



Guidebook to Interagency Planning Efforts addressing Kids' Mental Health

December 2006

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

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 type of interagency planning council, committee, task force, coalition, or commission;
- 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; and
- 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; and
- 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; and
- Help them to identify opportunities to combine subcommittees working on aligned issues or otherwise consolidate the efforts of multiple planning groups.

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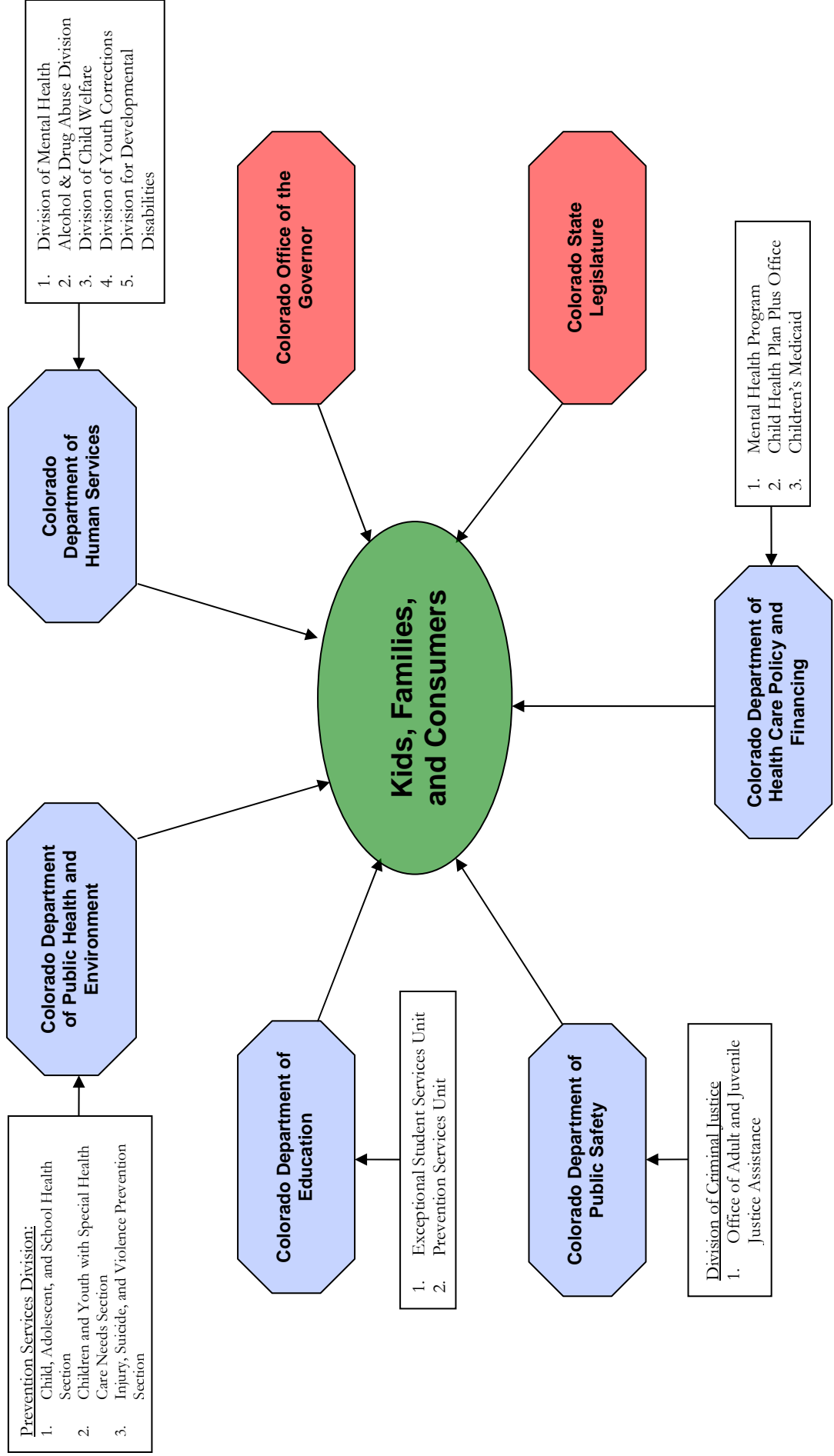
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Primary State Departments and Units Involved in the Kids' Mental Health System

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 4.



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

Cnty 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						CPS	CDE	CDHCPF	CDPHE	CDOC	DOLA	Judicial	Governor's Office	Legislature	Local Government	Family, Youth, & Consumers	City Based Orgs & Non-Profits	Universities	Other
	DMH	ADAD	DD	DCW	SHHP	DYC														
Divisions, Units, Sections →																				
Interagency Groups ↓																				
1451 Steering Committee	X	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
Advisory Council on Adolescent Health		X						X	X	X					X		X		X	X
Advocacy Coalition																	X			
Blue Ribbon Policy Council for Early Childhood Mental Health	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
Colorado Behavioral Healthcare Council																	X			
Colorado Coalition for the Homeless																	X		X	X
Colorado Early Childhood and School Readiness Commission				X											X	X				X
Colorado Interagency Coordinating Council - Part C	X		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
Colorado Interagency Health Disparities Leadership Council																				
Colorado Interagency School Health Team/Connections for Healthy Schools																		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			
Colorado Special Education Advisory Council	X		X	X			X	X									X			

1451 Steering Committee: Collaborative Management Program

Goals

The 1451 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 the child welfare system, including the foster care system.

Website/Contact Information

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

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

Members

Mary Berg, Jefferson County	Lloyd Malone, Teller
Bob Christiansen, Chaffee County	Wayne Maxwell, Weld County
Susan Colling, Colorado State Probation	Joanne Mc Lain, Elbert County
Alicia Davis, CO State Court Admin.'s Office	Kathy Moan, El Paso County
Bill DeLisio, Colorado State Court Administrator's Office	Art Navalta, El Paso County
Robert Dorshimer, Community	Tom Quinn, Colorado State Probation
Barbara Drake, El Paso County	Dave Rastatter, Weld County
Jim Drendel, Larimer	Judy Rodriguez, Colorado DHS, Child Welfare Services
Jose Esquibel, CDPHE	Gloria Romansik, Weld County
Susan Franklin, Jefferson County	Maija Schiedel, El Paso County
Ellen Green, Colorado DHS, Administrative Review Division	Lee Searcy, Mesa County
Judy Griego, Weld County	Denise Suniga, Larimer County
Marge Grimsley, Community	Kit Thompson, Boulder County
Treva Houck, Mesa County	Arden Trewortha, Chaffee County
Jackie Johnson, Weld County	Susan Walton, Elbert County
Kevin Klinkerfues, Jefferson County	Maurice Williams, Division of Youth Corrections
Valorie Ladwig, Denver County	Meg Williams, Colorado Department of Public Safety
Corrine Lamberson, HCPF	Janet Wood, Colorado DHS, Behavioral Health Services
	Julie Yoder, El Paso County

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1451 Steering Committee: Collaborative Management Program

Membership List as of November 2006.

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

Inclusion of Kids, Families, and Consumers

Yes

Support (financial and in-kind)

The HB 1451 Collaborative Management Programs in local communities are supported through a model that allows for \$2 million in incentives to save/keep in communities.

Authority

Non-legislated body that has developed to oversee a legislated project, HB1451 (24-1.9, C.R.S.).

Sources

Colorado Department of Human Services 1451 Steering Committee web-page. Retrieved October 3rd 2006 from <http://www.cdhs.state.co.us/childwelfare/1451SteeringCommittee.htm>

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.

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 to:

- 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, and
- Increase health, mental health, and substance abuse services as part of the prevention and supportive services priorities.

Ongoing Activities

Finish 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

Advisory Committee on Homeless Youth

expansion of mental health services to homeless young people through a collaborative agreement between Urban Peak, Rainbow Alley, and University of Denver.

Website/Contact Information

<http://www.cdhs.state.co.us/shhp/Homeless-YouthCommittee.htm>

Andy Johnson; Homeless Youth Coordinator, Supportive Housing and Homeless Programs
4020 S. Newton St.; Denver, CO 80236
303-866-7366
andrew.johnson3@state.co.us

Subcommittees

Documents Workgroup, 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 Services

Melissa Vance, Adolescent Program Specialist CDHS-Children, Youth and Families

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

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

Ralph Tanoue, CDHS, DYC

VACANT Position, CDHS, DMH

VACANT Position, Vocational Rehabilitation Services

VACANT Position, CDOLE

Dana Scott, Coordinator for the Education of Homeless Children and Youth, CDE

Holly Haman-Marcum, 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, El Paso County DHS

Kelly Radke, Larimer County Dept of Human Services

Mark Neujahr, Mesa County DHS

Dave Wolfe, 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

Advisory Committee on Homeless Youth

Doug Glynn, Colorado Department of Education, AEFLA	School
Meg Williams, Manager, Office of Adult and Juvenile Justice Services, CDPS	Anna Stout, Homeless Liaison-South Quadrant Denver Public Schools Educational Outreach
VACANT Position, CO Workforce Devel. Council	Jackie Ulmer, Homeless Liaison-North Quadrant Denver Public Schools Educational Outreach
Jose Esquibel, Director Interagency Prevention Systems, Colorado Dept. Public Health and Environment	Richard Barnhill, Exec. Dir., Comitis Crisis Center
Anne-Marie Braga, Manager Adolescent Health Program, CDPHE	Ruth Ann Russell, President, Family Tree
Susan Colling, Juvenile Programs Coordinator Division of Probation Services, CO Judicial Dep't	Nicole Sherwood, Outreach Supervisor Family Tree – Gemini Youth Shelter
Sam R. Martinez, Child and Family Program Specialist, U.S. DHHS	Hope Wisneski, Director of Youth Services The GLBT Community Center of Colorado
Bill Kottenstette, Head Start State Collaboration Office, Colorado Office of the Lieutenant Governor	Darla Gurry, JCMH, The Road
Allen Pollak, Director Children and Families Denver Department of Human Services	Tami Lack, Development Director, Third Way Center
Rena Walker, Denver DHS	Wendy Talley, Director of Programs, Urban Peak
Janice Cannon, Denver DHS	Kendall Rames, Clinical/Site Manager, Urban Peak Denver
Steve Hartbauer, Youth Services Denver Office of Economic Development	Kippi Clausen, Project Director , Bridging the Gap @ Mile High United Way
Commander Deborah Dilley , Denver Police Department, District 6	Lindi Sinton, Division Director, Volunteers of America
Jerene Petersen, Denver's Road Home, Denver DHS	Dorothy Bryan, Project Manager Transitional Services for Youth and Families, Volunteers of America
Randle Loeb, Metro Denver Homeless Initiative Board	Susan Zimmerhackel, Resource Specialist, Dry Bones Denver
Sarabeth Donovan, Director US Program, Free A Child	Lynn Price, Founder, Camp to Belong
	Homeless Youth Consumer Representatives

Member List as of 12/1/06.

<http://www.cdhs.state.co.us/shhp/Homeless-YouthCommittee.htm>

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Advisory Committee on Homeless Youth

Inclusion of Kids, Families, and Consumers

Homeless and formerly homeless youth participate in the committee and associated workgroups.

Authority

The Homeless Youth Services Act (House Bill 02-1159) was passed by the Colorado Legislature in 2002 and the Office of Homeless Youth Services (OHYS) was housed under the Colorado Department Public Health and Environment. On May 21, 2004 the Governor signed House Bill 1107, authorizing the transfer of the OHYS from the Department of Public Health and Environment to the Department of Human Services, Supportive Housing and Homeless Programs. The Advisory Committee on Homeless Youth acts in an advisory capacity to the OHYS and is the body responsible for creating and carrying out the Colorado Homeless Youth Action Plan.

Partnerships with other planning groups

Bridging the Gap at Mile High United Way

Progress on Partnerships with Other Planning Groups

Holding joint meetings to address identification and vital documents/ records acquisition and retention process. Working with other state and local entities as well as service providers to address this issue.

Sources

Andy Johnson; personal communication; December 11, 2006.

Advisory Council on Adolescent Health (ACAH)

Mission Statement

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 Statement

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/Principles

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

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

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 core recommendations of the Council, in the form of an Action Plan Checklist:

1. Does the effort build public support for investment in youth?
2. Does the effort involve youth in the process?
3. Does the effort build on opportunities for crafting positive youth policy?
4. Does the effort strengthen coordination of programs and services?
5. Does the effort support parents in effective parenting?
6. Does the effort foster schools that promote health?
7. Does the effort ensure access to health care?
8. Does the effort support communities to offer positive options to youth?
9. Does the effort adopt evidence-based approaches?
10. Does the effort use data and established measurements to determine

Advisory Council on Adolescent Health (ACAH)

Past Activities (Reports, projects, changes to policy)

Adolescent Health in Colorado, 2003 Report:

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

Website/Contact Information

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

Members:

Chair: Frank Campanella-Green

Vice-Chair: Terry Rousey

Carla Adams, Director of the Colorado
Abstinence Education Program

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

Barbara G. Bailey, BS, Injury Prevention
Specialist at CDPHE

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

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

Sandy Berkowitz, MA, Mental health counselor
at Kaiser Permanente

Joan Brucha, BA, MBS Program Director,
Coordinated School Health, CDPHE

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

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

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

Susan Dreisbach, PhD, nurse educator, and
researcher.

Jo English, Program Coordinator, Aurora Teen
Pregnancy and Prevention Project/Teen Clinic

Barbara Allen Ford, MA, Executive Director of the
CO Association for School-Based Health Care.

Bruce P. Guernsey, MSW, Director of School-Based
Health at CDPHE

Glenna Kelly, Community Programs Manager, Kaiser
Permanente

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

Barbara Ritchen, RN, MA Branch Director, Maternal
Child Health, CDPHE

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

Terry Rousey, Prevention Liaison, Alcohol and Drug
Abuse Division CDHS

Debbie Scheer, Director of Education, Planned
Parenthood Of the Rocky Mountains

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

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

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

Member List as of November 2006.

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

Inclusion of Kids, Families, and Consumers

Student members of the statewide Youth Partnership for Health contributed to the 2003 Report by

Advisory Council on Adolescent Health (ACAH)

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 council is convened by the Adolescent Health Program, located within the Prevention Services Division.

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

1-800-881-8287

Members

The Advocacy Coalition is early in its development and has not addressed the issue of membership restrictions. Members are:

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

Member List as of 11/20/2006.

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

Advocacy Coalition

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

Progress on Partnerships with Other Planning Groups

Partnerships with multiple agencies and organizations are ongoing.

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 Council for Early Childhood Mental Health

Mission Statement

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.

Vision Statement

Purpose of the Council: The Council is a group of early childhood champions who use their knowledge and leadership to ensure that:

- They utilize three early childhood mental health projects, Project BLOOM, Harambe Colorado, and Kid Connects, for expertise and guidance, and for their projects to draw on the knowledge of the Council
- They create public policies and implementation of such policies that support the social/emotional well-being of young children and their families
- They ensure that the principles of systems of care for young children guide the work they all do for the mental health of young children in Colorado

Values/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

Claudia Zundel, CDHS, Division of Mental Health, claudia.zundel@state.co.us, 303/866-7528
Penny Gonnella, CDPHE, penny.gonnella@state.co.us, 303/692-2362

Blue Ribbon Policy Council for Early Childhood Mental Health

Tracy Kraft-Tharp, Kid Connects, tkth@aol.com, 303/421-2787
Sarah Hoover, JFK Partners/UCDHSC, sarah.hoover@uchsc.edu, 303/315-2152
<http://www.tapartnership.org/news/Oct04/field.htm>

Subcommittees

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

Members

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

Adoree Blair, Family Member	Bill Kottenstette, Office of Lt. Governor
Carol Breslau, The Colorado Trust	Lorraine F. Kubicek, OMNI Institute Jennifer Landrum, Project BLOOM staff
Christine Collins, Alliance	Linda Meredith, CO Head Start Assoc. / Comm Partnership for Child Dvlpmt
George DelGrosso, Colorado Behavioral Healthcare Council	Sandy Petersen, Zero to 3
Tom Dillingham, HCPF/Child Health Plan Plus Division (CHP+)	Teri Pinney, CDPHE, PSD-CASH-A4
Kelly Dunkin, The CO Health Foundation	Steve Poole, MD, The Children's Hospital
Jose Esquibel, CDPHE/Interagency Issues for Prevention Systems	Corry Robinson, Univ. of CO Health Sciences Center, JFK Partners
Megan Floyd, CO Federation of Families For Children's Mental Health	Jeanne Rohner Mental Health Association of Colorado (New Address)
Jerry Frangas , Colorado State Legislature	Lisa Roy, The Piton Foundation
Rhonda Goodman, Family Member	Beverly Solomon, Family Member
Chris Habgood, Mental Health Association of Colorado	Barbara Smith, Ph.D., UCD/Center for Evidence Based Practices in Early Learning
Anna Jo Haynes, Mile High Montessori	Dave Smith, Colorado Dept. of Education
Beverly Hirsekorn, Colorado DD Council	Debbie Stafford, Colorado State Legislature
Rebecca Karlin, Office of the Governor, Policy Initiatives	Steve Tool, Health Care Policy and Finance
Moe Keller, Colorado State Legislature	John VanDenBerg, President
Karen Knoll-Moran, OFA/CCB/Region VIII	Kathy Watters, CDPHE-HCP, PSD-HCP-A4

Members as of November 2006.

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

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).

Blue Ribbon Policy Council for Early Childhood Mental Health

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.

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. Retrieved on July 5, 2006 from:
<http://www.tapartnership.org/news/Oct04/field.htm>

Coalition for Minority Youth Equality

Mission Statement

To ensure fair and equal justice for all juveniles by overseeing policies that address the social, cultural, and economic and educational roots of disproportionate representation of minorities in the juvenile justice system.

Vision Statement

Unity through Diversity

Goals

GOAL 1: DATA and RESEARCH. Improve the data collection and analysis system in Colorado to measure impact of minority over representation.

GOAL 2 – TRAINING AND TECHNICAL ASSISTANCE. Provide technical assistance to programs/communities addressing minority over representation and improve education to targeted audiences, i.e. community meetings, services clubs, chamber of commerce, faith based groups, etc.

GOAL 3 – ADVOCACY. Advocate for minority youth and families by monitoring legislation that may affect them, and championing equal access to services by all youth.

GOAL 4 – INTERVENTION/PROGRAMS. Fund programs and interventions that have been proven effective in addressing minority over representation or in reducing minority confinement.

Planned Activities

Goal 1 Tasks:

1. Improve Juvenile Justice and Delinquency Prevention required data collection and reporting – Matrix.
2. Improve Juvenile Justice and Delinquency Prevention Formula Grant program outcome and impact.
3. Rather than just collection data, need to analyze it.
 - * Implement a set process to determine the trends in overrepresentation.
 - * Based on these trends prioritize resources (money, training, and technical assistance, etc).
4. Focus and Expand data collection beyond Juvenile Justice and Delinquency Prevention Act mandatory information to: Arrest, Aftercare/Parole, and Adjudication

Goal 2 Tasks:

1. Provide communities user-friendly data.
2. Checklist for assessing Disproportionate Minority Confinement in agency/community etc.
3. Have available resources for accessing Cultural Competency Training.
4. Basic training and talking points on who and what the Coalition is and does.

Goal 3 Tasks:

1. Expand audience of recipients.
2. Track key legislators – committees of jurisdiction that can affect Disproportionate Minority Confinement (justice-funding-corrections-human services-education-mental health).
3. Develop over-representation/child/family impact statements for proposed legislation.

Goal 4 Tasks:

1. Reduce truancy issues within minority community.
2. Recruit administration from education system to participate in the coalition and educate administration

Coalition for Minority Youth Equality

for intervention.

3. Continue to fund and expand Minority Family Advocacy Programs.

Members

The Colorado Coalition for Minority Youth Equality is a subcommittee of the Colorado Juvenile Justice and Delinquency Prevention (JJDP) Council, which is also in this guidebook. The Coalition membership includes culturally diverse state and local representatives.

Website/Contact Information

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

Authority

Federal mandate.

Potential Future Partnership Opportunities

Denver Indian Family Resource Center Initiatives

Federation of Families for Children's Mental Health ~ Colorado Chapter– Children youth initiatives/focus groups

Sources

Colorado Coalition for Minority Youth Equality Action, October 2005 – September 30, 2008.

Colorado Behavioral Healthcare Council

Mission Statement

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 focus 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 Cty.s.
Midwestern Colorado Mental Health Center
North Range Behavioral Health

Pikes Peak Mental Health Center
San Luis Valley Comprehensive Cmty MH Center
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

Member List as of November 2006.
<http://www.cbhc.org>

Colorado Behavioral Healthcare Council

Inclusion of Kids, Families, and Consumers

No.

Sources

The Colorado Behavioral Healthcare Council Website. (2006) Retrieved December 29th 2006 from <http://www.cbhc.org>

Colorado Coalition for the Homeless

Mission Statement

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
2002 -- Stout Street Clinic expanded and renovated
2003 – CCH established Renaissance Property Development
2003 – CCH hires its 250th employee

Colorado Coalition for the Homeless

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

Stout Street Clinic:

2100 Broadway

Denver, CO 80205

303-296-4996

Administrative Offices:

2111 Champa St.

Denver, CO 80204

303-293-2217

Renaissance Property Management:

303-293-2217

Members

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>

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

Jay Brown, Chair: University of Denver College of Law

Jim Winston, Vice Chair: Retired V.P. Paine Webber Inc

Bryce Lloyd, Treasurer: Senior Vice President, FirstBank of Tech Center

Kenn Martin, Secretary: Consumer Representative

Steve Bassett: Sr. Vice President, Trammel Crow Co.

Gylinda Gonzales: Consumer Representative

Beth Kapla: Consumer Representative

Becky Martinez, M.D.: Team Leader, Hyde Park Clinic

Eileen Pappas: Marketing Consultant

Walt Rakowich: President, ProLogis

John Weslar: President, Front Range, ResponseLink

John Parvensky: President

Stan Eilert: Vice President of Operations

Louise Boris: Vice President of Programs

Kay Tennant: Executive Assistant / Assistant Secretary to the Board

Members as of November 2006.

<http://www.coloradocoalition.org>

Inclusion of Kids, Families, and Consumers

Yes.

Colorado Coalition for the Homeless

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)

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>

Colorado Early Childhood and School Readiness Commission

Mission Statement

The Colorado Early Childhood and School Readiness Commission is committed to the future of Colorado's Children. The safety, quality, and accessibility of the early childhood system of services and supports will impact school readiness and our children's future. The Commission will identify critical issues, evaluate policies, make recommendations, and propose legislation to continue to improve school readiness in Colorado. This Commission is specifically charged with creating an early childhood system

Goals

The Colorado Early Childhood and School Readiness Commission has the opportunity to synthesize the efforts of many programs for young children into a sensible and sound evidence-based policy approach that will improve the "school readiness" of Colorado's young children and the lives of their families.

The Commission is charged with creating a "system" of care, education, and readiness for Colorado's young children. Created by House Bill 04-1277, the three-year Commission will focus on the following priority areas as it utilizes specialized knowledge and expertise concerning the links between early childhood care and education, early childhood development, and school readiness indicators. This new system is comprised of:

1. Improving quality, accessibility, and affordability of early childhood programs and supports
2. Providing continued study and strategic responses to those critical issues impacting the quality, accessibility and affordability of early childhood programs and supports
3. Promoting meaningful parent-involvement in all aspects of early childhood systems and programs
4. Measuring quality in early childhood programs by objective outcomes directly linked to school readiness, academic achievement and productivity in life
5. Linking the numerous early childhood statewide initiatives that have developed long-range comprehensive strategies and plans at the state and local levels through a policy agenda that will lead to a comprehensive early childhood system.

Planned Activities

While this current Early Childhood and School Readiness Commission will 'sunset' on June 30, 2007 if successfully signed into law, the Early Childhood Commission will become the new Commission with the specific duty of creating a policy board for the early childhood system.

Ongoing Activities

To be the policy action team for early childhood issues in Colorado.

Past Activities (Reports, projects, changes to policy)

Report to the legislature was written in November 2005; minutes of the monthly Commission meetings are on the Colorado Foundation website; five pieces of legislation sponsored by the ECSR Commission will be heard by the 2007 legislative assembly; "Children with Challenging Behavior" report will be delivered to the legislature in January 2007.

Website/Contact Information

www.Coloradofoundation.org
<http://www.coloradofoundation.org/template.asp?intPageId=157>

Colorado Early Childhood and School Readiness Commission

Laurie Beckel, Staff Director, Colorado Foundation for Families and Children
303-837-8466, ext. 130
cfecsrcommission@coloradofoundation.org
lbeckel@coloradofoundation.org

Members

The Governor appoints eleven members of the Commission, no more than six of whom shall be from the same party. Members shall be representative of the following interests: the Division of Child Care in the Department of Human Services, the Community Consolidated Child Care Services Pilot Program, educators teaching children in preschool, kindergarten, or grades one through five, the State Board of Community Colleges and Occupational Education, the county departments of human services, nonprofit child care facilities, private for-profit child care facilities, parents of children currently enrolled in a nonprofit or private for-profit early childhood care and education program who is not otherwise in the business of child care or early childhood education and director of a Colorado Head Start grantee program.

Commission meetings are held on the 3rd Friday of each month in the State Capitol Building, Room 356. In 2006, from January through June, meetings are scheduled to begin at 12:00 Noon and end at 3:30 pm.

Governor Appointments:

Cheryl M. Caldwell, Aurora, (R) Educator teaching children in preschool, and grades K-5.
Karen Beye, Broomfield (D), County department of human services
Anne Keire, Loveland (U), Community consolidated child care pilot program
Kara Heide, Edwards (U), Business community
Jennifer Vasquez, Englewood (R), parent of a child currently enrolled in an early care and education setting
Ophelia Mejia, Denver, (D) Non-profit organization
Stephen Bates, Golden (D), Division of Child Care
Cliff Richardson, Lakewood (R), State Board of Community Colleges and Occupational Ed.
Mary C. Parsons, Colorado Springs, (U) Nonprofit child care facilities
Kathryn Hammerbeck, Highlands Ranch (R), Private for-profit child care facilities
Sheila Groneman, Silverthorne (D), Head Start grantee program director

Legislative Appointments:

Senators:

The Honorable Brandon Shaffer (D) – District 17, Boulder
(open seat)
The Honorable Suzanne Williams (D) – District 28, Aurora

Representatives:

(open seat)
The Honorable Nancy Todd (D) – District 41, Arapahoe and Denver Counties
The Honorable Judy Solano (D) – District 31, Eastlake

Coordinator: Laurie Beckel

Members as of December, 2006.

Colorado Early Childhood and School Readiness Commission

<http://www.coloradofoundation.org/template.asp?intPageId=157>

Inclusion of Kids, Families, and Consumers

Yes, the Governor must appoint parents of children currently enrolled in a nonprofit or private for-profit early childhood care and education program that are not otherwise in the business of child care or early childhood education. Currently, Jenifer Vasquez, Englewood (R) (co-chair of the Family Leadership Task Force of the Early Childhood State Systems Team).

Authority

Legislative Mandate: House Bill 04-1277

Partnerships with other Planning Groups

MOA with Smart Start Colorado (Early Childhood State Systems Team)

Progress on Partnerships with other Planning Groups

Colorado Children's Campaign through legislative action as well as specific stakeholder groups

Support (financial and in-kind)

The Coordinator for the Commission, Laurie Beckel, works for the Colorado Foundation for Families and Children with funding from the early childhood funders group, which shows the Commission as one of its "Strategic Ventures".

Sources

Colorado Early Childhood and School Readiness Commission. (ND). Retrieved August 3rd, 2006, from <http://www.coloradofoundation.org/template.asp?intPageId=157>

Colorado Interagency Coordinating Council – Part C

Mission / Purpose / Values

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.

Goals

- A. The CICC, as delineated by 34 CFR 303.650-303.654, shall:
1. Advise and assist the Colorado Department of Education/Early Childhood Initiatives (CDE/ECI) in the development and implementation of the policies that constitute the statewide early intervention supports and services system;
 2. Assist CDE/ECI in achieving full participation, coordination, and cooperation of all appropriate public agencies in the State;
 3. Assist CDE 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, early childhood coordinators, administrators, Child Find staff, health providers, parents, and others 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 CDE/ECI 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 CDE/ECI 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 CDE/ECI 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 which includes the information required by the Secretary for the reporting year.

Colorado Interagency Coordinating Council – Part C

Website/Contact Information

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3824 West Princeton Circle, Denver, CO, 80236

<http://www.earlychildhoodconnections.org/index.cfm?fuseaction=service.content&linkid=89>

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.

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:

- 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

Colorado Interagency Coordinating Council – Part C

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

Current Members

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

Dayle Axman
Supervisor, Life and Health Section, Consumer
Affairs
Colorado Division of Insurance
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Service Provider, Part C
Coordinator, Upper Arkansas
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Term: 7/12/06 - 6/30/08

Corrine Lindsey, CO Commission of Indian Affairs
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clindsey@law.du.edu
Term: 5/10/06 – 6/30/07

Katherine Bair, Canon City School District Re-1
719-276-5732
bairk@canon.k12.co.us
Term: 7/6/05 - 6/30/07

Julie Harmon, Co-chair**
719-531-9400
jharmon@peakparent.org
Term: 7/12/06 – 6/30/08

Judith Persoff, Educational Psychologist,
Developmental Pathways
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judi.persoff@developmentalpathways.org
Term: 7/12/06 – 6/30/08

Leandra Pfluger**
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ldpfluger@yahoo.com
Term: 7/6/05 – 6/30/07

Dana Scott, Office of Homeless Education, CDE
303-866-6930
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Term: 7/6/05 – POG

Geraldine Stirlacci, Service Provider, Family Star
Early Head Start, Montessori Infant Parent ,
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Term: 7/12/06 – 6/30/08

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Term: 8/9/06 - POG

Colorado Interagency Coordinating Council – Part C

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Term: 5/10/06 - POG

Donna Batkis**
303-318-7433, 720-308-2005 cell
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Term: 7/6/05 - 6/30/07

Dr. James Harrington, Greenwood Pediatrics
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james.Harrington@uchsc.edu
Term: 7/12/06 – 6/30/08

Veronica Martinez-Erie**
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Term: 7/6/05 – 6/30/07

Kelly Durbin**
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Term: 5/24/06 – 6/30/08

Paul Holland**
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Term: 7/6/05 – 6/30/07

Tom Patton, CDE
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patton_t@cde.state.co.us
Term: 7/27/04 - POG

Dr. Karen Fehringer, CDPHE
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Term: 8/4/05 - POG

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Sheila Peil, CDHS, Div. for DD
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The Honorable Debbie Stafford, State Legislature
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debbie.stafford.house@state.co.us
Term: 7/6/05 – 6/30/07

Claudia Zundel, Division of MH Services
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Claudia.Zundel@state.co.us
Term: 8/25/00 – POG

Shawn Schaefer**
970-454-2580
shawns20@hotmail.com
Term: 7/6/05 – 6/30/07

Judi Stein Stutman, Shalom Denver, Jewish Family Service
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Term: 7/6/05 – 6/30/07

CDHS - Early Childhood Connections Part C Staff

JoAnne Dionesese, Administrative Assistant, Div. for Developmental Disabilities, Early Childhood Connections
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Laura Merrill, Training Coordinator, Div. for Developmental Disabilities, Early Childhood Connections
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Ardith Ferguson, Program Coordinator, Div. for Developmental Disabilities, Early Childhood Connections
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Colorado Interagency Coordinating Council – Part C

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Term: 8/23/01 – POG

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Term: 7/12/16 - 6/30/08

Christine DiCicco Krall, Sewall Child Development
Center

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Term: 7/6/05 – 6/30/07

Stacey Kennedy, Public Awareness Coordinator,
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Christy Scott, Program Quality Coordinator, Div.
for Developmental Disabilities, Early Childhood
Connections
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Members as of December 2006
<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 Education, Early Childhood Initiatives (CDE/ECI).

Sources

Early Childhood Connections Website. (2006) Colorado Interagency Coordinating Council webpage. Retrieved December 29th 2006 from <http://www.earlychildhoodconnections.org/index.cfm?fuseaction=service.content&linkid=89>

Colorado Interagency Council on Homelessness

Mission Statement

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 Statement

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, combined

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
- Expanding housing development in the public and private sectors.

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

- Improve intake and assessment processes and procedures;

Colorado Interagency Council on Homelessness

- Prepare for federal changes to McKinney Act funding; and
- Improve statewide planning and policy development on the delivery of housing and services to persons who are homeless.

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 term 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 homeless families.
 - 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

- 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

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<http://www.colorado.gov/cich/index.htm>

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 Marva Livingston Hammons, 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.

Colorado Interagency Council on Homelessness

Government and Elected Officials:

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Members as of November 2006.
<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

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

Mission Statement

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

This group is still in the planning stages. Their first meeting was in January of 2006. They meet every other month (bi-monthly).

Vision Statement

Eliminating Health Disparities in Colorado by 2020.

Values/Principles

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.

Goals

Purpose in Brief:

1. Supported by Kaiser Permanente and Office of Minority Health Grants
2. To have representation from state agencies outside of traditional public health.
3. To identify best practices, areas of overlap, and cross-cutting issues.
4. To share delivery models and strategies.
5. To achieve a coordinated interagency system.
6. To be a unified voice for the reduction of health disparities in Colorado.
7. To develop uniform minimum standards for all state departments in regard to minority health.

Common Themes:

1. Develop plan to work with communities and consumers.
2. Complete Scan of resources.
3. Utilize council as tool for ongoing communication/coordination with community and State agencies.

Website/Contact Information

No website.

Cerise Hunt, MSW
Health Disparities Specialist
Colorado Department of Public Health and Environment
Office of Health Disparities-B-105

Colorado Interagency Health Disparities Leadership Council

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Members

No membership restrictions. The Council includes multiple state agencies, universities, community based organizations, and foundations.

Members as of November 2006.

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

No legislative mandate. Meets bi-monthly (every two months). First meeting in January 2006.

Potential Future Partnership Opportunities

Hoping to expand existing membership to include such groups as the Denver Indian Family Resource Center.

Support (financial and in-kind)

Colorado Department of Public Health and Environment Office of Health Disparities

Sources

Cerise Hunt, MSW, personal communication, July 27th, 2006.

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 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.

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 for use in guiding program decisions.

Colorado Connections for Healthy Schools: A 2010 State Plan for a Coordinated School Health is a

Colorado Interagency School Health Team/Connections for Healthy Schools

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.

Past Activities (Reports, projects, changes to policy)

Reports:

A 2010 State Plan for Coordinated School Health, Prepared by the Interagency School Health Team / Connections for Healthy Schools. Colorado Connections for Healthy Schools: A 2010 State Plan for Coordinated School Health addresses each infrastructure goal through "Bold Action Steps" for both the state and local levels. URL: <http://www.cde.state.co.us/cdeprevention/download/pdf/CCHSplan2.pdf>

Website/Contact Information

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

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Colorado Interagency School Health Team/Connections for Healthy Schools

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Jodi Drisko, Director Survey Research and Evaluation CDPHE	
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Members as of November 2006.
<http://www.cde.state.co.us/cdeprevention/index.htm>

Inclusion of Kids, Families, and Consumers

No.

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 Statement

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 Statement

- 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 expand and strengthen a diverse partnership among State agencies to promote coordination and integration of family centered and culturally competent State mental health prevention, intervention, and treatment services.
2. To build State agency capacity to support local communities in their efforts to better serve the full range of mental health needs among young people and their families.
3. To strengthen the capacity of Colorado’s State and local Maternal and Child Health Program to facilitate and assure that communities improve their response to the mental health needs of school-aged children and their families.

Planned Activities

The Colorado LINKS for Mental Health Initiative will reconvene over 50 stakeholders in the mental health system in a February 2007 meeting to narrow down specific recommendations for improvement to the kids’ mental health system. The meeting will include strategic planning and will result in an action plan for adoption by existing interagency groups already working on similar issues. The goal is to integrate the work of multiple groups into a seamless effort to improve the mental health system for kids.

Past Activities (Reports, projects, changes to policy)

1. 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.

Colorado LINKS for Mental Health Grant Implementation Group

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.

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Colorado LINKS for Mental Health Grant Implementation Group 2006

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Katie Wells, Alcohol and Drug Abuse Division
Bob Coulson, Division of Child Welfare

Colorado Department of Education

Barb Bieber, School Psychology

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Tom Dillingham, Managed Care Plan

Colorado Department of Public Safety

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Anna Lopez, Division of Criminal Justice

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Natalie Portman-Marsh, Consultant

Colorado Chapter of The Federation of Families for Children's Mental Health

Megan Floyd, Executive Director
Margie Grimsley, Technical Assistance Coordinator

Mental Health Planning and Advisory Council

Sharon Raggio, Pikes Peak Mental Health

Center for Systems Integration

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Jewlya Lynn, Partner
Denise McHugh, Partner

Members as of 12/15/2006.

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.

Colorado LINKS for Mental Health Grant Implementation Group

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 2007.
Connect LINKS with any other efforts seeking similar goals.

Support (financial and in-kind)

1. Grant from the Federal Maternal and Child Health Bureau
2. Support for the community meetings from the Colorado Division of Mental Health
3. In kind assistance from the Adolescent Health Program at the Colorado Department of Public Health and Environment

Sources

Adolescent Health Program, Colorado Department of Public Health and Environment. (2006) A Colorado Children and Youth Mental Health System Partnership [PDF].

Center for Systems Integration. (2005). Colorado LINKS for Mental Health Summary [PDF].

Colorado Medicaid Mental Health Advisory Committee

(also called the Colorado Medicaid Community Mental Health Services Program Advisory Committee)

Mission Statement

In development.

Goals

The Mental Health Advisory Committee was established by the Department of Health Care Policy and Financing (HCPF) 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

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.

2006 – 2007 Advisory Committee Members

Colorado Medicaid Mental Health Advisory Committee

(also called the Colorado Medicaid Community Mental Health Services Program Advisory Committee)

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

Members as of November 2006.

http://www.chcpf.state.co.us/hcpf/QIBEHLTH/BH%20Advisory%20com/BHQ_AdComm_Hme.asp

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

Sources

Department of Health Care Policy and Financing web-site, Medicaid Mental Health Advisory Committee web-page. (2006) Retrieved November 1st, 2006 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 Council

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 Services
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 Services Unit

Website/Contact Information

Cindy Dascher: Dascher_c@cde.state.co.us

Subcommittees

Public Policy and Legislation committee:

Chaired by Michelle Padilla, the Public Policy and Legislation Committee has pursued two goals:

1. To monitor and disseminate information about the reauthorization of the Individuals with Disabilities Education Act (IDEA); and
2. To raise membership awareness of legislation that impacts special education and to promote legislative action.

These goals were met through the dissemination of information on the CSEAC listserv and the presentation of reports at each meeting. Other issues that emerged in the discussions following these presentations were election results and their impact on education in Colorado, and education bills proposed during the legislative session. Members of the committee attended a Legislative Breakfast sponsored by the Colorado Developmental Disabilities Council where they met and discussed issues with legislators.

Communications committee:

Chaired by Karen Rutledge. A continuing goal of the CSEAC is to facilitate communication throughout the state of Colorado among local Special Education Advisory Committees (SEACs), parents, agencies, and other interested parties.

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.

Members as of November 2006.

Inclusion of Kids, Families, and Consumers

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

Colorado Special Education Advisory Council

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. The Advisory Committee is established by Colorado's Exceptional Children's Educational Act (ECEA). 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

The CO Special Education Advisory Council 2003-2004 Annual Report. PDF. (2005) Retrieved July 27th, 2006 from http://www.cde.state.co.us/cdesped/download/pdf/CSEAC_Annual_Report_2003-2004.pdf

Colorado System of Care Collaborative

Mission Statement

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 Statement

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/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's 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. The system of care is community oriented with the location of services, management and decision-making responsibility resting at the community level.
10. 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.
11. Collaborative. Collaboration between agencies, schools, community resources, youth and families is

Colorado System of Care Collaborative

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.

12. 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.
13. 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.
14. 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.

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)

[System of Care Collaborative Accomplishments](#)

Colorado System of Care Collaborative

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, April 2006

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/accomplishments.htm>

Website/Contact Information

Website: <http://cosystemofcare.org/index.htm>
Email: co_soc@hotmail.com

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.

Colorado System of Care Collaborative

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

Participating Agencies and Members

CDHS, Office of Children and Family Svcs, DCWS	Vroon VanDenBerg LLP
Harambe Colorado	Department of Human Services, Division of MH
Family Voices	Tri-County Workforce Development Center
Project BLOOM, JFK Partners @UCHSC	Denver Indian Family Resource Center
Colorado Behavioral Healthcare Council	Family Members
Interagency Prevention Systems, CDPHE, PSD	CDPHE/Adolescent Health Program
CO Association for School Based Health Clinics	Jefferson Family Support Network
FFCMH, CO Chapter	Family Advocacy Coalition
Colorado Developmental Disabilities Council	State Office of Suicide Prevention
Colorado Department of Education	CO Association of Family and Children's Agencies
HealthThink	Pikes Peak Mental Health Center
Colorado Children's Campaign	Jefferson Center for Mental Health
Kid Connects	Aurora Mental Health Center
CO Dept of Public Safety, DCJ	Tennyson Center for Children
The Center for Systems Integration	
Joint Initiatives for Youth and Families	

Members as of December 2006.

<http://www.cosystemofcare.org/index.htm>

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.

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

Colorado System of Care Collaborative

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.

Potential Future Partnership Opportunities

1. Systems of Care Strategy Committee and Mental Health Planning and Advisory Committee’s Colorado Legislative and Budget Subcommittee.
2. Bringing together System of Care efforts through state and local efforts

Support

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 Statement

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 Statement

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.biicolorado.org/trustfund.htm>

Subcommittees

The TBI Board has three committees: Services, Research and Education.

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

Colorado Traumatic Brain Injury Trust Fund

with a traumatic brain injury; and

- two members of the public who have experience with persons with traumatic brain injuries.

The terms of appointed members are 3 years and are staggered so that 3-4 members' terms end each year. The role of the TBI Board is to oversee the operation of the Trust Fund.

The Colorado Traumatic Brain Injury Board meets on the second Friday of each month, from 12:30 p.m. until 3:30 p.m. Meetings are held at the Division of Vocational Rehabilitation, 2211 West Evans Avenue, Building B, Columbine Room, Denver, CO 80223.

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

Barbara Gabella, Colorado Department of Public Health and Environment

Members as of November 2006.

Inclusion of Kids, Families, and Consumers

Yes, see membership description above.

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

Colorado Traumatic Brain Injury Trust Fund

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. (2006) Retrieved October 4th 2006 from <http://www.tbicolorado.org>

Early Childhood State Systems Team/SmartStart Colorado

Mission Statement

The Early Childhood State Systems Team is leading the development and implementation of an early childhood system.

Vision Statement

All Children are valued and thriving.

Values/Principles

We believe that through Smart Start Colorado, services and supports for young children and their families will be high quality, standards-driven, and developmentally appropriate. This will result in children that are thriving, eager to learn, and ready to succeed.

Goals

Their goals are to:

- Interface and synthesize projects, opportunities, and information.
- Provide leadership and direction to early childhood systems building efforts.
- Disseminate lessons learned statewide and nationally.
- Provide an intentional internal support structure for early childhood programs.

Smart Start Colorado is a statewide alliance of early childhood partnerships building a comprehensive system for young children and their families. That comprehensive early childhood system results in young children being ready for school and ready for life and encompasses:

- Early care and education
- Health
- Mental health
- Family support/parent education

Website/Contact Information

http://www.smartstartcolorado.org/about/systems_team.html

Subcommittees

SmartStart Colorado has several Task Forces. The Task Forces form the backbone of Smart Start Colorado. It is where the detailed work of systems building gets done. Task Forces are open to anyone who wants to participate. So far, the meetings have been attended by a widely varied and diverse group of people including parents, administrators and community members. To join a task force, go to <http://www.netnewsdesk.com/SmartStartColorado/index.cfm?fuseaction=ShowIssue&PID=835&ID=2831,10003,9618>

The Parent Engagement / Involvement Taskforce: Meets the 2nd Tuesday of the month from 9:30 --11:30 am at the Colorado Department of Public Health and Environment. The chair is Jen Vasquez: 303-691-9339 x39, jen@familyvoicesco.org.

- The goal of the Parent Involvement Taskforce is to involve parents in the education process, to mobilize what is in the No Child Left Behind legislation, and to work to make it happen.
- Smart Start Colorado funders made it possible for the Parent Engagement Taskforce to attend the Smart Start National Conference and to gather knowledge to empower the families of Colorado. Held in Greensboro, North Carolina in March, the conference brought together early

Early Childhood State Systems Team/SmartStart Colorado

childhood advocates from across the country to share ideas and best practices. Colorado was the ONLY state to send parents as parents, not just as professionals. Participants attended a variety of workshops, including Creating a Father-Friendly Environment and Parents As Allies: Best Practice and Parent Involvement.

Funding and Finance Task Force: Meets the 4th Tuesday of the month from 1-4 pm, at the Clayton campus. The chair is Wendy Watson: 970-231-9756, wentormi@friei.com

Organizational Structure Task Force: Meets AD HOC and the 2nd Thursday of the month from 2-4 pm, at Qualistar Early Learning. The chair is Scott Raun: 303-866-6023, scott.raun@state.co.us

Outcomes and Evaluation Task Force: Meets the 1st Friday of the month from 1:00-3:30 pm, at Developmental Pathways. The chair is José Esquibel: 303692-2302, j.esquibel@state.co.us

Program Availability Task Force: No standing meeting at this time. The chair is Rachel Hutson: 303-692-2365, rachel.hutson@state.co.us

Public Engagement Task Force: Meets the 2nd Wednesday of the month from 9:00 - 11:30 am, at Qualistar Early Learning. The chair is Linda Adams: 303-791-2772, caeyc@coloradoaeyc.org

Members

SmartStart Colorado Charter Partners:

- Local Early Childhood Councils and the Consolidated Child Care Pilots
- Colorado Early Childhood Summit
- Prevention Leadership Council

Early Childhood State Systems Team:

- Clayton Early Childhood Resource Institute
- Colorado Association for the Education of Young Children
- Colorado Child Care Association
- Colorado Children's Campaign

Colorado Department of Education

Consolidated Child Care Pilots

Prevention Initiatives

Colorado Department of Human Services

Division of Child Care

Division of Mental Health Services

Colorado Lieutenant Governor's Office

- Head Start State Collaboration Office

Colorado Department of Public Health and Environment

- The Child, Adolescent, and School Health Section
- The Health Care Program for Children with Special Needs
- The Prevention Leadership Council

Colorado Early Childhood Summit

Colorado Foundation for Families and Children

Colorado Head Start Association

Colorado Home Visitation Coalition

Early Childhood and School Readiness Commission

Family Voices of Colorado

Harambe

Invest In Kids

The Piton Foundation

Qualistar Early Learning

University of Colorado Health Sciences Center

- JFK Partners

Members as of November 2006.

http://www.smartstartcolorado.org/about/systems_team.html

Early Childhood State Systems Team/SmartStart Colorado

Inclusion of Kids, Families, and Consumers

Some member groups have family and consumer members.

Partnerships with other planning groups

Smart Start Colorado partners are state and local early childhood councils, agencies, organizations, and associations working together for young children and their families. See members above.

Sources

SmartStart Colorado web-page. (ND) Retrieved September 12th from
http://www.smartstartcolorado.org/about/current_partners.html

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

Mission Statement

- To assess intersections among community-based criminal justice programs, including probation, parole, residential community corrections, and treatment programs which provide services to offenders.
- To better coordinate the delivery of services, utilize resources more effectively and efficiently, and improve the supervision and treatment of adult and juvenile offenders.

Goals

Goal for Interagency Work: Enhance public safety by integrating the supervision and treatment (risk management) of offenders along the continuum of services. Risk management will be improved by increasing offender accountability, their skill or competency development, and community reparation. In order to achieve this goal, it will be necessary to:

1. Have common definitions;
2. Develop and monitor shared outcomes;
3. Implement consistently applied graduated sanctions and incentives;
4. Foster quality communication;
5. Share meaningful data in a timely way;
6. Provide opportunities for cross-system training and discussion; and
7. Maintain consistent standards of quality across the continuum whether public or private, institutional or community.

Drug Offender Surcharge Program: The Interagency Committee allocates funds and submits the joint budget request for appropriation of the Drug Offender Surcharge Fund among the participating Departments.

Planned Activities

Subcommittee Objectives as of 12/06

Treatment Subcommittee Strategic Objectives:

- 1) Dissemination and Training of the Strategies for Self Improvement and Change (SSIC)
- 2) Adaptation of SSIC for Women, Juveniles, etc.
- 3) Implement general revision or 2nd edition of SSIC
- 4) Quality Improvement of offender treatment

Research Subcommittee Strategic Objectives:

- 1) Program Evaluation of the Standardized Offender Assessment-Revised (SOA-R) and other assessment and treatment practices.
- 2) Justice Assistance Grant applications for interagency research activities
- 3) Maintain Privacy and Research Review Board (PRRB) activities

Adult Screening and Assessment Subcommittee Strategic Objectives:

- 1) Ongoing Training for the Standardized Offender Assessment-Revised (SOA-R)
- 2) Review and improvement of screening and assessment methods

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

Juvenile Screening and Assessment Subcommittee Strategic Objectives:

- 1) Maintain a manual of all the screening and assessment instruments used for juveniles in Colorado
- 2) Quality Improvement of juvenile assessment methods statewide.

Past Activities (Reports, projects, changes to policy)

Recent Activities and Accomplishments

Reports:

- 1) Principles Document resulting from the State Assembly on Drugs, Alcohol Abuse, and the Criminal Offender, 2001, at <http://www.cdhs.state.co.us/adad/principles.htm>
- 2) Principles at a Glance at <http://www.cdhs.state.co.us/adad/PDFs/REVIAC9PrinciplesSummary.pdf>
- 3) Offender Substance Abuse Treatment Needs, at <http://www.cdhs.state.co.us/adad/PDFs/FINALSubstanceAbuseTreatmentGaps.pdf>
- 4) Standardized Offender Assessment, at <http://www.cdhs.state.co.us/adad/PDFs/final.pdf>
- 5) Treatment Subcommittee: Resource and Service Delivery Survey Draft, at <http://www.cdhs.state.co.us/adad/PDFs/iactrrsd.pdf>
- 6) Research Committee: Hybrid Board Draft, at <http://www.cdhs.state.co.us/adad/PDFs/hybo922.pdf>
- 7) Screening and Assessment Issues Paper, at <http://www.cdhs.state.co.us/adad/PDFs/JuvenileAssessmentIssuesforIAC.pdf>
- 8) Two-Part Evaluation of Intensive Residential Treatment at <https://exdoc.state.co.us/userfiles/Treatment/pdf/irtprocess.pdf> and <https://exdoc.state.co.us/userfiles/Treatment/pdf/irtoutcome.pdf>

Recent Activities:

- 1) Development of Colorado Unified Supervision and Treatment Program (CUSP) proposal documents
- 2) Participants in Statewide Community Initiatives Training, September, 2005
- 3) Powerpoint presentation "What Works for Substance Abusing/Co-Occurring Offenders in Colorado?" February 13, 2006 (available upon Request).
- 4) Participants in Offender Re-Entry Summit, September, 2006

Website/Contact Information

Website: <http://www.cdhs.state.co.us/adad/committees.htm#begin>

Subcommittees

Subcommittees and Objectives 12/06

Treatment Subcommittee

Research Subcommittee

Adult Screening and Assessment Subcommittee

Juvenile Screening and Assessment Subcommittee

Members

Jeaneene Miller, Director of the Division of Adult Parole, Community Corrections and Youthful Offender System, Department of Corrections

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

Carol Poole, Acting Director of the Division of Criminal Justice, Department of Public Safety
Janet Wood, Director of the Alcohol and Drug Abuse Division, Department of Human Services; and representing the Division of Mental Health Services, Department of Human Services
John Gomez, Director of the Division of Youth Corrections, Department of Human Services
Thomas Quinn, Director of the Division of Probation Services, Judicial Department
John Rosen, Member, Adult Parole Board

For purposes of implementing Section 16-11.5-102 (7)(8) additional appointments were made by the Colorado District Attorney's Council and the State Public Defender pursuant to 16-11.5-102(4) (b)(c).

[vacant](#), Executive Director, Colorado District Attorneys' Council

[vacant](#), Attorney, Office of the State Public Defender

The Advisory Committee is to meet at least quarterly and may establish operational rules to manage the committee. The committee should make sure that the undersigned heads of the participating agencies are kept regularly informed of progress and that, as and when appropriate, direction and approval is sought from each agency head.

Members as of December 2006.

http://www.cdhs.state.co.us/ohr/adad/iacajct_postings.htm

Inclusion of Kids, Families, and Consumers

The subcommittees have the authority to invite other members to join (the subcommittee), so the potential is there for family and consumer inclusion.

Authority

Legislative mandate: CRS 16-11.5 (HB 91-1173)

Partnerships with other planning groups

State Methamphetamine Task Force
Interagency Task Force on Treatment (ITFT) from SB 03-318
Colorado Unified Supervision and Treatment Program (CUSP) Development
Offender Re-Entry Working Groups

For the Treatment Subcommittee:

Serious and Violent Offender Reentry Initiative
NIDA CJ-DATS (Criminal Justice Drug Abuse Treatment Studies) Research Center in Colorado through National Development and Research Institutes, Inc. (NDRI)
Addiction Technology Transfer Centers (ATTC) working with our state
SB 94 Statewide Advisory Committee

For the Screening and Assessment Subcommittee:

Justice Assistance Grant (JAG) funded project for the adult MH screening instrument
DYC grant to pilot the MAYSI instrument for adolescents
Juvenile Justice/Mental Health task force, juvenile sub-committee
MI Task Force for the Continuing Examination of People with Mental Illness in the Criminal Justice

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment

System, including the sub-committee on juvenile justice/mental health.

Support (financial and in-kind)

Partners: Colorado Judicial Branch, Department of Corrections, Colorado Department of Public Safety, Colorado Department of Human Services.

Sources

Colorado department of Human Services Alcohol and Drug Abuse Division Website. (2006) Interagency Advisory Committee on Adult and Juvenile Correctional Treatment Webpage. Retrieved December 29th 2006 from <http://www.cdhs.state.co.us/adad/committees.htm>

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment. (2006). Homepage. Retrieved June 29th, 2006 from http://www.cdhs.state.co.us/ohr/adad/iacajct_postings.htm

Interagency Committee on Adult and Juvenile Correctional Treatment. (2006) Research Subcommittee Meeting Minutes March 22, 2006 [PDF]. Retrieved December 29th 2006 from <http://www.cdhs.state.co.us/adad/PDFs/iacresno032206.pdf>

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment. (2004). Screening and Assessment Subcommittee: Screening and Assessment Issues Paper [PDF]. Retrieved June 29th, 2006, from <http://www.cdhs.state.co.us/ohr/adad/Juvenile%20Assessment%20Issues%20for%20IAC.pdf>

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment. (2004) Treatment Subcommittee: Resource and Service Delivery Survey Draft [PDF]. Retrieved June 29th, 2006, from <http://www.cdhs.state.co.us/ohr/adad/iactrrsd.pdf>

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment. (2002). Reports [PDFs]. Retrieved June 29th, 2006 from http://www.cdhs.state.co.us/ohr/adad/iacajct_reports.htm

Interagency Advisory Committee on Adult and Juvenile Correctional Treatment. (ND) Research Subcommittee: Hybrid Board Draft [PDF]. Retrieved June 29th, 2006, from <http://www.cdhs.state.co.us/ohr/adad/hybo922.pdf>

Juvenile Justice & Delinquency Prevention Council

Mission Statement

The Colorado Juvenile Justice and Delinquency Prevention Council (JJDP Council) provides statewide 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 December 2005 meeting, the Council finalized its list of priorities for 2006-2008 funding. These include: Mental Health, Substance Abuse, Minority Over Representation, Girls in the Juvenile Justice System, and 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 three-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>

Three approaches for gathering information for this Framework were used:

- Ten focus groups facilitated throughout the state;
- An online survey to allow for involvement by those individuals and communities not selected for the focus groups; and
- Research on best practices, Colorado models, and other states' models for identification, diagnosis, and treatment of youth with mental illness and/or co-occurring disorders in the juvenile justice system.

Five of the focus groups consisted of system staff, providers, and other professionals in the juvenile justice and related systems. Another five focus groups were held with families and youth involved with the juvenile justice system. They included:

Juvenile Justice & Delinquency Prevention Council

1. Youth committed to the Division of Youth Corrections;
2. Youth transitioning out of the juvenile justice system and into adulthood;
3. Families in a community support group whose youth have been involved with the juvenile justice system and have mental health needs;
4. Families statewide who participated via an anonymous conference call; and
5. Spanish speaking families and their youth who are involved with the juvenile justice system.

The focus group findings were supported by the findings from the statewide survey. A total of 330 respondents completed the survey and represented all regions of the state, rural and urban areas, and roles in the juvenile justice and related systems. Families, youth, providers, public agency staff at the local and state level, judicial staff, family advocates, and community members all responded to the survey.

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. 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.

Juvenile Justice & Delinquency Prevention Council

Website/Contact Information

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

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

Subcommittees

Five Subcommittees:

Minority Over Representation Committee
Mental Health Committee
Youth Committee
Girls Equitable Treatment 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.

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Juvenile Justice & Delinquency Prevention Council

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Members as of December 2006.

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

Inclusion of Kids, Families, and Consumers

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

Partnerships with other planning groups

Task Force to address Mental Illness in the Criminal Justice System

Authority

The Colorado Juvenile Justice and Delinquency Prevention (JJDP) Council serves as the state advisory

Juvenile Justice & Delinquency Prevention Council

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.

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. (2005) Retrieved July 27th, 2006 from http://dcj.state.co.us/oajja/Boards_and_Councils/JJDP_JAG_Councils.html

Medical Home Initiative's Medical Home Advisory Board

Vision Statement

Colorado's "Vision" For Medical Home

A Medical Home is not a building, house or hospital, but a team approach to coordinating mental, oral, and physical health care. A Medical Home originates in a health care setting that is family-centered and compassionate. A partnership develops between the family and health care provider(s). Together they access medical and non-medical services needed by the child and family to achieve their maximum potential. The Medical Home approach assures a centralized comprehensive record of all health related (mental, oral, physical) services to promote continuity of care.

Children with special health care needs (CSHCN) may have many professionals involved in their physical and emotional well-being. Therefore, coordination of care is an essential component of the Medical Home approach, assuring communication and planning among team members. These team members include the family, health care providers, community programs, insurance, and other payment sources.

Goals

The goals of the four Taskforces that make up the Medical Home Initiative's Medical Home Advisory Board are as follows:

1. Providers will understand the components of a medical home approach, and implement that approach.
2. Families will understand the components of a medical home approach, and advocate for that approach.
3. Reimbursement will be adequate to provide a medical home approach for kids.
4. The Medical Home Initiative will conduct public engagement through a social marketing effort.

Website/Contact Information

<http://www.cdphe.state.co.us/ps/hcp/medicalhome/vision.pdf>

Kathy Watters, Director Health Care Program for Children with Special Needs, Phone: 303 692-2418
kathy.watters@state.co.us

Subcommittees

The MHI's Medical Home Advisory Board has 4 Taskforces, each with a goal on one of these subjects:
Providers
Families
Reimbursement
Public Engagement

Members

Medical Home Advisory Board Membership

Health Care Program for Children with Special Needs	Colorado Chapter, AAP
JFK Partners	Colorado Academy of Family Physicians
Family Voices	CO Chapter of the Nat'l Association of Pediatric Nurses and Practitioners
Department of Health Care Policy and Financing	The Children's Hospital

Medical Home Initiative's Medical Home Advisory Board

Early Periodic Screening Diagnosis and Treatment Program	Kaiser Permanente
Part C- Early Childhood Connections	Colorado Community Managed Care Network
Head Start	Colorado Access
Colorado Department of Mental Health	Rocky Mountain HMO
	CO Association of School-Based Health Centers

Members as of November 2006.

<http://www.cdphe.state.co.us/ps/hcp/medicalhome/vision.pdf>

Inclusion of Kids, Families, and Consumers

There are groups with consumer and family representation included in the membership.

Partnerships with other planning groups

The MHI's Medical Home Advisory Board is just 1 element of a big systems effort. It's partners are:

Smartstart Colorado

Colorado System of Care Collaborative

Support (financial and in-kind)

Colorado Department of Public Health and Environment

Sources

The Colorado Department of Public Health and Environment's web-site; Health Care Program for Children with Special Needs web-page. (2006) PDF. Retrieved November 3rd, 2006 from <http://www.cdphe.state.co.us/ps/hcp/medicalhome/vision.pdf>

Kathy Watters, Personal Communication, November 3rd, 2006.

Mental Health Planning and Advisory Council and its 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 Statement

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:

Child and Family Subcommittee Goals :

- 1) Promote Evidenced Based Practices and Promising Practices for treatment of Co-occurring Mental Illness and Substance Abuse.
 - a) 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.
 - b) 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.
 - c) Complete inventory of evidence based services actually being provided in Colorado
- 2) Conduct social marketing on system of care principles and values.
- 3) 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

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

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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 A: become employed, B: are incarcerated, or C: are hospitalized.
 - a) 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.
 - b) 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.
 - c) 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.
- 2) Promote Evidenced Based Practices and Promising Practices for treatment of Co-occurring Mental Illness and Substance Abuse.
 - a) 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.
 - b) 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.
 - c) Complete inventory of evidence based services actually being provided in Colorado
- 3) Identify best practices for older adult population

Membership Sub committee Goals:

- Recommend methods to increase consumer membership and participation in Council and its subcommittees:
- 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

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 unserved 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.

- Restore mental health early intervention services

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- Expand peer services for the Non-Medicaid population
 - Add family advocacy services to help families find and receive the services they need
 - Develop Triage/Urgent care centers to reduce the usage of emergency departments
 - Provide services for adolescents transitioning to adulthood
 - Expand the Children's Health Plan benefit for youth who have Serious Emotional Disorders
 - 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.
2. 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.
 - Establish Medicaid eligibility for people leaving the justice system
 - Fund diversion and re-entry services for people at risk or involved in the justice system (i.e. SB 94)
 3. Provide adequate staffing capacity for the Division of Mental Health to ensure access, quality and accountability of services.
 4. 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>

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

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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. The subcommittee meets the 2nd Thurs. monthly from 1:45 – 3:15 P.M. at the Div. of Mental Health, 3824 W. Princeton Circle, Ft. Logan, in the basement conference room.

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

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

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

Other committees may be appointed by the Chair as the Council shall deem necessary.

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	Ed George	John "Bruce" Mayer (Co-Vice Chair)
Susan Bailey	Harriet Hall	Shellie Medich
Barb Bieber	Christine Highnam	Carol Ann Reynolds
Robyn Bolduc	Toni Koontz	Jeanne Rohner
Debra Cady	Debra Kupfer	Amy Smith (Co-Vice Chair)
Melinda Cox	Keith La Grenade	Charles Smith
James Dean	Scott Leroy	Antoinette Taranto
George DelGrosso	Hernando Liebmann	Janet Wood
Diana Dilka	Anne Lowe	Vacant
Megan Floyd	Linda Lytle	Vacant
Terry Fowler	Wayne Maxwell	

Members as of November 2006.

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

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 advise 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

**Mental Health Planning and Advisory Council and its Subcommittees:
Child and Family, Youth Transition, Adult and Older Adult,
Membership, Strategic Planning and Monitoring, and CO Legislations
and Budget Committee (CLAB)**

Family Committee – Public Education Committees

Potential Future Partnership Opportunities

- 1) Bring organizations together with Mental Health Planning and Advisory Council Colorado Legislative and Budget Subcommittee – organizations interested in advocacy and policy 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>

Mentally Ill in the Justice System Task Force

Mission Statement

The mission of the task force is to address and respond to mental health issues in the criminal justice and juvenile justice systems. They must operate within the specific parameters of their authorizing legislation.

Vision Statement

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.

For July 2004 to June 2005:

1. To examine the identification, diagnosis, treatment, and housing of juveniles with mental illness who are involved in the criminal or juvenile justice systems, including an examination of liability, safety, and cost as they relate to these issues.
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.

For July 2005 through June 2006:

1. To examine the prosecution of and sentencing alternatives for persons with mental illness that may involve treatment and ongoing supervision, including an examination of liability, safety, and cost as they relate to these issues.
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, including an examination of liability, safety, and cost as they relate to these issues.
3. The development of a plan to effectively and collaboratively serve the population of juveniles involved in the criminal or juvenile justice systems.

For July 2006 through June 2007:

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.
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

Mentally Ill in the Justice System Task Force

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.

Planned Activities

See goals section for future activities, per legislative mandate.

Ongoing Activities

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

Past Activities (Reports, projects, changes to policy)

See goals section for past activities, per legislative mandate.

For the complete list of issues studied by the task force before July of 2004, go to http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/comsched/05MICJSIssuesandoutcomes.pdf

1) Issue: Develop a competency process for juveniles that defines who has standing to raise an issue of competency at trial, and outlines procedures by which a court can determine competency and order restoration.

Action: HB 05-1034

Outcome: Signed into law.

2) Issue: Development of a common framework to effectively address juveniles with mental illness who are in the justice system.

Action: SB 04-037 charged the task force with adopting a common framework for effectively addressing the mental health issues of juveniles with mental illness in the justice system. In May 2005, the Center for Systems Integration (CSI) conducted focus groups in Fort Collins, Jefferson County, Mesa County, and the San Luis Valley on behalf of the task force. The group also surveyed state and local agencies, providers, consumers, and family members. Finally, they conducted research on problems and areas for

Mentally Ill in the Justice System Task Force

improvement identified in national literature.

Outcome: The focus groups and surveys uncovered various concerns about the current juvenile justice system, and highlighted areas of the system that need improvement. CSI used the results of the focus groups and surveys to develop a framework for juveniles, which was adopted by the Task Force in August 2005. Two pieces of legislation emerged from the framework, one of which was successfully passed. The legislation that passed ensures that health insurance coverage continues for individuals who receive a court order to maintain their mental health treatment. A second bill to develop a family advocacy demonstration program died in committee.

3) Issue: Parole eligibility for inmates with mental illness.

Action: The task force finalized the design for a pilot program for 25 to 40 adult male offenders with mental illness who are released on parole in Jefferson County. A multi-agency partnership allows a team to provide residential, non-residential, case management, mental health services, substance abuse counseling, and employment and housing assistance services from one location. The pilot program will be funded by redirected state and local resources that are already providing the services (\$295,150); a federal grant (\$143,300); and a donation from pharmaceutical provider AstraZeneca (\$7,500).

Outcome: The program was presented to the Jefferson County Commissioners and received their support. A local planning group identified 100 offenders who were eligible to enter the pilot program. The pilot program was launched on September 1, 2005.

4) Issue: Mental health courts that would channel eligible persons with mental illness to treatment and services instead of incarceration.

Action: The task force resumed examination of this issue in 2004, when it invited a guest speaker to facilitate discussion on mental health courts. Following the presentation, the task force agreed that legislation was not necessary to implement mental health courts in Colorado, instead deciding to build the concept off existing drug court programs.

Outcome: A subcommittee was formed and charged with further examining juvenile mental health courts, and designing and implementing these courts in Colorado. The group surveyed Denver, Canon City, Fort Collins, Montrose, and Durango about their interest in adding a mental health court component to their existing drug court programs. The courts expressed interest, but voiced concerns about the costs. Jefferson County expressed interest and has since established a pilot mental health court. The task force determined that the courts are the most appropriate entities to coordinate the next step in implementing mental health courts.

5) Issue: Reinstatement of Medicaid benefits following release from incarceration. See also: Meetings Beginning June 2003.

Action: The task force continued to have briefings on this issue in 2004, 2005, and 2006.

Outcome: A member of the task force agreed to work with efforts that are currently underway to support the suspension of Medicaid benefits during incarceration, rather than termination of benefits.

6) Issue: Timely access to community mental health services.

Mentally Ill in the Justice System Task Force

Action: The task force was alerted to this issue in 2005. A central concern is inadequate communication between the state hospital and local mental health centers, jails, or probation officers, resulting in inaccessible mental health services for persons who are restored to competency and released from the state hospital. Another concern is that persons released from prison, jail, or the state hospitals often do not have their required supply of medication or prescription for medication, even if it was given to them.

Outcome: A continuity of care subcommittee was formed to discuss discharge planning and prioritization of populations w/ resources.

7) Issue: Mental health services in jails.

Action: The task force heard from a representative of the Denver Police Department who reported that sheriffs have a different focus than police departments and thus need more specific Crisis Intervention Training (CIT). It was also suggested that mental health nurses be included on patrol with a CIT-trained officer, and that the mental health community assume a lead role in working with persons with mental illness who are in jails.

Outcome: The task force began pursuing a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to assist with developing jail diversion projects in Jefferson County and South Eastern Colorado. These projects will provide triage services and possibly expand the CIT concept to jail staff. The task force also believed it would be helpful to find out what other states are doing in this area. A conference call in July 2005 provided information about the Kentucky Jail Mental Health Crisis Network, which provides arrestee screening, a telephone triage crisis line, and face-to-face Mental Health services for persons in jail.

8) Issue: Speaker's bureau presentations to outside groups.

Action: The task force requested a presentation from two public relations consultants about developing a speaker's bureau. The speaker's bureau would train task force members to make presentations to outside groups that want to know more about the task force's work and the treatment of persons with mental illness who are involved in the justice system.

Outcome: Several task force members volunteered to be part of the speaker's bureau, and worked with the public relations consultants to further develop the concept. A PowerPoint presentation and a complimentary brochure are being created.

8) Issue: The development of a plan to effectively and collaboratively serve youth with mental health issues and co-occurring disorders by July 2006.

Action: SB 04-037 charged the task force with adopting a common framework for effectively addressing the mental health issues of juveniles with mental illness in the justice system. The Center for Systems Integration and the Federation of 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.

Mentally Ill in the Justice System Task Force

Outcome: 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

Website: http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/comsched/05MICJSsched.htm
Jessika Shipley, jessika.shipley@state.co.us and Debbie Grunlien, debbie.grunlien@state.co.us
Phone: 303-866-3521

Subcommittees

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

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 (29 total members).

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

Department of Human Services

Division of Mental Health, VACANCY
Maurice Williams, Division of Youth Corrections
Melinda Cox, Division of Child Welfare
Janet Wood, Alcohol and Drug Abuse
Michele Manchester, Colorado Mental Health Institute at Pueblo
Jeanne Rohner, Mental Health Planning and Advisory Committee

Practicing Mental Health Professionals

Julie Miller
Carrie Merscham

Community Mental Health Centers

Harriet Hall, Jefferson Center for Mental Health

Person with knowledge of public benefits and housing in the state

Local Department of Social Services

VACANCY

Local Law Enforcement

Paul Siska, Adams County Sheriff's Office
Bill Kilpatrick, Chief, Golden Police Department

Colorado District Attorney's Council

VACANCY

Colorado Criminal Defense Bar

Private Practice, VACANCY
Michelle Turner, Public Defender's Office

Person who is a practicing forensic professional in the state

Richard Wihera

Members of the Public

Mentally Ill in the Justice System Task Force

Christine Highnam

Department of Education

Michael Ramirez

Departments of Law

Jeanne Smith, Attorney General's Office

Karen Ashby, Presiding Judge, Denver Juvenile Court

Thomas Mills

Deirdre Parker

Steven White

Department of Public Safety

Division of Criminal Justice, VACANCY

Department of Corrections

Jeaneene Miller, Division of Parole

Barry Pardus, Assistant Dir. for Clinical Services

Members as of December 2006.

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

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]

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

Mentally Ill in the Justice System Task Force

Legislative Oversight Committee for the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System. (2005). Issues and Outcomes from the Oversight Committee and Task Force for the Continuing Examination of the Treatment of Persons with Mental Illness Who Are Involved in the Justice System [PDF]. Retrieved June 29th, 2006, from http://www.state.co.us/gov_dir/leg_dir/lcsstaff/2005/comsched/05MICJSIssuesandoutcomes.pdf

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. To develop and implement a new multi-million dollar Health Disparities Grant Program with funds appropriated from Amendment 35 tobacco cash fund. This program will support projects addressing health disparities in prevention, early detection, and treatment for cancer, cardiovascular and pulmonary diseases.
2. To conduct open meetings across the state to find out the needs of minority communities in Colorado.

Past Activities

A Health Disparities Town Hall meeting was held August 11, 2006 at Pueblo Community College in Pueblo Colorado.

Website/Contact Information

Contact Information: Commission Coordinator: Genevieve Rowden, cdphe.edohd@state.co.us

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

Members

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

Minority Health Advisory Commission Members:

Co-Chairs:

MHAC is in the process of voting for new co-chairs. The former co-chair is Lt. Governor Jane Norton. The present co-chair is Senator Peter Groff, pgroff@du.edu

Minority Health Advisory Commission (MHAC)

Representative Jerry Frangas, kjerry.frangas.house@state.co.us
Thomas Duran, Director Southern Ute Indian Tribe, tduran@southern-ute.nsn.us
Lucio Torres-Flores, President Salt Creek Enterprises, Inc, screekinc@aol.com
Jeff Fard, Director Cultural Center and Café brother, jeff1@earthlink.net
Franklin Kim, Ph.D., Chief E.D. Asian-Pacific Development Center, frankpkim@hotmail.com
Dolores Pitman, Education Consultant, dolorespitman@bresnan.net
Dr. Anthony Young, Psy. D. Clinical Psychology, Colorado Mental Health Institute, drapyoung@aol.com
Patricia Alvarez-Valverde, Coordinator UCDHSC- Cancer Center, patricia.valverde@uchsc.edu
Theron J. Bell, Vice-President Protekt Mark, LLC, theronbell@aol.com

Members as of November 2005.

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

Inclusion of Kids, Families, and Consumers

No

Support (financial and in-kind)

Colorado Department of Public Health and Environment

Sources

Colorado Office of Health Disparities web-site, Minority Health Advisory Commission web-page. (ND).
Retrieved July 26th, 2006 from <http://www.cdphe.state.co.us/ohd/mhac/mhac.html>

National Governor's Association Transition Project

Vision Statement

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.

Ongoing Activities

Pursuit of 3 goals that have developed from this project:

National Governor's Association Transition 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

Subcommittees

Policy, Data, and Collaboration/Training.

Members

The Transition Project has a Core Team (state leaders) and a Home Team (3 subcommittees).

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, Office of Workforce Development
Sue Schierkolk, CDHS/Division of Vocational Rehabilitation
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 Collaboration Subcommittee

Terry McGarry, Arapahoe/Douglas Workforce

Home Team Policy Subcommittee

DeAnn Major, ARC of Denver
Lynne Popkowski, Douglas County School District
Cheryl Carver, Division of Vocational Rehabilitation/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, Colorado Developmental Disabilities Council
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

Center

Brent Ridley, Division of Youth Corrections
 Kristie Braaten, DHS Division for Developmental 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

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 Rehabilitation

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

Members as of December 2006.

Inclusion of Kids, Families, and Consumers

No.

Partnerships with other planning groups

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

National Governor's Association Transition Project

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 Statement

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/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: Increasing communication among state agencies, local service providers and local coalitions regarding existing programs/services and potential sources of funding;

Planned Activities

These Objectives and selected Benchmarks are from the PLC State Plan for 2006-2009. For more

Prevention Leadership Council

information on the objectives and to see the benchmarks for each objective, please visit: <http://www.cdph.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 1.2: 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 1.7: 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.

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 2.3: 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.

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

Prevention Leadership Council

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.

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.

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.

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 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) Developing 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

Prevention Leadership Council

data.

- 4) Linking core competencies for prevention providers with the Uniform Minimum Standards.
- 5) 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.
- 6) Coordinating on a single state survey process for collecting youth health and behavioral health data.

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.
- 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. Five state agencies worked collaboratively to develop a Combined Adolescent Health Survey that gathers crucial health risk information in a more effective, streamlined process.
- 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) Plans are underway to provide Prevention training and workforce development and support to enhance the skills of local prevention service providers in various regions of the state.
- 8) 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.

Website/Contact Information

<http://www.cdph.state.co.us/ps/ipsp/council.html>

Prevention Services Division
Colorado Department of Public Health and Environment
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Denver, CO 80246
303- 692-2421

Subcommittees

Subcommittee 1: This subcommittee has no title; it is composed of community and state representatives.

Goal: to create a sustainable system of technical assistance and training.

Prevention Leadership Council

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

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.

CO Dep't of Ed.:

Stan Paprocki, Prevention Initiatives

CO Dep't of Human Services:

Charles Perez, Child Welfare Division

Kevin Richards, Colorado Works

Mary VanderWall, Alcohol and Drug Abuse

Division

CO Dep't of Law:

Mark Messenbaugh, Esq., Office of Attorney

General

CO Dep't of Public Health and Environment:

José Esquibel, Interagency Prevention Systems

Program

Katy Kupecz, State Tobacco Education

Prevention Partnership

Karen O'Brien, Office of Local Liaison

Lena Peschanskaia, Prevention Services

Division

Jan Reimer, Maternal Child Health

Barbara Ritchen, Child and Adolescent Health

Jason Vahling, S.T.E.P.P.(Tobacco Prevention)

CO Dep't of Public Safety:

Anna Lopez, Division of Criminal Justice

Meg Williams, Division of Criminal Justice

CO Dep't of Transportation:

Kirsten Jahn-Elfon

CO State U. / Cooperative Extension:

Jan Carroll, 4-H Youth Development

U of CO / Health Sciences Center:

Judy Baxter

Early Childhood State Systems Team:

Scott Raun

OMNI Research and Training:

Jim Adams-Berger

Regional Prevention Services:

Janet Shown

SW Center for the Application of Prevention

Technologies:

Joanie Liebman, Colorado Liaison

Members as of November 2006.

<http://www.cdph.state.co.us/ps/ips/council.html>

Inclusion of Kids, Families, and Consumers

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

Prevention Leadership Council

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

1. 1451 Steering Committee: Collaborative Management
2. Blue Ribbon Council for Children's Mental Health
3. CO Links for Mental Health
4. Colorado Connections for Health Schools
5. Colorado Physical Activity and Nutrition Program (CDPHE)
6. Colorado Systems of Care Collaborative
7. Early Childhood State Systems Team/Smart Start Colorado
8. Interagency Health Disparities Leadership Council
9. Medical Home Initiative
10. National Governor Association Transition Project
11. State Methamphetamine Task Force
12. Violence Prevention Advisory Group

Potential Future Partnership Opportunities

1. Mentally Ill in the Criminal Justice System
2. Exceptional Student Services Unit, Colorado Department of Education

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]. Retrieved June 26th, 2006, from <http://www.cdphe.state.co.us/ps/ipsp/index.html>

Colorado Department of Public Health and Environment. (2005). Prevention Leadership Council Brochure [PDF]. Retrieved June 26th, 2006, from <http://www.cdphe.state.co.us/ps/ipsp/index.html>

Colorado Department of Public Health and Environment. (2005). Prevention Leadership Council Website. Retrieved June 26th, 2006, from <http://www.cdphe.state.co.us/ps/ipsp/council.html>

Colorado Department of Public Health and Environment. (2005). Interagency Prevention Systems Project Website. Retrieved June 26th, 2006, from <http://www.cdphe.state.co.us/ps/ipsp/activity.html>

SB 94 State Advisory Board & Coordinators Meeting

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 catchment 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.

Past Activities

The committee has reviewed criteria for placement and the allocation formula, provided input on program evaluation, developed formats for yearly submission of local SB94 plans, and reviewed and approved plans prior to implementation.

Website/Contact Information

http://www.cdhs.state.co.us/dyc/dyc_about.htm

Members

The SB 94 State Advisory Committee meets quarterly. In 2007 they will meet on January 27th, April 27th, July 13th, and at the annual training conference which will be held in October of 2007.

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SB 94 State Advisory Board & Coordinators Meeting

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SB 94 State Advisory Board & Coordinators Meeting

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SB 94 State Advisory Board & Coordinators Meeting

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Partnerships with other planning groups

Juvenile Justice and Delinquency Prevention Council

Support

Colorado Department of Human Services

Authority

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

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>

Matthew Friesan, Personal Communication, December 28th 2006.

State Youth Council

Mission / 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>

Subcommittees

Membership Committee, Finance Committee

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Members as of November 2006.

<http://dola.colorado.gov/wdc/youth.htm>

Inclusion of Kids, Families, and Consumers

Yes, there are youth on the council.

Authority

Colorado Department of Local Affairs

Support

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

Mission:

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 Statement

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

<http://www.suicideprevention-colorado.org>

Brenda Gierczak, MA CG-C, Program Coordinator
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Board Members as of 11/06:

Deanna Rice, Board Chair
Becca Emme, Chair Elect
Louise Boris, Vice Chair
Laura Prohaska, Secretary

Directors

Mark Alford, MA
Barb Arculeta, M.Ed, LPC
Katie Ford, MA LPC
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Suicide Prevention Coalition of Colorado

Dr. Bill Porter, Treasurer

Ex Officio

Brenda Gierczak, MA CG-C

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Jeff Lamontagne, JD

Dr. Sally Spencer-Thomas

Dr. Lisa Van Bramer

Members as of 11/17/2006. <http://www.suicideprevention-colorado.org>

Inclusion of Kids, Families, and Consumers

Yes.

Partnerships with other planning groups

Fiscally Sponsored by the Mental Health Association of Colorado, Colorado Department of Public Health and the Environment on Suicide Prevention, Statewide Suicide Prevention Organizations.

Sources

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

Brenda Gierczack, Personal Communication, November 17th 2006.

Violence Prevention Advisory Group

Mission Statement

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 Statement

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.

Violence Prevention Advisory Group

- 2) Identify activities that will ensure ongoing collaboration, community involvement, commitment, communication, and evaluation among violence prevention stakeholders.
- 3) Develop a plan for continued integration and future sustainability.

YEARS THREE, FOUR, AND FIVE (If awarded implementation funds from the CDC)

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:

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

Planned and Ongoing Activities

See goals above.

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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Frye, Michelle: SWCAPT / OMNI Research and Training, Inc

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Lopez, Anna: Delinquency Prevention/DMC Coordinator, CODCJ

Mason, Karen: CDPHE/OSP

Mendoza, Myles: Development Dir., Project PAVE

Messenbaugh, Mark, Esq.: Director, Partnership for Youth Development, Office of the CO Attorney General, Boys and Girls Clubs of America

Mihalic, Sharon: Center for the Study and Prevention of Violence

O'Hashi, Alan, MPA: Director of Marketing and development, Assets for Colorado Youth

Olmos, Antonio: MHCD

Paprocki, Stan: CDE

Porter, William: Creating Caring Communities

Ritchen, Barbara, BSN, MA: Director, Child,

Violence Prevention Advisory Group

Study and Prevention of Violence, CU-Boulder	Adolescent and School Health Section
Guerrero, Catherine: CDPHE	Rosner-Salazar, Theresa, PsyD: Licensed Clinical Psychologist/Evaluation Specialist
Hedegaard, Holly, MD, MSPH: ISP Director/CDPHE	Sigel, Eric, MD: Associate Professor of Pediatrics, Children's Hospital
Hindman, Jarrod: CDPHE/Injury	Snell, Kathie, LPC: Manager Child and Adolescent Programs, CO Division of Mental Health
Hoy, Stephanie: Assets for Colorado Youth	Wakefield, Cindy: CDE - Senior Consultant in Prevention Initiatives
Huerter, Regi: Denver Crime Prevention and Control Division	Wells, David W, MD: DYC
Kary, Judy: Creating Caring Communities	
Koester, Nancy: CDPHE	

Members as of November 2006.

<http://www.cdph.state.co.us/ps/YVPP/index.html>

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

Potential Future Partnership Opportunities

- 1) Coordinate with Office of Health Disparities for cultural competency
- 2) Coordinate with Prevention Leadership Council for local community engagement

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.

Violence Prevention Advisory Group

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>

Violence Prevention Advisory Council (2005). Child and Adolescent Violence in Colorado: A 2005 Status Report [PDF]. Retrieved June 30th, 2006, from <http://www.cdphe.state.co.us/ps/YVPP/AssessmentReport.pdf>

Afterword

The LINKS Guidebook will be made available on the web. It is the hope of the LINKS project partners that the guidebook will be made into a searchable database that provides an opportunity to update information and to search across different categories and fields to enhance its functionality. In the meantime, the guidebook will hopefully serve as a useful resource to state agencies, foundations, providers, policymakers, consumers, planning organizations, and community organizations.

As mentioned in the foreword, the guidebook did not contain all organizations identified at the BIG Meeting, nor all the organizations working on youth and health, mental health, and co-occurring issues. Rather, the entities included met specific criteria identified in the foreword. However, additional organizations that were identified at the LINKS BIG meeting in February 2006, included: Colorado Association of Alcohol and Drug Service Providers (CAADSP); Colorado Association of Family and Children's Agencies (CAFCA); Colorado Care Management/Child Welfare Business Roundtable; Colorado Consumer Health Initiative; Colorado Counties Inc./Behavioral Health Subcommittee; Colorado Cross Disability Coalition; Colorado Department of Education Training Efforts; Colorado Department of Human Services Spring Forum; Colorado Minority Health Forum; Eligible Facilities Advisory Council; EMPOWER; Family/Child/Adolescent; For the Love of Children; HARAMBE; the Legislative Education Taskforce; Mental Health Caucus; the Mental Health Funders Collaborative; Mighty Mental Health Collaborative; Project TRAIN Youth Committee; Rocky Mountain Equal Care Coalition; School Work Alliance Project (SWAP); Youth Partnership for Health. These organizations could serve as additional resources to organizations working on planning related to children and youth health, mental health, and co-occurring issues.