awareness (SEA) Fund - \$42,510 for Sources of Strength program
 - Health Equity Fund - \$26,880 for Adelante Holistic Wellness Program at Boulder High School

Current State: How the City of Boulder Supports Behavioral Health

The City of Boulder has a strong history of support for human services, including being one of the few cities of its size with a Department of Housing and Human Services. As such, the city supports behavioral health in several ways that go beyond traditional city responsibilities.

Direct community services

The city has two programs that directly deliver services to community members. The city's [Crisis Intervention Response Team \(CIRT\)](#) pairs mental health clinicians and case managers with police officers in responding to 911 calls involving behavioral health; and the [Community Assistance Response and Engagement \(CARE\)](#) team pairs mental health clinicians and case managers with paramedics in responding to 911 calls linked to health that do not require a police response. In addition, multiple city programs address "social determinants of health" that impact behavioral health (e.g. programs improving housing stability or food security), or help people connect with behavioral health support (e.g. resource navigation through Older Adult Services and Family Resource Schools programs).¹⁶

Funding for community organizations providing behavioral health services

Through [city grant funding programs](#) including the Health Equity Fund (Sugar-Sweetened Beverage Distribution Tax Fund supported), Human Services Fund (undedicated General Fund supported) and Substance Education and Awareness (SEA) Fund (supported by Recreational Marijuana and Electronic Smoking Device taxes within the General Fund), the city supports many behavioral health

¹⁵Further information on behavioral health programs funded through city fund rounds is included in Attachment A.

¹⁶"Social determinants of health" (SDOH) are non-medical factors that can influence health outcomes. Factors include level of education, social economic status, neighborhood and built environment, health care access and quality, social connections, etcetera. U.S. Centers for Disease Control and Prevention [Social Determinants of Health | Public Health Gateway | CDC](#) accessed November 11, 2024.

programs offered through local community agencies (e.g. youth substance use prevention programs or mental health therapy). Each of these funding programs has a unique set of outcomes and indicators designed to advance equity and affect positive change at the community and institutional systems levels, and support individuals and households. In 2025, city grants including behavioral health activities total approximately \$2 million. A detailed list of behavioral health community investments is included as Appendix 1.

Behavioral health investments are part of a broader City of Boulder community investment portfolio that includes many items, like affordable housing, that do not represent direct behavioral health programming but contribute to behavioral health wellbeing as part of the social determinants of health. Total amounts granted in 2025 via the broader HHS investment portfolio are as follows.

- Human Services Fund (General Fund) - \$2.6M
- SEA Fund (General Fund) - \$500,000
- Health Equity Fund (Sugar-Sweetened Beverage Distribution Tax Fund) - \$4M
- Homelessness Community Investment (General Fund) - \$7,520,853
- Affordable Housing (Affordable Housing Fund) - \$14.6M¹⁷

In addition to programs offered through HHS, the city invests in social determinants of health that support behavioral wellbeing through multiple other departments including Parks & Recreation, Open Space & Mountain Parks, the Office of Arts and Culture, the Office of Equity and Belonging and Climate Initiatives.

At times the city also has opportunities for sources of one-time grant funding from other levels of government, such as the American Rescue Plan Act (ARPA), that have been invested in behavioral health efforts in the community. Recent examples of behavioral health or social determinant ARPA investments include:

- \$400,000 in start-up funds for [The Hope Institute Boulder](#), an innovative suicide treatment clinic model demonstrating impressive results in other parts of the country;
- \$450,000 to pilot training and administrative support to help local organizations become Medicaid providers or serve more Medicaid patients;
- \$1.2M for safety net providers to support staff retention and stabilize behavioral health services for Boulder's diverse population, given record numbers of people falling off Medicaid rolls after the end of the COVID public health emergency;
- \$200,000 to support Wellness Centers in BVSD high schools in Boulder;
- \$315,077 to support behavioral health case management and medication-assisted treatment (MAT) in the Day Services Center for people experiencing homelessness¹⁸; and
- \$3M for the [Elevate Boulder Guaranteed Income Pilot](#) that is providing 200 low-income Boulder households with \$500 per month for two years. Early evaluation results indicate psychological wellness improving by 20% after just 8 months.

¹⁷Housing investments vary year to year. \$14.6M is an average of the allocations from 2015-2023.

¹⁸Funding is provided as a pass-through of ARPA funding from the State of Colorado Department of Local Affairs

Collaboration and Partnership for Behavioral Health

Through collaborative planning and strategy work with other regional organizations, the city can make more strategic and impactful investments toward community goals in behavioral health. Examples include:

- Partnership planning with Boulder County and Tribe Recovery to bring a new sober living house to Boulder for people in recovery from substance use disorders;
- Collaborative work with countywide partners to jointly determine use of Opioid Settlement Dollars through the Boulder County Regional Opioids Council; and
- Working with Boulder County and other organizations across the county on Roadmap implementation as part of the Boulder County Behavioral Health Roadmap Executive Board and Operations Board.
- Participation in the Homeless Solutions for Boulder County methamphetamine task force.

Internal Organizational Support

The City of Boulder employs approximately 1,900 people, many of whom interact with the public directly, including in critical or crisis situations. As an employer, the city cares about the wellness of its staff and recognizes that healthy staff can provide better service to the Boulder community. Employees are offered a range of programs that support behavioral health including health insurance coverage, an Employee Assistance Program and the Well-Being at Work program, which includes onsite therapy and other programs to support mental well-being along with physical wellness. The city's eight pillars of well-being are: Physical, Financial, Spiritual, Social, Occupational, Environmental, Emotional and Intellectual.

Context: Boulder County Behavioral Health Roadmap

The vision, guiding principles, goals and strategies of the Boulder County Behavioral Health Roadmap were developed with the input of more than 600 stakeholders and are shared across partners, community, systems and silos. Specific information on community feedback during this engagement process is included in Appendix E on page 114 of the Roadmap. Operating under the Roadmap umbrella, the City of Boulder Behavioral Health Framework shares in the key components of the Roadmap as summarized below.

Vision

All community members get the right mental and behavioral health support at the right time.

Create a community of belonging: connection to community, culture, meaning, purpose and hope.

Guiding Principles

- Equity
- Person & Community Centered
- Emphasis on Prevention & Wellness
- Data Driven
- Excellence & Outcome Based
- Trauma Informed
- Shared Risk & Protective Factor Lens
- Community Informed
- Collaboration & Alignment

Goals and Strategies

The Roadmap includes 6 goals, listed on the next page with strategies for every goal. Further details on each goal are included on Roadmap pages 39-76. Note that the goal “Focused Approaches to Advance Equity & Support Priority Populations” is now being integrated across all goals instead of being approached as a separate goal.

Boulder County Behavioral Health Roadmap Goals and Strategies

Vision

- All community members get the right mental and behavioral health support at the right time.
- Create a community of belonging: connection to community, culture, meaning, purpose and hope.

Guiding Principles

- Equity
- Person and community centered
- Emphasis on prevention and wellness
- Data driven
- Excellence and outcome based
- Trauma informed
- Shared risk and protective factor lens
- Community informed
- Collaboration and alignment

Goals and Strategies

Coordinated system and workforce to meet needs

Internal coordination
County-wide collaboration
Data collection and system evaluation
Funding support
Workforce strategy
Professional development and provider education

Invest in prevention and address conditions for community resilience and wellbeing

Community-wide prevention strategy
Community education and stigma reduction
Prosocial activities
Addressing social determinants of health
Policy
Built environment and spaces for connection
Prevent childhood trauma
Engage youth as partners

Early intervention and connection to support

Community-wide navigation
Harm reduction
Suicide prevention
Easier enrollment
Drop-in supports
Co-location and integrated services

Focused approaches to advance equity and support priority populations

Strategies for priority populations
Supports beyond medical model
Culturally relevant supports
Language access
Community leadership and cultural brokers
Antiracist and anti-oppression efforts

Robust continuum of care for treatment and crisis response

Improve access to crisis services
Expand and improve treatment options for more robust services across the continuum
Improve how people are supported as they transition between levels of care
Improve access to treatment

Recovery and hope

Peer workforce expansion
Opportunities for meaningful employment and social connection for people in recovery
Housing for people in recovery from methamphetamine use
Expansion of wraparound care and community-based management

Equity Advisory Board: Trusted System Criteria

The Behavioral Health Roadmap community engagement process included convening an Equity Advisory Board comprised of 12 community members who identified as LGBTQ+, Latine, Afro-Latino, Black, bi-racial, immigrants, people in recovery, and included residents from Nederland, Lyons, East County, Boulder and Longmont. Equity Advisors developed 12 criteria for a trusted system of behavioral health that are designed to serve as a guide for the implementation of the Roadmap, and to be used by community organizations to hold service providers and programs accountable into the future. These Trusted System Criteria are located on page 22 of the Roadmap and will be included in city behavioral health funding, policies and programs to align with equity goals.

City of Boulder Roles within the Roadmap

The Roadmap is a community tool for organizations and community members across Boulder County that range from healthcare entities and advocacy groups to local governments like the City of Boulder. No Roadmap goal can be achieved by just one entity, and some roles and activities are more appropriate for some stakeholders than others.

Key principles to consider for City of Boulder efforts in behavioral health are highlighted below.

- *Advocate, don't duplicate* – When considering potential investments of city funding or other resources, the city should evaluate whether there are other entities or levels of government with primary responsibility for that service, and if city resources would duplicate those efforts. If the responsible entity has created barriers to access, the city can advocate for changes to correct the situation. For example, if community members are having a difficult time accessing a certain type of behavioral health service that should be covered by public or private insurance, it typically makes more sense for the city to advocate for changes to insurance procedures than to try to pay for those services with city funds and de facto subsidize other levels of government or private insurance companies.
- *Collaborate, strategically leverage opportunities* – The city sometimes has unique opportunities to leverage other sources of funding including grants or investments by partner organizations, which allows limited city investment to make a deeper community impact by filling gaps or providing start-up funds.
- *Maximize impact with upstream investment* – The city already has a strong footprint in preventative investments and the social determinants of health. Those types of programs, that improve people's lives overall, have a powerful impact on behavioral health and wellbeing. One example is the Elevate Boulder Guaranteed Income Pilot which aims to combat the negative impacts of poverty. After just 8 months of receiving an additional \$500 per month, program participants already experienced a 20% increase in psychological wellbeing.
- *Match roles, expertise and infrastructure* – Overall, behavioral health services are the domain of local healthcare and non-profit organizations that have extensive expertise and infrastructure to deliver those services. While there are some direct behavioral health roles that are appropriate for the city with examples discussed below, the most effective service enhancements generally rely on maximizing existing community infrastructure rather than building new systems.

- *Evaluation, outcomes, transparency* – Through [Budgeting for Resilience and Equity](#) and other efforts, the city has been moving toward an evaluation and outcomes focus for city investments. The city's Housing and Human Services Department has implemented dashboards and annual reports for multiple programs for transparency and analysis and will continue to build this into its lens for behavioral health actions. The Boulder County Behavioral Health Roadmap Executive Advisory Board also plans to prioritize evaluation metrics for the larger system. More specifics on outcomes for the City Behavioral Health Framework are discussed in a later section of this document.

At the department level, the city Housing and Human Services Strategy includes short-, mid- and long-term health care outcomes that apply to behavioral health. Outcomes include increased health benefits enrollment and connections to a health care “home”; increased capacity for care and prevention services; fewer barriers to health care; and other health equity goals. As with all city policies and programs, city behavioral health efforts must also align with the [Sustainability, Equity and Resilience Framework](#) and the [Citywide Strategic Plan](#). Similar to the county's decision to embed equity and support for priority populations throughout the Roadmap, rather than as a separate goal area, the city must infuse equity and the principles of the [City of Boulder Racial Equity Plan](#) throughout its roles and priorities in this Behavioral Health Framework.

Given city responsibilities and those of other entities, including funding and regulation streams, roles most appropriate for the city within context of the Roadmap include those listed below. Overall, these are roles the city is already filling, with an appropriate level of support for a broad range of goals set by the Roadmap, and through feedback over the years from our own community.

Each city role description includes examples of the Roadmap goals and strategies addressed.

Role 1. Augmentations to services that are within scope for city

Some behavioral health services are a good fit for city support because they are extensions of services already provided by city staff as part of traditional municipal responsibilities. Examples include:

- Crisis teams ([CIRT](#) and [CARE](#)) as part of 911 response



Strategy: Improve Access to Crisis Services

- Facilitating connection to community behavioral health services through referrals, case management and outreach coordination in [Older Adult Services](#) and [Family Resource Schools programs](#)



Strategy: Addressing Social Determinants of Health

ROADMAP GOALS KEY:



Coordinated system and workforce to meet needs



Invest in prevention and address conditions for community resilience and wellbeing



Early intervention and connection to support



Robust continuum of care for treatment and crisis response



Recovery and hope

- Multiple city programs support social determinants of health and other strategies featured in the Roadmap's "Invest in Prevention & Address Conditions for Community Resilience and Wellbeing" goal. These range from affordable housing programs to providing more equitable access to recreation opportunities and open space.



Strategy: Prosocial Activities

Strategy: Addressing Social Determinants of Health

Strategy: Built Environment and Spaces for Connection



Strategy: Supportive Housing

Role 2. Policy advocacy to improve local behavioral health access

Many barriers to behavioral health services are grounded in funding and regulatory policies controlled by state and federal agencies. Examples include reimbursement rates, rules regarding coverage eligibility and covered services, administrative "hoop jumping" required for providers to be "in-network" or file claims, and onerous requirements of individuals and families to gain and retain coverage.

While the city does not control other levels of government or private insurance companies, it can advocate for changes that benefit community members. The city has relationships with legislators who represent Boulder and can be more effective as part of a regional coalition jointly advocating for policy priorities. Joint policy advocacy is part of Roadmap implementation planning with countywide partners, and Boulder County is taking the lead on moving this work forward.



Strategy: Funding Support



Strategy: Policy

Role 3. Continued support to supplement funding for local behavioral health providers and community initiatives, particularly for costs not covered by public or private insurance.

While the majority of behavioral health care services are most appropriately funded through other sources and managed by health care organizations, there are some funding roles that are practical for the city.

- Ongoing supplemental support through community fund rounds like the Human Services Fund, Health Equity Fund and Substance Education and Awareness Fund. As described in the "current state" section of this document, behavioral health programs, as well as those addressing social determinants of health are eligible for support in multiple City of Boulder community funding opportunities.



Strategy: Professional Development & Provider Education



Strategy: Prosocial Activities

Strategy: Addressing Social Determinants of Health

Strategy: Community Education & Stigma Reduction

Strategy: Prevent Childhood Trauma



Strategy: Harm Reduction

Strategy: Suicide Prevention



Strategy: Expand and Improve Treatment Options for More Robust Services Across the Continuum

Strategy: Improve How People are Supported as They Transition Between Levels of Care

Strategy: Improve Access to Treatment



Strategy: Expansion of Wraparound Care & Community-based Management

- Strategic, opportunistic investment of one-time funds. The city has periodic opportunities for grants or other one-time funding sources that offer unique options to fill gaps such as start-up funds, infrastructure, or other needs that can benefit behavioral health programs going forward.

Recent examples of this type of funding are the city's investment of some of its American Rescue Plan Act (ARPA) award to provide start-up funds for:

- The Hope Institute, an evidence-based suicide prevention program, to open a service center in Boulder.



Strategy: Suicide Prevention

- The Medicaid Support Project, which funds hours of consultant time to remove administrative barriers for local organizations providing behavioral health services to Medicaid patients.



Strategy: Expand and Improve Treatment Options for More Robust Services Across the Continuum

Role 4. Partnership, Research and Idea Incubation

Another behavioral health role for the city is ongoing, proactive collaboration with Boulder County and other partners to research and analyze local behavioral health needs, brainstorm potential solutions, and test concepts to fulfill Roadmap goals. This involves participation on the Roadmap Executive Advisory Board and Operations Board, as well as the Boulder County Regional Opioid Council and other joint planning groups across the region, including many focused on social determinants of health.

These partnership efforts can help the city advocate for policy and funding solutions and better utilize available funding toward joint goals to maximize impact.



Strategy: County-wide Collaboration

Role 5. Continuing and augmenting behavioral health support for city workforce

The City of Boulder plays an important role in the lives of its approximately 1,900 employees. This includes supporting the behavioral health and wellbeing of people that spend a significant amount of time working with city colleagues and in city facilities, with many directly interfacing with community members.

City employees already have numerous ways to access behavioral health supports through benefits such as health insurance, the Employee Assistance Program (EAP) and an employee well-being program that includes resiliency workshops, onsite therapy in English and Spanish and more.

The city can continue building on current efforts to model behavioral health as priority for employers, by keeping up with workplace wellness best practices and fostering an organizational culture of belonging that de-stigmatizes mental health and substance misuse issues. Many elements of workplace behavioral health wellness principles are grounded in inclusion and equity, which overlap with the goals and actions included in the [City of Boulder Racial Equity Plan](#). Demonstrating behavioral health leadership as an employer not only helps the city workforce but supports the entire community.



Strategy: Community Education & Stigma Reduction

City priorities within Roadmap

Developing priorities within Roadmap strategies is challenging for every organization, including the city, because there is such a high degree of community need across the behavioral health spectrum and no area is unimportant.

Furthermore, when it comes to meaningful city contributions in behavioral health, the “how” is often as important as the “what.” For example, city staff get significant community feedback – also reflected in the Roadmap process – about the need for more inpatient/residential mental health treatment. However, the city is not an appropriate entity to directly operate a behavioral health facility and full, ongoing operating costs for this type of treatment are on a scale that is prohibitive to making significant impact with city funds. “Sponsoring” one transitional residential treatment bed for one year would require nearly \$300,000. Therefore, while improving access to inpatient treatment is a priority in Boulder, the city would need to look for strategic opportunities to support this area – such as contributing one-time funds to capital costs involved in expanding this service, or supporting smaller ancillary costs not typically covered by public or private insurance.

However, feedback throughout the Roadmap process, as well as local data and input from city staff, indicates some areas of the behavioral health spectrum that are critical to preserve in an environment of scarcity or resource reductions; or to target for development/expansion if additional funding becomes available.

Preserving safety net services and integrating them across systems

Community members with the most limited resources, support systems and capacity to navigate complex programs heavily rely on local safety net providers as a source of care. For example, organizations like Community Mental Health Centers (CMHCs) and Federally Qualified Health Centers (FQHCs)¹⁹ serve a disproportionate share of people with complex needs that are uninsured or have Medicaid as a payor source. This means these providers typically are charged with treating people that require the most resource-intensive care, while drawing on payor sources that are severely underfunded and come with administrative burdens that increase the cost of providing care.

Recently the financial crisis for safety net providers has grown increasingly dire as more people fall off Medicaid rolls and become uninsured with the end of the COVID public health emergency as described earlier in this document. Simultaneously Medicaid reimbursement rates and mechanisms have changed, leading to additional revenue reductions for these healthcare organizations.

Furthermore, people with complex needs often touch multiple systems including child welfare, adult protective services, homelessness and housing providers. When those people cannot access proper health care, there are ripple effects beyond the health care safety net to the broader social safety net.

While it is not within city scope to fully maintain local safety net providers, it is in the city's interest to support safety net services in ways that align with appropriate city roles in the Roadmap as described above. In addition, it is in the city's interest to support efforts to further connect and integrate safety net health services with other community programs serving the same people, to streamline care and improve health.

Service navigation/connection

While behavioral health services and payor sources often come up short compared to community need, systems are so complex and difficult to navigate that people have trouble engaging in the options that actually are available to them. Service navigation and case management can help bridge these gaps and keep people in ongoing community care, rather than defaulting to emergency and crisis services after they become disconnected and destabilize. In some cases, navigation and case management services are not reimbursable expenses with payor sources, exacerbating the problem.

The city currently supports navigation and case management through various directly operated programs, as well as grants to community organizations. In addition, Boulder County has made strides in this area with navigation and referrals through WellMind Connection. Continuing to support and build on these connection points offers the city an opportunity to leverage existing resources and help community members make the most of them in an environment of scarcity.

Capacity to Serve People with Dual Diagnosis and High Acuity Needs, with particular emphasis on youth and older adults

Roadmap data analysis and engagement feedback, as well as the on-the-ground experience of the city's crisis team, indicate insufficient capacity to treat community members with long-term high-acuity needs. One particularly stark notation in the Roadmap (p. 67) illustrates this point. *"...children with intersecting diagnoses and identities can spend days, weeks or even months boarding in an emergency department waiting for an appropriate placement."*

Lack of effective options for individuals with high acuity needs also impacts multiple systems and leads to a "revolving door" effect for emergency services.

These are extremely challenging issues that require a thoughtful continuum including inpatient stepdown options and supportive housing. While this is another area that the city cannot address independently, services for dual diagnosis and high acuity needs are an important priority to

¹⁹ The local CMHC, Mental Health Partners, recently merged with the FQHC Clinica Family Health, to form Clinica Family Health & Wellness

highlight when there are opportunities for improvement.

Suicide Prevention and Substance Use Treatment

These two areas are highlighted multiple times throughout the Roadmap and community needs data. They are also the two highest drivers of 911 calls being routed to the city's behavioral health crisis response team. Continuing to support new opportunities to address suicide and substance use are aligned with city goals and community wellbeing.

Priorities Summary

While the four areas above are considerations for choices involving preservation of services in reduced funding environments, or options for expansion with additional funding or policy work, broader city support across the Roadmap goals and strategies should continue. It is worth noting that a significant amount of city behavioral health work is supported by tax revenue anticipated to have little or no growth in the next few years, so additional investment would be limited and likely require tradeoffs with other city goals.

The city has a strong presence supporting a range of behavioral health efforts, with particular emphasis on the foundational needs embedded in the social determinants of health. These areas of investment are consistent with the Boulder County Behavioral Health Roadmap goals and strategies, and an important part of the city's own goals for community sustainability, equity and resilience.

Outcomes for City Behavioral Health Framework

Metrics have not yet been established for the Boulder County Behavioral Health Roadmap. As those metrics are developed, the city will continue to align with countywide success measures where appropriate. In the meantime, some potential target outcomes can be drawn from existing HHS strategic outcomes, metrics tracked through city programs and investments, and larger community outcomes tracked by other entities.

Proposed long-term outcomes for city efforts implemented through the Behavioral Health Framework include:

- Reduced health disparities and increased health equity
- Reduction in youth/community substance use and abuse
- Reduction in risk behaviors
- Reduced deaths by suicide and substance use
- Reduction in people experiencing health crises through emergency rooms, reduced number or rate of emergency mental health holds
- Reduce repeated episodes of crisis for individuals
- Reduction in number of people who lose housing due to mental or behavioral health challenges

High-level short/mid-term outcomes include:

- Increased overall community capacity for professional and peer-supportive services

- Increased access to services, reduced barriers
- Increased understanding within and outside of the city institution, about mental and behavioral health needs
- Increased ability to collect and use meaningful data about mental/behavioral needs and services

Many proposed outcomes for the City of Boulder Behavioral Health Framework have some form of community or program tracking in place. While changes in community-level measures cannot necessarily be directly tied to city-specific efforts, they represent overall outcomes that are important goals for local investments. Specific measures for other outcomes still need further development. Overall, more time is required to establish metrics and reporting mechanisms to assess the impact of city work within the Behavioral Health Framework. This document is a starting place for defining the city's role in behavioral health and guiding future efforts.

Appendix 1

Agency Name	Program Name	Program Summary	Funding Source	2025 Funding Amount
Safehouse Progressive Alliance for Nonviolence (SPAN)	Services to Survivors of Domestic Violence & Their Children in the City of Boulder and City of Lafayette	Funding will be used to provide services for victims of violence and their children including a 24/7 Crisis hotline, emergency shelter, transportation, financial assistance, counseling, legal advocacy and transitional housing.	Human Services Fund	\$110,052
Boulder County AIDS Project (BCAP)	HIV Care Services and Prevention Services	Funding will provide case management for residents living with HIV, direct financial and resource assistance, HIV counseling/testing/referrals, and syringe access to approx. 250 individuals.	Human Services Fund	\$36,000
Boulder County Public Health	GENESIS	Funding will provide parenting education through home visits, and intensive case management in client's preferred language	Human Services Fund	\$20,000
Boulder Pride dba Rocky Mountain Equality	Promoting Resilience and Wellness for LGBTQ+ People and Their Communities	Funding will provide resource referrals, financial assistance and mental and emotional well-being activities for Trans and QTPOC individuals.	Human Services Fund	\$32,500
Center for People With Disabilities	Independent Living Services for People with Disabilities	Funding will provide independent living services that will include at least one or more of the following services: information & referrals, independent living skills training, peer support groups, and individual advocacy skills training to at least 250 unduplicated city of Boulder residents per year.	Human Services Fund	\$45,000
Clinica Family Health	Integrated Health Care for Low-Income City of Boulder Residents	Funding will provide comprehensive primary health care services with access to integrated behavioral health and dental care for lower-income Boulder residents.	Human Services Fund	\$280,000
El Centro AMISTAD	Increasing emotional and behavioral wellness in Boulder Latinx Families	Through culturally and linguistically responsive techniques, AMISTAD aims to increase positive physical, mental, and behavioral health and wellbeing in the Latinx Boulder County community through peer mentor program, counseling, treatment, education for parents.	Human Services Fund	\$40,000
Mental Health Center of Boulder County dba Mental Health Partners (MHP)	Behavioral Health Home, Adult and Child/Family (the program is offered within each municipality: Boulder, Longmont, Lafayette).	Funding will be used for client health assessments; case management to help acquire health benefits, housing and employment; health and wellness coaching; and hospital-to-home transition services for at-risk community members experiencing mental and behavioral health challenges.	Human Services Fund	\$228,500
Queer Asterisk	DEEPENING LGBTQIA+ MENTAL HEALTH SERVICES	Funding will provide no-cost or reduced therapy to LGBTQ community residents.	Human Services Fund	\$40,000
Rise Against Suicide	Connecting Youth At Risk for Suicide With Free Mental Health Treatment	Funding will provide free individual sessions to youth experiencing suicidal ideation.	Human Services Fund	\$23,000

I Have a Dream Foundation of Boulder County	Positive Futures	Funding will provide 39 weeks of daily after-school and summer programming and social-emotional wellness and mental health tools to elementary, middle, and high school age youth participating in IHDF's program.	Human Services Fund	\$25,250
Blue Sky Bridge	Child Abuse Intervention, Therapy and Prevention Education	Funding will provide forensic interviews for child victims of sexual abuse and abuse, trauma-informed youth therapy services, and child abuse prevention education sessions for kindergarten, third and fifth-grade students.	Human Services Fund	\$36,000
Boulder County AIDS Project (BCAP)	Nutrition Assistance Program for People Living with HIV and People Who Use and/or Inject Drugs	Funding will provide access to healthy food and hydrating beverages that supports immunity and chronic disease prevention; as well as education and resources to people living with HIV and people who use and/or inject drugs.	Health Equity Fund	\$40,000
Boulder Valley School District - Boulder High School	Boulder High School Adelante! Holistic Wellness Program	Funding will provide behavioral health support to Latinx Boulder High students and train their caregivers in best practices in supporting their health as they navigate unique life stressors, college prep, and academics, to aid in closing the graduation gap among Latinx students.	Health Equity Fund	\$26,880
Jewish Family Service of Colorado	JFS Boulder Mental Health Services	Funding will provide in-person or telehealth mental health counseling and treatment, as well as wellness and support groups	Health Equity Fund	\$20,000
Natural Highs-Healthy Alternatives to Drugs & Alcohol	Acudetox/AcuWellness for trauma, mental health, and as a healthy alternative to substance abuse	Funding will provide Community Acudetox/Acuwellness in low-income Boulder neighborhoods, like Boulder Housing Partner Sites and "I Have A Dream" Foundation Program sites.	Health Equity Fund	\$25,000
Medicine Horse Program	Youth Program	Funding will provide equine therapy for holistic mental and behavioral health, for low-income city youth primarily focusing on the LGBTQIA+ and BIPOC youth populations.	Health Equity Fund	\$14,500
Mental Health Center of Boulder County dba Mental Health Partners (MHP)	Mental Health Partners Boulder Integrated Health Home	Funding will help expand health services to increase access to whole-person care primarily targeting adults with serious mental illness and /or addiction and chronic co-occurring physical health conditions through an array of virtual or in-person support groups, and other care coordination to resources.	Health Equity Fund	\$125,452
Boulder Community Health	The BCH Prevention & Intervention for Life-Long Alternatives and Recovery (PILLAR) Program	Funding will provide access to reduced or free of charge alternatives forms of therapy to individuals recovering from substance use prioritizing marginalized and oppressed populations. Funded activities include: transportation asst, medication asst, adult wellness, service nav, program eval	Health Equity Fund	\$125,000
Boulder Shelter for the Homeless dba All Roads	Shelter Collaboration with Boulder Community Health	Funding will support clients with often high medical and mental health needs to find stable housing and get connected to medical on-going support to lessen the impacts of chronic pathologies and improve overall health.	Health Equity Fund	\$30,000

Science, Health & Access to Resources & Education (SHARE)	Explorando Senderos: Outdoor Experiences for Latinx Health	Funding will increase access for Latinx community members to the outdoors. The Senderos (walks) include active walking or hiking accompanied by an informal session that focuses on a physical/mental health, nature, and/or culturally relevant topic.	Health Equity Fund	\$30,000
The Family Learning Center	Family and Youth Health Education, Fitness, and Wellness Program	Funding will provide low income and minority families, living in subsidized and low income housing, year-round physical activity, nutrition, wellness, and social-emotional health programming to improve health and academic outcomes.	Health Equity Fund	\$87,000
Thorne Nature Experience	2025 Summer Outdoor Recreation Program	Funding will provide access to three overnight summer camps at Cal-Wood Education Center for youth and their families during summer 2023 in order to engage and increase outdoor physical activities and mental health well-being.	Health Equity Fund	\$38,800
Women's Wilderness	Women's Wilderness Youth Program	Funding will enable low-income girls and girls of color in Boulder, to participate in outdoor physical activity programs for increased physical and mental health outcomes.	Health Equity Fund	\$26,100
Boulder County Community Services Healthy Youth Alliance	Overseeing the SEA program	Funding will enable Boulder County Community Services to provide professional consulting services needed by the City in connection with the SEA Program including, program management, administrative coordination and data collection.	Substance Education Awareness Fund	\$66,501
Boulder Community Health	Prevention Intervention for Life-Long Alternatives Recovery Program-youth (PILLAR)	Funding will provide assistance with navigation of substance use treatment, as well as educate community members and healthcare providers on the impacts of substance use among city residents.	Substance Education Awareness Fund	\$40,700
Boulder County Public Health	Youth Vaping Prevention (TEPP)	Funding will provide youth vaping prevention programming through social media, advertisements and a Peer-to-Peer cessation program among city youth and young adults ages 12-21.	Substance Education Awareness Fund	\$100,000
Boulder Pride dba Out Boulder County	Queer Youth Joy	Funding will provide city of Boulder, LGBTQIA+ youth with substance use prevention and harm reduction initiatives such as education, presentations, workshops, trainings, and youth groups in a safe and supportive environment. The programming emphasizes finding queer joy in community without the use of substances.	Substance Education Awareness Fund	\$16,698
Boulder Valley School District (BVSD)	Sources of Strength	Funding will provide evidence-based practices and education and awareness to decrease youth substance use, increase perceived risk of substance use and improve mental health among city youth.	Substance Education Awareness Fund	\$42,510
El Centro AMISTAD	The Raíces Vivas Program	Funding will provide ongoing mental health and wellness support, mentorship, substance use education and alternatives to substance use through pro-social groups, to city of Boulder boys and men of color, who speak Spanish. The program responds holistically to the family unit by engaging caregivers in the group lessons.	Substance Education Awareness Fund	\$16,697

I Have a Dream Foundation (IHAD)	Dreamer Scholars	Funding will provide I Have A Dream Foundation (IHDF) youth and their parents, with access to local, updated, and engaging substance abuse prevention information and programming to prevent and reduce youth abuse of alcohol and drugs. Additionally, high school youth are screened for substance use and referred to additional resources when needed.	Substance Education Awareness Fund	\$16,698
Larimer County Partners Inc	Responsible Association of Retailers (RAR) Membership Program	Funding will provide city retailers with education and training in substance abuse prevention to support the health and well-being of city residents.	Substance Education Awareness Fund	\$47,116
Natural Highs	Natural Highs- Health Alternatives to Drugs and Alcohol	Funding will provide teens, parents, and trusted adults with access to local, updated, and engaging substance abuse prevention information and programming to shift the community perception around the risk associated with youth substance use.	Substance Education Awareness Fund	\$56,682
Safehouse Progressive Alliance for Nonviolence (SPAN)	Peers Building Justice	Funding will provide a youth development program, Peers Building Justice (PBJ), that supports youth as they explore issues related to gender-based violence and sexual assault, including how substance use is inextricably intertwined with the question of consent and experiences of violence and trauma.	Substance Education Awareness Fund	\$16,697
YMCA	Prosocial	Funding will provide city of Boulder youth with healthy activities and days of community service to support growth in leadership skills, boost self-confidence, increase knowledge and education around the risks of substance use and offer mentorship.	Substance Education Awareness Fund	\$54,701
			Total	\$2,005,034