Guidebook to Interagency Planning Efforts Addressing Kids' Behavioral Health

April 2009

Prepared by the Center for Systems Integration (CSI)
www.csi-policy.org
on behalf of Colorado LINKS for Mental Health
with support from Interagency Prevention Systems,
Colorado Department of Public Health and Environment

Acknowledgements

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The Colorado Department Public Health and Environment (CDPHE)
In, 2000, the legislature passed HB00-1342; the Prevention, Intervention, and Treatment Service for Childr4ean Youth Act. The legislation requires CDPHE to develop systems to coordinate and streamline state processes, increase community access to information and resources, and to enhance the overall quality and accessibility of prevention and intervention services for children and you in Colorado.

The Colorado Department of Education (CDE)
The Colorado Department of Education serves Colorado's 178 local school districts, providing them with leadership, consultation and administrative services on a statewide and regional basis. CDE is also the lead agency for the School-wide Positive Behavior Support Initiative, whose purpose it is to create effective school environments that maximize academic achievement and behavioral competence of all Colorado students.

The Center for Systems Integration (CSI)
The Center for Systems Integration partners with communities, policymakers, leaders, and the general public throughout the state to find solutions to complex policy problems. Through the integrations of divers policy systems, the best solution s for all stakeholders can be identified and successfully implemented.

The Federation of Families and Children's Mental Health ~ Colorado Chapter (FFCMHC)
The Colorado Federation of Families is a family-driven and family –run-non-profit organization whose mission is "to promote mental health for all children, youth and families". The Colorado Federations serves families by providing education, support, advocacy and promotion of mental health needs of children and families.

The Colorado LINKS for Mental Health Grant Implementation Group member (GIG)

Advocacy Organizations
Colorado Behavioral Healthcare Council
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Federation of Families—Colorado Chapter
Tom Dillingham
Federation of Families ~ Colorado Chapter
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CO Association of Alcohol and Drug Abuse Providers
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Denise McHugh, Center for Systems Integration
Natalie Portman-Marsh, Center for Systems Integration

Special thanks goes to Kelly Long and Chele Clark of CDPHE for their work on the Guidebook

Foreword

Background: Colorado LINKS for Mental Health (Linking Interagency Networks for Kids' Services) is an initiative seeking to create partnerships between state agencies and community groups working in the kids' mental health system. In 2006, the initiative brought together key stakeholders at the "BIG Meeting," where participants identified over thirty different interagency planning groups working on kids' mental health, health, substance abuse, and other youth issues.

The LINKS Guidebook is one of the outcomes of that important meeting. Participations expressed an interest in knowing more about the different entities working on similar issues. The purpose of the guidebook is to enable organizations *to identify other planning groups* working on youth health, mental health and co-occurring issues, so as to create opportunities to collaboration and avoid duplication in efforts. Hopefully, the guidebook will serve as a useful resource to state agencies, foundations, providers, policymakers, consumers, planning organizations, and community organizations.

Content of the Guidebook: The guidebook does not include every organization working on youth health, mental health, substance abuse, and other issues. Rather, it was determined that in order to be most useful in interagency planning that the entities to be included in the guidebook meet the following criteria, the entities:

- Are some types of interagency planning councils, committees, task forces, coalitions, or commissions;
- Are related to children and youth mental health and other co-occurring disorders (substance abuse, developmental disabilities, and traumatic brain injuries) either directly or indirectly;
- Are statewide in focus;
- Conduct planning on cross-systemic level, not focusing only on one specific project or focus area but across multiple areas;
- Provide opportunities for coordination and collaboration and avoidance of duplication with other efforts.

The guidebook also includes two visuals to help the reader understand the kids' mental health system:

- A visual of the primary state offices involved in supporting or overseeing components of the kids' mental health system.
- A matrix of all of the groups included in the guidebook, showing the types of members participating in each group.

How to use the Guidebook: The guidebook is a planning tool for individuals and planning groups. An individual might use the guidebook to:

- Identify an interagency group looking at issues of interest to the individual;
- Identify an interagency group where membership is open to anyone interested.

A planning group might use the guidebook to:

- Help them identify which issues are currently not being addressed, so that their planning work can focus on gaps in the current system;
- Identify the other planning groups that are working on an issue of interest to them (by doing a word search on key terms), allowing for coordination and integration of efforts;
- Identify other planning groups with resources or authority that their group lacks, allowing them to partner and make their own efforts more successful;
- Help them to identify opportunities to combine subcommittees working on aligned issues or otherwise consolidate the efforts of multiple planning groups.

Table of Contents

Explanation	6
Matrix	8
Advisory Committee on Homeless Youth	11
Advisory Council on Adolescent Health (ACAH)	15
Advocacy Coalition	18
Blue Ribbon Policy for Early Childhood Mental Health	19
Collaborative Management Program	22
Colorado Behavioral Healthcare Council	24
Colorado Child & Adult Mental Health Coalition	25
Colorado Coalition for the Homeless	28
Colorado Commission on the Deaf and Hard of Hearing	30
Colorado Connections for Health Schools (CCHS)	31
Colorado CSEFEL Pyramid Model Partnership	34
Colorado Interagency Coordinating Council-Part C	35
Colorado Interagency Council on Homelessness	41
Colorado Interagency Health Disparities Leadership Council	48
Colorado Interagency School Health Team/Connections for Healthy Schools	51
Colorado LINKS for Mental Health Grant Implementation Group	54
Colorado Medicaid Mental Health Advisory Committee	57
Colorado Special Education Advisory Committee	59
Colorado System of Collaborative Care	61

Table of Contents

Colorado Traumatic Brain Injury Trust Fund 66

Early Childhood Comprehensive Systems Initiative 68

Early Intervention Colorado 69

Juvenile Justice & Delinquency Prevention Council 75

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System 80

Medical Home Initiative's Medical Home Advisory Board 91

Mental Health Planning and Advisory Council (MHPAC) 93

Minority Health Advisory Commission (MHAC) 99

National Governor's Association Transition Project 101

Prevention Leadership Council 105

Senate Bill (SB) 94 Advisory Committee 114

State Youth Council 121

Suicide Prevention Coalition of Colorado 123

Violence Prevention Advisory Group 125

Primary State Departments and Units Involved in the Kid's Mental Health System

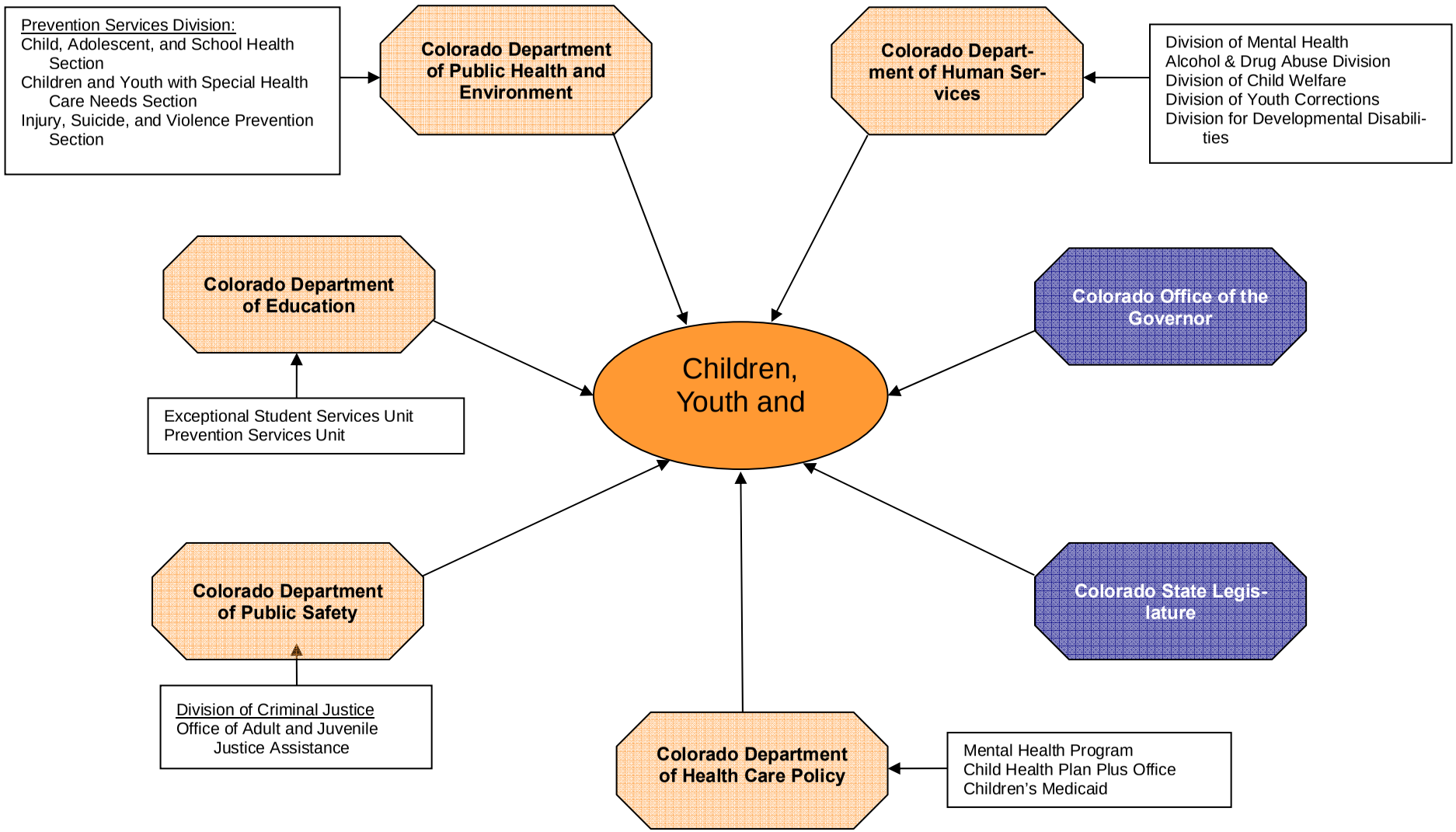
Explanation

The LINKS visual shows the five state departments that deal with children and youth mental health issues, along with the Governor's office and the Colorado State Legislature. The rectangles contain those divisions, sections, or units of the state departments that deal with kids' mental health issues. The complexity of the mental health system is quickly seen in the sheer number of state offices with a mandate to address some part of the kids' mental health system, directly and/or indirectly.

Colorado LINKS for Mental Health

Primary State Departments and Units Involved in the Kids' Mental Health System

Explanation on page 6



Matrix of Groups By Membership

Matrix Explanation

This matrix shows the types of organizations who are associated with each group through membership on the group or leadership of the group. The large bold X's indicate the primary state agency, division, or organization from which the group in the guidebook is coordinated. The smaller x's indicate the state agencies, divisions, or organizations that have members in the group. Among other things, the matrix shows the amount of overlap in membership across the many groups included in the guidebook. The abbreviations used are listed below:

State Agencies

CDHS – Colorado Department of Human Services
CDPS – Colorado Department of Public Safety
CDE – Colorado Department of Education
CDHCPF – Colorado Department of Health Care Policy and Financing
CDPHE – Colorado Department of Public Health and Environment
CDoC – Colorado Department of Corrections
DOLA – Colorado Department of Local Affairs
Judicial – The Colorado State Judicial Branch
Governor's Office – The Governor and Lieutenant Governors' Offices
Legislature – The Colorado State Legislature, including elected members and legislative offices
Local Government – Local government agencies such as school districts, law enforcement, counties, and municipalities
Community Based Orgs & Non-Profits – Community based organizations and non-profits.

Divisions, Units, Sections

DMH – Division of Mental Health
ADAD – Alcohol and Drug Abuse Division
DD – Developmental Disabilities
DCW – Division of Child Welfare
DYC – Division of Youth Corrections
SHHP – Supportive Housing and Homeless Programs
DCJ – Division of Criminal Justice

State Agencies →	CDHS						CDPS	CDE	CDH CPF	CDP HE	CDoC	DOL A	Judi-cial	Gov-ernor's Of-fice	Leg-islature	Local Gov-ernment	Fam-ily & Con-sumers	Cmty Based Orgs & Non-Prof-its	Uni-versities	Other
Divisions, Units, Sections →	DMH	ADAD	DD	DCW	SHHP	DYC	DCJ													
Interagency Groups ↓																				
1451 Steering Committee	x	x	x	**X**	x	x	x		x	x			x			x				
Advisory Committee on Homeless Youth	x	x		x	**X**	x	x	x		x				x		x	x	x		x
Advisory Council on Adolescent Health		x				x	x	x	x	**X**						x		x	x	x
Advocacy Coalition																	x	**X**		
Blue Ribbon Policy Council for Early Childhood Mental Health	**X**	x	x	x			x	x	x	x				x	x		x	x	x	x
Coalition for Minority Youth Equality	x	x	x	x			**X**	x										x		x
Colorado Behavioral Healthcare Council																		**X**		
Colorado Coalition for the Homeless																	x	**X**	x	x
Colorado Early Childhood and School Readiness Commission				x				**X**							x	x	x	x		x
Colorado Interagency Coordinating Council - Part C	x		**X**					x	x						x		x	x		x
Colorado Interagency Council on Homelessness	x	x	x	x	**X**			x	x		x	x		x	x	x		x		x
Colorado Interagency Health Disparities Leadership Council										**X**								x	x	x
Colorado Interagency School Health Team/Connections for Healthy Schools								**X**		**X**								x		
Colorado LINKS for Mental Health Grant Implementation Group	x	x	x	x	x		x	x	x	**X**								x		
Colorado Medicaid Mental Health Advisory Board	x		x						**X**									x		
Colorado Special Education Advisory Council	x		x	x			x	x		x								x		

State Agencies →	CDHS						CDPS	CDE	CDHCPF	CDPHE	CDoC	DOLA	Judicial	Governor's Office	Legislature	Local Government	Family & Consumers	Cmty Based Orgs & Non-Profits	Universities	Other
Divisions, Units, Sections →	DMH	ADAD	DD	DCW	SHHP	DYC	DCJ													
Interagency Groups ↓																				
Colorado System of Care Collaborative	x	x	x	x			x	x		x	x						x	**X**	x	
Colorado Traumatic Brain Injury Trust Fund									x								x	x		**X**
Early Childhood State Systems Team/ SmartStart Colorado	x			x				x		**X**				x				x	x	x
Interagency Advisory Committee on Adult & Juvenile Correctional Treatment	x	**X**				x	x				x		x							
Juvenile Justice & Delinquency Prevention Council	x	x	x	x			**X**	x					x		x			x		x
Medical Home Initiative's Medical Home Advisory Board	x		x	x				x	x	**X**								x		x
Mental Health Planning and Advisory Council	**X**	x		x			x	x	x								x	x		
Mentally Ill in the Criminal Justice System Task Force	x	x	x	x	x	x	x	x			x		x		**X**	x	x	x		x
Minority Health Advisory Commission										**X**				x	x			x	x	x
National Governor's Association Transition Project	x		x		x	x		x	x	x		**X**		x		x		x	x	x
Prevention Leadership Council		x		x			x	x		**X**								x	x	x
SB 94 State Advisory Board & Coordinators Meeting		x		x		**X**							x			x		x		x
State Youth Council				x		x		x	x			**X**						x	x	**x**
Suicide Prevention Coalition of Colorado										x					x			**X**	x	
Violence Prevention Advisory Group	x	x				x	x	x		**X**									x	x

Advisory Committee on Homeless Youth

Mission Statement

The mission of the Advisory Committee on Homeless Youth is to end youth homelessness by Improving the quality, availability, and accessibility of services provided to homeless youth and those at risk of homelessness.

Vision Statement

Public, private, and faith-based Agencies working together to end youth homelessness in Colorado.

Values/Principles

Federal, state, and local government officials, along with service providers and homeless youth working collaboratively to ensure that Colorado youth have the opportunities and supports which are necessary to transition successfully to adulthood.

Goals

Overall Goals

- Identify and remove obstacles to the provision of services to homeless youth;
- Improve the quality of services provided to homeless youth;
- Reduce needless expenditures caused by the provision of overlapping services; and

Identify funding resources available to entities serving homeless youth.

Top Priority Areas for five year strategic Colorado Homeless Youth Action Plan

1. PREVENTION: To prevent youth homelessness by promoting a culture of individual, familial, community, and government responsibility.
2. HOUSING: To have safe, decent, easily accessible, and developmentally appropriate homes for every youth.
3. SUPPORTIVE SERVICES: To provide comprehensive, wrap-around services to achieve maximum self-sufficiency or reunification.
4. PLANNING: Establish best practices and policies based upon accurate data and strategic planning.
5. OUTREACH: To identify and link vulnerable youth to appropriate housing and services.

Planned Activities

- Working towards:
- Improve the vital documents acquisition and retention process for youth exiting systems of care;
- Acquire better data and analyzing that data to better understand the statewide picture of
- Youth homelessness;
- Facilitate the creation of additional housing units for transitioning youth/homeless youth;
- Increase health, mental health, and substance abuse services as part of the prevention and
- supportive services priorities;
- Reduce trafficking and exploitation of homeless youth.

Advisory Committee on Homeless Youth

Ongoing Activities

Implementation of the Colorado Homeless Youth Action Plan, including any specific policy recommendations, to facilitate the reduction or removal of gaps, barriers, and redundant services to homeless young people in Colorado.

Past Activities (reports, projects, changes to policy)

Homeless Youth Services Gaps Analysis; Worked with Advisory committee members to facilitate the expansion of mental health services to homeless young people through a collaborative agreement between Urban Peak, Rainbow Alley, and University of Denver; Created additional housing for homeless former foster and/or juvenile justice system youth with disabilities.

Website/Contact Information

http://www.cdhs.state.co.us/shhp/Homeless-Youth.htm

Andy Johnson; Homeless Youth Coordinator,
CDHS -Supportive Housing and Homeless Programs
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Denver, CO 80236
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Subcommittees

Prevention Workgroup, Housing Workgroup, Supportive Services Workgroup, Planning Workgroup, Outreach Workgroup.

Members

Andy Johnson, Chair, Homeless Youth Coordinator, CDHS, Supportive Housing and Homeless Programs

Christopher Roe, Resource Development Team Leader, CDHS, Supportive Housing and Homeless Programs

Bob Coulson, Adolescent Services Administrator CDHS-Division of Child Welfare

Ricardo Matthias,, Adolescent Specialist CDHS-Division of Child Welfare

Cathy Haller, Prevention Services Coordinator,

Roxanne Sabin, Child and Youth Services Supervisor, JeffCo Social Services

Anne Powley, Chafee Independent Living

Program, Jefferson County Social Services, Division of Children, Youth and Families

Kristen Waites, Chafee Independent Living Program, Jefferson County Social Services, Division of Children, Youth and Families

Advisory Committee on Homeless Youth

Members

Katie Wells, Coordinator of Adolescent Services CDHS, Alcohol and Drug Abuse Division

Jim Gault, Central Region Director CDHS, Division of Youth Corrections

Jennine Hall, Program Manager, CDHS, Division of Youth Corrections

James Meadows, CDHS, Division of Youth Corrections

Julia Koc, CDHS, Division of Youth Corrections

Susan Shierkolk, CDHS, Division of Vocational Rehabilitation

Chrisina L. Pacheco, Children and Youth Resources Manger, City of Longmont

Nicole White, Chafee Program Coordinator, Boulder county Dept. of Social Services

Dana Scott, Coordinator for the Education of Homeless Children and Youth, Colorado Dept. of Education

Doug Glynn, Colorado Depart. of Education, AEFLA

Meg Williams, Manager, Office of Adult and Juvenile Justice Services, CDPS

Jose Esquibel, Director Interagency Prevention Systems, Colorado Dept. Public Health and Environment

Susan Colling, Juvenile Programs Coordinator Division of Probation Services, CO Judicial Dep't

Cathy Haller, Prevention Services Coordinator, Mesa County Valley School District 51

Nicole Sherwood, Outreach Supervisor Family Tree – Gemini Youth Shelter

Roxanne Sabin, Child and Youth Services Supervisor, JeffCo Social Services

Anne Powley, Chafee Independent Living Program, Jefferson County Social Services, Division of Children, Youth and Families

Kristen Waites, Chafee Independent Living Program, Jefferson County Social Services, Division of Children, Youth and Families

Maija Schiedel, Manager Permanency Division, Children and Family Services, El Paso County DHS

Deborah Chavez, Child and Family Services, El Paso County DHS

Mark Neujahr, Mesa County DHS

Dave Wolfe, Adolescent Supervisor, Adams County Social Services

Paula McKey, Director, Boulder County Dept of Social Services

Wade Branstetter, TANF Social Caseworker Boulder County Dept. of Social Services

Heather Powers, CO's Finest Alternative High School

Anna Stout, Homeless Liaison-South Quadrant Denver Public Schools Educational Outreach

Jackie Ulmer, Homeless Liaison-North Quadrant Denver Public Schools Educational Outreach

Sheree Dougherty, District Homeless Coordinator, Jeffco Public Schools

Ashley Cloutier, Outreach Case Manager, Family Tree – Gemini Youth Shelter

Advisory Committee on Homeless Youth

Inclusion of Kids, Families, and Consumers
Yes

Partnerships with other planning groups
Department of Housing and Urban Development

Potential Future Partnership Opportunities
Connect homeless programs to public health networks. Traumatic Brain Injury – autism; Fetal Alcohol Syndrome

Support (financial and in-kind) Sources
Colorado Coalition for the Homeless received ongoing support to continue its programs. In August 2005, the Department of Housing and Urban Development announced its intention to work with CCH in helping more homeless individuals in Denver.

Sources
Colorado Coalition for the Homeless web-page. (ND) Retrieved July 6th, 2006 from http://www.coloradocoalition.org

Advisory Council on Adolescent Health (ACAH)

Mission

The Advisory Council on Adolescent Health is an interdisciplinary group of adolescent health experts and community advocates, who advise the Colorado Department of Public Health and Environment, educate and inform the public, and advocate for policies and programs to improve the health and well-being of all Colorado adolescents.

Vision

The vision of the Advisory Council on Adolescent Health is to forge and strengthen state and local partnerships that promote the health and well-being of Colorado's adolescents, emphasizing positive youth development, prevention, risk reduction, and early intervention.

Values and Principles

The council believes that its mission requires cooperation among many partners:

- Parents and other adults
- Teens
- Schools
- Non-profit community-based organization
- The Colorado General Assembly
- Faith-based organizations
- Public agencies
- Foundations
- Businesses
- Voluntary health agencies
- Media
- Primary health care providers
- Community action groups

Goals

The council was commissioned in 1982 by the Colorado Department of Public Health and Environment to provide expertise and advice on priorities and use of resources to improve the health of the state's youth. The expertise and advice takes the form of a periodic report on Adolescent Health in Colorado, in which the Council advances 10 core recommendations and accompanying key strategies, which are meant to serve as a blueprint for action. The 2003 Report is the fifth edition of Adolescent Health in Colorado.

These are the 10 Critical Tasks for Moving Forward with Adolescent Health in Colorado

1. Build public support for investment in youth
2. Involve youth in the process
3. Build on opportunities for crafting positive youth policy
4. Strengthen coordination of programs and services
5 Support parents in effective parenting
6. Foster schools that promote health
7. Ensure access to health care
8. Support communities to offer positive options to youth
9. Adopt evidence-based approaches
10. Use data and established measurements to determine

Past Activities (Reports, projects, changes to policy)

Adolescent Health in Colorado, 2003 Report: http://www.cdphe.state.co.us/ps/adolschool/adolehealthreport.asp

Advisory Council on Adolescent Health (ACAH)

Website/Contact Information

http://www.cdphe.state.co.us/ps/adolschool/adolehealthreport.asp

Members

Chair: Frank Campanella-Green

Vice-Chair: Chanel Freeman

Karen Abrahamson, Prevention Liaison, Alcohol and Drug Abuse Division CDHS

Peggy Baikie, MD, St. Anthony's Hospital

Paige Backlund-Jarquin, Planned Parenthood of the Rocky Mountains

Robin Beach, M.D., Professor Emeritus of Pediatrics and Adolescent Medicine CU School of Medicine

Ann-Marie Braga, MS, LCSW Program Director, Adolescent Health at CDPHE

Sandy Berkowitz, MA, Mental health counselor at Kaiser Permanente

Beverly Buck, JD, MPA Director, Communications and Dev. at the Center for Human Investment Policy, UC Denver, GSPA

Frank Campanella-Green, MA, Community Health Division Manager with the Boulder County Health Department

Lori Casillas, Exe. Director, Colorado Organization on Adolescent Pregnancy, Parenting and Prevention

Karen Connell, MA, Supervisor of the Prevention Initiatives Office at CDE

Susan Dreisbach, PhD, nurse educator, and researcher.

Mike Johnson, Project Pave

Paritosh Kaul, MD, Denver Health and Hospital

Glenna Kelly, Community Programs Manager, Kaiser Permanente

Emily Kinsella, Family Planning, CDPHE

Katy Kupecz, Director of Youth Programs for the CDPHE's State Tobacco Education and Prevention Partnership.

Joneen Mackenzie, RN, Executive Director Abstinence and Relationship Training Center

Alicia Oletski, Community Special, State Tobacco Education and Prevention Partnership, CDPHE

Ronnie Rosenbaum, MS, Director Shared Beginnings, St. Anthony Hospitals

Shannon Sainer, Program Manager, Colorado Organization on Adolescent Pregnancy, Parenting and Prevention

Judy Shlay, M.D., MSPH Community Health Services Denver Health

Linda Tamayo, Program Manager, HIV/STDS/ Teen Pregnancy Prevention CDE

Cindy Wakefield, Prevention Initiatives, CDOE

David Wells, M.D., CM Youth Corr., CDHS

Cathy White, Coordinated School Health, CDPHE

Advisory Council on Adolescent Health (ACAH)

Members

Gina Febbraro, Tony Grampsas Youth Services Program Director, CDPHE

Rachel Hutson, RN, CPNP, MSN, Child, Adolescent and School Health Unit Director, CDPHE

Jo English, Director of School-based Health at CDPHE

Hilary Johnson, Colorado Health Foundation

Deb Givray, University of Northern Colorado

Inclusion of Kids, Families, and Consumers

Student members of the statewide Youth Partnership for Health contributed to the 2003 Report by providing quotes and reviewing and commenting on selected chapters. They also developed, conducted, and published a companion survey to the Colorado Youth Risk Behavior Survey. They are not on the council, however.

Authority

The Advisory Council on Adolescent Health was commissioned by the Director of the Colorado Department of Public Health and Environment in 1982 to advise the department on issues related to adolescent health. The Adolescent Health Program, located within the Prevention Services Division, convenes the council.

Partnerships with other planning groups

1) Alcohol and Drug Abuse Division, Colorado Department of Human Services
2) Prevention Initiatives office at the Colorado Department of Education.
3) The Child, Adolescent and School Health Unit; the State Tobacco Education and Prevention Program; the Injury, Suicide and Violence Prevention Unit, the Colorado Physical Activity and Nutrition Program; the Women's Health Unit; and the Health Care Program for Children and Youth with Special Needs at the Colorado Department of Public Health and Environment.

Support (financial and in-kind)

Assisting with costs for publishing the 2003 Report: the Alcohol and Drug Abuse Division, Colorado Department of Human Services, and the Prevention Initiatives office at the Colorado Department of Education.

The Maternal and Child Health Block Grant, Prevention Services Division and Emergency Medical Services and Injury, Suicide and Violence Prevention sections at the Colorado Department of Public Health and Environment also contributed resources to the publication of the 2003 report.

Sources

Advisory Council on Adolescent Health, Colorado Department of Public Health and Environment. (2003). The Advisory Council on Adolescent Health's Adolescent Health in Colorado 2003 Report. Retrieved July 5, 2006, from: http://www.cdphe.state.co.us/ps/adolschool/adolehealthreport.html

Advocacy Coalition

Goals

For children and families to receive timely and appropriate public and private mental health services, including physical health and other supports.

Planned Activities

Continue to provide referral and information services to families. The Advocacy Coalition is also co-sponsoring a Dual Diagnosis Summit in 2007.

Ongoing Activities

Their work with families is ongoing. Currently they are focused on providing families with answers to questions on the following subjects:

- Evaluation
- Mental Health or Health Treatment
- Health Payer Systems
- Connections to Other Families
- School Issues

Past Activities (Reports, projects, changes to policy)

The Advocacy Coalition works together as a single point of entrance for families seeking help dealing with systems and insurance around mental, behavioral health and physical health. They work together to provide advocacy, support, and education to families. By partnering together they are able to keep families from ping-ponging from organization to organization and are able to coordinate information for the family internally so the family only needs to make one phone call to get its needs met.

Website/Contact Information/Members

1-800-881-8287
The Advocacy Coalition is early in its development and has not addressed the issue of membership restrictions.

Family Voices of Colorado, EMPOWER Colorado, The Federation of Families for Children's Mental Health ~ Colorado Chapter

Inclusion of Kids, Families, and Consumers

Member groups have inclusion of family members.

Authority

Community-based group with no legislative or other policy making or implementing authority.

Partnerships with other planning groups

The Advocacy Coalition partners with "many different systems and organizations."

Support (financial and in-kind)

Grants from Rose Community Foundation, Cerebral Palsy of Colorado, the Colorado Health Foundation, and the Substance Abuse and Mental Health Services Administration.

Sources

Megan Floyd, personal communication, July 26, 2006.

Blue Ribbon Policy for Early Childhood Mental Health

Mission

The Council's mission is to craft public policies and implementation strategies that support the social and emotional well-being of young children and their families. The Council's youth, family members, legislators, university partners, state agencies, health/mental health providers, and system of care leaders cooperatively address the policy barriers that arise in attempting to create a seamless system of care. Because the Council wants to ensure that policy development is valuable at the local level, recommendations are tied to practical experience in communities. Outcomes from these policy recommendations encourage changes on the state level in areas such as reimbursement and Medicaid funding.

Values and Principles

Consistently approaching problems from the family perspective is one of the shared values and objectives of many of the agencies represented on the Council.

Goals

The Blue Ribbon Policy Council for Early Childhood Mental Health goal has been to increase awareness in early childhood mental health. The focus areas have been in funding, system of care, and policy.

Planned Activities

Development of an Early Childhood Mental Health Toolkit as an online and print resource to support education and awareness of the cost-benefit of early intervention, and the need for successful integration of primary and behavioral health care.

Ongoing Activities

Quarterly meetings of the Council and ongoing monitoring of and recommendations regarding early childhood mental health policy activity in Colorado.

Past Activities (Reports, projects, changes to policy)

http://www.tapartnership.org/news/Oct04/field.htm

Website/Contact Information

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303/315-2152

http://www.tapartnership.org/news/Oct04/field.htm

Blue Ribbon Policy for Early Childhood Mental Health

Members

With over 35 members, the Council brings together representatives from early childhood mental health, family members and policymakers.

Adoree Blair, Family Member

Carol Breslau, The Colorado Trust

Christine Collins, Alliance

George DelGrosso, Colorado Behavioral Healthcare Council

Tom Dillingham, HCPF/Child Health Plan Plus Division (CHP+)

Kelly Dunkin, The CO Health Foundation

Jose Esquibel, CDPHE/Interagency Issues for Prevention Systems

Megan Floyd, CO Federation of Families For Children's Mental Health

Jerry Frangas , Colorado State Legislature
Rhonda Goodman, Family Member

Chris Habgood, Mental Health Association of Colorado

Anna Jo Haynes, Mile High Montessori
Beverly Hirsekorn, Colorado DD Council

Rebecca Karlin, Office of the Governor, Policy Initiatives

Moe Keller, Colorado State Legislature

Karen Knoll-Moran, OFA/CCB/Region VIII

Kathy Watters, CDPHE-HCP, PSD-HCP-A4

Bill Kottenstette, Office of Lt. Governor

Lorraine F. Kubicek, OMNI Institute Jennifer

Landrum, Project BLOOM staff

Linda Meredith, CO Head Start Assoc. / Comm Partnership for Child Dvlpmt

Sandy Petersen, Zero to 3

Teri Pinney, CDPHE, PSD-CASH-A4

Steve Poole, MD, The Children's Hospital

Corry Robinson, Univ. of CO Health Sciences Center, JFK Partners

Jeanne Rohner, Mental Health Association of Colorado

Lisa Roy, The Piton Foundation

Beverly Solomon, Family Member

Barbara Smith, Ph.D., UCD/Center for Evidence Based Practices in Early Learning

Dave Smith, Colorado Dept. of Education

Debbie Stafford, Colorado State Legislature

Steve Tool, Health Care Policy and Finance

John VanDenBerg, President

Authority

Project BLOOM , Kid Connects, Harambe Colorado and Colorado Department of Human Services Division of Mental Health convene the Blue Ribbon Policy Council for Early Childhood Mental Health. While there is no legislative or statutory mandate for this Council, each project has formally included the Council as a policy body.

Blue Ribbon Policy for Early Childhood Mental Health

Partnerships with other planning groups

Smart Start Colorado through the Early Childhood State Systems Team
Colorado System of Care Collaborative

Sources

The Blue Ribbon Policy Council convening project staff.
Colorado's System of Care for early Childhood" Linking Systems, Practice, and Policy in Early Childhood Intervention website.

Subcommittees

Funding, System of Care, and Policy have been subcommittee areas of the council.

Inclusion of Kids, Families, and Consumers

There are seven family members invited to sit on the Council as well as consumer and family representation from the Federation of Families for Children's Mental Health ~ Colorado Chapter. Council meetings have included a contemporary family issue in a Colorado community to ground the policy topics to local community issues.

Support (financial and in-kind)

The conveners of the Blue Ribbon Council provide financial and in-kind support (Colorado Department of Human Services Division of Mental Health, Project BLOOM, Kid Connects, Harambe Colorado).

Collaborative Management Program

Goals

The Collaborative Management Programs are supported by the input, expertise, and active participation of the Steering Committee. The Steering Committee provides program oversight and is composed of representatives of the parent organizations of mandatory signatories, family and consumer representatives, and participating counties.

The purpose and goals of the Collaborative Management Program are as follows:

- Develop a more uniform system that includes input, expertise, and active participation of child serving organizations.
- Reduce duplication and eliminate fragmentation of services.
- Increase the quality, appropriateness, and effectiveness of services provided.
- Encourage cost-sharing among providers.
  Lead to better outcomes and cost-reduction for the services provided to children and families in

Website/Contact Information

Norm Kirsch, norman.kirsch@state.co.us, 303-866-3592

http://www.cdhs.state.co.us/childwelfare/1451SteeringCommittee.htm

Inclusion of Kids, Families, and Consumers

Yes

Support (financial and in-kind)

The Collaborative Management Program calls for contribution of resources and funding from mandatory participants and signatories to the required memorandums of understanding. Earned incentive funds are available to participating counties upon achievement of projected outcomes

Authority

24-1.9, C.R.S.

Collaborative Management Program

Local and State Contacts

Kevin Klinkerfues, Holly Haman Marcum
Jefferson County

Tina Goar, Elaine Arnold, Phil Maes
Chaffee County

Susan Colling, Colorado State Judicial

Deborah Ward-White Community

Tina Wright Community

Marge Grimsley Colorado Federation of Families for Children's Mental Health

Maija Scheidel, Art Navalta, Leigh Jordan
El Paso County

Jim Drendel Denise Suniga
Larimer County

Jose Esquibel, CDPHE

Susan Nichols Colorado DHS,
Administrative Review Division

Kelly Schramm Weld County

Sara Boylan, Denver County

Gina Robinson HCPF

Lucia Waterman
CDHS Division of Behavioral Health

Clarissa Woodworth, Bill Gurule
Alamosa County

Maria Garcia Conejos County

Chuck Machietto Huerfano County

Karen Smith Teller County

Heather Harcourt Elbert County

Judy Rodriguez, Colorado DHS,
Child Welfare Services

Kit Thompson, Boulder County

Susan Walton, Elbert County

Al Estrada, Division of Youth Corrections

Meg Williams, CO Department of Public Safety

Michelle Rivas Montezuma and Dolores Counties

Joe Higgins Mesa County

Joyce Christensen Garfield County

Marie Peer Moffat County

Judge Michael O'Hara Routt County

Deb Ruttenberg Grand County

Renee Brown, Leon Oltman

Gunnison and Hinsdale Counties

Sara Boylan Denver County

Bernie Esquibel Tennant, Tim Hart
Pueblo County

Jacque Frenier Morgan County

Samantha O'Neill Dunbar
Colorado Works

Michael Ramirez
Colorado Department of Education

Membership List as of November 2008. http://www.cdhs.state.co.us/childwelfare/1451SteeringCommittee.htm

Colorado Behavioral Healthcare Council

Mission

To promote the development and growth of relevant, high quality, comprehensive mental health services at the community level.

Goals

The Colorado Behavioral Healthcare Council (CBHC) serves as a unifying and coordinating vehicle for its members. It promotes development and growth of quality services; performs research, surveys, and education activities; spearheads state-level policy involvement; and markets member services. CBHC sponsors an annual mental health conference that provides training for mental health professionals. CBHC collaborates with other mental health providers, advocates, consumers and state government representatives to prevent and resolve cross agency and consumer conflicts.

Planned Activities

2006 Conference:
The 2006 CBHC Conference will focus on "Integrating Health." Many sessions will continue its f ocus as a collaborative organization providing leadership and direction in shaping and preserving the future of the state's community mental healthcare systems.

Keeping track of the 2007 Legislative Session, supporting, and opposing legislation.

Past Activities (Reports, projects, changes to policy)

The CBHC tracks mental health bills in the Colorado State Legislature, and has a yearly Legislative Report summarizing the bills they tracked on its website, at http://www.cbhc.org/legreport_5.html

Website/Contact Information

1410 Grant Street, Suite A-310, Denver, Colorado 80203
Phone: 303-832-7594. Fax: 303-830-7132. http://www.cbhc.org

Members

Community Mental Health Centers/Clinics:
Arapahoe/Douglas Mental Health Network
Asian Pacific Development Center
Aurora Mental Health Center
Centennial Mental Health Center
Colorado West Regional Mental Health Center
Community Reach Center
Jefferson Center for Mental Health
Larimer Center for Mental Health
Mental Health Center of Denver
MH Center Serving Boulder and Broomfield
Midwestern Colorado Mental Health Center
North Range Behavioral Health
Pikes Peak Mental Health Center
San Luis Valley Comprehensive CMHC
Southeast Mental Health Services
Southwest Colorado Mental Health Center
Spanish Peaks Mental Health Center
West Central Mental Health Center

Behavioral Healthcare Organizations (BHOs)
Northeast Behavioral Health
Foothills Behavioral Health, LLC
Colorado Health Partnerships, LLC
Behavioral Healthcare, Inc.
Access Behavioral Care, Colorado Access, Denver

Sources

The Colorado Behavioral Healthcare Council Website. Retrieved from http://www.cbhc.org

Colorado Child & Adult Mental Health Coalition

Mission

It is recognized that emotionally disturbed and mentally ill children and adolescents exist in every child-serving system and agency in our society. The purpose of this coalition is to bring these systems together to discuss common concerns and to devise ways to serve emotionally disturbed and mentally ill children more effectively, regardless of where they are, through education, collaboration, networking, and join programming.

Vision

The Coalition envisions that State of Colorado as one whether duplication of services decreased, knowledge and use of best practices is readily and easily accessible and implemented when working with children and adolescents. The Coalition also envisions the State of Colorado as one where parents, consumers, and professionals value working together collaboratively in best interests of children and adolescents.

Goals

1. Through the use of an educational forum, to continue to promote best practices in the State of Colorado.
2. Through collaboration, to promote the most effective use of resources, knowledge and skills to better serve children and adolescents.
3. Through networking to allow professionals and consumers the opportunity to interact in a respectful and genuine way.
4. Through joint programming, to support families interacting with agencies and systems in the State of Colorado.

Planned Activities

1. Through the use of an educational forum, to continue to promote best practices in the State of Colorado.
2. Through collaboration, to promote the most effective use of resources, knowledge and skills to better serve children and adolescents.
3. Through networking to allow professionals and consumers the opportunity to interact in a respectful and genuine way.
4. Through joint programming, to support families interacting with agencies and systems in the State of Colorado.

Past Activities (Reports, projects, changes to policy)

The Colorado Child and Adolescent Mental Health Coalition has primarily served an educational and networking role in that the annual conference has been held for the past 20 years. Each year for the past four years, attendance at the conference has increased by about 10 – 15 percent

Colorado Child & Adult Mental Health Coalition

Website/Contact Information

Ashley M. Tunstall, President
CO Child and Adolescent Mental Health Coalition
C/o Center for Governmental Training
3615 S. Huron, Suite 206
Englewood, CO 80110

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ashleytunstall@gmail.com

Members

The membership of the Coalition numbers over 300 and includes parents of children with special needs, mental health clinicians, social caseworkers, juvenile probation officers, educators, residential providers, and human services administrators, among others.

Conference Coordination
Monica Giles
Joe Sprague

The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado
Hope Wisneski, Deputy Director
Colorado Department of Human Services
Debra Cady, Division of Youth Corrections
Jill Jordan, Division of Child Welfare

Colorado Mental Health Institute
David Feinman, fort Logan
Miles Dial, Pueblo

Community Services
Isabelle Medchill, Denver Indian Family Re-source Center
Parent Representative
Christine Schrader

County Departments of Human Services
Denver, Human Services, Allen Pollack and Patricia Garcia
El Paso, Human Services, Jeff Wells

Residential; Treatment Centers
Terry Hoffman, Excelsior Youth Center

Consultants
Ashley Tunstall: Emergency Assessment, Child Custody
Frank Bennett: MH, Adoption, Foster Care
Charles Perez, Child Welfare

Mental Health Centers
Marilyn McIntyre, Larimer Center for Mental Health
Linda Nordin, Jefferson Center for Mental Health
Alyce Duckworth, Arapahoe/Douglas Mental Health Network
Kathie Snell, Aurora, Mental Health

Office of Domestic Violence and Sex Offender Management
Kristy Alles-Serrant

Colorado Chapter of The Federation of Families for Children's Mental Health
Lily Boyce
State Judicial
Kenya Pakenhma, 18th JD Probation Officer

Child Placement Agencies
Doris Palmer, Catholic Charities

Inclusion of Kids, Families, and Consumers

CCAMHC has a parent representative on the board. Additionally, consumer and partners are involved at the annual conference every year. To the extent possible, youth participate, usually as part of a panel.

Colorado Child & Adult Mental Health Coalition

Partnerships with other planning groups

The Gay, Lesbian, Bisexual and Transgender Community Center of Colorado
Colorado Department of Human Services, Division of Youth Corrections and Division of Child Welfare
Colorado Mental Health Institute, Fort Logan and Pueblo
Denver Indian Family Resource Center
County Departments of Human Services, Denver HS and El Paso HS
Excelsior Youth Center
Catholic Charities
Metropolitan State College of Denver
Larimer Center for MH
Aurora MH
Arapahoe/Douglas MH Network
Jefferson Center for MH
Office of Domestic Violence and Sex Offender Management
Colorado Chapter of The Federation of Families for Children's Mental Health
State Judicial

Potential Future Opportunities

CCAMHC is in active discussion about how we can better serve the community in-between conference. We believe we are not yet complete in fulfilling our mission and will continue to discuss expansion and/or modification of our approach as a Coalition.

Support (financial and in-kind)

1.Colorado Dept. of Human Services, Division of Child Welfare, Promoting Safe and Stable Families
2. Colorado Dept. of Public Safety, Division of Criminal Justice
3. Larimer County department of Human Services
4. City and County of Denver Department of Human Services
5. Colorado Chapter of the Federation of Families for Children's Mental Health
6. Colorado Dept. of Human Services, Office of Workforce Development
7. Emily Griffith Center
8. Excelsior Youth Center

Sources

www.ccamhc.org

Colorado Coalition for the Homeless

Mission

The mission of the Colorado Coalition for the Homeless (CCH) is to work collaboratively toward the prevention of homelessness and the creation of lasting solutions for homeless and at-risk families, children, and individuals throughout Colorado. CCH advocates for, and provides a continuum of housing and a variety of services to improve the health, well being, and stability of those it serves.

Since 1984, CCH, a 501 (c) (3) nonprofit organization, has brought together concerned individuals, agencies providing emergency food and shelter, housing providers, religious leaders, and representatives from business and government to address the problem of homelessness.

Goals

For over 20 years, CCH has been creating lasting solutions to homelessness in Colorado. It's outreach programs actively seek out those who are homeless and encourage them to take advantage of help while on site services provide a resource for those who choose to come to CCH. Once connected with CCH, a range of housing, health services, and supportive programs allow individuals to stay in housing and participate in the larger community.

Ongoing Activities

Lasting solutions to homelessness are complex and require a range supportive services paired with housing and healthcare resources. CCH provides these supports to give individuals the best possible chance of finding a home and rejoining the community. Staff members within the programs are integrated with housing and medical care professionals to provide comprehensive resources for clients.

Programs for families and individuals throughout Colorado include:
Outreach services
Emergency services and transitional housing for families
Affordable childcare tailored to homeless families
Rural outreach
Transitional case management
Benefits acquisition
Connection to community resources
Job skills development

Past Activities (Reports, projects, changes to policy)

CCH Major Milestones
1984 – Colorado Coalition for the Homeless founded
1985 – Stout Street Clinic opens
1986 – CCH holds first Statewide Conference
1988 – CCH acquired and developed Ruth Goebel House
1990 – CCH establishes the Homeless Families Program
1995 – CCH develops and administers the Rural Colorado Homeless Initiatives Project
2001- CCH completes purchase and renovation of 2111 Champa St. building

Colorado Coalition for the Homeless

Past Activities (Reports, projects, changes to policy)

2001- CCH completes purchase and renovation of 2111 Champa St. building
2002 -- Stout Street Clinic expanded and renovated
2003 – CCH established Renaissance Property Development
2003 – CCH hires its 250th employee
2004 – CCH opened Civic Center Apartments in downtown Denver, its 12th housing property
2004/2005 – CCH Celebrates 20th Anniversary of CCH and Stout Street Clinic

Website/Contact Information

http://www.coloradocoalition.org
Main Phone: 303-293-2217
Main Email: cch@coloradocoalition.org

Member Organizations:

Colorado Social Legislation Committee:
http://www.cslc.org

National Low Income Housing Coalition:
http://www.nlihc.org

National Alliance to End Homelessness:
http://www.endhomelessness.org

National Coalition for the Homeless :
http://www.nationalhomeless.org

Colorado State Legislature:
http://www.state.co.us/gov_dir/stateleg.html

Vote Smart: http://www.vote-smart.org

U.S. Department of Housing and Urban Development: http://www.hud.gov

National Healthcare for the Homeless Council:
http://www.nhchc.org

Members as of November 2006.
http://www.coloradocoalition.org

Colorado Coalition for the Homeless Board of Directors and Executive Staff:

Jay Brown, Chair, Professor of Law, DU

Jim Winston, Vice Chair

Retired VP Paine Webber, Inc.

Peter Calamari, Treasurer, Platte River Ventures

Eileen Pappas, Secretary, Pappas Marketing Associates

Steve Bassett, Sr. Managing Director

CB Richard Ellis

Dan Grossman, Rocky Mtn. Regional Dir, Environmental Defense

Kim Griggy, Global Sales Manager, Sun Microsystems

Randle Loeb, Consumer Representative

Karen Lowe, Sr. VP, Morgan Chase Bank

Becky Martinez, MD Park Hill Family Health

Jennifer Dethmers, Attorney

T.R. Reid, The Washington Post Rocky Mountain Bureau

Thomas Snyder, Attorney, Stoel Rives, LLP

Tom Rossi, Chair Consumer Advisory Board

Colorado Commission on the Deaf and Hard of Hearing

Mission Statement

To promote the interests of our constituents and to work to ensure the quality of communication access for individuals who are Deaf and Hard of Hearing individuals living in the state of Colorado.

Website/Contact Information

Cliff Moers, Administrator
Colorado Commission for the Deaf and Hard of Hearing
Colorado Department of Human Services
1575 Sherman St., 2nd Floor
Denver, CO 80203
303-866-4824 (Voice)
303-866-4734 (TTY/VP)
303-866-4831 (Fax)
www.coloradodeafcommission.com

Colorado Connections for Health Schools (CCHS)
Colorado's Coordinated School Health Initiative

Vision

All school-aged children and youth in Colorado will be healthy and learn at their full potential.

Mission Statement

Interagency School Health Team (ISHT) is the partnership to meet CCHS objectives

ISHT Mission Statement

To build Colorado's state education and health agency partnership and capacity to implement and coordinate school health programs, assisting schools to improve the well-being and academic achievement of school-age youth. To achieve an optimal learning environment, schools will integrate comprehensive school health education, physical education, school health services, nutrition services, counseling, psychological and social services, a health school environment, school site health promotion for staff and family and community involvement.

Target Areas

- NUTRITION AND HEALTHY EATING
- PHYSICAL EDUCATION
- TOBACCO PREVENTION
- HIV PREVENTION
- School Level Teams Development

Overview

CCHS is a statewide initiative in support of Coordinated School Health Programs. Coordinated School Health is a system wide change in school districts to coordinate health education, physical education, nutrition services, mental health services, healthy school environment, parent and community involvement staff wellness, and health services through a building-level school health team. Each component can address the most pressing needs of the school in a systematic and coordinated manner. Funded through the Centers for Disease Control and Prevention, Colorado is one of 23 states to create a state infrastructure and fund local school districts to coordinate all health and prevention-related programs. Through this coordination of programs, resources, messages, and training (for school staff, students, families, and community resources), they will work together for healthy students and better learners.

Infrastructure Building Goals:

Goal 1 — Partnership and Coordination: Build successful working relationships among state agencies, state education and health organizations and local schools and agencies that yield shared goals, projects and resources.

Goal 2 — Effective Data Collection and Use for Program Planning: Collect data on youth risk behaviors and school health programs at regular intervals for use in making program decisions at the state and local levels.

Goal 3 — Eliminating Health Disparities and Closing the Achievement Gap: Craft and implement school health strategies targeted toward youth at highest risk for poor health outcomes and educational failure.

Colorado Connections for Health Schools (CCHS)
Colorado's Coordinated School Health Initiative

Infrastructure Building Goals:

Goal 4 — Promotion of Healthy School Policy: Adopt state and local laws, policies, regulations and procedures that support coordinated school health efforts.
Goal 5 — Professional Development: Offer professional development opportunities for school health stakeholders at the state and local levels.
Goal 6 — Marketing the Importance of Coordinated School Health: Engage education and health professionals, at all levels, to actively support school health efforts.
Goal 7 — Evaluation and Monitoring of Programs, Policies and Practice: Establish an ongoing systematic method of collecting process and impact evaluation data on school health efforts f or use in guiding program decisions.

Colorado Connections for Healthy Schools: A 2010 State Plan for a Coordinated School Health is a blueprint for action. At the state level, a coalition in support of coordinated school health programs will carry out the state's "Bold Steps." At the local level, school district health advisory councils will address the local "Bold Steps."

Ongoing Activities

- Quarterly ISHT meetings
- Quarterly CCHS Coalition meetings
- Interfacing with Grants such as the Student Wellness Grants and Comprehensive Health Education Fund
- Ongoing strategic planning to build, promote and conduct Professional Development
- Interagency work to address priorities in the 2010 State Plan for Coordinated School Health and implementation of the School Level Impact Measures for physical activity, nutrition, tobacco, HIV prevention and coordinated school health

Website/Contact Information

http://www.cde.state.co.us/cdeprevention/index.htm

Karen Connell, Co-Director ,
Coordinated School Health Programs,
Colorado Department of Education,
Connell_k@cde.state.co.us

Jon Gallegos, Co-Director ,
Coordinated School Health Programs,
Colorado Department of Public Health and Environment
Jon.Gallegos@state.co.us

Colorado Connections for Health Schools (CCHS)
Colorado's Coordinated School Health Initiative

Membership (sampling)

Terry Jones,
PE and Health Senior Consultant
Prevention Initiatives

Cindy Wakefield,
Senior Consultant
Prevention Initiatives CDE

Cathy White,
School Health Nurse Consultant School-Age Child Health Nursing CDPHE

Anne-Marie Braga,
Adolescent Health Program Director, CDPHE

Karen Connell,
Co-Director, Coord. School Health,
Supervisor Prevention Initiatives CDE

Julie Davis,
MCH Consultant Prenatal Program,
Women's Health Section, CDPHE

Laurie S. Schneider,
Project Director, K-12 Tobacco Prevention Initiative,
Rocky Mt Ctr for Health Promotion and Education

Jose Esquibel,
Dir., Office of Interagency Prevention Systems CDPHE

Lindsey Myers,
Injury Prevention Specialist for the Injury, Suicide and Violence Prevention Unit, CDPHE

Kathy Patrick
School Health Services, CDE

Jarrod Hindman,
Coord. Violence Prevention Grant CDPHE

Cindy Struck,
Rocky Mt. Center for Health Promotion and Education

Katy Kupecz,
Dir., Youth Programs and Young Adult Initiatives, State Tobacco Education and Prevention Partnership, CDPHE

Jon Gallegos,
Co-Dir. Coordinated School Health , CDPHE

Linda Tamayo,
HIV Program Coor., Prevention Initiatives CDE

Inclusion of Kids, Families, and Consumers

Statewide Coalition: Colorado Connections for Healthy Schools

Authority

Implemented by the State Department of Education and the State Department of Public Health and Environment with oversight by the Centers for Disease Control, Division of Adolescent and Child Health

Support (financial and in-kind)

Coordinated School Health Infrastructure Building Grant from Center for Disease Control and Prevention, Division of Adolescent and School Health

Sources

Colorado Connections for Healthy Schools Website. (2006). Retrieved July 5, 2006 from http://www.cde.state.co.us/cdeprevention/index.htm

Colorado CSEFEL Pyramid Model Partnership

Overview

On July 1, 2008, the Partnership for Families and Children (formerly Colorado Foundation for Families and Children) took on the exciting project of becoming the administrative home for the Pyramid Model in Colorado. This initiative for promoting the social and emotional development of young children has been supported by the national research and training Center for the Social And Emotional Foundations for Early Learning (CSEFEL) through the guidance of faculty from the University of Colorado Denver. CFFC will be working closely with the Pyramid Model Partnership

Partnerships with other planning groups

PMP leadership team which consists of members from the Departments of Education, Public Health and Environment, Human Services including the Divisions of Behavioral Health, Early Intervention, as well as University of Colorado Health Sciences Center, Office of Professional Development, Qualistar and the Head Start-State Collaboration Office to continue the work throughout the state.

Goals

Moving into the second year of CSEFEL, discussions have centered on the developing an infrastructure to support this initiative at both the state and local levels. This consists of working with local communities to identify administrative support for implementation, necessary fiscal supports, cross system professional development including the Pyramid Model trainings and ways to meet local needs. To that end, the PMP team with the CFFC has begun to put together step-by-step strategies for local implementation. The plan will be to build on the existing trainer and coach base while providing technical assistance to local communities who are invested in a sustainable commitment to the Pyramid Model.

Planned Activities

Three demonstration communities have been selected to develop a system that fosters and sustains the high fidelity use of the Pyramid Model integrated with other relevant community efforts. This process will start by looking at current resources, how to include with local partners, current coaches and those who have been through train-the-trainer. The goal is to provide sites with a 'first round' of resources to begin the conversation and together then figure out how to move forward.

Website/Contact Information

Laurie Beckel,
Training/Coaching Coordinator
303-909-8235
lfbeckel@aol.com

Abby English Waldbaum,
PMP Facilitator/Staff Director
303-837-8466 X109
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Colorado Interagency Coordinating Council-Part C

Mission/Purpose/Vision

The Colorado Interagency Coordinating Council (CICC) shall support and implement the following values in council functions and activities:

- Children and families are valued for their unique capacities, experiences, and potential.
- Families have the right and responsibility to make decisions on behalf of their children and themselves.
- Communities are enhanced by recognizing and honoring the diversity among all people.
- Families make the best choices when they have comprehensive information about the full range of formal and natural resources in their communities.
- Creative, flexible, and collaborative approaches to services allow for individual child, family and community differences.

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Goals

A. The CICC, as delineated by 34 CFR 303.650-303.654, shall:

1.Advise and assist the Colorado Division for Developmental Disabilities, Early Childhood Connections in the development and implementation of the policies that constitute the statewide early intervention supports and services system;

2. Assist the Division for Developmental Disabilities, Early Childhood Connections program in achieving full participation, coordination, and cooperation of all appropriate public agencies in the State;

3. Assist the Division for Developmental Disabilities, Early Childhood Connections program in the effective implementation of the statewide system by establishing a process that includes:

A. Seeking information from public and private service providers, service coordinators, Community Centered Board Early Intervention Staff, administrators, Administrative Unit Staff (school districts and BOCES), health providers, parents, and other about any Federal, State, or local policies that impede timely service delivery, and

B. Taking steps to ensure policy problems identified in (1) are resolved;

4. Assist the Division for Developmental Disabilities, Early Childhood Connections program in the resolution of disputes, to the extent appropriate.

B. The CICC has overlapping membership with the Early Childhood Care and Education Advisory Council, which advises and assists in policies for all children, birth through eight years of age.

C. The administrative duties of the CICC include, to the extent appropriate, advising, and assisting the Division for Developmental Disabilities, Early Childhood Connections program in the:

1. Identification of sources of fiscal and other support for early intervention supports and services,
2. Assignment of financial responsibility to appropriate agency,

Colorado Interagency Coordinating Council-Part C

Goals

C. The administrative duties of the CICC include, to the extent appropriate, advising, and assisting the Division for Developmental Disabilities, Early Childhood Connections program in the:

1. Identification of sources of fiscal and other support for early intervention supports and services,
2. Assignment of financial responsibility to appropriate agency,
3. Promotion of the interagency agreements under 34 CFR 303.532, 7 of 9
4. Preparation of the applications and amendments to the applications under Part C,
5. Development of the applications and amendments to the applications under Part C,
6. Development of policies and procedures to facilitate a smooth, seamless system of transition for children with disabilities to services under Part C to preschool services under Part B,
7. Evaluation of the overall effectiveness of Part C efforts in Colorado, specifically as those efforts relate to the accomplishment of the CICC values and policy directions; and
8. Preparation and submission of an annual report to the Governor and the Secretary about the status of the early intervention supports and services delivery system operated in the State that includes the information required by the Secretary for the reporting year.

Website/Contact Information

John Miles, 303-866-7459, John.Miles@state.co.us, and
Ardith Ferguson, 303-866-7657, Ardith.Ferguson@state.co.us
3824 West Princeton Circle, Denver, CO, 80236
http://www.earlychildhoodconnections.org

Subcommittees

The CICC has two standing committees: the Executive Committee and the Memorandum of Understanding (MOU) Committee. Standing committees are authorized to continue in existence from year to year.

The Executive Committee is comprised of the co-chairpersons of the CICC, who, according to the CICC bylaws, must be parents of children with disabilities, and four other members as selected by the entire CICC. The Executive Committee:

A. Represents the CICC as needed between CICC meetings.
B. Reviews and provides input to the CICC on critical issues raised by the Lead Agency or the community at large.
C. Reviews all CICC committee reports.
D. Reviews roles and responsibilities of CICC, Lead Agency, and any ad hoc/subcommittees annually.
E. Reports back to the CICC regarding recommendations made to the Lead Agency.
F. Manages the CICC budget as articulated in the Part C State Plan.
G. Develops a slate of nominees for the offices of the chairpersons and for the Executive Committee.
H. Develops and provides new Council member orientation in conjunction with Lead Agency staff.

Colorado Interagency Coordinating Council-Part C

Current CICC Members 2008-2009

** Contact person is a parent representative; POG=Pleasure of the Governor

Dayle Axman
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Darcy Allen-Young
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Term: 7/22/08 – 6/30/10

Rashida Banerjee
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Term: 10/13/08 – 6/30/10

Katherine Bair, Canon City School District Re-1
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Term: 7/6/05 - 6/30/07

Norman Kirsch
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Term: 10/13/08 – POG

Jeanine Colburn
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Term: 7/22/08 - 6/30/10

Sarah Hepworth
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Term: 7/22/08 – 6/30/10

John Miles
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Colorado Interagency Coordinating Council-Part C

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Colorado Interagency Coordinating Council-Part C

Subcommittees

The MOU Committee is comprised of appointed representatives of the Colorado Department of Human Services, the Colorado Department of Public Health and Environment, the Colorado Department of Health Care Policy and Financing, the Colorado Department of Education, and any other state agency deemed appropriate by the governor or the CICC. The MOU Committee

A. Identifies and communicates state and federal policies that may impact implementation of Part C at the local level.
B. Assists in resolving local interagency conflicts and facilitating local collaboration.

Additionally, the CICC will authorize, as needed, special purpose committees (SPC) to achieve specific outcomes, research, advocacy or other tasks determined by the CICC.

Members

The CICC meets quarterly. The meetings are open to the public and the meeting dates, locations, agendas and minutes are posted on the Early Childhood Connections website. Each meeting agenda includes a time for public comment (www.earlychildhoodconnections.org).

The governor appoints members for two-year renewable terms. The CICC is comprised of thirty-three members who represent the geographic and cultural diversity of the state as follows:

The governor appoints members for two-year renewable terms. The CICC is comprised of thirty-three members who represent the geographic and cultural diversity of the state as follows:

- At least 20% are parents of children with disabilities, including parents from diverse populations, parents of infants and toddlers with disabilities, and parents of children 12 or younger with disabilities who have knowledge and experience with programs for infants and toddlers with disabilities
- At least 20% are public or private early intervention providers
- At least one representative from the state legislature
- At least member in personnel preparation
- At least one member from each State agency involved in providing or paying for early intervention supports and services for infants and toddlers with disabilities, and who has sufficient authority to do policy planning and implementation of on behalf of their agency
- At least one member from the State educational agency responsible for preschool services to children with disabilities who has sufficient authority to do policy planning and implementation on behalf of their agency
- At least one member from the agency responsible for State governance of health insurance
- One member representing Native American Tribal Councils
- One member representing a Head Start agency
- One member representing Child Care

Colorado Interagency Coordinating Council-Part C

CDHS-Early Childhood Connections Part C Staff

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Members as of July 2007 http://www.denvergov.org/PartC/2051aboutus.asp

Inclusion of Kids, Families, and Consumers

Yes, see member description above.

Authority

The Colorado Department of Human Services (CDHS)/Division for Developmental Disabilities (DDD) was designated by Governor's Executive Order as the new lead agency for Part C of the Individuals with Disabilities Education Act (IDEA).

Partnerships with other planning groups

The Denver Interagency Coordinating Council, The Colorado Developmental Disabilities Council, The Colorado Developmental Disabilities Council Multicultural Committee, JFK advisory committee Head Start/Early Head Start Children With Special Needs Task Force, Co-Chair Colorado 360 Project

Support (financial and in-kind)

Colorado Department of Human Services, Division fro Developmental Disabilities, Early Childhood Connections Program

Sources

Early Childhood Connections Website. (2007) Colorado Interagency Coordinating Council webpage. Retrieved December 11th, 2007 from http://www.earlychildhoodconnections.org/index.cfm?fuseaction=service.content&linkid=89

Colorado Interagency Council on Homelessness

Mission

To plan, develop, and implement a coordinated and integrated response that ends homelessness by:

- Identifying and eliminating barriers to accessing and receiving culturally competent mainstream services within the present system;
- Reducing duplication of services
- Uniting mainstream public and private homeless service providers across the State in an ongoing effort to break the cycle of homelessness and help homeless persons achieve and maintain maximum self-sufficiency;
- Creating a homeless service delivery system whereby homeless persons can access the government and private services they need to reach their maximum potential.

Vision

We envision a Colorado where our communities including public and private sectors have united and collaborated to make homelessness a rare and brief experience that does not cross into future generations.

Goals, Past, Planned and Ongoing Activities

The Colorado Interagency Council on Homelessness was created on October 28, 2003 through Executive Order of Governor Bill Owens to serve as an advisory body to the Governor on housing needs and homeless issues. The council is co-chaired by Marva Livingston Hammons, Executive Director of the Colorado Department of Human Services, and Brian Vogt, Executive Director of the Colorado Department of Local Affairs. Members of the council include: government and elected officials, foundations, non-profit housing and homeless providers, business representatives, and representatives from Colorado State Departments that serve homeless populations. The council has developed two strategic plans that include the following priorities and action items focused on improving access to housing and services for persons who are homeless.

Chronic Homeless Plan for Individuals with Disabilities

Priority #1: Expand and Maximize Service Resources

- Expanding substance abuse services;
- Expanding mental health services; and
- Expanding health resources

Priority #2: Expand and Maximize Housing Resources

- Supporting and promoting housing legislation;
- Determining new homeless programs or projects;
- Expanding residential housing options for homeless persons with mental illness, substance abuse issues, and co-occurring disorders; and

Priority #3: Improve Cross System Policies, Planning and Services

- Improve intake and assessment processes and procedures;
- Prepare for federal changes to McKinney Act funding; and
- Improve statewide planning and policy development on the delivery of housing and services to

Goals, Past, Planned and Ongoing Activities

Priority #4: Increase Access to Mainstream Resources

- Expand and develop creative outreach procedures;
- Improve processes and procedures for obtaining SSI, Medicaid, and VA, TANF, Workforce Investment Act, and CHP+ benefits;
- Develop new processes in bringing people into the SSI system;
- Improve discharge-planning procedures across institutions;
- Develop effective pathways to accessing Medicaid benefits;
- Develop integrated treatment programs for persons with co-occurring disorders; and
- Address transportation issues for persons trying to access mental health and substance abuse treatment.

Priority #5: Develop an Outreach and Education Campaign to Reduce the Stigma of Homelessness

- Educate elected officials, policy makers, mainstream providers, and local providers regarding the special needs of the homeless and system cross-over issues; and
- Develop programs and projects that reduce stigmas attached to persons who are homeless, including those with special needs.

Homeless Families and Unaccompanied Youth Plan

Priority #1: Obtain baseline data to capture numbers and situations to better create and allocate resources to those specific situations.

- Strategy 1.1 - Create a comprehensive database that includes public, private, non-profit resources, services, and housing for the homeless population.
- Strategy 1.2 - Implement a comprehensive HMIS Data System.

Priority #2: Target housing resources for homeless families to get them into appropriate long housing as quickly as possible.

- Strategy 2.1 - Develop Rapid Re-entry/Housing First approach for homeless families.
- Strategy 2.2 - Increase resources to support Housing First Model.

Priority #3: Develop a seamless, coordinated, interagency process that improves access to mainstream services for homeless families and unaccompanied youth.

Strategy 3.1 - Increase easier access to the array of public and private services needed by

- Action 3.1.1 - Use assistance center approach as a diversion option as well as an appropriate placement locator process.
- Action 3.1.2 - Create a “One Stop” Family Assistance Center Model – including education, employment, Food Stamps, training, Work force Center, etc…
- Action 3.1.3 - Create “Family Connection” teams include public/private to help mentor families to achieve success.

Colorado Interagency Council on Homelessness

Goals, Past, Planned and Ongoing Activities

- Action 3.1.4 Blend housing practices and funding sources i.e. career development, job training, TANF, Food Stamps, Medicaid, SSA/SSI, etc…
- Action 3.1.4 - Blend housing Action 3.1.5 - Provide technical assistance and training for homeless providers to build greater capacity.
- Action 3.1.6 - One Child, One School, One Year. Foster cross-agency collaboration with McKinney district liaisons to increase awareness, access and stability of homeless students.

Priority #4: Recommend the development of a comprehensive statewide homeless plan that incorporates the family homeless plan.

Action 4.1 - Develop a comprehensive statewide homeless plan that incorporates the family homeless plan with the existing plan for chronic homelessness.

The priorities and strategies developed by the council are being further developed and implemented through the hard work of the following six sub-committees:

1. Mental Health, Substance Abuse, Health and Integrated Treatment (MSHI)
2. Housing Development
3. Benefits Acquisition
4. Families and Children
5. Discharge Planning
6 Education

Website/Contact Information

4020 S. Newton St. Denver, CO 80236
Phone: 303-866-7361
http://www.colorado.gov/cich/index.htm

Inclusion of Kids, Families, and Consumers

Yes, there is a person who has experienced homelessness on the council.

Authority

The Colorado Interagency Council on Homelessness was created on October 28, 2003 through Executive Order of Governor Bill Owens to serve as an advisory body to the Governor on housing needs and homeless issues.

Support (financial and in-kind)

Colorado Department of Human Services

Colorado Interagency Council on Homelessness

Subcommittees

Mental Health, Substance Abuse, Health and Integrated Treatment Committee
Housing Development Committee
Benefits Acquisition Committee
Discharge Planning Committee
Homeless Families with Children and Unaccompanied Youth Committee
Education Committee

Members

The council is co-chaired by the Executive Director of the Colorado Department of Human Services, and Mike Beasley, Executive Director of the Colorado Department of Local Affairs.

Members of the council include: government and elected officials, foundations, non-profit housing and homeless providers, business representatives, and representatives from Colorado State Departments that serve homeless populations

Government and Elected Officials:

County Government Representatives

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Colorado Interagency Council on Homelessness

Members

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Colorado Interagency Council on Homelessness

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Colorado Interagency Council on Homelessness

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Need appointed representative

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Department of Corrections

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Sources

Colorado Interagency Council on Homelessness Website. (ND). Retrieved July 6th, 2006 from http://www.colorado.gov/cich/index.htm

Colorado Interagency Health Disparities Leadership Council

Goals

The first goal is to **educate** and **raise awareness** about health disparities, and the impact health disparities have on the community as a whole. This includes educating government and state agencies, the private sector, community-based organizations (CBOs) and the general public through advocacy.

The second goal is to **build capacity with community and across sectors** to eliminate health disparities. This means including all players in development of programs, policies, and strategies to eliminate health disparities. Further, this means ensuring communities have the capacity to address health disparities in a manner appropriate to specific needs, and that government, community based organizations, and state agencies help create the infrastructure necessary to support and collaborate on these efforts.

The third goal is to **create a sustainable movement** around eliminating health disparities in Colorado, and to ensure progress will not fade if funding fades. For this to occur, there must be an effort to implement **policy reform** at both the legislative and organizational levels. Another component of sustainability is continual evaluation of policies once they are instituted to prevent unintended consequences, and to ensure continued functionality for communities.

Lastly the IHDLC seeks not only to address the current symptoms of health disparities, but to target the **determinants of health** that are the very root of health disparities suffered by vulnerable populations

Website/Contact Information

www.cdphe.state.co.us/ohd

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Office of Health Disparities-B-105 — cerise.hunt@state.co.us

4300 Cherry Creek Drive South
Denver, CO 80246

Colorado Interagency Health Disparities Leadership Council

Members

SB 07-242 states the council shall consist of the following:
The Executive Director or Designee of State Agencies that impact health disparities including but not limited to the Departments of Corrections, Education, Health Care Policy and Finance, Higher Education, Human Services, Personnel, Public Health and representation from other state agencies may be requested by the Executive Director of the Department. Additional members appointment by the Executive Director that represent other interest may include:

- The Colorado Civil Rights Commission,
- U.S Department of Health and Human Services, Region VIII Office
- One or more member organization representing local public Health agencies
- An agency representing rural health
- An agency representing community health clinics
- An agency representing hospitals
- One or more nonprofit agencies
- One or more universities or colleges
- One or more communities impacted by health disparities
- Up to five additional members appointed by the council from nonprofit agencies or from communities impacted by health disparities.

Inclusion of Kids, Families, and Consumers

No one on the council directly represents families or consumers, but the council does include community organizations that provide direct service delivery.

Authority

SB 242 passed in 2007 by the Colorado General Assembly, codified the Interagency Health Disparities Leadership Council in statue.

Support (financial and in-kind)

Colorado Department of Public Health and Environment Office of Health Disparities

Sources

Eliminating Health Disparities A Cornerstone for Solving Colorado's Health Care Crisis. A monograph of the Interagency Health Disparities Leadership Council-Printed August 2008. Copy available: www.cdphe.state.co.us/ohd

Colorado Health Disparities Strategic Plan 2008. Working Together to Address Racial and Ethnic Health Disparities in Colorado. Copy available: www.cdphe.state.co.us/ohd

Colorado Interagency Health Disparities Leadership Council

Mission Statement

To provide leadership, education, and resources to comprehensively eliminate Health Disparities in Colorado through collaboration, consultation, research, and inclusion.

Meetings are held every other month (bi-monthly).

Vision Statement

Eliminating Health Disparities in Colorado by 2020.

Values/Principles

The **Interagency Health Disparities Leadership Council** (IHDLC), in partnership with the **Colorado Department of Public Health and Environment's** (CDPHE) **Office of Health Disparities** (OHD) and the **Minority Health Advisory Commission** (MHAC), is a resource available to Colorado's leaders as they seek to improve health and health care in Colorado. Formed in January 2006, the IHDLC is an independent advisory council composed of fifty-one participants representing federal and state agencies, universities, community providers, and foundations. Beyond the OHD's focus on racial and ethnic health disparities, IHDLC is committed to reducing health disparities experienced by *all* vulnerable populations including rural populations, GLBT communities, disabled persons, and economically disadvantaged persons.

Key Terms/Defining Health Disparities:

Health Disparities: Persistent differences in health outcomes (i.e. disease, access disability, and death) across many areas of health over time because of race, sexual orientation, ethnicity, gender, age, life-style, geography, environment, education, workplace, or socioeconomic status.

Leadership: A process whereby an individual or small group influences others to achieve a common goal.

Education: To prepare by instruction; to cultivate; to train.

Resources: A person, asset, material, or capital which can be used to accomplish a goal.

Collaboration: Cooperation and enhancing the capacity of another for mutual benefit to achieve a common purpose.

Consultation: To seek the opinion or advice of another; to take counsel; to deliberate together; to confer.

Inclusion: The act of including, or the state of being included, fighting against exclusion.

Colorado Interagency School Health Team/ Connections for Healthy Schools

Mission Statement

To Build Colorado's state education and health agency partnership and capacity to implement and coordinate school health programs, assisting schools to improve the well-being and academic achievement of school-age youth. To achieve an optimal learning environment, schools will integrate comprehensive school health education, physical education, school health services, nutrition services, counseling, psychological and social services, a health school environment, school site health promotion for staff and family and community involvement in order to:

1. Reduce tobacco use and addiction
2. Improve eating patterns
3. Increase vigorous daily physical activity
4. Reduce obesity
5. Reduce skin cancer due to sun damage

Vision Statement

All school-aged children and youth in Colorado will be healthy and learn at their full potential.

Goals

Colorado Connections for Healthy Schools is a statewide initiative in support of Coordinated School Health Programs. Coordinated School Health is a system wide change in school districts to coordinate health education, physical education, nutrition services, mental health services, healthy school environment, parent and community involvement staff wellness, and health services through a building-level school health team. Funded through the Centers for Disease Control and Prevention, Colorado is one of 18 states to create a state infrastructure and fund local school districts to coordinate all health and prevention-related programs. Through this coordination of programs, resources, messages, and training (for school staff, students, families, and community resources), they will work together for healthy students and better learners.

Goal 1 — Partnership and Coordination: Build successful working relationships among state agencies, state education and health organizations and local schools and agencies that yield s hared goals, projects and resources.

Goal 2 — Effective Data Collection and Use for Program Planning: Collect data on youth risk behaviors and school health programs at regular intervals for use in making program decisions at the state and local levels.

Goal 3 — Eliminating Health Disparities and Closing the Achievement Gap: Craft and implement school health strategies targeted toward youth at highest risk for poor health outcomes and educational failure.

Goal 4 — Promotion of Healthy School Policy: Adopt state and local laws, policies, regulations and procedures that support coordinated school health efforts.

Goal 5 — Professional Development: Offer professional development opportunities for school health stakeholders at the state and local levels.

Colorado Interagency School Health Team/ Connections for Healthy Schools

Goals

Goal 6 — Marketing the Importance of Coordinated School Health: Engage education and health professionals, at all levels, to actively support school health efforts.

Goal 7 — Evaluation and Monitoring of Programs, Policies and Practice: Establish an ongoing systematic method of collecting process and impact evaluation data on school health efforts for use in guiding program decisions.

Colorado Connections for Healthy Schools: A 2010 State Plan for a Coordinated School Health is a blueprint for action. At the state level, a coalition in support of coordinated school health programs will carry out the state's "Bold Steps." At the local level, school district health advisory councils will address the local "Bold Steps."

Ongoing Activities

Pilot School Districts for Colorado Connections for Healthy Schools:
Colorado funds five school districts through the Colorado Connections for Healthy Schools Initiative to pilot the coordinated school health model and create systems change to promote healthy schools over the next three years. The intent of the pilot program is to strengthen coordination and support for healthy schools and build an infrastructure to sustain the program when the funding ends. More info: http://www.cde.state.co.us/cdeprevention/pilotprogs.htm

The Five Schools:

- Durango 9 School District
- East Grand School District, Granby
- Summit County School District
- Weld County School District Re-7, Platte Valley
- West Grant School District, Kremmling

Colorado Connections for Healthy Schools Initiative funds 3-year grants to implement pre K-12th grade Comprehensive Health Education Programs. The next application period will be in Spring 2007. The "Colorado Comprehensive Health Education Act of 1990" encourages every school district to provide a pre K-12th grade planned, sequential health education program. Parental and community involvement in the program is stressed. Parents and guardians have the right to exempt their children from any part or from all of the health education program. Local health advisory councils are encouraged and should be representative of the norms and values of the community.

Website/Contact Information

http://www.cde.state.co.us/cdeprevention/index.htm

Karen Connell, Supervisor, Coordinated School Health Programs, Colorado Department of Education, Connell_k@cde.state.co.us

Director, Coordinated School Health Programs, Colorado Department of Public Health and Environment

Colorado Interagency School Health Team/ Connections for Healthy Schools

Members

Judy Schure, Senior Consultant Child Nutrition and Transportation CDE

Linda Tamayo, HIV Program Coordinator Prevention Initiatives CDE

Cindy Wakefield, Senior Consultant Prevention Initiatives CDE

Cathy White, School Health Nurse Consultant School-Age Child Health Nursing CDPHE

Shannon Breitzman, Director Injury, Suicide and Violence Prevention CDPHE

Anne-Marie Braga, Adolescent Health Program Director, CDPHE

Diane Brunson, Director Oral, Rural and Primary Health Section CDPHE

Karen Connell, Co-Director, Coord. School Health, Supervisor Prevention Initiatives CDE

Jodi Drisko, Director Survey Research and Evaluation
CDPHE

Julie Davis, MCH Consultant Prenatal Program, Women's Health Section, CDPHE

Jose Esquibel, Dir., Office of Interagency Prevention Systems CDPHE

Bruce P. Guernsey, Dir. School-Based HC's, CDPHE

Kathy Patrick School Health Services, CDE

Jarrod Hindman, Coord. Violence Prevention Grant CDPHE

Taralyn Jensen, Rocky Mt. Center for Health Promotion and Education

Katy Kupecz, Dir., Youth Programs and Young Adult Initiatives, State Tobacco Education and Prevention Partnership, CDPHE

Stan Paprocki, Senior Consultant, Prevention Initiatives, CDE

Lisa Perry, Senior Consultant Comprehensive School Health and Physical Activity Prevention Initiatives CDE

Laurie S. Schneider, Project Director, K-12 Tobacco Prevention Initiative, Rocky Mt Center for Health Promotion and Education

Authority

Statewide Initiative through the Colorado Department of Public Health and Environment and the Colorado Department of Education.

Support (financial and in-kind)

Coordinated School Health Infrastructure Grant from Center for Disease Control and Prevention, Division of Adolescent and School Health.

Sources

Colorado Connections for Healthy Schools Website. (2006). Retrieved July 5, 2006 from http://www.cde.state.co.us/cdeprevention/index.htm

Colorado LINKS for Mental Health Grant Implementation Group

Mission

To promote partnerships among state agencies and key stakeholder organizations by weaving together existing efforts to create a more coordinated continuum of mental health services for Colorado youth and their families.

Vision

1. The purpose of Colorado LINKS is to weave together existing efforts that address mental health services for children, youth and families.
2. . The partners of Colorado LINKS want to ensure that a coordinated structure exists so that state agencies and private sector stakeholders may respond uniformly to the mental health needs of children, youth, and families across Colorado.
3. The partners of Colorado LINKS are working 'to point their arrows in the same direction and striving for shared strategies and outcomes across state agencies in partnership with communities.

Goals

1. To integrate Colorado's behavioral health efforts.
2. To improve partnerships between interagency groups and families and youth.
3. To create innovative mechanisms for behavioral health budgeting, funding and financing.

Planned Activities

The Colorado LINKS for Mental Health Initiative will reconvene over 100 stakeholders in the mental health system in an April 2008 meeting to continue addressing the above-mentioned goals. The meeting will focus on Goal #2 and possibly provide training for interagency groups on how to partner with families and youth in a meaningful way so that you can achieve outstanding results.

Past Activities (Reports, projects, changes to policy)

I. In the initial phase of the project, the partners of Colorado LINKS worked on engaging over 50 diverse, statewide agencies and organizations that focus on various aspects of mental health services for children, youth and families in Colorado.
2. An inventory was conducted of these agencies and organizations, as well as over 30 other groups, including collecting information on various programs and efforts working to address the mental health of children and youth. Also, a statewide survey was distributed asking individuals to share their ideal vision of the mental health system for children and youth.
3. Colorado LINKS hosted its first "BIG Meeting" of partners in February 2006, where outcomes of the inventory and survey were presented, the initial shared priorities were discovered, and a culture of partnership, hope and success was created.
4. In the next phase of the project (April–June 2006), the partners of Colorado LINKS conducted community meetings across the state to ensure that the priorities determined at the "BIG Meeting" fit the needs of local communities.
5. The Centers for Systems Integration created a LINKS Guidebook, which is an annotated matrix, or map, of groups working on coordinating children's mental health issues across agencies in Colorado (Interagency Planning Groups).
6. A network analysis was conducted of the interagency partnerships among 15 state offices to better understand key breakdowns in communication and partnership.
7. Over 300 stakeholders across Colorado contributed to the creation of the Colorado LINKS for Mental Health ~ Behavioral Health Action Plan.

Colorado LINKS for Mental Health Grant Implementation Group

Past Activities (Reports, projects, changes to policy)

6. A network analysis was conducted of the interagency partnerships among 15 state offices to better understand key breakdowns in communication and partnership.
7. Over 300 stakeholders across Colorado contributed to the creation of the Colorado LINKS for Mental Health ~ Behavioral Health Action Plan.

Website/Contact Information

Anne-Marie Braga, Colorado LINKS Initiative Director
Adolescent Health Program Director, CDPHE
4300 Cherry Creek Drive, South, PSD-CASH, A4
Denver, CO 80246-1530
(303) 692-2946
anne-marie.braga@state.co.us

Members

Colorado LINKS for Mental Health Grant Implementation Group 2008

CDPHE
Anne-Marie Braga, Adolescent Health Program
Kathy Watters, Medical Home Initiative
Jo English, School Based Health Centers

Colorado Department of Human Services
Katie Wells, Alcohol and Drug Abuse Division
Bob Coulson, Division of Child Welfare
Larry Marsh, Division of Mental Health
Gary Nitta, Division of Youth Corrections
Pam Neu, Division of Mental Health
Andy Johnson, Supportive Housing & Homeless Programs

Colorado Department of Education
Barb Bieber, School Psychology

Colorado Dept of Health Care and Finance
Gina Robinson, Acute Care Benefits

Colorado Department of Public Safety
Meg Williams, Division of Criminal Justice
Anna Lopez, Division of Criminal Justice

Colorado Behavioral Healthcare Council
George DelGrosso, Executive Director

Colorado Prevention Leadership Council
José Esquibel, Interagency Prevention Systems

Colorado System of Care Collaborative
Natalie Portman-Marsh, Consultant

CO Child & Adolescent Mental Health Coalition
Ashley Tunstall

CO Assoc of Alcohol & Drug Service Providers
Carmelita Muniz

Mental Health America of Colorado
Jean Rohner, President and CEO

Mental Health Planning and Advisory Council
Sharon Raggio, Pikes Peak Mental Health
Barbara Mattison

Colorado Chapter of The Federation of Families for Children's Mental Health
Tom Dillingham, Executive Director
Margie Grimsley, Technical Assistance Coordinator

Center for Systems Integration
Jewlya Lynn, Partner
Denise McHugh, Partner

Colorado LINKS for Mental Health Grant Implementation Group

Inclusion of Kids, Families, and Consumers

No direct inclusion, but the Federation of Families for Children's Mental Health ~ Colorado Chapter is on the Grant Implementation Group. Additionally, family and youth focused groups were used to engage consumers in the development of priority areas for improving the kids' mental health system.

Partnerships with other planning groups

Member Organizations
Colorado Department of Human Services
Colorado Department of Public Health and Environment
Colorado Department of Education
Colorado Department of Health Care Finance and Policy
Colorado Department of Public Safety
Colorado Prevention Leadership Council
Colorado Systems of Care Collaborative
Colorado Chapter of The Federation of Families for Children's Mental Health
Mental Health Planning Council
Center for Systems Integration

Potential Future Opportunities

Engagement of additional interagency groups in the action planning process during 2008.
Connect LINKS with any other efforts seeking similar goals.

Support (financial and in-kind)

1. 2-year grant from the Colorado Health Foundation.
2. Support for LINKS activities from various state departments.
3. In kind assistance from various state departments.

Sources

Adolescent Health Program and Colorado LINKS Initiative Director, Anne-Marie Braga.
Contact at anne-marie.braga@state.co.us or (303) 692-2946.

Colorado Medicaid Mental Health Advisory Committee

Goals

The Department of Health Care Policy and Financing (HCPF) established the Mental Health Advisory Committee for the purpose of exchanging information and identifying, evaluating, and communicating issues related to the Colorado Medicaid Community Mental Health Services Program.

Planned Activities

Time-limited Developmental Disabilities/Mental Illness Task Force is in the process of developing Behavioral Health Organization (BHO) Practice Guidelines for the Evaluation and Treatment of Children, Youth, and Adults with Developmental Disabilities and Mental Illness.

Ongoing Activities

Annual review of the BHO site review-monitoring tool, review of BHO contract amendments or new contracts, and monitoring of legislation and rule changes related to the Medicaid Community Mental Health Services Program. The committee brings stakeholder issues for discussion to HCPF.

Past Activities (Reports, projects, changes to policy)

Completed statewide survey of all BHOs, Community Centered Boards (CCBs), and Community Mental Health Centers (CMHCs) exploring access to services and inter-agency communication in the treatment of consumers dually diagnosed with a developmental disability and mental illness. Facilitated state-wide stakeholder meetings to gather feedback related to changes in program rules and new BHO contracts implemented January 1, 2005. Annually reviews BHO monitoring tools and site review findings.

Website/Contact Information

Medicaid Mental Health Program web-page: http://www.chcpf.state.co.us/hcpf/mntlhlth/mhindex.asp
Medicaid Mental Health Advisory Committee web-page: http://www.chcpf.state.co.us/hcpf/QIBEHLTH/BH%20Advisory%20com/BHQ_AdComm_Hme.asp
For more information about the advisory committee, contact
info.medicaidmentalhealth@hcpf.state.co.us

Inclusion of Kids, Families, and Consumers

Yes

Authority

The Department of Health Care Policy and Financing.

Support (financial and in-kind)

The Department of Health Care Policy and Financing

Colorado Medicaid Mental Health Advisory Committee

Members

Current Committee appointees represent the following stakeholders:

* Mental Health Program service providers,
* Parents of youth who receive services through the Mental Health Program,
* Adults who receive services through the Mental Health Program,
* Developmental Disabilities community, and
* Behavioral Health Organizations (BHOs).

Meetings are held the fourth Thursday of each month, 9:00 – 10:30 am at HCPF, 1570 Grant Street, Denver. The advisory committee members are appointed, but the meetings are open to the public.

Louise Boris
Lily Boyce
Haline Grublak
Elizabeth Hogan
Rob Kepplinger
Rolf Kotar
Mark McDonald
Libby Stoddard
Beverly Winters

Staff Participants:

Sue Carrizales
Nancy Dolson
Nancy Jacobs
Laurel Karabatsos
Corrine Lamberson
Jerry Smallwood

Sources

Department of Health Care Policy and Financing web-site, Medicaid Mental Health Advisory Committee web-page. from http://www.chcpf.state.co.us/hcpf/mntlhlth/mhindex.asp, and then http://www.chcpf.state.co.us/hcpf/QIBEHLTH/BH%20Advisory%20com/BHQ_AdComm_Hme.asp

Colorado Special Education Advisory Committee

Mission Statement

Our mission is to actively represent children/youth with disabilities and impact decisions made on their behalf to enhance the quality of education services.

Goals

Purpose of the Colorado Special Education Advisory Council (CSEAC):

1. Provide input and assistance to the State Board of Education
2. Advise the State Director of Exceptional Student Leadership Unit
3. Advocate and promote communication, collaboration, and partnership among educational service providers, children/youth, parents, and administrators
4. Serve as a liaison among parents of children with special needs, local educational agencies, and the Colorado Department of Education (CDE), Exceptional Student Leadership Unit

Website/Contact Information

Katherine Keck
Colorado Department of Education
Exceptional Student Leadership Unit
1560 Broadway, Suite 1175
Denver, CO 80202
Keck_k@cde.state.co.us, 303-866-6943

Subcommittees

Public Policy and Legislation - Stays aware of and disseminates information affecting education of children/youth with disabilities

Communications – Formulates and carries out plans to exchange information statewide

Membership and Nomination – Searches for and proposes new committee members for two-year terms

Bylaws and Procedures – Proposes changes to bylaws and procedures as necessary

State Performance Plus – Advises on the development and implementations of the Colorado state Performance Plan for special education.

Members

Members are interested in the education of children/youth with disabilities. Members include parents of, and individuals with disabilities, educational service providers, administrators, and representatives from a variety of related agencies. Participation is statewide and representative of diverse disabilities.

For current membership please visit the CSEAC website: http://www.cde.state.co.us/cdesped/CSEAC.asp .

Colorado Special Education Advisory Committee

Inclusion of Kids, Families, and Consumers

There are parents of children with disabilities, as well as people with disabilities on the committee

Authority

The Colorado Special Education Advisory Committee (CSEAC) is a state level committee mandated by federal and state law:

The establishment of the Advisory Committee is required by the Individuals with Disabilities Educational Act (IDEA) as a condition for the State's eligibility for funding under the IDEA. Colorado's Exceptional Children's Educational Act (ECEA) establishes the Advisory Committee. Under the ECEA, the Advisory Committee's explicit function is to "assist the state board in the performance of its responsibilities for the implementation of this article." (20 U.S.C. 1412 (21); Colo. Rev. Stat. 22- 20-104(2)).

Sources

CSEAC Website: http://www.cde.state.co.us/cdesped/CSEAC.asp

Colorado System of Collaborative Care

Mission

The System of Care Collaborative (SOC) provides state of the art information and strategies to communities and policy makers so that children and their families receive seamless, effective services.

Vision

We envision a Colorado in which all children, youth, and families are able to access comprehensive, integrated and cost effective supports and services across sectors and within communities.

This access will reduce unnecessary and costly overall health problems, school failure, violence, incarceration, child abuse, substance abuse, and out of home placements for children and youth.

This access is essential for: healthy living, learning, succeeding in school, working and participating fully in the community. This access will: promote a healthier community through healthier children, youth, and families and better meet the social mandates of the agencies involved.

Values and Principles

Principles of a System of Care in Colorado

1. Persistent Commitment to Families, Youth, and Children. Colorado and its communities make a commitment to the fundamental rights of every child, youth and family to achieve and maintain permanence and stability of support in a safe environment.
2. Safety (Child, Youth, Family, and Community). Services and supports are developed and implemented to best ensure the safety of the child, youth, family, and community.
3. Child Centered. Services and supports are provided in the best interest of the child to ensure that the child and family's needs are being addressed.
4. Family-Focused. The child is viewed as a part of the whole family. System, services and supports are based on the strengths and needs of the entire family. Children, youth and their families shall participate in discussions related to their plans, have opportunities to voice their preferences and ultimately feel that they own and drive the plan.
5. Individualized. Plans and supports for children, youth and their families are tailored to the unique culture, beliefs and values, strengths, and needs of each child and family. Funding sources must be flexible to support individualization.
6. Culturally Competent. The system of care is culturally competent, with systems, agencies, programs, and services that are responsive to the cultural, racial, spiritual (religious), gender and ethnic differences at the system and individual child and family level.
7. Strengths-Based. Services and supports are based on identified strengths of the child, youth, family, and community.
8. Early Access. Services and supports should have a prevention and early intervention focus to facilitate wellness for the family.
9. Community-Based. Services and supports are provided in the most appropriate and least restrictive environment and in the home community of the child, youth and family.
10. The system of care is community oriented with the location of services, management and decision-making responsibility resting at the community level.

Colorado System of Collaborative Care

Values and Principles

11. Natural Supports . Children and families are supported by family and community social networks and community resources (e.g., service organizations, faith based organizations and businesses). Services build on and strengthen these natural supports.
12. Collaborative. Collaboration between agencies, schools, community resources, youth and families is the basis for building and financing a local comprehensive and integrated system of care that supports easy access to needed services and supports for children and families.
13. Family, Youth, and Professional Partnership. Family and youth are partners with professionals at all levels of assessment, planning, implementation and governance of the system of care.
14. Outcome Based and Cost Responsible. Services and supports are outcome based with clear accountability and cost responsibility. The system values and funds outcome and quality management. This accountability includes prudent and effective use of public and private funds. As communities find ways to reduce the use of restrictive care the funding is retained in the community and reinvested in the prevention and early intervention that has made these improvements possible.
15. Transition - Children should be ensured smooth transitions through all major changes in their lives.

Goals

1. Program Quality: Children, youth and families will receive high quality services and supports that promote positive outcomes for children, youth, families, and communities.
2. Quality Standards for Programs: Children, youth and families will receive services from programs that have and meet defined standards for quality.
3. Program Availability: There will be enough easily accessible and appropriately timed services and supports to meet the needs of children, youth, and families.
4. Family Engagement: Children, youth and families will be fully engaged in and drive the service process for their family.
5. Public Engagement: The public understands the importance of the social, emotional and behavioral health of children, youth, and families and promotes System of Care development.
6. Workforce Development: There will be enough qualified individuals with continually improving skills to implement the System of Care.
7. System of Care Oversight: The System of Care will be efficiently coordinated at the state and local levels with formally established governance and administrative structures that include youth and families.
8. Accountability: The System of Care will be accountable for improved outcomes for children, youth and families in a cost responsible manner.
9. Sustainability of Resources: The System of Care will receive sustainable and flexible funding and resources from a broad array of groups - including the public, business, government, families and youth, philanthropic and community organizations.
10. Collaboration and Integration: Children, youth, and families are able to access comprehensive, integrated and seamless supports and services across sectors and within communities.

Colorado System of Collaborative Care

Planned Activities

The Collaborative is committed to working with families, communities, agencies and policymakers, to help move towards a more integrated and coordinated system of care for Colorado's children and families. Committee work describes the planned activities to further this objective.

Ongoing Activities

Please see committee information at http://cosystemofcare.org/committees.htm to determine which of our ongoing activities you would like to be a part of.

Past Activities (Reports, projects, changes to policy)

Conference Committee

- November 8-10, 2004, Colorado System of Care Collaborative Conference, Red Rocks Amphitheater, Morrison, Colorado.
- Executive Summary: Building Collaboration for Children's Integrated Systems in Colorado, April 2005.
- Public Education Committee
- Developed system of care language for inclusion in the 2004 Colorado Mental Health Planning and Advisory Council block grant.
- Panel Presentation at the Child and Adolescent Mental Health Conference, April2006

Technical Assistance Committee

- Engaged evaluator to develop and conduct Collaborative Follow-Up Survey, January 2006
- Identified and secured national Collaborative resources for local communities, November 2005.

The Mental Health Planning and Advisory Council, Child and Family Public Education committee has merged with the Colorado System of Care Collaborative Technical Assistance committee. The members of both groups were working with similar themes and like goals.

Strategy Committee

- Five meetings with the Governors office staff on System of Care issues and recommendations from the System of Care Collaborative: 2004, 2005.
- Developed the Colorado System of Care Collaborative Issue Brief, Fall 2005.
- Tracked Colorado legislation for system of care values and principles 2005, 2006.
- Educated multiple state representatives and elected officials on system of care, 2004, 2005, 2006.
- Presented information on System of Care to Colorado Joint Health and Human Services Committees, May, 2005

Presented Colorado legislators with System of Care Collaborative sunglasses with a reminder to card to 'View all legislation through a System of Care lens'. January 2006.

Presented Collaborative Sunglasses at the Georgetown University Regional System of Care Technical Assistance Conference, 2006.

Steering Committee: System of Care relationship building and infrastructure recommendations to the Governor credited as the catalyst for the Colorado LINKS Initiative (Linking Interagency Networks for Kids' Services).

The Colorado System of Care Collaborative website posts committee accomplishments, including policy, infrastructure, program, and outcome information at http://cosystemofcare.org/

Colorado System of Collaborative Care

Subcommittees

Steering Committee: elected, as per by-laws of the SOC.
Public Education / Technical Assistance (PETA): a joint effort between the Colorado System of Care Collaborative and the Mental Health Planning and Advisory Council, Child and Family Committee. Strategy: to provide information to and influence policy makers interested in learning about System of Care. Membership: to maintain a diverse and thriving membership that can clearly communicate the purpose of SOC to others and to strive to apply the principles to their work/life.
Conference Committee: Conference planning group to facilitate a principled System of Care infrastructure in Colorado by providing national and local strategies, lessons learned, best practices, and available outcome information.

Members

CDHS, Office of Children and Family Svcs, DCWS
Harambe Colorado
Family Voices
Project BLOOM, JFK Partners @UCHSC
Colorado Behavioral Healthcare Council
Interagency Prevention Systems, CDPHE, PSD
CO Association for School Based Health Clinics
FFCMH, CO Chapter
Colorado Developmental Disabilities Council
Colorado Department of Education
Health Think
Colorado Children's Campaign
Kid Connects
CO Dept of Public Safety, DCJ
The Center for Systems Integration
Joint Initiatives for Youth and Families

Vroon VanDenBerg LLP
Department of Human Services, Division of MH
Tri-County Workforce Development Center
Denver Indian Family Resource Center
Family Members
CDPHE/Adolescent Health Program
Jefferson Family Support Network
Family Advocacy Coalition
State Office of Suicide Prevention
CO Association of Family and Children's Agencies
Pikes Peak Mental Health Center
Jefferson Center for Mental Health
Aurora Mental Health Center
Tennyson Center for Children

Inclusion of Kids, Families, and Consumers

Families are an integral part of the Collaborative infrastructure and make up a significant part of all committees, including the Steering Committee.

Colorado System of Collaborative Care

Partnerships with other planning groups

Mental Health Planning and Advisory Council,
subcommittees:

Child and Family subcommittee
Public Education subcommittee
Transition Committee

Progress on Partnerships with other planning groups

1. The Collaborative developed SOC language for inclusion into the Mental Health block grant.
2. The Collaborative brought together statewide SOC projects to participate in "Building Collaboration for Children's Integrated Systems in Colorado," a conference at Red Rocks, November 8-10, 2004.
3. The Collaborative's policy recommendations to Governor Owens provided the basis for the Colorado Department of Public Health and Environment's proposal to develop the Colorado LINKS for Mental Health project.

Support (financial and in-kind)

The SOC Collaborative is a volunteer organization established in 2003. Funding comes from committee members, in-kind support from participating agencies and local foundation support.

Sources

Colorado System of Care Collaborative web-page. (2006) Retrieved July 28th, 2006 from http://www.cosystemofcare.org/index.htm

Colorado Traumatic Brain Injury Trust Fund

Mission

The Traumatic Brain Injury (TBI) Trust Fund will strive to support all people in Colorado with traumatic brain injury through services, research, and education.

Vision

All Coloradoans who survive a traumatic brain injury will have access to available services and supports when needed.

Goals

Approximately 65% of the moneys in the Trust Fund are used to provide services to individuals with traumatic brain injuries; 30% are used to support research related to the treatment and understanding of TBI; and 5% are used to provide education about TBI.

Past Activities (Reports, projects, changes to policy)

Annual Reports to the Legislature: February 2004, February 2005, and February 2006. http://www.tbicolorado.org/

Website/Contact Information

http://www.tbicolorado.org/, http://www.biacolorado.org/trustfund.htm

Members

The Traumatic Brain Injury Board consists of 13 members. Three members are designated in statute and include:

- the Executive Director of the Department of Human Services or the Executive Director's designee;
- the President of a state brain injury association or the President's designee; and the Executive Director of the Department of Public Health and Environment or the Executive Director's designee.

Ten members are appointed by the Governor, with the consent of the Senate. These members include:

- a neurologist who has experience working with persons with traumatic brain injuries;
- a neuropsychologist who has experience working with persons with traumatic brain injuries;
- a social worker or clinical psychologist experienced in working with persons who have sustained traumatic brain injuries;
- a rehabilitation specialist such as a speech pathologist, vocational rehabilitation counselor, occupational therapist, or physical therapist who has experience working with persons with traumatic brain injuries;
- a neurosurgeon or neuropsychiatrist who has experience working with persons with traumatic brain injuries;
- a clinical research scientist who has experience evaluating persons with traumatic brain injuries;
- two persons who are family members of individuals with traumatic brain injuries or individuals with a traumatic brain injury; and two members of the public who have experience with persons with traumatic brain injuries.

Colorado Traumatic Brain Injury Trust Fund

Members

Judy Dettmer, social worker, Chair
Kathleen Rohan-Hague, individual with a TBI
Joy Henika, individual with a TBI
Christina Hoagland, rehabilitation specialist
Melissa Francis, member of the public
Susan Parker-Singler, clinical research scientist
Stewart Levy, M.D., neurologist
David Arciniegas, M.D., neuropsychiatrist
Jeanne Dise-Lewis, Ph.D., neuropsychologist
Kenneth Hosack, member of the public
Peggy Spaulding, Brain Injury Association of Colorado
Christine Highnam, Colorado Department of Human Services

Inclusion of Kids, Families, and Consumers

Yes, see membership description

Authority

The Colorado Traumatic Brain Injury (TBI) Trust Fund Program was created in 2002. Title 26, Article 1, Part 3 of the Colorado Revised Statutes:

- created the TBI Trust Fund;
- added surcharges to certain traffic offenses to generate revenue for the Trust Fund;
- created a 13-member TBI Board to oversee the Trust Fund;
- designated how funds would be spent; and
- placed the program in the Colorado Department of Human Services.

The TBI Trust Fund receives $15 for each conviction of driving under the influence (DUI), or driving while ability is impaired (DWAI). The Trust Fund receives $10 for each conviction of speeding. These surcharges began January 1, 2004, and generate between $1.5 million and $2 million each year.

Support (financial and in-kind)

The TBI Trust Fund Program is organizationally located within the Colorado Department of Human Services (CDHS), Office of Behavioral Health and Housing. CDHS staff work closely with the Board and perform the following functions for the program:

- financial management;
- policy development;
- program development and implementation;
- contract management;
- program monitoring;
- administrative support;
- web site maintenance;
- public assistance and information;
- reporting; and
- public relations.

Sources

Traumatic Brain Injury Trust Fund Program website. Retrieved from http://www.tbicolorado.org

Early Childhood Comprehensive Systems Initiative

Vision

all children are valued, healthy, and thriving

Values/Prinicples

- Be child-focused, and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age 8.
- Promote partnerships.
- Act at state, local, and statewide levels.

Goals

- Children have high quality early learning supports and environments and comprehensive health care.
- Families have meaningful community and parenting supports.
- Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

The Early Childhood Colorado Framework provides a collective vision on behalf of Colorado's young children and their families. It is a guide for public and private, state and local partners which promotes action and links systems work to outcomes for children, families, and communities.

Website/Contact Information

early.childhoodteam@capitol.state.co.us

Members

Many public and private, state and local organizations, agencies, and groups are active in the early childhood comprehensive systems work. The *Early Childhood Colorado Framework* belongs to all who believe that shared leadership and working together with a common vision will provide better outcomes for children and families than working in isolation.

Inclusion of Kids, Families, and Consumers

Some groups, organizations, and bodies have family and consumer members.

Early Intervention Colorado

Mission Purpose Values

The EIC Early Intervention Colorado (EIC) shall support and implement the following values in council functions and activities:

- Children and families are valued for their unique capacities, experiences, and potential.
- Families have the right and responsibility to make decisions on behalf of their children and themselves.
- Communities are enhanced by recognizing and honoring the diversity among all people.
- Families make the best choices when they have comprehensive information about the full range of formal and natural resources in their communities.
- Creative, flexible, and collaborative approaches to services allow for individual child, family and community differences.

Goals

The EIC-EIC, as delineated by 34 CFR 303.650-303.654, shall:

1. Advise and assist the Colorado Division for Developmental Disabilities, Early Childhood Connections in the development and implementation of the policies that constitute the statewide early intervention supports and services system;
2. Assist the Division for Developmental Disabilities, Early Childhood Connections program in achieving full participation, coordination, and cooperation of all appropriate public agencies in the State;
3. Assist the Division for Developmental Disabilities, Early Childhood Connections program in the effective implementation of the statewide system by establishing a process that includes:
   A. Seeking information from public and private service providers, service coordinators, Community Centered Board Early Intervention Staff, administrators, Administrative Unit Staff (school districts and BOCES), health providers, parents, and other about any Federal, State, or local policies that impede timely service delivery, and
   B. Taking steps to ensure policy problems identified in (1) are resolved;
   Assist the Division for Developmental Disabilities, Early Childhood Connections program in the resolution of disputes, to the extent appropriate.

1 The EIC has overlapping membership with the Early Childhood Care and Education Advisory Council, which advises and assists in policies for all children, birth through eight years of age.
2 The administrative duties of the EIC include, to the extent appropriate, advising, and assisting the Division for Developmental Disabilities, Early Childhood Connections program in the:
3 Identification of sources of fiscal and other support for early intervention supports and services, Assignment of financial responsibility to appropriate agency,
4. Promotion of the interagency agreements under 34 CFR 303.532, 7 of 9
5. Preparation of the applications and amendments to the applications under Part C,\
6. Development of the applications and amendments to the applications under Part C,
7. Development of policies and procedures to facilitate a smooth, seamless system of transition for children with disabilities to services under Part C to preschool services under Part B,
8. Evaluation of the overall effectiveness of Part C efforts in Colorado, specifically as those efforts relate to the accomplishment of the EIC values and policy directions; and

Early Intervention Colorado

Goals

9. Preparation and submission of an annual report to the Governor and the Secretary about the status of the early intervention supports and services delivery system operated in the State that includes the information required by the Secretary for the reporting year.

Website/Contact Information

John Miles, 303-866-7459, John.Miles@state.co.us,
Ardith Ferguson, 303-866-7657, Ardith.Ferguson@state.co.us
3824 West Princeton Circle, Denver, CO, 80236
888-777-4041 or http://www.earlychildhoodconnections.org

Inclusion of Kids, Families, and Consumers

Yes, see member description above.

Partnerships with other planning groups

- The Denver Interagency Coordinating Council
- The Colorado Developmental Disabilities Council
- The Colorado Developmental Disabilities Council Multicultural Committee
- JFK advisory committee
- Head Start/Early Head Start Children With Special Needs Task Force
- Co-Chair Colorado 360 Project

Subcommittees

The EIC has two standing committees: the Executive Committee and the Memorandum of Understanding (MOU) Committee. Standing committees are authorized to continue in existence from year to year.

The Executive Committee is comprised of the co-chairpersons of the EIC, who, according to the EIC bylaws, must be parents of children with disabilities, and four other members as selected by the entire EIC. The Executive Committee:

- Represents the EIC as needed between EIC meetings.
- Reviews and provides input to the EIC on critical issues raised by the Lead Agency or the community at large.
- Reviews all EIC committee reports.
- Reviews roles and responsibilities of EIC, Lead Agency, and any ad hoc/subcommittees annually.
- Reports back to the EIC regarding recommendations made to the Lead Agency.
- Manages the EIC budget as articulated in the Part C State Plan.
- Develops a slate of nominees for the offices of the chairpersons and for the Executive Committee.
- Develops and provides new Council member orientation in conjunction with Lead Agency staff.

Early Intervention Colorado

Authority

The Colorado Department of Human Services (CDHS)/Division for Developmental Disabilities (DDD) was designated by Governor's Executive Order as the new lead agency for Part C of the Individuals with Disabilities Education Act (IDEA).

Subcommittees

The MOU Committee identifies and communicates state and federal policies that may impact implementation of Part C at the local level. Assists in resolving local interagency conflicts and facilitating local collaboration. Additionally, the EIC will authorize, as needed, special purpose committees (SPC) to achieve specific outcomes, research, advocacy or other tasks determined by the EIC.

Members

The EIC meets quarterly. The meetings are open to the public and the meeting dates, locations, agendas and minutes are posted on the Early Childhood Connections website. Each meeting agenda includes a time for public comment (www.earlychildhoodconnections.org).

The governor appoints members for two-year renewable terms. The EIC is comprised of thirty-three members who represent the geographic and cultural diversity of the state as follows:

- At least 20% are parents of children with disabilities, including parents from diverse populations, parents of infants and toddlers with disabilities, and parents of children 12 or younger with disabilities who have knowledge and experience with programs for infants and toddlers with disabilities
- At least 20% are public or private early intervention providers
- At least one representative from the state legislature
- At least member in personnel preparation
- At least one member from each State agency involved in providing or paying for early intervention supports and services for infants and toddlers with disabilities, and who has sufficient authority to do policy planning and implementation of on behalf of their agency
- At least one member from the State educational agency responsible for preschool services to children with disabilities who has sufficient authority to do policy planning and implementation on behalf of their agency
- At least one member from the agency responsible for State governance of health insurance
- One member representing Native American Tribal Councils
- One member representing a Head Start agency
- One member representing Child Care

Early Intervention Colorado

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Support (financial and in-kind)

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Sources

Early Childhood Connections Website. (2007) Colorado Interagency Coordinating Council webpage. Retrieved December 11th, 2007 from http://www.earlychildhoodconnections.org/index.cfm?fuseaction=service.content&linkid=89

Juvenile Justice & Delinquency Prevention Council

Mission Statement

The Colorado Juvenile Justice and Delinquency Prevention Council (JJDP Council) provides state-wide leadership and advocacy to improve the juvenile justice system, prevent delinquency, and ensure equal justice and accountability for all youth while maximizing community safety.

Goals

The Council is responsible for:

- Setting funding priorities
- Approving and denying grant applications under each program (Formula, JABG, Title V, and Challenge Grants)
- Developing recommendations to the governor on the state of juvenile justice and suggestions on how to improve the system
- Monitoring justice trends
- Approving an annual juvenile justice plan
- Funding and policy decisions

At the September 2008 retreat, the Council finalized its list of priorities for 2009-20011 funding. These include: Mental Health, Substance Abuse, and Minority Over Representation, along with compliance with the Juvenile Justice and Delinquency Prevention Act.
The business of the council is conducted by committees which focus on specific issues and activities and meet throughout the year.

Past Activities (Reports, projects, changes to policy)

Juvenile Justice and Mental Health Work Group

To coordinate Colorado efforts initiated to address the needs of youth who have mental health

and/or co-occurring disorders and who are involved in the juvenile justice system, the JJDP Council merged its Mental Health Committee with the Juvenile Justice Subcommittee of the Task Force to address Mental Illness in the Criminal Justice System. This committee, called the **Juvenile Justice and Mental Health Work Group/Subcommittee**, has worked on many issues over the last years including Juvenile Competency Legislation (HB 05-1034) that was passed in 2005. Most recently they developed a comprehensive framework and state plan to address the needs of youth with mental health and co-occurring disorders which included an assessment of systems and needs, available at: http://www.csi-policy.org/theplan.htm

From all of the information gathered, a **Framework for System Improvement on Behalf of Youth with Mental Illness and Co-occurring Disorders in the Juvenile Justice System** (URL: http://dcj.state.co.us/oajja/Boards_and_Councils/Framework%20for%20Juvenile%20Justice%20and%20Mental%20Health.pdf) was created which included 26 recommendations to address mental health and juvenile justice issues. One was to assess opportunities to require or support increased cultural competency in the juvenile justice system to better meet the needs of youth with mental illness and co-occurring disorders. A second recommendation encouraged the increased use of family advocacy for youth with mental illness and co-occurring disorders.

Juvenile Justice & Delinquency Prevention Council

Past Activities (Reports, projects, changes to policy)

This recommendation was based on data from a survey of family members, advocates and youth in the justice system where respondents indicated that 86% "agreed" or "strongly agreed" with the statement "Families are overwhelmed by court requirements". Many agency and provider respondents agreed with the family members by "agreeing" or "strongly agreeing" with the same statement 69% of the time.

Colorado's Juvenile Justice State Plan for Youth with Mental Health Issues and Co-occurring Disorders

Senate Bill 04-037 charged the Mentally Ill in the Justice System Task Force with adopting a common framework for effectively addressing the mental health issues of juveniles with mental illness and co-occurring disorders in the justice system. The Juvenile Justice and Delinquency Prevention Council chose to cooperate in the development of this framework. The Center for Systems Integration and the Federation of cooperated with the MIJS Task Force in this effort. Families for Children's Mental Health ~ Colorado Chapter were hired to conduct research and draft the report. They interviewed over 100 program managers and other program staff in all 22 judicial districts to identify best practices in Colorado and understand how Colorado communities are currently meeting the needs of youth with mental health issues and co-occurring disorders. They brought the research findings to five community meetings and six family and youth focus groups to prioritize them for inclusion in the plan.

The draft plan was reviewed by the Council and sent out to over 400 stakeholders for review in July and August of 2006. The final plan was adopted by the Council in August of 2006. Legislation for a family advocacy demonstration program will be run in the 2007 legislative session. The Task Force and the Departments of Public Safety, Human Services, and Public Health and the Environment are working to identify resources to implement the plan.

Website/Contact Information

http://dcj.state.co.us/oajja/Boards_and_Councils/JJ_and_MH_web.html

Anna Lopez at (303) 239-5705 or anna.lopez@cdps.state.co.us.

Subcommittees

Five Subcommittees:
Minority Over Representation Committee, Mental Health Committee, Youth Committee, Executive Committee

Members

The Juvenile Justice and Delinquency Prevention Council is comprised of up to 33 citizens, system professionals, and youth members, who are appointed by the governor and charged with the responsibility of administering the Juvenile Justice and Delinquency Prevention Act program.

The date after each name indicates date of appointment to the Council.

Juvenile Justice & Delinquency Prevention Council

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Inclusion of Kids, Families, and Consumers

Yes, there are currently youth community members on the council.

Authority

The Colorado Juvenile Justice and Delinquency Prevention (JJDP) Council serves as the state advisory group (SAG) as defined in Title II of the federal Juvenile Justice and Delinquency Prevention Act of 2002, with the members appointed by the Governor.

Partnerships with other planning groups

Task Force to address Mental Illness in the Criminal Justice System

Support (financial and in-kind)

Colorado Division of Criminal Justice

Sources

The Office of Adult and Juvenile Justice Assistance, Colorado Division of Criminal Justice web-site, Boards and Councils web-page. http://dcj.state.co.us/oajja/Boards_and_Councils/JJDP_JAG_Councils.html

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Mission Statement

The Task Force shall examine the identification, diagnosis, and treatment of persons with mental illness who are involved in the state criminal and juvenile justice systems, including an examination of liability, safety, and cost as they relate to these issues. They must operate within the specific parameters of their authorizing legislation.

Vision

Improved, coordinated criminal and juvenile justice responsiveness to adult and juvenile offenders with mental health issues.

Goals

Legislative Oversight Committee Goals (SB 04-037):

The Legislative Oversight Committee shall be responsible for the oversight of the task force and shall submit annual reports to the General Assembly regarding findings and recommendations of the task force. In addition, the committee may recommend legislative changes, which shall be treated as bills.

Task Force Goals (SB 04-037):

In general, the task force shall communicate with and obtain input from groups throughout the state affected by the issues it is addressing.

<u>For July 2004 to June 2005:</u>

1. To examine the identification, diagnosis, treatment, and housing of juveniles with mental illness who are involved in the criminal or juvenile justice systems.
2. The adoption of a common framework for effectively addressing the mental health issues, including competency and co-occurring disorders, of juveniles who are involved in the criminal or juvenile justice systems.

<u>For July 2005 through June 2006:</u>

1. To examine the prosecution of and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision.
2. To examine the civil commitment of person with mental illness who have been criminally convicted, found not guilty by reason of insanity, or found to be incompetent to stand trial.
3. The development of a plan to effectively and collaboratively serve the population of juveniles involved in the criminal or juvenile justice systems.

<u>For July 2006 through June 2007:</u>

1. To examine the diagnosis, treatment and housing of adults with mental illness who are involved in the criminal justice system.
2. To examine the ongoing treatment, housing, and supervision, especially with regard to medication, of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community and the availability of public benefits for such persons.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Goals

3. To examine the ongoing assistance and supervision, especially with regard to medication, of persons with mental illness after discharge from sentence.
4. The identification of alternative entities to exercise jurisdiction regarding release for persons found not guilty by reason of insanity, such as the development and use of a psychiatric security review board, including recommendations related to the indeterminate nature of the commitment imposed.

For July 2007 through June 2008:

1. To examine the identification, diagnosis, and treatment of minority persons with mental illness, women with mental illness, and persons with co-occurring disorders, in the criminal and juvenile justice systems.

For July 2008 through July 2009:

1. To examine the early identification, diagnosis, and treatment of adults and juveniles with mental illness who are involved in the criminal and juvenile justice systems.
2. To examine the modification of the criminal and juvenile justice systems to most effectively serve adults and juveniles with mental illness who are involved in these systems.
3. To examine the implementation of appropriate diagnostic tools to identify persons in the criminal and juvenile justice systems with mental illness.
4. To examine any other issues concerning persons with mental illness who are involved in the criminal and juvenile justice systems that arise during the course of the task force study.

For July 2009 through July 2014 (pending approval of 09-1021):

1. The diagnosis, treatment, and housing of persons with mental illness or co-occurring disorders who are convicted of crimes, or incarcerated or who plead guilty, nolo contendere, or not guilty by reason of insanity or who are found to be incompetent to stand trial;
2. The diagnosis, treatment, and housing of juveniles with mental illness or co-occurring disorders who are adjudicated, detained, or committed for offenses that would constitute crimes if committed by adults or who plead guilty, nolo contendere, or guilty by reason of insanity or who are found to be incompetent to stand trial;
3. The ongoing treatment, housing, and supervision, especially with regard to medication, of adults and juveniles who are involved in the criminal and juvenile justice systems and who are incarcerated or housed within the community and the availability of public benefits for these persons;
4. The safety of the staff who treat or supervise persons with mental illness and the use of force against persons with mental illness.

Planned Activities

See goals section for future activities, per legislative mandate.

Ongoing Activities

See goals section for this year's activities, per legislative mandate.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

The Advisory Task Force and Legislative Oversight Committee first met in the summer of 1999. A summary of the work accomplished by these groups from 1999 through 2004 is provided in Legislative Council Staff Research publication No. 551.

During 2005, the Advisory Task Force facilitated federal grant funding for the Jefferson County re-entry pilot program for parolees with mental illness and co-occurring disorders. This issue was discussed at length in the previous two years. The John Eachon Re-Entry Pilot Program began operating in September 2005. The Advisory Task Force and Legislative Oversight Committee worked extensively with a consulting company, Consultants for Systems Integration (now the Center for Systems Integration), to develop a framework for use in addressing the issue of juveniles with mental illness in the criminal justice system.

The committee recommended two bills for consideration. *Senate Bill 06-005* required health benefit plans that cover mental health services to cover those that are mandated by a court order. The bill was signed into law. *House Bill 06-1070* created demonstration programs for juvenile justice family advocates. It was postponed indefinitely.

During 2006, the Advisory Task Force studied a large number of issues, but focused mainly on three things: a jail intake survey; the not guilty by reason of insanity verdict; and juvenile justice. The task force and Legislative Oversight Committee continued to work closely with the Center for Systems Integration in addressing the needs of the juvenile justice mental health population.

A summary of the 2006 discussion issues follows.

Jail Intake Survey

The issue of creating and implementing a jail intake survey for the purpose of assessing the mental health needs of detainees entering Colorado jails was raised during a presentation to the Advisory Task Force from individuals representing the Kentucky Jail Mental Health Crisis Network. The Kentucky program facilitates the cooperation of mental health professionals and jails throughout the state. It provides a simple and clear procedure for handling new detainees with mental illness or who are at risk of committing suicide.

Subsequent to the Kentucky presentation, the task force voted to create a new subcommittee to further study the issue of crisis management and mental health needs in jails. The subcommittee focused on the needs and associated costs of implementing such a program in Colorado jails. They began by creating a survey for jails in order to learn what type of initial bookings and screenings are being done, and figure out how long it takes to complete an assessment, obtain treatment or resources for the detainee, complete discharge planning, and insure continuity of care.

The survey was distributed to each of the 64 sheriffs in Colorado. The subcommittee used the information gathered from the survey to create a standard protocol for crisis care in jails, as well as determine the most likely resources for meeting the mental health needs of detainees. The subcommittee also focused on training jail personnel, in concert with a standardized screening instrument, as a way to meet crisis care and other mental health needs.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

Committee recommendations

The problem of funding for additional training of jail personnel was raised, but no clear resolution was found. Consequently, the issue was tabled until more time and effort can be spent on possible legislative mandates. The task force agreed to look at the issue again in 2007. In 2007, the task force began collaborating with the Metro Area County commissioners (MACC) Jail Diversion sub-committee, which is now working on many of the issues initial discussed in the task force.

Not Guilty by Reason of Insanity

There was extensive discussion of the implications of a verdict of not guilty by reason of insanity by the Advisory Task Force in 2006. The task force heard a presentation by Dr. Robin McCann of the Colorado Mental Health Institute (CMHI) at Pueblo regarding patients at CMHI who are admitted as a result of a verdict of not guilty by reason of insanity. Dr. McCann discussed risk evaluation, risk prediction, and risk management. In relation to patients at CMHI who are adjudicated not guilty by reason of insanity, the task force discussed:

- the types of risk factors, which are static and dynamic;
- assessment of individualized treatment plans;
- the progression of patient privileges;
- community placement and intensive monitoring;
- recidivism; and
- the difference between competency to stand trial and not guilty by reason of insanity.

Committee recommendations

Information was distributed to the task force regarding research conducted in 2000 and 2001 on the possibility of developing legislation to add a guilty but mentally ill plea to the Colorado statutes. The task force decided not to revisit the issue in the interest of spending more time on juvenile justice issues as required by the authorizing legislation. However, as a part of the discussion of competency to stand trial, the committee recommended a bill concerning the creation of an advisory board within the Department of Human Services, which would create standards of training, education, and experience for individuals who conduct competency evaluations in criminal cases.

Juvenile Justice

Background

Beginning in 2005, the task force and the oversight committee studied juvenile justice issues with the assistance of the Center for Systems Integration and the Federation of Families for Children's Mental Health, which compiled the publication A Framework for System Improvement on Behalf of Youth with Mental Illness and Co-occurring Disorders in the Juvenile Justice System. That report set forth 26 recommendations that are intended to serve as a roadmap for identifying, assessing, and responding to needs for change in the juvenile justice system. One of the first-year legislative recommendations was to develop legislation for pilot programs expanding the use of family advocates in the juvenile justice system. A legislative proposal addressing the creation of those pilot programs was postponed indefinitely in 2006.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

In 2006, the task force and the oversight committee looked at ways to revamp the failed family advocacy legislation. Additionally, a new report, Colorado's Juvenile Justice State Plan for Youth with Mental Health Issues and Co-occurring Disorders, was completed and presented to the task force and oversight committee for consideration and revision. The plan contained in the report provides a broad description of strategies being used in Colorado communities to meet the needs of youth with mental health and co-occurring disorders who are at risk for involvement and/or involved in the juvenile justice system.

Committee recommendations

The task force and oversight committee devoted a great deal of time to studying and discussing various juvenile justice issues and recommended two bills on the subject. A bill to create demonstration programs for juvenile justice family advocates passed in the 2007 session. The intended function of the family advocates is to provide navigation, crisis response, integrated planning, and diversion from the juvenile justice system for youth with mental illness and co-occurring disorders. The bill requires the Division of Mental Health, with input from several entities, to implement and monitor the progress of six demonstration programs. The bill also sets out an extensive evaluation process for the programs.

A bill reinstating amended provisions of Section 19-2-702, C.R.S., which was repealed in 2005, also passed in the 2007 session. The bill requires anyone involved in a juvenile delinquency proceeding to raise the issue of emotional disturbance when it is appropriate. It directs the court to order a mental health assessment when the issue of emotional disturbance is raised. Finally, it allows the court to order mental health treatment or services as part of the case disposition.

During 2007 a number of issues were studied and discussed by the Advisory Task Force over the course of the year. The greatest focus was on offenders and public benefits, as well as a continued emphasis on juvenile justice. Time was also devoted to examining the issue of psychiatric security review boards. A discussion of these issues follows.

Offenders and Public Benefits

Late in 2006, the task force established a subcommittee to address issues of medication, health care, and public benefits. The subcommittee looked at what happens to inmates and juveniles when they leave the custody of the Department of Corrections (DOC), county jails, juvenile detention facilities, or other Department of Human Services facilities. Specifically, the subcommittee investigated how eligibility for public benefits is determined for individuals in the justice system.

House Bill 02-1295 created a mechanism to provide assistance to inmates in the custody of DOC in applying for public benefits prior to their release date. The task force, under the direction of the subcommittee, studied the possibility of providing the same application assistance to jail inmates, juvenile offenders, and other confined individuals. Studies presented to the subcommittee show that individuals with mental health problems who come out of a custody environment without access to health care and medication are very likely to recidivate. In order to facilitate recidivism reduction, a suggestion was made to suspend rather than terminate Medicaid benefits for inmates while they are in custody.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

Committee recommendations

The task force agreed that the development and use of a PSRB is not in the best interest of Colorado at this time. No further recommendations were generated.

During 2008, a number of issues were studied and discussed by the Advisory Task Force over the course of the year. The greatest focus was on treatment and services for co-occurring disorders and housing for mentally ill offenders in the community. The committee also devoted time to coordinating efforts with other state-level groups engaged in the study of mentally ill individuals who are involved with the justice system. A discussion of these issues, as well as the proposed legislation recommended by the committee, follow.

Co-occurring Disorders

The task force is charged with studying issues concerning the treatment of persons with mental illness who are involved with the justice system. A number of disorders commonly coincide with mental illness, for instance, traumatic brain injury, substance abuse, and developmental disabilities. The combination of mental illness and these co-occurring disorders presents a unique problem with regard to treatment. Mental health professionals are increasingly interested in finding the best ways to deal with such problems in a holistic manner. The task force heard a presentation by a representative of the Boulder Integrated Treatment Court (ITC), which attempts to integrate substance abuse treatment, mental health treatment, intensive supervision, and judicial oversight in order to promote public safety, foster individual responsibility, reduce crime, and improve the quality of life for participants and their families. Participants of the ITC had significantly lower recidivism rates than the average in the first two years of the program.

Another program directed by the National Development and Research Institutes and the Center for Integration of Research and Practice has been working with the Colorado Department of Corrections for the past ten years, studying inmates with co-occurring mental illness and substance abuse disorders. The group conducted a study of men at the San Carlos and Arrowhead prison facilities, both of which offer a therapeutic community within the prison that offers integrated mental health and substance abuse treatment services in a 24-hour residential program. Both facilities also offer an alternative program that provides services, but not in an integrated residential setting. The study showed that the reincarceration rate at 12 months post prison for the non-integrated program was 33 percent, while the rate for the therapeutic community was 16 percent. The rate for individuals in the therapeutic community who also maintained a connection to case managers and counselors after release was 5 percent. A similar study was carried out at the Denver Women's Correctional Facility, although the data in that study focused on outcomes related to mental health, criminal activity and behavior, and HIV risk, rather than just looking at recidivism rates. The women in the therapeutic community program had significantly better outcomes than those in the alternative program.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

Committee recommendations

Through various presentations, the task force learned that approximately 80 percent of offenders with severe mental disorders have co-occurring substance abuse disorders. As such, the task force and the legislative oversight committee determined that a definition of co-occurring disorders should be included in the authorizing legislation. HB 09-1021, reauthorizes the oversight committee and the task force, includes such a definition. Additionally, HB 09-016 and HB 09-1022 specifically include individuals with co-occurring disorders in programs that award grants to local governments.

Housing for Mentally Ill Offenders

Finding adequate housing for offenders who are released from incarceration is a major challenge. For those offenders who also have mental health issues, housing is a significant barrier to a successful re-entry to their communities. Without an address, it is difficult to apply for and receive public benefits like mental health treatment services. Also, numerous studies show that a safe environment and a consistent routine provide the best chance for a mentally ill individual to benefit from treatment. The task force looked at some reasons that acquiring adequate housing can be so difficult post release. Offenders report that living in a residential setting with other individuals in a similar situation provides an important support system and helps them avoid the behaviors that lead to re-offending. Residential treatment programs for offenders with mental health issues report highly successful outcomes in terms of staying on medication, continuity of treatment, peer support, and lower recidivism rates. However, local zoning boards are typically nervous about allowing such residential facilities to locate in their communities. Other programs overcome the barrier of zoning, but planning and implementation funding may not be available.

Committee recommendations

The oversight committee and the task force recommended SB 09-016, which awards grants to local governments to facilitate changes in zoning regulations to accommodate the housing needs of mentally ill individuals who are involved in the criminal justice system. HB 09-1022, which awards grants for local recidivism reduction programs, allows grant funding for transitional and residential housing services, as well as various re-entry programs that create or expand mental health services and supports.

Coordination of Efforts with Other Groups

The work of the legislative oversight committee and the task force often overlaps with the efforts of several other state-level groups, including, among others, the House Bill 07-1050 Behavioral Health Task Force, the Colorado Commission on Criminal and Juvenile Justice, the Metro Area County Commissioners (MACC) Mentally Ill Inmates Task Force, and the Colorado Criminal Justice Reform Coalition. Because the task force does a majority of the work relating to the continuing examination of the treatment of persons with mental illness who are involved in the justice system, the task force faces the challenge of coordinating its work with that of other groups that focus on the same types of issues. It would be a waste of time and resources to duplicate such efforts. Additionally, sharing information and resources among these groups makes fiscal and logical sense and assists in the work of all groups.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

The task force heard three presentations from the MACC Mentally Ill Inmates Task Force, which is concerned with lowering costs within county jails and preventing unfunded state mandates that could severely burden county governments. The seven metro area counties (Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, and Jefferson) agreed to collect and track the same data about jail inmates. The information includes, but is not limited to:

- average length of stay
- any mental health diagnoses
- cost to provide treatment services
- cost to house inmates

The collection of this data led to cooperation between the task force and the MACC Mentally Ill Inmates Task Force to address the problem of jail inmates who need state-issued identification cards in order to access services after leaving jail. Lack of access to services and supports for mental illness has been shown to increase recidivism among offenders. Governor Ritter has made it a priority of his administration to find effective and efficient ways to reduce recidivism among the offender population in Colorado. The Colorado Commission on Criminal and Juvenile Justice is also tasked with finding ways to reduce recidivism. Several members of the task force who also serve on the commission are ensuring that work is not being duplicated by the two groups.

Committee recommendations

The cooperative efforts between the task force and other groups led directly to the recommendation of SB 09-006, which creates a mobile unit to process identification cards for inmates in county jails. Additionally, HB 09-1022 awards grants to programs seeking to reduce recidivism for mentally ill individuals who are involved in the justice system. Finally, HB09-1021, the reauthorization bill, directs the task force to cooperate and coordinate work with other groups, when appropriate.

Website/Contact Information

Website: http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/comsched/05MICJSsched.htm

Jessika Shipley Phone: 303-866-3521
jessika.shipley@state.co.us

Debbie Grunlien
debbie.grunlien@state.co.us

Subcommittees

Juvenile Justice/ Mental Health Subcommittee to address Medication, Health Care & Public Benefits

Inclusion of Kids, Families, and Consumers

There are 3 spots on the board for Members of the Public, to be filled as follows:

1 Person who has a Mental Illness and has been involved in the Criminal Justice System in this state. [Consumer]

1 Person who has an adult family member with a Mental Illness and who has been involved in the Criminal Justice System in this state. [Family Member]

1 Person who is the parent of a child with Mental Illness and who has been involved in the Juvenile Justice System in this state. [Family Member]

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Members

Members listed below. Four are appointed by the Chief Justice of the CO Supreme Court, the rest are appointed by the chair and vice-chair of the task force (30 total members).

There is also a Legislative Oversight Committee, comprised of three State House Members and three State Senators.

Department of Human Services

Charles Smith,
Division of Behavioral Health

Caren Leaf,
Division of Youth Corrections

Melinda Cox,
Division of Child Welfare

Janet Wood,
Division of Behavioral Health

Michele Manchester,
Colorado Mental Health Institute at Pueblo

Jeanne Rohner,
Mental Health Planning and Advisory Council/
Mental Health America of Colorado

Practicing Mental Health Professionals

Julie Krow,
University of Colorado Health Sciences Center

Diane Reichmuth,
The Children's Hospital

Community Mental Health Centers

Harriet Hall,
Jefferson Center for Mental Health

VACANT
Person with knowledge of public benefits and housing in the state

Department of Education

Michael Ramirez

Department of Law

Tom Raynes,
Attorney General's Office

Judicial Department

Susan Colling,
Juvenile Programs Coordinator Probation Services

Eric Philp,

Probation Services

Judge Martin Gonzales,
Alamosa Combined Court

Magistrate Rebecca Koppes-Conway,
9th Judicial District

Local Department of Social Services

Susie Walton,
Elbert County Department of Social Services

Local Law Enforcement

Paul Siska,
Adams County Sheriff's Office

Vacancy

Colorado District Attorney's Council

Bruce Langer,
Boulder County District Attorney's Office

Colorado Criminal Defense Bar

Gina Shimeall,
Arapahoe Douglas Mental Health Network

Kathleen McGuire,
Public Defender's Office

Practicing forensic professional in the state

Gregory Kellermeyer,
M.D., Denver Health Medical Center

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

The subcommittee spent time studying best practices from other states and systems within Colorado to determine an efficient way of providing continued care for offenders transitioning through the justice system. Some discussion centered around the idea of a special use fund that would be defined in statute for the provision of certain benefits, including psychotropic medications, case management, and other crucial needs for individuals in transition.

Committee recommendations

The subcommittee recommended a change in the definition of the term "inmate" so that individuals on parole and in community corrections would be covered under Medicaid rules. The Department of Health Care Policy and Financing participated in subcommittee meetings and agreed to revise the definition at an administrative level. Four legislative proposals were generated by the subcommittee on medication, health care, and public benefits, expanding the task force membership to include a representative of the Department of Health Care Policy and Financing. addressing the provision of public benefit application assistance for confined individuals, and allowing a temporary suspension rather than a termination of benefits for anyone subject to court-ordered confinement. All of these bills passed during the 2008 legislative session.

Juvenile Justice

Background Beginning in 2005, the task force and the oversight committee studied juvenile justice issues with the assistance of the Center for Systems Integration and the Federation of Families for Children's Mental Health, which compiled the publication A Framework for System Improvement on Behalf of Youth with Mental Illness and Co-occurring Disorders in the Juvenile Justice System. That report set forth 26 recommendations that are intended to serve as a roadmap for identifying, assessing, and responding to needs for change in the juvenile justice system. One of the first-year legislative recommendations was to develop legislation for pilot programs expanding the use of family advocates in the juvenile justice system. A legislative proposal addressing the creation of those pilot programs was postponed indefinitely in 2006, but was successfully passed in 2007.

Another bill, House Bill 07-1058, attempted to require anyone involved in a juvenile delinquency proceeding to raise the issue of emotional disturbance when it is appropriate. It directed the court to order a mental health assessment when the issue of emotional disturbance is raised. Finally, it allowed the court to order mental health treatment or services as part of the case disposition. That bill was postponed indefinitely after concerns were raised by the Division of Youth Corrections (DYC) regarding the responsibility for paying for a mental health assessment. The task force discussed the appropriate entity to bear the cost of an assessment and whether such an assessment should be mandated or not.

Committee recommendations

The task force attempted to rewrite HB 07-1058 in a way that would address the concerns raised by DYC during the 2007 legislative session. Bill A requires anyone involved in a juvenile delinquency proceeding to inform the court if the juvenile might benefit from mental health services.

Legislative Task Force for the Continuing Examination and Treatment of Persons with Mental Illness who are involved in the Justice System

Past Activities (Reports, projects, changes to policy)

Committee recommendations

The court is then required to order a mental health screening for the juvenile. If the screening shows a necessity, the court may order a mental health assessment. The court is also permitted to order mental health treatment for a juvenile as part of the disposition of the case.

Members

Members of the Public

VACANT

Deirdre Parker

Steven White

Department of Public Safety

Jeanne Smith,
Director, Division of Criminal Justice

http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/comsched/05MICJSsched.htm

Department of Corrections

Jeaneene Miller,
Division of Parole

Joan Shoemaker,
Director Clinical Services

Dept. of Health Care Policy and Financing

Sandeep Wadhwa,
M.D., MBA State Medicaid Director

Authority

Legislative Mandate: SENATE BILL 04-037: 18-1.9-104.

Support (financial and in-kind)

Staff Support: The Departments represented on the task force, as well as the Directors of Research of the Legislative Council, the Office of Legislative Legal Services, and the Division of Criminal Justice, may supply staff assistance "as they deem appropriate." If none is available within existing appropriations, then the aforementioned Departments and Directors may supply staff assistance "only if moneys are credited to the examination of the treatment of person with mental illness in the criminal justice system cash fund created in section 18-1.9-106 in an amount sufficient to fund staff assistance." The task force may also accept staff support from the private sector.

Sources

Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System. (2005). Senate Bill 04-037 [PDF]. Retrieved June 29th, 2006 from http://www.leg.state.co.us/CLICS2004A/csl.nsf/fsbillcont3/1DB5B4F113F49EBC87256D7800636A66?Open&file=037_enr.pdf

Medical Home Initiative's Medical Home Advisory Board

Vision

The Colorado Medical Home Initiative is a statewide effort to build systems of *quality* health care for all children in Colorado while increasing the capacity of providers to deliver care to kids in our state.

The medical home model is an approach to health care that ensures that all providers of a child's care operate as a team; that families are critical members of that team; and that all team members understand the importance of quality, coordinated medical, mental, and oral health care.

Goals

In, 2007, the Colorado General Assembly recognized a state goal of increasing the number of children who receive care consistent with the Medical Home approach, as evidence byt eh passage of SB 07-130. The Colorado Medical Home Initiative, a joint effort of Colorado's Department of Public Health and Environment, Department of Health Care Policy and Financing and community stakeholder advocates, has four task forces to meet that goal. Goals of the Medical Home Initiative task forces are::

1. All providers understand the components of a Medical Home approach and implement them in their practices:
2. Families will understand the components of a Medical Home and advocate for them;
3. Provider incentives, resources and needs are effectively aligned to meet state goals;
4. Outcomes are evaluated and systems are monitored to assure quality; and
5. Reach and outcomes are communicated clearly to providers, families, and the community.

Website/Contact Information

http://wwwmedicalhomecolorado.org

Eileen Forlenza, Director Colorado Medical Home Initiative Phone: 303-692-2797 or Eileen.forlenza@state.co.us

Subcommittees

The Medical Home Initiative has 4 task forces:

Providers and Practice Management
contact Barbara Deloian,
303-692-2303
barber.deloian@state.co.us

Family Leadership
contact Eileen Forlenza
303-692-2794
Eileen.forlenza@state.co.us

Evaluation
contact KaraAnn Donovan,
303-692-2417,
kara.Donovan@state.co.us

Messaging
contact Doyle Forrestal
303-832-7594
dforrestal@cbhc.org

MembersInclusion of Kids, Families, and Consumers

consumer, youth, and family representation are actively recruited and included in the four task forces and Medical Home Initiative membership

Medical Home Initiative's Medical Home Advisory Board

Partnerships with other planning groups

consumer, youth, and family representation are actively recruited and included in the four task forces and Medical Home Initiative membership

Members

Membership and meetings are open to anyone wishing to share and realize our vision.
Examples of agencies with regular members include:

Health Care Program for Children with Special Needs

JFK Partners

Family Voices

Department of Health Care Policy and Financing

Part C- Early Childhood Connections

Head Start

Colorado Department of Mental Health

University of Colorado Health Science Center

Rocky Mountain Youth Pediatric Clinics

Colorado Children's Campaign

Colorado Chapter, AAP

Colorado Academy of Family Physicians

CO Chapter of the Nat'l Association of Pediatric Nurses and Practitioners

The Children's Hospital

Kaiser Permanente

Colorado Community Health Network

Rocky Mountain Health Plans CO Association of School-Based Health Care

Tri County Health Department

Colorado Behavioral Healthcare Council

Support (financial and in-kind)

Colorado Chapter, AAP
Colorado Academy of Family Physicians
CO Chapter of the Nat'l Association of Pediatric Nurses and Practitioners
The Children's Hospital
Kaiser Permanente
Colorado Community Health Network
Rocky Mountain Health Plans CO Association of School-Based Health Care
Tri County Health Department
Colorado Behavioral Healthcare Council

Sources

Fact sheet on the Colorado Medical Home Initiative; created by the Messaging Task Force and distributed at the Colorado Medical Home Initiative Advisory Meeting on January 15, 2008.
Eileen Forlenza, Personal Communication, January 28, 2008.

Mental Health Planning and Advisory Council (MHPAC)

Subcommittees: Child and Family, Youth Transition, Adult and Older Adult, Membership, Strategic Planning and Monitoring and CO Legislations and Budget Committee (CLAB)

Mission Vision Values

The purpose of the Colorado MHPAC is:

1. To exchange information and develop, evaluate, and communicate ideas about mental health planning
2. To write and amend strategic plans for mental health services in the State of Colorado
3. To advise the Colorado state government concerning proposed and adopted plans for mental health services provided or coordinated by the state and the implementation thereof
4. To monitor, review, and evaluate the allocation and adequacy of mental health services inn Colorado and to advise the Colorado state government concerning the need for and quality of services and programs for persons with mental illness in the state
5. To develop and take advocacy positions concerning mental health legislation and regulations

Goals

In its FY 2005-2007 Federal Block Grant Plan, Colorado identified a number of areas within and without the public mental health system that needed improvement. Those areas needing improvement identified in August 2004 can be placed into the following five general categories:

- Consumer/Family Driven and Focused Services and Systems
- Cultural Competence
- Cross-System Integration
- Emphasis on Outcomes

Resources and Funding

Based on these needs, Council is organized into subcommittees who meet monthly and provide recommendations back to Council on matters of policy and planning for improved mental health services. Following are some of the committee action item from the 06-07 work plan:

<u>Child and Family Subcommittee Goals</u>

Promote Evidenced Based Practices and Promising Practices for treatment of Co-occurring Mental Illness and Substance Abuse.

- The Departments of Healthcare Policy and Financing and Human Services will establish rules that encourage integrated treatment for individuals with Medicaid Benefits who have co-occurring disorders.
- Identify evidence based practices that could potentially be made available in Colorado for individuals with co-occurring disorders. Look for outpatient, residential and inpatient programming.
- Complete inventory of evidence based services actually being provided in Colorado
- Conduct social marketing on system of care principles and values.
- Recommend best practices regarding Psychiatric Residential Treatment Facility (PRTF) and Therapeutic Residential Child Care Facility (TRCCF) level of care as well as community based alternatives

Mental Health Planning and Advisory Council (MHPAC)

Subcommittees: Child and Family, Youth Transition, Adult and Older Adult, Membership, Strategic Planning and Monitoring and CO Legislations and Budget Committee (CLAB)

Goals

Transitional Youth Subcommittee Goals:

- Partner with Child and Family sub committee on system of care promotion
- Develop a website for services and resources available statewide for transitional youth
- Partner with Easter Seals on a state wide conference about transitional youth, designed for these youth and their families
- Identify evidenced based practice for transitional youth

Adult/Older Adult Subcommittee Goals:

1. Temporarily suspend benefits, so they are not lost, for individuals when they become employed, are incarcerated, or are hospitalized.
2. Learn the rules of the current system for Supplemental Security Income (SSI), Social Security Disability Insurance Income (SSDI), and income-based Medicaid Benefits regarding loss of benefits when people become employed. Determine what would need to be changed to maintain benefits. Explore waiver possibilities.
3. Learn the rules of the current system regarding loss of benefits when someone is incarcerated. Determine what would need to be changed to maintain benefits.
4. Learn the rules of the current system regarding loss of benefits when someone is hospitalized. Determine what would need to be changed to maintain benefits.
5. Promote Evidenced Based Practices and Promising Practices for treatment of Co-occurring Mental Illness and Substance Abuse.
6. The Departments of Healthcare Policy and Financing and Human Services will establish rules that encourage integrated Treatment for individuals with Medicaid Benefits who have co-occurring disorders.
7. Identify evidence based practices that could potentially be made available in Colorado for individuals with co-occurring disorders.
8. Look for outpatient, residential and inpatient programming.
9. Complete inventory of evidence based services actually being provided in Colorado
10. Identify best practices for older adult population

Membership Sub committee Goals:

1. Recommend methods to increase consumer membership and participation in Council and its subcommittees:
2. Evaluate teleconferencing technology

Strategic Planning and Monitoring Subcommittee Goals:

- Review data collected about mental health issues by different state departments
- Recommend key data set to be collected by all

Mental Health Planning and Advisory Council (MHPAC)

Subcommittees: Child and Family, Youth Transition, Adult and Older Adult, Membership, Strategic Planning and Monitoring and CO Legislations and Budget Committee (CLAB)

Goals

CLAB Subcommittee Goals:

Develop funding priorities and educate stakeholders and JBC

MHPAC Funding Priorities - 2008

MHPAC affirms the critical need to preserve all elements, community based and institute services, of an effective continuum of care in Colorado. The overall focus for these priorities is for underserved and underserved individuals with serious needs for mental health services.

1. Increase general fund dollars to serve at least 17,300 persons with mental illnesses who are medically indigent (health disparities among underserved and underrepresented populations including but not limited to people who are homeless and rural) and would seek treatment.
2. Restore mental health early intervention services
3. Expand peer services for the Non-Medicaid population
4. Add family advocacy services to help families find and receive the services they need
5. Develop Triage/Urgent care centers to reduce the usage of emergency departments
6. Provide services for adolescents transitioning to adulthood
7. Expand the Children's Health Plan benefit for youth who have Serious Emotional Disorders
8. Use Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) to serve young children whose mental health treatment needs do not meet criteria for coverage under the current Medicaid Mental Health managed care program.
9. Prevent individuals with mental illness and substance abuse disorders from entering or reentering the juvenile and adult justice systems by funding services at the appropriate level through an integrated system of care.
10. Establish Medicaid eligibility for people leaving the justice system
11. Fund diversion and re-entry services for people at risk or involved in the justice system (i.e. SB 94)
12. Provide adequate staffing capacity for the Division of Mental Health to ensure access, quality and accountability of services.
13. Realignment of institute capacity to address geographic proximity to allow consumers to be closer to their families while receiving services.

Past Activities (Reports, projects, changes to policy)

Community Mental Health Services, Block Grant Application and Plan, FY 2005-2007

Implementation Report for FY 2005, or Year One of the approved three-year (FY 2005-2007) Community Mental Health Services Block Grant Plan.

Funding Priorities are identified annually and presented to key state department heads and to the Joint Budget Committee. Evaluations of Past Activities: Block grant reviews.

Website/Contact Information

http://www.cdhs.state.co.us/ohr/mhs/MHPAC/home.htm

Mental Health Planning and Advisory Council (MHPAC)

Subcommittees: Child and Family, Youth Transition, Adult and Older Adult, Membership, Strategic Planning and Monitoring and CO Legislations and Budget Committee (CLAB)

Subcommittees

MHPAC Committee Meetings- You do not need to be a Council member to participate on a committee.

CO Legislative and Budget: George DelGrosso and Jeanne Rohner, co chairs. During the legislative session (Jan through April), the subcommittee meets the same day as MHPAC (4th Friday of the month) from 8:00 am to 9:00am at the Pavilion. From May through Dec, the subcommittee meets from 1:00pm -2:30pm on the fourth Thursday of the month. It meets in the first floor conference room at the Division of Mental Health office on Princeton Circle in Denver. This committee is very active legislatively and has been instrumental in restoring some of the lost funding for uninsured people. The committee monitors the legislative session and provides testimony when needed.

Contact: George DelGrosso at 303-832-7594 or gdelgrosso@cbhc.org
Jeanne Rohner at 720-208-2225 or JMRohner@mhacolorado.org

Membership Committee: Bruce Mayer and Harriett Hall, co chairs. This committee meets 2nd Tuesday of the month - 4pm - by phone conference (contact chairs for details). This committee recruits and approves new members to Council as well as recruits new members to participate in the committee work of Council.

Contact: Bruce Mayer at 970-259-2379 or bruce_mayer@hotmail.com
Harriet Hall at 303-432-5001 or harriet@jcmh.org

The Adults and Older Adults Committee: Wayne Maxwell and Diana Dilka, co-chairs.
The subcommittee meets from 11:30 a.m. until 1:00 on the fourth Thursday of each month. The subcommittee meets in the first floor conference room at the Division of Mental Health office on Princeton Circle in Denver. This committee concerns itself with the mental health needs of adults and older adults. Currently it is involved in shaping the Medicaid benefit for substance abuse with a focus on dual disorder treatment.

Contact: Wayne Maxwell at 970-353-3686 or wayne.maxwell@northrange.org
Diana Dilka at 970-359-2388 or yonderwinds@yahoo.com

Child and Family Committee: Margie Grimsley and Barb Bieber, co chairs. The subcommittee meets the same day as Planning Council (usually the fourth Friday of the month) from 1:00pm to 3:00pm at the Pavilion. This committee concerns itself with the mental health needs of children and families. It advocates for a system of care approach to planning services.

Contact: Margie Grimsley at 303-455-5928 or m_grimsley@msn.com
Barb Bieber at 303-866-6933 or bieber_b@cde.state.co.us

Transitional Youth Committee: Barbara Mattison is chair; a co-chair will be elected shortly. The transitional Youth Committee educates the public about the needs of youth, ages 14 – 25, who are transitioning from child to adult mental health services, and advocates for systems change to strengthen and develop services for transitioning youth.

Contact: Barbara Mattison at 303-322-4878 or rambjm@comcast.net

Mental Health Planning and Advisory Council (MHPAC)

Subcommittees: Child and Family, Youth Transition, Adult and Older Adult, Membership, Strategic Planning and Monitoring and CO Legislations and Budget Committee (CLAB)

Subcommittees

Strategic Planning and Monitoring: Amy Smith and Linda Lytle, co chairs. This committee meets 3rd Friday from 9:00am-10:30am. The subcommittee meets in the first floor conference room at the Division of Mental Health office on Princeton Circle in Denver. This committee monitors the state mental health service delivery data and makes recommendations based on that data.

Contact: Amy Smith at 720-208-2225 or asmith@mhacolorado.org
Linda Lytle at 303-296-4996 or LLytle@ColoradoCoalition.org

Members

Membership shall be by appointment of the Executive Director of the Colorado Department of Human Services or a designee. From time to time, the Council may recommend appointment of new members or removal of existing members. Each membership term is three years, starting on July 1. The Membership Committee may from time to time submit to the Council for approval statewide 501 (C) (3) organizations whose representation on the Council could make a significant contribution. Each Council-approved organization shall be entitled to have one person appointed to the Council. All meetings of the Council are to the public. A reasonable period shall be set aside at all meetings of the Council for members of the public to address the Council. Members of the public shall be permitted to propose new business for the next meeting of the Council.

Council is comprised of state department representatives, providers, and mental health advocates, consumers, and family members. By federal regulation, Council must be 50% mental health consumers and family members. Colorado's MHPAC is interested in recruiting consumers and family members to join and make a difference. They meet the 4th Friday of the month from 9am-noon in Denver at the Fort Logan Mental Health Institute Campus, Pavilion room.

Sharon Raggio, Chair
Susan Bailey
Barb Bieber
Robyn Bolduc
Debra Cady
Melinda Cox
James Dean
George DelGrosso
Diana Dilka
Megan Floyd
Terry Fowler
John "Bruce" Mayer (Co-Vice Chair)
Shellie Medich
Carol Ann Reynolds
Jeanne Rohner

Ed George
Harriet Hall
Christine Highnam
Toni Koontz
Debra Kupfer
Keith La Grenade
Scott Leroy
Hernando Liebmann
Anne Lowe
Linda Lytle
Wayne Maxwell
Charles Smith
Antoinette Taranto
Janet Wood
Amy Smith (Co-Vice Chair

Mental Health Planning and Advisory Council (MHPAC)

Subcommittees: Child and Family, Youth Transition, Adult and Older Adult, Membership, Strategic Planning and Monitoring and CO Legislations and Budget Committee (CLAB)

Inclusion of Kids, Families, and Consumers

By federal regulation the council must be 50% consumers and family members.

Authority

Federal mandate: Each state, by federal regulation, must have a MHPAC to advice the state on its delivery of mental health services.

Partnerships with other planning groups

1) Colorado System of Care Collaborative and Mental Health Planning and Advisory Council Child and Family Committee – Public Education Committees

Progress on Partnerships with other planning groups

1) Bring organizations together with Mental Health Planning and Advisory Council Colorado
2) Legislative and Budget Subcommittee – organizations interested in advocacy and policy
3) development to work for common goals/needs – obtain funding to do this.

2) Mental Health Planning and Advisory Council – cross system decision item development; pool resources for special studies.
3) Mental Health transformation grant out of the development of a shared vision.
4) Coordinate with different transition efforts going on.

Support (financial and in-kind)

Some reimbursement for consumer/family member travel and expense from the Colorado Department of Human Services, Division of Mental Health

Sources

The CDHS web-site, Mental health Planning and Advisory Council web-page. (ND) Retrieved July 28th, 2006 from http://www.cdhs.state.co.us/ohr/mhs/MHPAC/home.htm

Minority Health Advisory Commission (MHAC)

Mission Statement

The mission of the Colorado Department of Public Health and Environment's Minority Health Advisory Commission (MHAC) on Minority Health is to:

- Advise the Colorado Department of Public Health and Environment (CDPHE) on public health programming for communities of color
- Assist CDPHE in identifying strategies and providing advice for evaluation and data interpretation
- Strengthen collaboration between CDPHE and communities of color throughout the state
- Collaboration with the Office of Health Disparities
- Strive to eliminate health disparities

Goals

The Minority Health Advisory Commission provides a formal mechanism at the level of the CDPHE Executive Director. The Commission works closely with the Office of Health Disparities to identify and address specific needs in our minority communities. The Commission has a statewide focus, and conducts open meetings in various locations in Colorado. Using data from CDPHE's recent Health Disparities Report as well as input from community leaders and citizen groups, the Commission makes specific programmatic and funding recommendations to the Department.

Planned and Ongoing Activities

1. The Commission works in concert with the Board of Health to make funding recommendations for the Health Disparities Grant Program, established with funds appropriated from Amendment 35 tobacco cash fund. This program provides financial support for local and statewide initiatives that address prevention, early detection, needs assessment, and treatment for cancer, cardiovascular disease, including diabetes, and pulmonary disease in minority populations.
2. The Commission conducts open monthly meetings and town hall meetings in various locations throughout Colorado to find out the needs of minority communities in Colorado.

Past Activities

Minority Health Advisory Commission Health Disparities Town Hall meetings were held August 11, 2006 at Pueblo Community College in Pueblo, Colorado, on May 22, 2007 in Grand Junction, Colorado at the Latin-Anglo Alliance Building and on May 2, 2008 in Fort Morgan, Colorado at the Colorado Plains Medical Center. An Open House was held at the State Capitol in April 2008

Website/Contact Information

Rachel Carmen, cdphe.edohd@state.co.us
Office of Health Disparities Program Assistant:

Website: http://www.cdphe.state.co.us/ohd/mhac/mhac.html

Minority Health Advisory Commission (MHAC)

Members

The Commission meets monthly, on the first Friday of each month.

Dr. Anthony Young, Psy. D.,
MHAC Chair,
Criminal Justice Specialist,
Office of Behavioral Health Services
of the Div of Mental Health
CDPHE Services,
drapyoung@msn.com

Lucio Torres-Florez, M.S., MHAC
Vice Chair,
CEO/President, Salt Creek Enterprises, Inc.,
screekinc.@aol.com

James Martin, J.D.,
Executive Director CDPHE,
james.martin@state.co.us

Senator Peter Groff, J.D.,
Colorado State Senator,
Senate President,
peter.groff.senate@state.co.us

Rep. Jerry Frangas, M.P.A, M.S.W.,
Colorado State Representative,
kjerry.frangas.house@state.co.us

Dolores Pitman, M.A.,
Independent Consultant,
dolorespitman@bresnan.net

Patricia Alvarez-Valverde, M.P.H.,
Manager, UC Denver
Cancer Center,
patricia.valverde@ucdenver.edu

Michael Anaya, Sr.FACHE, M.P.A.,
CEO, Colorado Plains Medical Center,
Michael.anaya@lpnt.net

Theron J. Bell,
VP Protekt Mark, LLC,
theronbell@aol.com

Thomas Duran,
Director, Tribal Member Health Benefits,
Southern Ute Indian Tribe,
tduran@southern-ute.nsn.us

Brother Jeff Fard,
Director, Brother Jeff's Cultural Center
brotherjeff1@earthlink.net

Franklin Kim, Ph.D., NAAPIMHA
(National Asian American Pacific Islander
Mental Health Association),
frankpkim@hotmail.com

The Minority Health Advisory Commission was created in November 2005 and was codified in statute through Senate Bill 242 in May 2007. http://www.cdphe.state.co.us/ohd/mhac/index.html

Inclusion of Kids, Families, and Consumers

No

Support (financial and in-kind)

Colorado Department of Public Health and Environment

Sources

Office of Health Disparities, Colorado Department of Public Health and Environment

National Governor's Association Transition Project

Vision

Colorado is committed to building a world-class system that provides opportunities for all Coloradoans to advance their health, education, employability, and quality of life. Because youth are the future of our state, the project has placed particular emphasis on ensuring high quality services to these people.

Colorado has made significant progress in improving access to services for people with disabilities, yet the state needs to move from an activity-based service delivery model to a systemic model, allowing for a more comprehensive, integrated system of institutions and agencies that serve youth.

Goals

PRIORITY AREAS

Improve interagency collaboration

- Reduce duplication of services
- Clearly defined roles and responsibilities among agency partners
- Systemic attention to broad range of transition issues (transportation, health, housing, education, training, employment, civic engagement)
- Outreach to new partners whose missions are to serve youth
- Develop framework for implementing policy-level changes

Strengthen Accountability

- Obtain interagency support for common data elements and data sharing
- Creation of a universally accessible data warehouse that meets every program/partner's needs
- Utilize data to track client access to programs and services and to evaluate performance outcomes

Establish Stronger Connections with Special Populations

- Partnering with systems that serve Native Americans, ex-offenders, individuals with mental health needs, youth in the child welfare and foster care systems, the homeless, Veterans, and migrant workers
- Outreach to programs and services that are currently marginal participants in transition efforts
- Cross-training and enhanced referrals among programs that serve transitioning youth
- Common understanding of "transition" and "disabilities"

Increase Awareness of Disability Issues

- Target the programs that serve youth regarding strengths, challenges, and needs of youth with disabilities
- Ensure universal access to all programs serving youth
- Educate service providers and employers about available accommodations for youth with disabilities

Planned Activities

1. Development of a searchable database of resources for transitioning youth, state-wide.
2. Kickoff breakfast for the searchable database (also to encourage others to submit their organization's data) late winter 2007.
3. Legislative briefing planned for Spring 2007.

National Governor's Association Transition Project

Members

Home Team Collaboration Subcommittee

Terry McGarry, Arapahoe/Douglas Workforce Center

Brent Ridley, Division of Youth Corrections

Kristie Braaten, DHS Div fo Develop. Disabilities

Katie Kozney, Adams County Workforce and Business Center

Chris Roe, DHS Supportive Housing/Homeless Program

Marta Osuna, Denver Public Schools

Jon Paul Burden, CDE

Ray Furman, Denver Options

Nadine Neswadi, Denver Options

Karen Hoopes, Tri-County Workforce Development

Chris Dewhurst, Broomfield Workforce - DPN

Marie Williams, Douglas County School District

Jim Gault, Division of Youth Corrections

Cathy Noble-Hornsby, Goodwill Denver/Deaf Services Program

Beth Schaffner, PEAK Parent Center

Theresa Halsey, Denver Indian Family Resource Center

Shirley Dodd, CDHS

Timothy Hershey, CDPHE

Barbara Palmer, Colorado Department of Education

Donna Schulte, Easter Seals Colorado

Glenda Laveck, Colorado Bus Leadership Network/HSHT

CDPHE/Health Care Program for Children with Special Needs and Gov's Coordinating Council for Transportation

Home Team Data Subcommittee

Bertie Ghans, Southeast Regional HCP/Otero County Health Dept.

Susie Bell, Community College of Denver

Jessica Aragon, Tri-County Workforce Development

Barbara Mattison, Transitions Subcommittee/Child and Fam Committee/MH Planning and Advisory Council

Elise Lowe-Vaughn, CDOLE

Judy Emery, Colorado WIN Partners

Sue Schierkolk, CDHS/Division of Vocational Re-habilitation

The people below are not members of the NGA Transition Project, but want to be kept informed about the Project's activities.

Jerry Phillips, Cerebral Palsy of Colorado

Rose Compton, Cerebral Palsy of Colorado

Annie Henry, Denver Options (student)

Diane Nest, Social Security Administration

Carolyn Kwerneland, JCDHE

Sherry Holly, Mental Health Ctr of Denver

Jeannemarie Fagan, Trico Health Dept

Judy Cort, Pikes Peak Community College

Maureen Wirth, CDE

.

National Governor's Association Transition Project

Ongoing Activities

Pursuit of 3 goals that have developed from this project:
1. Policy development
2. Collaboration
3. Data sharing/data warehousing between agencies

Past Activities (Reports, projects, changes to policy)

1. Nationally recognized statewide disability program navigator program
2. Statewide resource mapping of 87 federally funded state programs that serve youth, as well as local resource mapping in 6 workforce regions, focusing on state and local resources that are serving youth
3. Multiple state projects focused on youth transition
4. Widespread collaboration currently exists
5. Broad expertise within the core team regarding systems change/transition initiatives

Website/Contact Information

Steve Wright, Grants Administration Officer, Office of Workforce Development.
Steve.Wright@state.co.us Phone (303) 866-2271 Fax (303) 866-2660

Subcommittee

Policy, Data, and Collaboration/Training

Members

The Transition Project has a Core Team and a Home Team

Core Team

Lee Carter, Office of Workforce Development

Judith Ham, Cerebral Palsy of Colorado

Elise Lowe-Vaughn, CDOLE

Steve Wright, Office of Workforce Development

Booker Graves, Workforce Development

Sue Schierkolk, CDHS/Div of Vocational Rehab

Timothy Hershey, CDPHE

Barbara Palmer, CDE

Samantha O'Neill-Dunbar, CDHS/TANF

Nancy Lemein, Governor's Office of Policy and Initiatives

Donna Schulte, Easter Seals Colorado

Judy Emery, Colorado WIN Partners

Home Team Policy Subcommittee

DeAnn Major, ARC of Denver

Lynne Popkowski, Douglas Co School District

Cheryl Carver, Div of Vocational Rehab/SWAP

Georgia Sigala, Denver Options

Tom Muniz, City and County of Denver

Maggie Red, Denver Options

Anne-Marie Braga, CDPHE

Joe Cordova, Cerebral Palsy of Colorado

Kathie Snell, CDHS/Division of Mental Health

Beverly Hirsekorn, CO Developmental Disabilities

Bob Epstein, CAC

Booker Graves, Office of Workforce Development

Judith Ham, Cerebral Palsy of Colorado

Samantha O'Neill-Dunbar, CDHS/TANF

National Governor's Association Transition Project

Inclusion of Kids, Families, and Consumers

No

Partnerships with other planning groups

Governor's Office of Policy and Initiatives
Office of Workforce Development
Colorado WIN Partners/UCHSC
Cerebral Palsy of Colorado
CO Dept. of Labor and Employment
CO Dept. of Education
Exceptional Student Services Unit
CDHS/Div. Of Vocational Rehabilitation
Colorado Community College System
CDPHE/Health Care Program for Children with Special Needs
Gov's Coordinating Council for Transportation

Potential Future Partnership Opportunities

1) Connect with Colorado LINKS – policy advocacy and systems integration efforts
2) Connect with Prevention Leadership Council
3) Coordinate with different Transition efforts going on

Support (financial and in-kind)

National Governors Association (financial), and in-kind contributions from all groups listed as partnership groups, and in-kind from the Youth Transition Grant

Sources

National Governor's Association. (2006) [PDF] NGA Poster 2/15/2006

National Governor's Association. (2005) [Word Document] NGA Poster 10/2005

Steve Wright, Personal Communication, December 27th 2006.

Prevention Leadership Council

Mission Statement

The mission of the Prevention Leadership Council (PLC) is to provide a strong, unified voice for prevention and early intervention in Colorado and promote coordinated planning, implementation, and evaluation of quality prevention and early intervention services for children, youth, and families at the state and local level.

Vision

A coordinated system of quality prevention and early intervention services to improve the health and well being of all children, youth, and families in Colorado.

Values and Principles

Guiding Principles: In the conduct of its business, the PLC adheres to the following principles:
a. Partnership among state agencies, local communities, the private and non-profit sectors;
b. Empowerment of youth, families and local communities to make healthy choices;
c. Promotion of programs/practices that are evidence-based and outcome-oriented;
d. Respect for cultural differences and appropriate tailoring of programs and services;
e. Receptivity to new ideas and community-based initiatives;
f. Creation of a unified system that simplifies access to services;
g. Linking people, listening to and learning from one another;
h. Commitment to practical application and sustainability of services over time; and
i. Affirmation of the importance of both skills and relationships in supporting change.

Goals

The following seven goals are matched with objectives and benchmarks in the Planned Activities section (next section below):

1. Coordinate and streamline state-level processes for distributing resources and administering programs.
2. Enhance the capacity of local communities and prevention, intervention and treatment providers through a coordinated system of training and technical assistance.
3. Enhance prevention, early intervention and treatment services through the application of standards for providers and service delivery, promoting “best practices/best processes,” and fostering rigorous program evaluation.
4. Assure that user-friendly data are available to local communities to assist in local planning and decision-making processes.
5. Develop and maintain mechanisms to ensure collaborative planning and decision-making among local service providers, community groups and state agencies.
6. Promote prevention, intervention and treatment services for children and youth by reporting program outcomes and accomplishments to key decision-making groups.
7. Review and Update the State Plan for Prevention, Intervention and Treatment Services for Children and Youth.

Goal From Brochure

Prevention Leadership Council

Planned Activities

These Objectives and selected Benchmarks are from the PLC State Plan for 2006-2009. For more information on the objectives and to see the benchmarks for each objective, please visit: http://www.cdphe.state.co.us/ps/ipsp/PLCStatePlan.pdf. (See Sources section below).

Goal 1:

Coordinate and streamline state-level processes for distributing resources and administering programs.

Objective 1.1: Convene the Prevention Leadership Council to continue cross-state agency coordination and collaboration.

Objective 1.2: Produce an Annual Report of prevention, intervention, and treatment programs operated by the Departments of Education, Human Services, Public Health and Environment, Public Safety and Transportation.

Objective 1.3: Improve communication among state agencies, foundations, local service providers and local coalitions regarding existing programs/services and potential sources of funding.

Objective 1.4: Standardize common components of requests for proposals and grant applications across five state departments that fund prevention, intervention and treatment programs.

Objective 1.5: Institute grant application and review processes for prevention, intervention and treatment funds that are standard across departments that fund services for children and youth.

Objective 1.6: Institute a process for assessing the application of the Uniform Minimum Standards that is standard across state agencies.
Objective 1.7: Utilize and sustain a Web-based reporting and evaluation system for prevention and early intervention services for gathering service information and outcome data.

Objective 1.8: Collect statewide youth behavior data to inform policy and programs.

Objective 1.9: Establish a state-level organizational structure to support the early childhood system.

Objective 1.10: Through state interagency coordination, complete an environmental scan of system collaboration initiatives and state agency plans related to prevention, intervention and treatment services for children and youth.

Objective 1.11: Establish a partnership among state agencies to address the coordination and integration of state mental health prevention, intervention and treatment systems, programs and services for children and youth.

Objective 1.2: Produce an Annual Report of prevention, intervention, and treatment programs operated by the Departments of Education, Human Services, Public Health and Environment, Public Safety and Transportation.

Objective 1.3: Improve communication among state agencies, foundations, local service providers and local coalitions regarding existing programs/services and potential sources of funding.

Prevention Leadership Council

Planned Activities

Objective 1.4: Standardize common components of requests for proposals and grant applications across five state departments that fund prevention, intervention and treatment programs.

Objective 1.5: Institute grant application and review processes for prevention, intervention and treatment funds that are standard across departments that fund services for children and youth.

Objective 1.6: Institute a process for assessing the application of the Uniform Minimum Standards that is standard across state agencies.
Objective 1.7: Utilize and sustain a Web-based reporting and evaluation system for prevention and early intervention services for gathering service information and outcome data.

Objective 1.8: Collect statewide youth behavior data to inform policy and programs.

Objective 1.9: Establish a state-level organizational structure to support the early childhood system.

Objective 1.10: Through state interagency coordination, complete an environmental scan of system collaboration initiatives and state agency plans related to prevention, intervention and treatment services for children and youth.

Objective 1.11: Establish a partnership among state agencies to address the coordination and integration of state mental health prevention, intervention and treatment systems, programs and services for children and youth.

Objective 1.12: Enhance the state infrastructure for the Coordinated School Health Initiative.

Objective 1.13: Establish and sustain an interagency statewide alliance of champions that acts on reducing teen motor vehicle crashes and improving teen motor vehicle safety.

Goal 2

Enhance the capacity of local communities and prevention, intervention and treatment providers through a coordinated system of training and technical assistance.

Objective 2.1: Implement a coordinated system for state capacity development and professional development related to prevention, intervention and treatment for children and youth.

Objective 2.2: Integrate core competencies for prevention and intervention professionally with the Uniform Minimum Standards assessment tool and process.

Objective 2.3: Enhance capacity of prevention, intervention and treatment providers in delivering effective services through community and state partnerships.

Objective 2.4: Strengthen capacity to provide professional development through coordination of the Colorado Connections for Healthy Schools (the Coordinated School Health Initiative) with the PLC.

Objective 2.5: Expand the depth and breadth of knowledge of professionals working in early childhood disciplines.

Objective 2.6: provide technical assistance and consultation to statewide and local community organizations interested in or currently addressing teen motor vehicle safety.

Prevention Leadership Council

Planned Activities

Goal 3

Enhance prevention, early intervention and treatment services through the application of standards for providers and service delivery, promoting "best practices/best processes," and fostering rigorous program evaluation.

Objective 3.1: Increase the effectiveness of state agencies and technical assistance agents to assess the application of the Uniform Minimum Standards by prevention providers and to enhance the capacity of providers to deliver effective prevention and intervention services.

Objective 3.2: Utilize the Web-based reporting and evaluation system to enhance the evaluation of outcomes of state-funded prevention and intervention programs.

Objective 3.3: Increase use of evidence-based prevention, intervention and treatment programs and strategies among state agencies and local providers. (www.colorado.gov/bestpractices)

Objective 3.4: Use program standards for communicating expectations, ongoing monitoring, and providing incentives for quality early childhood programs and services.

Objective 3.5: Enhance and broaden the use of state-of-the-art approaches for evaluation of prevention, intervention and treatment services for children and youth.

Objective 3.6: Utilize outcome data and performance measures to identify service priorities and needs and to demonstrate effectiveness of services.

Objective 3.7: Mitigate child and adolescent violence through coordinating and integrating evidence-based strategies, practices, policies and programs that address shared risk and proactive factors and strengthen collaborative partnerships.

Objective 3.8: Further develop agency partnership and collaboration to ensure coordinated and comprehensive transition planning for youth with special needs as they move from children's services to adult system of care.

Goal 4

Assure that user-friendly data are available to local communities to assist in local planning and decision-making processes.

Objective 4.1: Facilitate long-range integrated and comprehensive planning, improve resource utilization, and improve assessment of the impact of services on social and health indicators.

Objective 4.2: Utilize social and health indicator data to inform state and local planning and policy decisions, and develop state and local strategic plans for addressing priorities based on the assessment of the data.

Objective 4.3: State data from the Web-based reporting and evaluation system is available for use in planning and decision-making.

Goal 5

Develop and maintain mechanisms to ensure collaborative planning and decision-making among local service providers, community groups and state agencies.

Prevention Leadership Council

Planned Activities

Goal 5

Develop and maintain mechanisms to ensure collaborative planning and decision-making among local service providers, community groups and state agencies.

Objective 5.1: Establish communication networks between the Prevention Leadership Council and local service providers.

Objective 5.2: Form collaborative relationships with public and private prevention, intervention and treatment partners and initiatives.

Objective 5.3: Identify and implement priority strategies fro addressing the needs of youth with mental health and co-occurring disorders at risk for involvement in the juvenile justice system.

Objective 5.4: Expand and strengthen diverse partnerships among state agencies and key stakeholders groups by weaving together existing efforts to create a more coordinated continuum of mental health services for children, youth and families.

Goal 6

Promote prevention, intervention and treatment services for children and youth by reporting program outcomes and accomplishments to key decision-making groups.

Objective 6.1: Report effective service outcomes to decision makers.

Goal 7

Review and Update the State Plan for Prevention, Intervention and Treatment Services for Children and Youth.

Objective 7.1: Monitor the progress toward achieving the benchmarks of the State Plan.

Ongoing Activities

1. Implementing and sustaining the Strategic Prevention Framework grant.
2. Implementing a single web-based reporting and evaluation system for multiple state agencies that fund prevention and intervention services (Colorado KIT).
3. Collaborating with the Coordinated School Health Initiative, the Early Childhood State Systems Team and the Colorado Systems of Care Collaborative on interagency efforts to coordinate and streamline state processes.
4. Coordinating on a single state survey process for collecting youth health and behavioral health data.
5. Instituting a shared mechanism among state programs for coordinating and integrating technical assistance and training resources in support of success of local communities.

Prevention Leadership Council

Past Activities (Reports, projects, changes to policy)

1. Awarded the Strategic Prevention Framework/State Incentive Grant from the Center for Substance abuse Prevention through the Office of the Governor to enhance the state collaborative prevention efforts to 15 communities.
2. A web accessible Prevention Resource Database which provides information to local communities on over 35+ state/federal programs and funding sources and lists over 600 local prevention and intervention programs in communities across the state.
3. The coordination and streamlining of data collection and needs assessment in local communities.
4. A "Best Practices" website which contains information on over 200 effective, evidence-based prevention programs in forty-six topic areas. The website links state and local prevention service providers to state-of-the-art research, practices and resources in a range of topic areas such as: violence prevention, positive parenting, injury prevention, childhood obesity, access to health care etc.
5. Development of joint Uniform, Minimum Standards for prevention and intervention programs approved by the Board of Health for children and youth. The standards will help assure accountability and promote a high level of quality among state and federally funded programs.
6. A four-year review of all state and federally-funded prevention and intervention programs for children and youth. The purpose of the review is to determine whether programs are meeting their intended goals and outcomes and to identify program strengths and areas for improvement.
7. Revised State Plan for Prevention, Intervention and Treatment Services for Children and Youth approved by Governor Owens. The State Plan is reviewed and revised biannually, with input from local communities.
8. Developed a toolkit to assist local communities and the state with existing early childhood needs assessment processes. The toolkit will help to compile early childhood data as well as identify missing data.
9. Linking core competencies for prevention providers with the Uniform Minimum

Website/Contact Information

http://www.colorado.gov/plc

Prevention Services Division
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, A-4
Denver, CO 80246
303- 692-2421

Members

Description of Members: Individuals from across state agencies, foundations and statewide organizations that are committed to coordinating and streamlining state processes and enhancing the quality and accessibility of prevention and early intervention services for children, youth and families in Colorado.

Prevention Leadership Council

Members

CO Department of Education

Karen Connell,
Prevention Initiatives

Terry Jones,
Prevention Initiatives

Sharon Triolo-Moloney,
Prevention Initiatives

CO Dept of Health Care Policy & Financing

Gina Robinson,
Client & Community Relations

Amy Scangarella,
Child Health Plan Plus Division

CO Department of 't of Human Services

Norm Kirsch,
Child Welfare Division

Stan Paprocki,
Division of Behavioral Health

CO Dept of Public Health and Environment

Anne-Marie Braga,
Child and Adolescent Health

Shannon Brietzman,
Injury & Suicide Prevnetion

Kathy Brown,
Office of Local Liaison

José Esquibel,
Interagency Prevention Systems Program

Katy Kupecz,
State Tobacco Education Prevention Partnership

Alyssa Lesseter,
Tony Grampsas Youth Service Program

Lena Peschanskaia,
Prevention Services Division

Kathy Watters,
Children and Youth with Special Needs

CO Department of Law

Cynthia Coffman, JD.,
Office of Attorney General

CO Department of Public Safety

Anna Lopez,
Division of Criminal Justice

Meg Williams,
Division of Criminal Justice

CO Department of Revenue

Kathy Beesing,
Hearing Division

CO Department of Transportation

Carol Gould,
Safety Education and Enforcement

CO Department of Veteran Affairs
Lt. Colonel Chris Ryan,
Colorado Joint Counterdrug Task Force

CO State University Extension

Jan Carroll,
Associate Director

U of CO / Health Sciences Center

Julie Marshall,
Director Rocky Mountain Prevention
Research Center

OMNI Research and Training

Jim Adams-Berger,
President

Carole Broderick,
Regional Prevention Services

SW Center for the Application of Prevention Technologies

Kathleen Gary,
Colorado Liaison

Members as of January 2009. http://www.colorado.gov/plc

Prevention Leadership Council

Subcommittees

Colorado Data Sharing and Utilization Group
- Children and Youth Information Sharing Steering Committee
- State Epidemiological Workgroup

Colorado Prevention Partners Community Infrastructure Workgroup
Colorado Prevention Partners Management Team
Colorado Prevention Partners Evaluation Workgroup
Cross Project Coordination Committee
Methamphetamine Data Committee (joint committee with the State Methamphetamine Task Force)
Prevention Capacity Development Task Force
Prevention Summit Committee
School Youth Survey Workgroup
State Plan Review Committee
Teen Motor Vehicle Leadership Alliance
Violence Prevention Advisory Council

Inclusion of Kids, Families, and Consumers

There are currently no consumer or family members on the Prevention Leadership Council. However, the PLC 2006-2009 State Plan does contain the following statement:

The goals typically focus on children and youth as the service population, in accordance with statutory directives. However, the department and the partner agencies recognize and support that families are an integral component of programs serving children and youth.
(PLC State Plan, page 10)

Authority

Legislative Mandate: [CRS 25-20.5:101-109 (HB00-1342)]

Partnerships with other planning groups

1451 Steering Committee: Collaborative Management
Blue Ribbon Council for Children's Mental Health
CO Links for Mental Health
Colorado Connections for Health Schools
Colorado Physical Activity and Nutrition Program (CDPHE)
Colorado Systems of Care Collaborative
Colorado Homeless Youth Coalition
Early Childhood State Systems Team/Smart Start Colorado
Interagency Health Disparities Leadership Council
Medical Home Initiative
National Governor Association Transition Project
State Methamphetamine Task Force
Violence Prevention Advisory Group

Prevention Leadership Council

Potential Future Partnership Opportunities

Mentally Ill in the Criminal Justice System

Support (financial and in-kind)

State Funded: Colorado Department of Public Health and Environment

Sources

Colorado Department of Public Health and Environment. (2005) State Plan for Prevention, Intervention and Treatment Services for Children and Youth Fiscal Years 2006-2009 [PDF].

Colorado Department of Public Health and Environment. (2005). Prevention Leadership Council Brochure [PDF]. http://www.colorado.gov/plc

Colorado Department of Public Health and Environment. (2005). Prevention Leadership Council Website. http://www.colorado.gov/plc

Senate Bill (SB) 94 Advisory Committee

Goals

In 1992, the Division of Youth Corrections appointed a statewide advisory committee of members of Juvenile Justice agencies to advise on policy and program issues affecting the successful implementation of legislation.

Planned and Ongoing Activities

The SB 94 State Advisory Committee, which is advisory to the Division of Youth Corrections (DYC) and is also called the "working group", develops each year an allocation formula to distribute funding for an intended purpose, defined by the statute, to each of the state's 22 judicial districts. Each Judicial District writes a local plan, which addresses how they will manage the juvenile detention population, what services they will provide, and then the board reviews and approves the plans. The board also developed the detention bed allocation formula and catchments areas for SB 03-286, which caps detention at 479 beds. They also annually approve criteria for placement in detention and commitment DYC.

A Senate Bill 94 Conference is held each year in Colorado with training and other sessions.

Future Activities

2009-2010 Meeting Schedule

Purpose: SB 94 Advisory Board Meeting
Date: Friday- January 30, 2009
Time: 9:00 am – 2:30 pm
Location: Ramada Plaza 10 East 120th Ave Northglenn, CO 80233

Purpose: SB 94 Advisory Board Meeting
Date: Friday- April 24, 2009
Time: 9:00 am – 2:30 pm
Location: TBD

Purpose: SB 94 Advisory Board Meeting
Date: Friday– July 24, 2009
Time: 9:00 am – 2:30 pm
Location: TBD

Purpose: SB 94 Advisory Board Meeting
Date: Friday– October SB Conference
Time: 9:00 am – 2:30 pm
Location: TBD

Purpose: SB 94 Advisory Board Meeting
Date: Friday- January 22, 2010
Time: 9:00 am – 2:30 pm
Location: TBD

Specific meeting times will be provided prior to each meeting.
For lodging please contact Barb Fitzsimmons at 303-866-7981 or barb.fitzsimmons@state.co.us

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Partnerships with other planning groups

Juvenile Justice and Delinquency Prevention Council

Authority

Legislative Mandate: [19-2-212, C.R.S. (SB92-94)]

Support

Colorado Department of Human Services

Sources

19-2-212, C.R.S. (SB92-94)

The Colorado Department of Human Services Division of Youth Corrections web-site, Senate Bill 94 web-page. (2006) Retrieved October 3rd, 2006 from http://www.cdhs.state.co.us/dyc

State Youth Council

Mission and Vision

The Colorado State Youth Council in alliance with the Colorado Workforce Development Council is dedicated to supporting the growth of Colorado's youth. Empowering youth today with resources in Education, Employment, and Economic Development will ensure success of Colorado's future leaders.

Goals

The State Youth Council (SYC), led by Co-Chairs Bette Matkowski and Dani Crane, paves a pathway that leads to economic success for youth. The SYC provides policy recommendations to the Workforce Development Council and the Governor of Colorado that extend support and technical assistance to local youth councils. They also make recommendations on how Youth Discretionary Funds should be invested to ensure that Colorado's young workforce is well-positioned to achieve success via a variety of skill development opportunities, resulting in attaining both jobs in the short term and a capacity for increased earnings over the long run.

Website/Contact Information

http://dola.colorado.gov/wdc/syc.htm

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Membership Committee, Finance Committee

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Inclusion of Kids, Families, and Consumers

Yes, there are youth on the council.

Authority

Colorado Department of Local Affairs

Support (financial and in-kind)

Colorado Department of Local Affairs - Division of Local Government - Office of Workforce Development - Colorado Workforce Development Council.

Sources

The Colorado Workforce Development Council web-site, State Youth Council web-page. (ND) Retrieved August 16th 2006 from http://dola.colorado.gov/wdc/youth.htm

Suicide Prevention Coalition of Colorado

Mission Statement

The mission of the Suicide Prevention Coalition of Colorado (SPCC) is to reduce suicide and its impact in Colorado through promotion of the prevention and intervention activities that address the needs of Colorado's diverse populations.

Purpose

The rate of suicide is at epidemic proportions, and is spiraling out of control. This complex issue centers itself in biological, psychological, and social roots. No single factor has been identified as a reliable predictor of suicidal behavior, but we do know that people who are at risk tend to display certain behavior patterns, or warning signs, in the months or weeks that precede a suicide attempt. Suicide is a major public health concern in Colorado: 60 Coloradoans die from suicide every month; or more than 700 Coloradoans each year. Suicide is the second leading cause of death for Colorado's residents age ten to thirty-four. In 1998, Colorado's suicide rate was 36% higher than the national suicide rate. Today, Colorado ranks seven in the nation for suicide death rates.

Vision

SPCC Connects, Communicates and Advocates

Goals

SPCC works with other suicide prevention programs in Colorado to reduce the number of suicides in the state. The main goal of SPCC is simply to coordinate with other Colorado organizations to reduce the number of suicides in Colorado. Awareness, education, and advocacy are the key strategies that will make this goal a reality. Right now, SPCC provides a crucial link between suicide prevention and intervention initiatives through information dispersal, collaboration, and resource referral.

Planned and Ongoing Activities

The Suicide Prevention Coalition of Colorado has a Speaker's Bureau with trained speakers to go into the workplace, schools, youth groups, senior centers, faith-based communities, and other venues to speak to groups about different aspects of suicide prevention, including identification of risk factors, and what to do when faced with someone who is suicidal.

Website/Contact Information

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Inclusion of Kids, Families, and Consumers

Yes

Suicide Prevention Coalition of Colorado

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Partnerships with other Planning groups

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Sources

The Suicide Prevention Coalition of Colorado web-site. (ND) Retrieved July 25th 2006 from http://www.suicideprevention-colorado.org

Violence Prevention Advisory Group

Mission

Strengthen collaborative partnerships and integrate prevention efforts that emphasize shared risk and protective factors, and are both evidence-based and community-driven throughout Colorado

ESCAPe mission: Colorado Department of Public Health and Environment, in cooperation with the Violence Prevention Advisory Group (VPAG) and the Prevention Leadership Council (PLC), will take a leadership role in integrating child and adolescent violence prevention efforts that utilize a public health approach and emphasize shared risk and protective factors, which will serve as a guide for future efforts to effectively reduce violence perpetrated toward and among children and adolescents in Colorado.

Vision

Enhance child and adolescent health in Colorado through significant reductions in violence

Goals

VPAG, consisting of nationally known violence prevention experts, state agency leaders, and members of private and nonprofit prevention groups, has been created to work with the Colorado Department of Public Health and Environment on the development of a state needs and resources assessment, followed by the construction of a state-wide strategic plan.

Target Audience:
Organizations, agencies, and prevention specialists that provide leadership, guidance, research expertise, and funding for child and adolescent violence prevention statewide

YEAR ONE (September 2004 – August 2005)

Objectives of Child and Adolescent Violence in Colorado: A 2005 Status Report:

1. Conduct a statewide needs and resources assessment identifying programs, policies, research, and data sources that illustrate the intersection of shared risk and protective factors based on type of violence (child maltreatment, youth suicide, sexual violence, school violence, bullying, community violence, and teen dating violence), level of influence (community, family, school, peer, and individual), and age (0-17).
2. Gain statewide buy-in for the ESCAPe project, and determine community and local readiness to commit to integrated efforts that address child and adolescent violence through universal prevention approaches.
3. Generate a usable resource assessing the current status of child and adolescent violence and violence prevention in Colorado that is data-driven, identifies gaps, and provides recommendations for universal prevention that emphasizes shared risk and protective factors for all types of youth violence at all levels of influence.

YEAR TWO (September 2005 – August 2006)

Objectives for the State Strategic Plan:

1. Using the state report card as a guide, produce and publish a strategic plan that outlines shared risk and protective factors among different types of violence and recommends strategies that address individual, interpersonal, community, and societal factors related to child and adolescent violence prevention.
2. Identify activities that will ensure ongoing collaboration, community involvement, commitment, communication, and evaluation among violence prevention stakeholders.

Violence Prevention Advisory Group

Goals

YEARS THREE, FOUR, AND FIVE (September 2006 – August 2009)

Implementation Project Description: A new CDC grant will provide funding for the implementation of one to three recommendations made in the strategic plan for child and adolescent violence prevention. Based on the content of the strategic plan, Colorado's application focused on the following goals:

- Enhance collaborative efforts to prevent child and adolescent violence;
- Implement prevention initiatives identified in the strategic plan;
- Evaluate the implemented prevention initiatives; and
- Collaborate with the CDC and other state grantees.

The following communities have been identified for implementation:

Big Brothers Big Sisters of Colorado (BBBS) is an organization that helps Denver-Metro children reach their full potential through professional support and one-on-one mentoring. The goal is to develop measurable impacts as a result of these supportive connections. There are three core programs: Community Based Mentoring, Site Based Mentoring, and Short Term Mentoring. The BBBS is implementing the community-level bold step of strengthen and expand research-base mentoring.

The Conflict Center (TCC) is committed to reducing the levels of physical, emotional, and verbal violence in the lives of youth through effective prevention programs in schools. Their program covers values, behaviors and emotions and encourages youth to make safe and productive life choices. The program for youth and families includes practical skills that empower individuals to be adaptable and flexible, to see situations from different perspectives, gain positive problem solving and critical decision making skills, clarify values, identify and manage emotions, and to be resourceful in seeking out sources of support. In addition, TCC's programs teach skills that create family dialogue, offer strategies for parents and youth to spend positive structured time together, and promote limit setting, logical consequences and other nonviolent disciplinary approaches. TCC is implementing the community-level bold step of developing school-based curricula that integrates violence prevention into school lessons and enhancing engagement and bonding of children and youth to caring adults.

The El Paso County Department of Health and Environment (EPCDHE) will train high-risk youth in leadership skills, including community organizing, fund development and persuasive communication. EPCDHE will conduct a four-week leadership training that incorporates types of leadership, positive identity, assertive behavior, methods of responding to conflict, and ineffective listeners learning modules. EPCDHE will also increase youth involvement by creating a county-level youth advisory board empowering youth to lead program planning and implementation in community-based youth serving organizations. EPCDHE is implementing the community-level bold steps that are geared toward adolescents as advisors and collaborators in decision-making process for all violence prevention and positive youth development activities.

San Luis Valley Comprehensive Community Mental Health Center (SLVCCMHC) is a community based prevention program that helps reduce alcohol, tobacco and substance abuse, violence and suicide in southern Colorado. In collaboration with the San Luis Valley Boys and Girls Club, they will provide mentoring, violence prevention education, positive problem solving, critical decision making skills, learning modules that build trust and confidence, and educational group activities.

Violence Prevention Advisory Group

Goals

In addition, SLVCCMHC will increase youth involvement by creating a county-level youth advisory board that will engage and work with other prevention programming on creating a social norms campaign at the Boys and Girls club. SLVCCMHC is implementing the community-level bold steps: strengthen and expand research-based mentoring programs community wide, include adolescents as advisors and collaborators in the decision-making process for all violence prevention and positive youth development activities, and enhance engagement and bonding of children and adolescents with caring adults.

Past Activities (Reports, projects, changes to policy)

Child and Adolescent Violence in Colorado: A 2005 Status Report, at http://www.cdphe.state.co.us/ps/YVPP/AssessmentReport.pdf

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Violence Prevention Advisory Group

Inclusion of Kids, Families, and Consumers

No.

Authority

Colorado Department of Public Health and Environment, with the Injury, Suicide, and Violence Prevention program and the Child, Adolescent, and School Health program at the Colorado Department of Public Health and Environment, working in conjunction with the State Prevention Leadership Council, coordinated VPAG.

Partnerships with other planning groups

1) Prevention Leadership Council – systems integration
2) The Injury, Suicide, and Violence Prevention Program
3) The Child, Adolescent, and School Health Program at Colorado Department of Public Health and Environment

Support (financial and in-kind)

Centers for Disease Control and Prevention Grant:
In September 2004, the Centers for Disease Control and Prevention awarded the Colorado Department of Public Health and Environment a two-year grant to enhance child and adolescent health through violence prevention. The Injury, Suicide and Violence Prevention program and the Child, Adolescent, and School Health program at the Colorado Department of Public Health and Environment, working in conjunction with the State Prevention Leadership Council, are coordinating the project. A Violence Prevention Advisory Group (VPAG), consisting of nationally known violence prevention experts, state agency leaders, and members of statewide prevention groups, was created to assist in the completion of a state assessment of child and adolescent violence and the development of a statewide strategic plan for violence prevention.

Sources

The Colorado Department of Public Health and Environment web-site, Youth Violence Prevention Program web-page. (ND) Retrieved July 28th, 2006 from http://www.cdphe.state.co.us/ps/YVPP/index.html

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