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TRAILHEAD INSTITUTE

# Regional Health Connectors' Impact Supporting Colorado's Behavioral Health Recovery Act

SEPTEMBER 2022

# Behavioral Health Recovery Act and Regional Health Connector Projects

**Regional Health Connectors (RHCs)** are a community-embedded workforce that connect the systems that keep us healthy. Serving as trusted local conveners, RHCs work within 21 regions across Colorado building relationships between primary care, behavioral health, social and human resources, and community assets to form a statewide network of public health and health resources.

In 2021, the program received funding through Colorado Senate Bill 137 **to improve behavioral and mental healthcare systems**. Each RHC conducted a local needs assessment of their Region by analyzing national, state, and local data to **identify priority gaps in behavioral and mental health services**. Based on this data, the RHCs proposed projects intended to address these priority gaps and **improve health equity using local knowledge, services, and assets**. They are supported in these efforts by their local host organizations and community partners.

## How it Started

- Needs assessments were completed by end of November 2021
- Action plans were implemented February – June 2022
- All RHC BHRA projects focused on one of four dimensions of behavioral and mental health system support: **prevention, intervention, treatment, recovery**

8

projects focused on  
**PREVENTION**

10

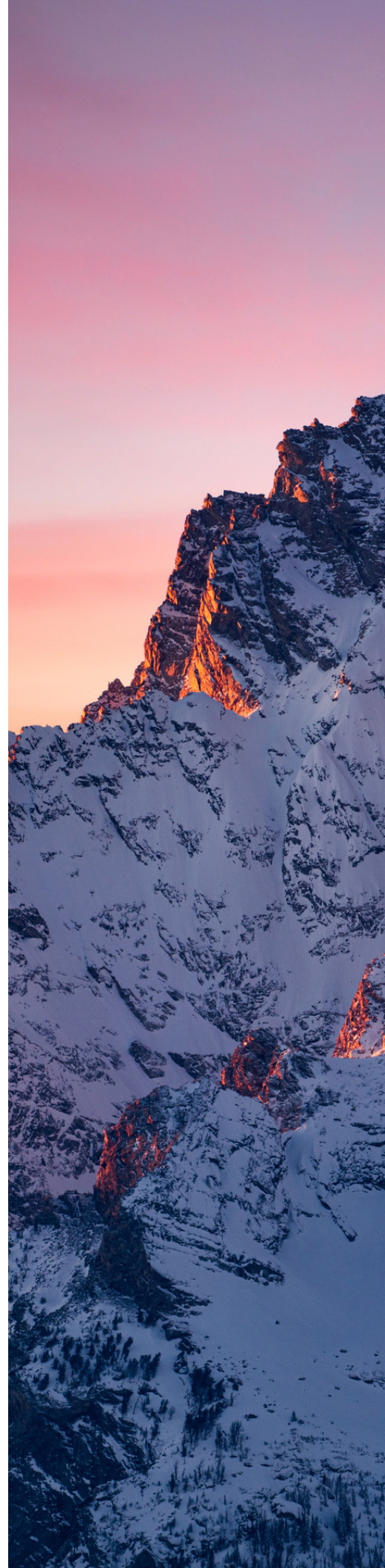
projects focused on  
**INTERVENTION**

2

projects focused on  
**RECOVERY**

1

project focused on  
**TREATMENT**



Through these projects, all RHCs addressed health equity in their communities by supporting specific populations for which the data indicates insufficient access to mental and behavioral health services. These populations include:

- Young people and adolescents (Regions 2, 4, 7, 8, 16, and 18)
- Racial and ethnic groups, specifically Latino/a, American Indian and Alaska Native, and Afghan refugee populations (Regions 2, 9, 10, 12, 14, and 18)
- LGBTQ+ (Regions 4 and 16)
- People in recovery or seeking recovery from substance use disorders (Regions 13 and 19)
- Rural and frontier (Regions 1 and 5)
- Health First Colorado (Medicaid) members (Regions 14, 15 and 20)
- Veterans (Region 6)
- Men in high-risk industries (Region 11)
- People seeking political asylum in the United States (Region 14)
- People for whom English is not their first language (Region 14 and 21)

Additionally, Regions 4, 9, and 10 focused on supporting medical, behavioral, and mental health providers.

All BHRA plans had **1-3 goals that prioritize inclusion** of the populations listed above in the design and implementation of the action plans.



# Behavioral Health Recovery Act Projects Final Summary Report



## Key Accomplishments and Continued Impact

- Over **90% of projects are continuing on** after BHRA funding ends
- 2 out of 3 of projects sought outside funding, and out of this group, **over half were awarded funding**
- Total amount of funding awarded to or catalyzed by BHRA projects = **\$854,360**

### Building on Longstanding Efforts to Address Behavioral Health Needs: Historical Highlights in Regions 4 and 13

The BHRA Projects are not the first or only efforts RHCs have led or supported critical behavioral and mental health integration with community resources. Two examples are shared below that provide a more well-rounded picture of the on-going and historical efforts to improve local behavioral and mental healthcare.



#### Susan Garrett, RHC in Region 4

Upon joining the Regional Health Connector workforce in October 2020, Susan Garrett developed a local priority project focused on promoting primary prevention strategies for building community resilience in El Paso and Teller counties.

As a former Emergency Department and Trauma nurse who later transitioned to working in local public health for more than a decade, Susan saw firsthand the impact that the COVID-19 pandemic was having on healthcare workers, educators, and teens in her region. Susan's early work as an RHC focused on building awareness for resiliency resources such as **GRIT (Greater Resilience Information Toolkit)**, which offers tailored resiliency training for community members, healthcare workers, educators, first responders, and small businesses, and **Mental Health First Aid for teens** which teaches teens ages 15-18 how to identify, understand and respond to signs of mental health and substance use challenges among their friends and peers.

Susan has continued her focus on behavioral health support for youth through her BHRA project where she addressed access to safe and affirming behavioral health care to address the disproportionately high suicide rate among LGBTQ+ youth.



### **Mike Orrill, RHC in Region 13**

Addressing opioid use and substance use disorder was a primary focus of Mike Orrill's work from the time that he joined the Regional Health Connector workforce in 2017. Mike's early work as an RHC supported the creation and facilitation of a regional coalition known as SARC, the Substance Abuse Regional Coalition, and involved hosting community awareness events that invited community members to learn about addiction and recovery resources from a panel of experts and people in recovery through a Q&A format. Additionally, Mike partnered with the Colorado Consortium for Prescription Drug Abuse Prevention to facilitate trainings for mental health and substance use providers focused on opioid use, safe prescribing, Medication-Assisted Treatment (MAT) and Narcan administration.

The impact achieved through these early initiatives laid the groundwork for building out a peer recovery network that became the focus of Mike's local priority project in 2021. Mike supported numerous initiatives connected to this goal, including supporting initial funding efforts for Peer Empowered Recovery Community Solutions (PERCS) in Fremont County as the organization established as a non-profit Recovery Community Organization (RCO). Mike also supported the launch of Ark Valley Recovery, an initiative of Chaffee County Public Health and SARC that introduced a free service of peer recovery coaches to help those struggling with alcohol and drug abuse get on the road to recovery. Covering Chaffee, Custer, Fremont and Lake Counties, Ark Valley Recovery's team of trained peer recovery coaches have lived experiences with addiction and are now in long-term recovery and support all pathways to recovery.

Drawing parallels to the Regional Health Connector Program, Mike notes that one of the jobs of peer recovery coaches is to be a resource broker for folks seeking recovery, much in the same way that RHCs serve as resource brokers between the systems that keep us healthy. Mike's BHRA project continued the growth of these longstanding efforts by supporting the expansion of PERCS and increasing access to peer recovery support groups.

### **With Gratitude**

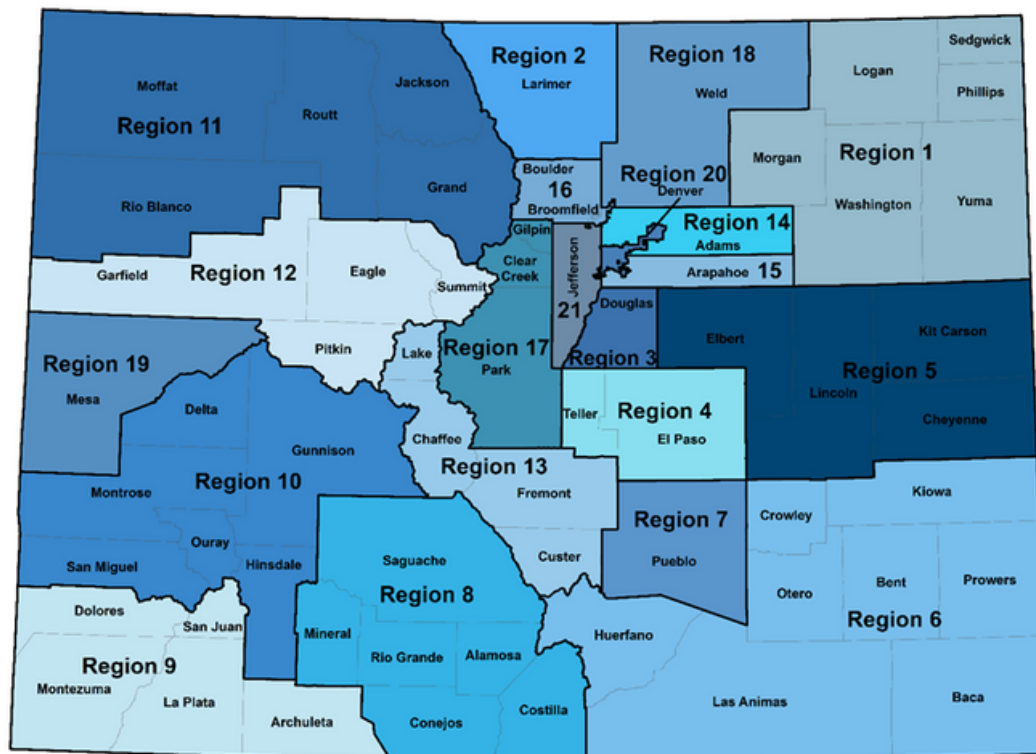
We are filled with gratitude to Mike Orrill and Susan Garrett, both of whom retired in the fall of 2022. Mike and Susan's impact is felt not only in their communities, but also within the Regional Health Connector program where they have exemplified the program's values of collaboration, building trust with others, and improving the future of health and health care through learning and exploring new approaches.





**Pictured Below:**

Map of the 21 regions where Regional Health Connectors live and work in Colorado. Regions are based on Colorado Department of Health & Environment's [health statistics regions](#).



The work of the RHCs would not be possible without the partnership and collaboration of the RHC host organizations across the state. We'd like to extend our thanks and appreciation to these local organizations who support the mission and vision of the RHC Program.

For more on the RHC program, and how to connect with a RHC by Region, visit our website at: [www.regionalhealthconnectors.org](http://www.regionalhealthconnectors.org)

# REGION 1

Logan, Morgan, Philips,  
Sedgwick, Washington,  
Yuma

**RHC:** Erika Greenberg

**Host Organization:** Centennial Area Health Education Center

**Area of Focus:** Intervention

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

Rural communities in RHC region (including medical providers and community members)

## IDENTIFIED GAP:

Lack of providers and use of resources in the region

## PROPOSED SOLUTION:

- Evidence-based workshop series for healthcare and behavioral health professionals, recovery coaches, social workers, law enforcement, students, loved ones, and community members to address "Overcoming Addiction Together"
- Catalyze community movement to support behavioral health in region

## OUTCOMES & IMPACT

*Regions 1 and 5 coordinated on this project*

- Engaged 41 rural and frontier community members and providers across 4 locations (both in-person and virtually) for critical connection and resources around a complex community issue.
- Workshop had representation from 14 frontier and rural counties in Eastern Colorado.
- Measurably improved knowledge and acceptance of key information related to promoting community mental health, including how important harm reduction and recovery is.

## NEXT STEPS & RECOMMENDATIONS

- Multiple connections have been made between different organizations and Centennial Area Health Education Center. There is now established Narcan training with the rural communities and have included peer specialist services specializing in the rural area.
- **Erika's thoughts and recommendations to funders, partners, and others:**
  - The flexibility of the RHC contract supported the ability to be community led in training/education/programs to address community specific needs. We are able to meet the community where they are with connections and resources that are realistic for the rural environment.
  - Things move slow in the rural areas, so finding the right environment to bring the discussion of addiction is a fine line. But slowly opening those conversations and providing resources is what was important with this project.

# REGION 2

Larimer

**RHC:** Tanya Trujillo-Martinez and Lisa Lopez

**Host Organization:** North Colorado Health Alliance

**Area of Focus:** Prevention

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

Latino youth in Estes Park school district

## IDENTIFIED GAP:

Culturally relevant prevention education and family support

## PROPOSED SOLUTION:

Piloting evidence-based Familia Adelante program in the Estes Park school district with Latino youth

## OUTCOMES & IMPACT

*Region 2 and Region 18 host the RHC role and implemented similar projects.*

- RHCs engaged with stakeholders from school district administration, community organizations and families.
- Two family information nights with over 50 families attending created two cohorts of Familia Adelante that served over 183 individuals.
- The families that participated reported healthier relationships at home that in turn created improved mental health and well-being in their familial relationships.
- The school counselors reported improved behaviors from the students that were participating in the program.
- Families were connected to access to care, food assistance, finding medical home information, and tele-health.

## NEXT STEPS & RECOMMENDATIONS

- The Familia Adelante will continue in Larimer and Weld Counties with funding from the Larimer County CSBG Grant and Caring for Colorado.
- With additional funding and capacity, the dream for this project is to see Familia Adelante programs in every school district across Regions 2 & 18. Familia Adelante is a Preventative Mental Health curriculum designed specifically for Latino families and discusses inculturation stress for first generation immigrants. Students who have completed this program have had improved success in their academics.
- **Recommendations include:**
  - Continue to offer two curriculum tracks – one for pre-teens/teens and one for parents – which is essential to support the whole family dynamic and breaking down barriers with the family to open up channels of communication.
  - Program delivery in English and Spanish is critical.

# REGION 3

Douglas

This region was without a Host Organization at this time

# REGION 4

El Paso, Teller

RHC: Susan Garrett

Host Organization: THEARI

Area of Focus: Part A - Treatment / Part B - Prevention

Project Continuing? Yes

## Part A - Treatment

### POPULATION OF FOCUS:

LGBTQ+ youth

### IDENTIFIED GAP:

Access to safe and affirming behavioral health care to address the disproportionally high suicide rate

### PROPOSED SOLUTION:

- Educate primary care providers about the increased risk for suicide among LGBTQ+ youth and the need for safe and affirming behavioral health care
- Develop an easily accessible method of locating safe and affirming behavioral health providers serving LGBTQ+ youth

## OUTCOMES & IMPACT

- 300 behavioral healthcare providers completing gender-affirming care training.
- New partnerships established and funding secured; non-profit organization, Envision:You, received funding and hired a new staff to provide long-term sustainability to improving affirming behavioral healthcare to priority population.
- Established a coalition that will continue to support these efforts in the future.

## NEXT STEPS & RECOMMENDATIONS

- Pikes Peak Community Health Partnership received a 15-month grant from the Colorado Office of Health Equity Health Disparities and Community Grant Program to continue work to increase access to care for LGBTQ+ persons.

- **Susan's recommendations to funders, partners, and others:**
  - Integrate health equity measures and goals into quality measures for healthcare organizations.
  - Train practice coaches and consultants on LGBTQ+ issues and best practices in supporting healthcare workers in becoming more inclusive.

## Part B - Prevention

### PROJECT CONTINUING?

No

### POPULATION OF FOCUS:

Health care providers

### IDENTIFIED GAP:

Resilience resources that can be integrated into the workflow and do not place additional burdens on the healthcare workforce

### PROPOSED SOLUTION:

Build and promote a toolkit of evidence-based practices (mindfulness, gratitude, physical activity, focused breathing) that can be integrated into the workflow for health care workers

## OUTCOMES & IMPACT

- 30 individual healthcare workers at two sites have participated in the project (with more scheduled to participate by project completion) and received support and skills in mindfulness.
- Project is supported by academic partners and will continue into the future; key connections were made between academia/researchers, behavioral health, and healthcare facilities in the community.
- Participants responded positively to the training and expressed gratitude for having their contribution to healthcare valued and their struggles during COVID-19 seen and recognized.

## NEXT STEPS & RECOMMENDATIONS

- Looking for funding to implement in additional sites.
- **Susan's recommendations to funders, partners, and others:**
  - Provide financial incentives for physical and behavioral health organizations to conduct activities promoting staff well-being.
  - Fund research evaluating the effectiveness of interventions to promote healthcare worker well-being.

# REGION 5

Cheyenne, Ebert, Kit  
Carson, Lincoln

**RHC:** Kori Walsh

**Host Organization:** Centennial Area Health Education Center

**Area of Focus:** Intervention

**Project Continuing?** No

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## POPULATION OF FOCUS:

Rural residents in Elbert, Lincoln, Cheyenne and Kit Carson Counties

## IDENTIFIED GAP:

There are not enough trained and qualified substance use and misuse treatment providers in rural Colorado that are able to effectively combat substance misuse, particularly for opiate/opioid misuse. Many of the priority populations have challenges accessing appropriate care because of providers' large caseloads, lack of formal training or experience with substance misuse and timeframe to receive treatment after seeking treatment and waiting long time for available provider.

## PROPOSED SOLUTION:

- Professionals, recovery coaches, social workers, law enforcement, students, loved ones, and community members to address "Overcoming Addiction Together"
- Catalyze community movement to support behavioral health in region

## OUTCOMES & IMPACT

*Regions 1 and 5 coordinated on this project.*

- Engaged 41 rural and frontier community members and providers across 4 locations (both in-person and virtually) for critical connection and resources around a complex community issue.
- Workshop had representation from 14 frontier and rural counties in Eastern Colorado.
- Measurably improved knowledge and acceptance of key information related to promoting community mental health, including how important harm reduction and recovery is.

## NEXT STEPS & RECOMMENDATIONS

- With limited resources (providers and funding), challenging to continue on the support for those seeking treatment for substance misuse.
- **Kori's recommendations to funders, partners, and others:**
  - Should attend trainings that focus on the harm reduction model, mindfulness, self regulation and breathing skills and techniques, and motivational enhanced therapeutic focus so we can be well educated and prepared to provide stability for individuals seeking treatment.

- Start an integrative harm reduction and peer support services program. It is not our place to judge what success is, but to guide and support that person so they can successfully achieve what they consider to be a success in completing treatment.
- Form relationships with therapeutic and psychiatric services provided by another agency for wraparound services.

## REGION 6

Baca, Bent, Crowley,  
Huerfano, Kiowa, Las  
Animas, Otero, Prowers

**RHCs:** Christine Coffield & Rick Ritter

**Host Organization:** Otero County Health Department

**Area of Focus:** Intervention

**Project Continuing?** Yes

### POPULATION OF FOCUS:

Male Veterans ages 45-64 in Otero and Crowley Counties of Colorado

### IDENTIFIED GAP:

Access/awareness of mental and behavioral health resources for Veterans

### PROPOSED SOLUTION:

Promote and integrate mental and behavioral health supports and volunteer opportunities for Veterans into a community project, Ark Valley Kitchen of Kindness

### OUTCOMES & IMPACT

- Supported and helped start the Ark Valley Kitchen of Kindness, a soup kitchen focused on providing free, regular meals to people in the community.
- Brought 5 local Veterans together to connect with each other and the community and will continue to build on these efforts and recruit/support Veterans in addressing their mental health needs.
- Strengthened community partnerships, both new and existing.

### NEXT STEPS & RECOMMENDATIONS

- This project is continuing on in a limited capacity, will require more funding to continue to grow.
- **Christine and Rick's recommendations to funders, partners, and others:**
  - Would be amazing to secure and maintain a building in La Junta and expand to Rocky Ford and then Ordway to provide support for homelessness, including transportation to get to the Ark Valley Kitchen of Kindness.
  - Combine kitchen with homeless shelter. This would require a significant amount of funding needed to purchase all that is needed for a shelter for 25-30 people.

# REGION 7

Pueblo

**RHC:** Hannah Kochen

**Host Organization:** Pueblo Department of Public Health and Environment

**Area of Focus:** Intervention

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

High-school age youth

## IDENTIFIED GAP:

Awareness of existing resources that support youth mental health, especially for high school age youth

## PROPOSED SOLUTION:

Share information with providers in roundtables, connecting existing resources including Crisis Line, Community mental health center, providers, schools

## OUTCOMES & IMPACT

- Connected local healthcare providers and behavioral health resources to better integrate care in the community, and will make regular connections between partners going forward to support youth mental health.
- Throughout course of the project, identified additional priority to improve cultural accessibility by seeking and promoting Spanish-speaking services and resources.

## NEXT STEPS & RECOMMENDATIONS

- This project is continuing on in a limited capacity with presentations about resources to provider groups and schools.
- **Hannah's recommendations to funders, partners, and others:**
  - Mental health is important to talk about! If this project could continue for 1 year, Hannah would like to understand what is working well and what can be done differently to ensure adolescents are getting the mental and behavioral health care they need.
  - Funding could allow the community to close the gap with barriers that high-risk populations face. There could be expansion to other demographics like Spanish-speaking or LGBTQ+ adolescents. Without funding, there are not a lot of resources in Pueblo.

# REGION 8

Alamosa, Conejos, Costilla,  
Mineral, Rio Grande, and  
Saguache

**RHC:** Dee Kessler

**Host Organization:** Rio Grande Public Health Department

**Area of Focus:** Prevention

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

Adolescents (age 10-14)

## IDENTIFIED GAP:

Substance Use Disorder (SUD) prevention and life skills training to promote mental health

## PROPOSED SOLUTION:

Introduce the PROSPER Partnership Model to San Luis Valley school districts and potential partners, and coordinate programs like Strengthening Families 10-14 and Botvin Life Skills train the trainer

## OUTCOMES & IMPACT

- Rio Grande Public Health and Center School district served as stakeholders on the advisory board for PROSPER, key partners in the implementation of SFP 10-14.
- Funding proposal submitted to continue the PROSPER program in other schools throughout the San Luis Valley, including training facilitators.
- Center Schools will continue to implement SFP 10-14 & Familias Fuertes, and an additional school district will implement SFP10-14 in the fall.
- Through the course of the project, strengthened relationships among schools, public health, the RAE, and the Center for Restorative Programs who work closely with law enforcement.

## NEXT STEPS & RECOMMENDATIONS

- Due to funding from the National Institute of Food and Agriculture: Rural Health and Safety Education (RHSE), PROSPER and Familias Fuertes will be implemented in communities across the San Luis Valley.
- **Dee's recommendations for funders, partners, and others:**
  - Support and invest in youth and families, including investment in universal interventions that engage the whole family and not just families identified as "in need".
  - Support local substance use providers with sustained and coordinated technical assistance related to implementation, evaluation, and sustainability of effective, evidence-based programs.
  - Ensure any interventions or programs are adapted to meet the unique strengths and needs of Latinx families. This means adaptation beyond language interpretation and translation.

# REGION 9

Archuleta, Dolores, La  
Plata, Montezuma, San  
Juan

**RHC:** Imo Succo

**Host Organization:** Southwestern Colorado Area Health  
Education Center

**Area of Focus:** Recovery

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

American Indian/Alaska Native community

## IDENTIFIED GAP:

Culturally relevant education and training; Alternative cultural  
substance abuse peer recovery support

## PROPOSED SOULTION:

Providing culturally relevant education and training to healthcare,  
behavioral health agencies, substance use and addictions counseling  
agencies, local non-profit organizations, community resource  
agencies, government entities and secondary school faculty and/or  
staff in southwest Colorado. As well as connecting priority  
population to resources and build community in non-AI/AN  
community, including connection to evidence-based peer recovery  
program, Wellbriety with White Bison.

## OUTCOMES & IMPACT

*For more on this project, please check out [Imo's Story of Impact](#)*

- 26 community members completed the survey about the Wellbriety program.
- Positive feedback about the program, including "I believe this could help the community in many ways and would be an awesome resource for many in the community."
- Awarded a two year grant from the Colorado Health Foundation in May 2022, and a first year start up program grant by the LOR Foundation in June 2022 to continue this project.

## NEXT STEPS & RECOMMENDATIONS

- Due to funding from the The LOR Foundation and the Colorado Health Foundation, Indigenous Peer Recovery is a full program offered through SWCAHEC. Imo is now the program manager and is joined by two Indigenous peer recovery coaches and two Indigenous peer recovery elders. This team will offer community events and training.
- **Imo's recommendations for funders, partners, and others:**
  - Always be motivated to support others who are experiencing stigma and lack of knowledge of resources. Know that Indigenous families are resilient and we always focus on the community, not the individual.

- Be patient and willing to grasp the concept that there is a lack of diversity in the workforce in southwest Colorado. The demographics of the area should reflect in the workforce, but it doesn't. Southwest Colorado is largely occupied by Indigenous communities.
- Know that leaders are community members and we have families to support. We are here to support our community and to ensure that everyone has equal access to resources, as well as health equity.

## REGION 10

Delta, Gunnison, Hinsdale,  
Montrose, Ouray, San Miguel

**RHC:** Mary Burt

**Host Organization:** Tri-County Health Network

**Area of Focus:** Intervention

**Project Continuing?** Yes

### POPULATION OF FOCUS:

Healthcare staff in Delta, Ouray, Montrose, San Miguel, Gunnison and Hinsdale Counties

### IDENTIFIED GAP:

Underutilization of the existing directory of evidence based Behavioral Health Interventions and resources by healthcare staff in San Miguel, Ouray, Montrose and Delta Counties. Directory needs to be updated and does not include resources to appropriately serve certain groups (such as Black, Indigenous, and People Of Color - BIPOC and Spanish speaking individuals)

### PROPOSED SOLUTION:

Update and expand the Tri-County Health Network's online Behavioral Health Directory to all 6 Counties and promote this resource to the health clinics who participate in quality improvement programs and the communities they serve. Providing up to date resources and starting the conversation around Behavioral Health will promote mental wellness and support clinical transitions in a coordinated and culturally appropriate way.

### OUTCOMES & IMPACT

- Page views for the online directory increased by 256% and the users increased by 138% with the addition of 55 new resources and outreach to 250 individuals and organizations in Region 10.
- Throughout the project, relationships enhanced internally and externally through the temporary behavioral health resources workgroup.
- 18 clinics who attended an information session were not aware of the resources before attending the session.
- Increased access to Behavioral Health resources to community members and awareness of support and crisis resources.

## NEXT STEPS & RECOMMENDATIONS

- The resource will be updated regularly, and will hopefully gain traction with additional outreach and promotion. Eventually, Mary envisions the directory will be supplemented by regular meetings between entities and agencies to deliver services, provide close-loop referrals, and ultimately brings the community together around behavioral health.
- **Mary's recommendations for funders, partners, and others:**
  - Expand behavioral health and social determinants of health (SDoH) resources in an organized and collaborative way. This requires funding to keep up with the frequently changing resources and needs of healthcare staff and community. Organizations must continue to collaborate instead of taking a siloed approach so all can work better together with the help of the RHC.
  - Provide outreach and promotion for statewide or federal resources that benefit rural communities, such as Agribility and IMatter. Families don't know about these services because they are not promoted in a way that will help them be accepting of them.

## REGION 11

Grand, Jackson, Moffat,  
Rio Blanco, and Routt

**RHCs:** Erik Plate, Meghan Barrett, & Brittney Wilburn

**Host Organization:** Northwest Colorado Community Health Partnership

**Area of Focus:** Prevention

**Project Continuing?** Yes

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### POPULATION OF FOCUS:

Males, age 25-54 (prioritizing those who work in certain industries)

### IDENTIFIED GAP:

Adult prevention services for suicide, especially follow-up after an attempt

### PROPOSED SOLUTION:

- Outreach strategy for business engagement for mental health education/awareness among employees
- Provider referral/workflow project to address gaps in follow-up for suicide attempts

### OUTCOMES & IMPACT

- Met with 23 business in many sectors and had conversations with them about men's mental health.
- Inspired 6-7 businesses to implement organizational policy changes to support men's mental health.
- Through the course of the project, enhanced existing relationships with at least 10 health or health related organizations, built relationships with 6 new businesses and the city of Craig.
- Estimate of 10 to 300 individuals could benefit from the men's mental health information given to businesses.

## NEXT STEPS & RECOMMENDATIONS

- This region is focusing on hiring an RHC to build relationships with medical and behavioral health providers. They will be able to hire a full-time RHC thanks to funding from Rocky Mountain Health Plans. Once an RHC is in place, the vision is to make meaningful and lasting change for the community through an increased number of providers accepting Medicaid clients, increased number of clients accessing services, and more collaboration between providers.
- **Brittney's recommendation for funders, partners, and others**
  - To continue supporting RHCs and their positions so they can do critical work in rural communities.

## REGION 12

Eagle, Garfield, Pitkin,  
Summit

**RHCs:** Namrata Shrestha & Mari Plaza-Munet

**Host Organization:** West Mountain Regional Health Alliance

**Area of Focus:** Prevention

**Project Continuing?** Yes

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### POPULATION OF FOCUS:

Latinx women with children

### IDENTIFIED GAP:

System gaps in providing resources to the Latinx community, specifically updated unified messaging for this population

### PROPOSED SOLUTION:

Create and disseminate culturally relevant and translated messaging to normalize seeking behavioral health services for Latinx mothers and their children

## OUTCOMES & IMPACT

- New relationships established in Eagle and Summit County.
- Two collaborative programs identified that support mental health of Latinx mothers in Eagle (Eagle Valley Behavioral Health, and three local non-profit organizations, EC Partners, Future Pathways and Nueva Vida) and Summit County (Summit County Building Hope collaborating with Family & Intercultural Center and Valley Settlement).
- Summer event planned for Latinx community health in Eagle County. A two-hour conversation about mental health and recommendations will be conducted with the community members and Vail Valley Behavioral Health EC Partners, West Mountain Regional Health Alliance and CSU researcher. Expect 50 Latinx mothers and 25 children to participate.
- RHC added a plan to a health fair hosted by Channel 9, with a Latinx sub theme/activities, mental health focus, and informal activities to support body movement based on outcomes of this project.

## NEXT STEPS & RECOMMENDATIONS

- Next for this project is to facilitate and convene a Vail Valley Health gathering with mothers and mental health providers and to reactive the contributions within the wisdom pool of Hispanic/Latino(a)(x) providers. After, decisions will be made with the support of the Hispanic/Latino(a)(s) Outreach and Engagement Coalition on new programming which will include obtaining funding and planning, implementing, and learning from program progress.
- **Mari's recommendation for funders**
  - To offer collaborative, multi-year funding rather than short-term funding. Long-term funding allows RHCs to bring together a diversity of minds and skills to create lasting change.

## REGION 13

Chaffee, Custer, Fremont,  
Lake

**RHCs:** Mike Orrill & Andrea Carlstrom

**Host Organization:** Chaffee County Public Health  
Department

**Area of Focus:** Recovery  
**Project Continuing?** Yes

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### POPULATION OF FOCUS:

Adults in long-term recovery, aged 24-65

### IDENTIFIED GAP:

Access to peer recovery support groups

### PROPOSED SOLUTION:

Support expansion of the Peer Empowered Recovery Community  
Solutions (PERCS)

## OUTCOMES & IMPACT

- Over 2600 “touches” (interactions/engagements) with people in recovery through expansion of PERCs. This represents about 300 unique individuals and includes recoverees who attend recovery meetings and recoverees who are being coached by peer recovery coaches.
- Relationship with Chaffee County Detention Facility has begun to gain traction and have strong support for a MAT program, acudetox program, and a Narcan distribution program for the inmate population.
- 2 PERCS coaches are now allowed in the Chaffee County Adult Treatment Court. They are permitted to be in court during court proceedings as a peer presence when/if needed.
- 5-6 peer recovery coaches trained by PERCS have been hired by the regional mental health center, Solvista Health.
- One PERCS coach hired by Solvista Health has started a recovery group and planning of community events for recovery.

- Peer supervisor training for recovery coaches, trauma-informed strategies workshop and suicide prevention workshop hosted by PERCS.
- Grant funding has been secured to host a 4-day training of new peer coaches in this region to increase capacity of PERCS.

## NEXT STEPS & RECOMMENDATIONS

- With funding from the CDC and CDPHE, the hope is that the Substance Abuse Regional Coalition will be re-energized. Additional activities may include an anti-stigma campaign.
- **Andrea's recommendations for funders**
  - To offer flexible funding streams that are consistent and sustainable, with a streamlined application process.

## REGION 14

Adams

**RHC:** Greta Allen

**Host Organization:** Tri-County Health Department

**Area of Focus:** Intervention

**Project Continuing?** Yes

### POPULATION OF FOCUS:

Afghan Humanitarian Parolees, Special Immigrant Visas (SIVs), and Asylees in Adams County

### IDENTIFIED GAP:

Limited long-term behavioral health options for refugees in Adams County. With a high volume of arrivals, an already limited system may not be able to meet the needs of families from Afghanistan

### PROPOSED SOLUTION:

Design and implement peer support/peer mentorship for priority population mental health

### OUTCOMES & IMPACT

*For more on this project, please check out Greta's [Story of Impact](#)*

- Partnered with and collaborated with local community-based leaders and the organization Muslim Youth for Positive Impact (MYPI) for the project and helped secured funding for MYPI to improve services to support priority population's mental health.
- Secured Psychological First Aid (PFA) and Mental Health First Aid (MHFA) training for 30 community volunteers.
- With support from RHC and healthcare partner funding, MYPI created a Refugee Family Mentorship Program where refugee families are being matched with mentors to help with access community resources as well as linguistically and culturally appropriate care.

## NEXT STEPS & RECOMMENDATIONS

- This project is continuing on with the funding from Colorado Access.
- **Greta's recommendations include:**
  - Increase the ability to pay MYPI staff so they have more administrative capacity. They should have a physical location that their volunteers and community have a voice in selecting location and build.
  - Getting any interested volunteers trained as medical interpreters would be amazing (there are people in the community providing support for refugees and immigrants and not being paid. Making it easier and less costly for them to receive medical interpretation training would be great!). In addition to this, create a more formal partnership with Clinica Thornton where community members help translate in BH appointments.
  - Mental Health First Aid Training for MYPI's volunteers was a part of the project plan. It was impossible to find a training that could occur on a Sunday (when volunteers are not working and not in school) and also a training for ages ranging from 14 to 60+. Fortunately, Greta was able to find funding to pay a private MHFA instructor \$1200+ to do the training and provide materials but the participants couldn't be fully certified after a 6 hour day because it's technically not adult mental health or youth mental health. Greta would like the community health centers to be able to provide more appropriate trainings and more flexibility for groups that are truly engaged but don't fit the exact criteria.

## REGION 15

Arapahoe

**RHC:** Laura Don

**Host Organization:** Tri-County Health Department

**Area of Focus:** Intervention

**Project Continuing?** Yes

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### POPULATION OF FOCUS:

Individuals that attributed to a Primary Care Provider in Aurora (serving a significant percentage of Medicaid patients)

### IDENTIFIED GAP:

Provider awareness of and confidence in making referrals to clinical and non-clinical services, particularly for the Medicaid population

### PROPOSED SOLUTION:

Design and implement peer support/peer mentorship for priority population mental health

### OUTCOMES & IMPACT

- Created an accessible online tool that providers can utilize to connect patients with local behavioral and mental health resources.
- Engaged with 84 healthcare professionals and 16 practices throughout the course of the project; RHC took the time to build or leverage connections and listened to providers' needs in creating the tool.

## NEXT STEPS & RECOMMENDATIONS

- If funding were available, continue to build out the tool (3 months), identify sustainable and user friendly platform (6 months), identify host for the platform (1 year), and update the information on the platform (ongoing).
- This project can help inform the Social Health Information Exchange work going on in the Denver Metro Area.

## REGION 16

Boulder, Broomfield

**RHC:** February Hall

**Host Organization:** THEARI

**Area of Focus:** Prevention

**Project Continuing?** No

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### POPULATION OF FOCUS:

LGBTQ+ youth and young adults aged 14-30

### IDENTIFIED GAP:

Community-based, peer-led suicide prevention specifically for LGBTQ+ young adults and high-school aged-youth

### PROPOSED SOLUTION:

Expanded suicide-prevention training through key organizations

## OUTCOMES & IMPACT

- Trained 50 LGBTQ+ community members in evidence-based suicide prevention curriculum that has been adapted for use in this population.
- Curricula modified to leave out slides that are inapplicable to trans populations, additional discussion of support for longer-term suicidal thoughts and behaviors, inclusion of tailored area behavioral health resources.
- Local nonprofits and public health plan to host LGBTQ+ trainings in future using the modified curriculum.
- Enhanced community knowledge of QPR and area behavioral health resources, increased cooperation between community-serving organizations around behavioral health for LGBTQ+ communities.

## NEXT STEPS & RECOMMENDATIONS

Not applicable. Host Organization and RHC Positions for this region are currently vacant. Please contact program staff if you're interested in hosting an RHC in Region 16.

# REGION 17

RHC: Jamie Fanselow

Host Organization: THEARI

Clear Creek, Gilpin, Park

Area of Focus: Prevention

Project Continuing? Yes

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## POPULATION OF FOCUS:

Rural adult caregivers, early learning/youth program support staff, and school district staff

## IDENTIFIED GAP:

Adults who care for mountain communities need resources that strengthen self-care skills and skills for supporting the needs of youth/children

## PROPOSED SOLUTION:

- Connect adults supporting youth/children to supportive mental health programming
- Increase effectiveness of the promotion of existing and new behavioral health services

## OUTCOMES & IMPACT

- 44 community members attended the three trainings.
- Of those who completed the post-event evaluations:
  - **Gilpin:**
    - 100% of these participants reported that the resources/strategies presented at the workshop were helpful
    - 66.7% of these participants think that they will probably use what they learned at the workshop
    - 88.9% of these participants definitely would like more workshops like this in the next school year
  - **Clear Creek:**
    - 100% of these participants reported that the resources/strategies presented were helpful
    - 83.3% think they will definitely use what they learned at the workshop
  - **Park:**
    - 88% of these participants reported that the resources/strategies presented were helpful.
    - 55.6% reported that they think they will definitely use what they learned at the workshop
- The topic of mental health and suicide hits close to home for the community in this region. This curricula's impact because of the topic being close to home for these folks, created some great dialogue around self-care and resiliency.

## NEXT STEPS & RECOMMENDATIONS

- Several of the project partners for this project are continuing on with this project, with or without additional funding. Next for this project is to secure additional funding to provide more mental health provider time and supportive activities for staff and youth at partner agencies. There's also hope for a free event for Park County to provide behavioral health education, resources, and fun activities for families.
- Across the entire region, more funding is needed to expand behavioral health support and programming to other organizations who provide care to the community – front line works such as human services, emergency responders, police officers, etc.
- **Jamie's recommendations for funders are:**
  - For rural mountain communities, provide funding that allows for accommodations like transportation needs and tailored communication.
  - Provide longer-term funding. Projects with such a quick turnaround are tough to sustain.

## REGION 18

Weld

**RHCs:** Tanya Trujillo-Martinez & Lisa Lopez

**Host Organization:** North Colorado Health Alliance

**Area of Focus:** Prevention

**Project Continuing?** Yes

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### POPULATION OF FOCUS:

Latino youth in Johnston-Milliken school district

### IDENTIFIED GAP:

Culturally relevant prevention education and family support

### PROPOSED SOLUTION:

Pilot evidence-based Familia Adelante program in the Johnston-Milliken school district with Latino youth

## OUTCOMES & IMPACT

*Region 2 and Region 18 host the RHC role and implemented similar projects*

- Engaged with stakeholders from school district administration, city government (including police & courts), and community representatives in two meetings.
- 18 families participated in first cohort. 16 are on waiting list for next cohort enrollment
- The families that participated reported healthier relationships at home that in turn created improved mental health and well-being in their familial relationships.
- The school counselors reported improved behaviors from the students that were participating in the program.
- Several families were connected to in person and tele-mental health services for additional counseling.

## NEXT STEPS & RECOMMENDATIONS

- The Familia Adelante will continue in Larimer and Weld Counties with funding from the Larimer County CSBG Grant and Caring for Colorado.
- With additional funding and capacity, the dream for this project is to see Familia Adelante programs in every school district across Regions 2 & 18. Familia Adelante is a Preventative Mental Health curriculum designed specifically for Latino families and discusses inculturation stress for first generation immigrants. Students who have completed this program have had improved success in their academics.
- **Recommendations include:**
  - Continue to offer two curriculum tracks – one for pre-teens/teens and one for parents – which is essential to support the whole family dynamic and breaking down barriers with the family to open up channels of communication.
  - Program delivery in English and Spanish is critical.

## REGION 19

Mesa

**RHCs:** Jackie Sievers, with support from Jeff Stoddart  
**Host Organization:** Quality Health Network

**Area of Focus:** Intervention  
**Project Continuing?** Yes

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### POPULATION OF FOCUS:

People presenting to the Emergency Department for SUD, especially alcohol

### IDENTIFIED GAP:

Overuse of Emergency Departments for behavioral health and SUD issues

### PROPOSED SOLUTION:

Support Peer 180 to place Peer Recovery Coaches in Emergency Departments (ED) to link people in the ED with immediate support and resources regarding recovery programs to reduce future use of the ED for SUD issues

### OUTCOMES & IMPACT

*For more on this project, please check out Jackie's [Story of Impact](#)*

- Assisted Peer 180 to create infrastructure for care coordination that follows best practices for equity and inclusion by drafting a care coordination plan and vetting technology (CRN).
- Reviewed grant requests and provided data to support Peer 180's grant applications and made recommendations for their future growth.

### Next Steps & Recommendations

Several of the project partners for this project are continuing on with this project, with or without additional funding.

# REGION 20

Denver

**RHC:** Kim McDevitt

**Host Organization:** Mile High Health Alliance

**Area of Focus:** Intervention

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

Immigrant and refugee communities within southeast Denver (University Hills neighborhood)

## IDENTIFIED GAP:

Significant shortage of BH providers who accept private insurance, Medicaid, or sliding-scale fees

## PROPOSED SOLUTION:

Close the gap between primary care screening and access to behavioral health/mental health treatment by offering primary care providers information on non-clinical community-oriented resources

## OUTCOMES & IMPACT

- Shifted priority population based on new information, data, and identified need as the project progressed.
- Identified over 40 non-clinical behavioral and mental health resources available to the priority population.
- In partnership with Evans Medical, offered a free mental health or social determinants of health workspace to a qualified individual or community organization, in the style of a scholarship; a candidate is identified who will be a great fit for the space and for the community and project goals.

## NEXT STEPS & RECOMMENDATIONS

- This project will apply for funding, if a good match is found. As it stands, the project provides a mutually beneficial agreement between Evans Medical Center and a CBO or community-based clinician and simply re-purposes unused clinic space to allocate to mental health care services for patients at the clinic and the surrounding community. It is low-cost as a result, and should be sustainable without additional funding.
- Clinics and other community spaces are encouraged to provide administrative staff, office space, and/or additional capacity to replicate this project. One of the barriers for mental health practitioners is unsustainable income from receiving low Medicaid and insurance payments. While a clinic can't increase payments to a provider they can decrease the provider's overhead cost thereby increasing the provider's income.
- **Kim would love to see this project serve as a pilot or example for other clinics or community spaces**

# REGION 21

Jefferson

**RHC:** Cynthia Farrar

**Host Organization:** Jefferson County Public Health

**Area of Focus:** Intervention

**Project Continuing?** Yes

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## POPULATION OF FOCUS:

Non-English-speaking individuals looking to access behavioral health services through their primary care providers

## IDENTIFIED GAP:

Access to mental health resources that are relevant or preferred by non-English speaking patients

## PROPOSED SOLUTION:

Creating warm connections between primary care and behavioral health may address the gap in completed referrals for mental health services

## OUTCOMES & IMPACT

- Six local practices completed assessments to evaluate their level of awareness and needs of Jefferson County behavioral health providers.
  - Out of the six, five reported they were unaware of any resources available in languages other than English and by the end of the project, four of the six practices indicated they were aware of these resources.
- Connected two practices with contacts in order to develop relationships and workflows for connecting non-English-speaking patients with linguistically appropriate/accessible behavioral health services.
- Other practices throughout the project indicated they are now thinking about service and language accessibility as well as the value of identifying the needs of patient populations.

## NEXT STEPS & RECOMMENDATIONS

- **Cynthia's recommendations for funders, partners, and others include:**
  - Scale up this project to include a larger gap analysis with more PCPs around their non-English speaking population numbers and their awareness of their non-English speaking patients needing Behavioral Health services.
  - Do some focus groups with the priority populations to assess their needs around access to behavioral health providers.
  - Build capacity and partnerships with primary care providers for BH practices to meet the needs of non-English speaking individuals by providing more funding for those entities already providing culturally relevant and linguistically appropriate services for individuals needing it- like Asian Pacific Development Center, Jewish Family Services.

- It's key to provide complete care and not just translation or language services during the appointment, support practices in documenting, collecting and pulling language preference data from the EHRs.
- Use the Community Language Cooperative to provide training on working with interpreters and what language justice means.

