

Strong Minds, Strong Futures

Colorado's Trauma Informed System of Care Plan

In 2011, Colorado received a one-year system of care expansion planning grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop a blueprint for expanding the approach statewide. The system of care model is a non-categorical approach to improving and integrating services and supports for children and youth with serious behavioral health challenges and their families. Colorado will focus on children with serious behavioral health challenges from birth through age 25 who are in, or at imminent risk of, out of home placement. Colorado's plan centers on developing local community-based service systems supported by a state-level steering committee of the Behavioral Health Transformation Council, which was established in 2010 pursuant to Section 27-61-101, et seq., C.R.S. The Council, whose mission is to improve the behavioral health system, consists of representatives of the Governor's Office, General Assembly, Judicial Branch, state agencies that fund or provide behavioral health services, individuals who have lived experience with behavioral health challenges, family members, and service providers.

Key features of Colorado's system of care framework include individualized and culturally and linguistically relevant services and supports facilitated by an intensive care coordination model known as high fidelity wraparound. Colorado will be developing trauma-informed services and family advocates to assist families whose children are experiencing difficulties. Colorado will test a model of service delivery known as a care management entity, which will blend funds, integrate services and supports, and serve as the locus of accountability for care across systems.

Eight communities were chosen during the planning process to create their own local system of care plans and inform development of the state plan. Those communities, known as Communities of Excellence, are: Arapahoe, Chaffee, El Paso, Larimer, Montrose, Eagle, Weld counties, and the San Luis Valley. Throughout the planning process, the communities built on existing collaboration; conducted focus groups, surveys of families, youth, and other stakeholders; and, designed a plan based on this input. Additional Communities of Excellence will be added through a four-year SAMHSA-supported system of care implementation project beginning in 2013. Hundreds of stakeholders participated in developing this plan through the Communities of Excellence and workgroups focused on family involvement, youth engagement, social marketing, and cultural responsiveness.

The plan will be reviewed and revised on a regular basis to ensure accountability and adaptability.



System of Care Implementation Goals

Goal 1: *Make policy, administrative, and regulatory changes needed to increase the number of children with a serious behavioral health challenges and their families receiving appropriate and integrated care in the community.*

Goal 2: *Expand and evaluate the array of trauma-informed, culturally and linguistically responsive community based services and supports for children and youth with a serious behavioral health challenge and their families.*

Goal 3: *Develop a sustainable training and technical assistance system that is integrated with system partners.*

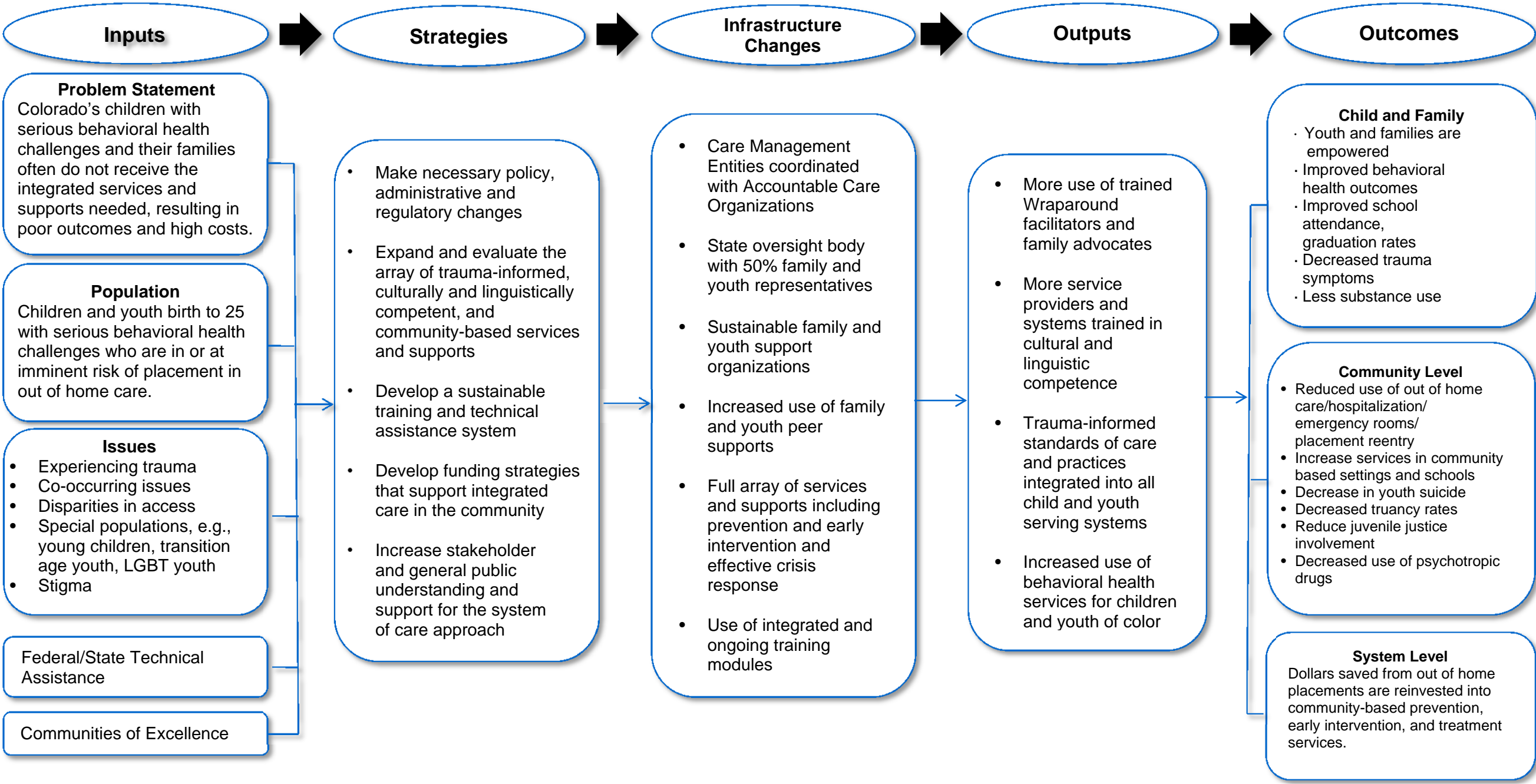
Goal 4: *Develop funding strategies that support integrated care in the community.*

Goal 5: *Increase stakeholder and general public understanding and support for child and adolescent behavioral health, and the system of care approach.*

Key strategies include:

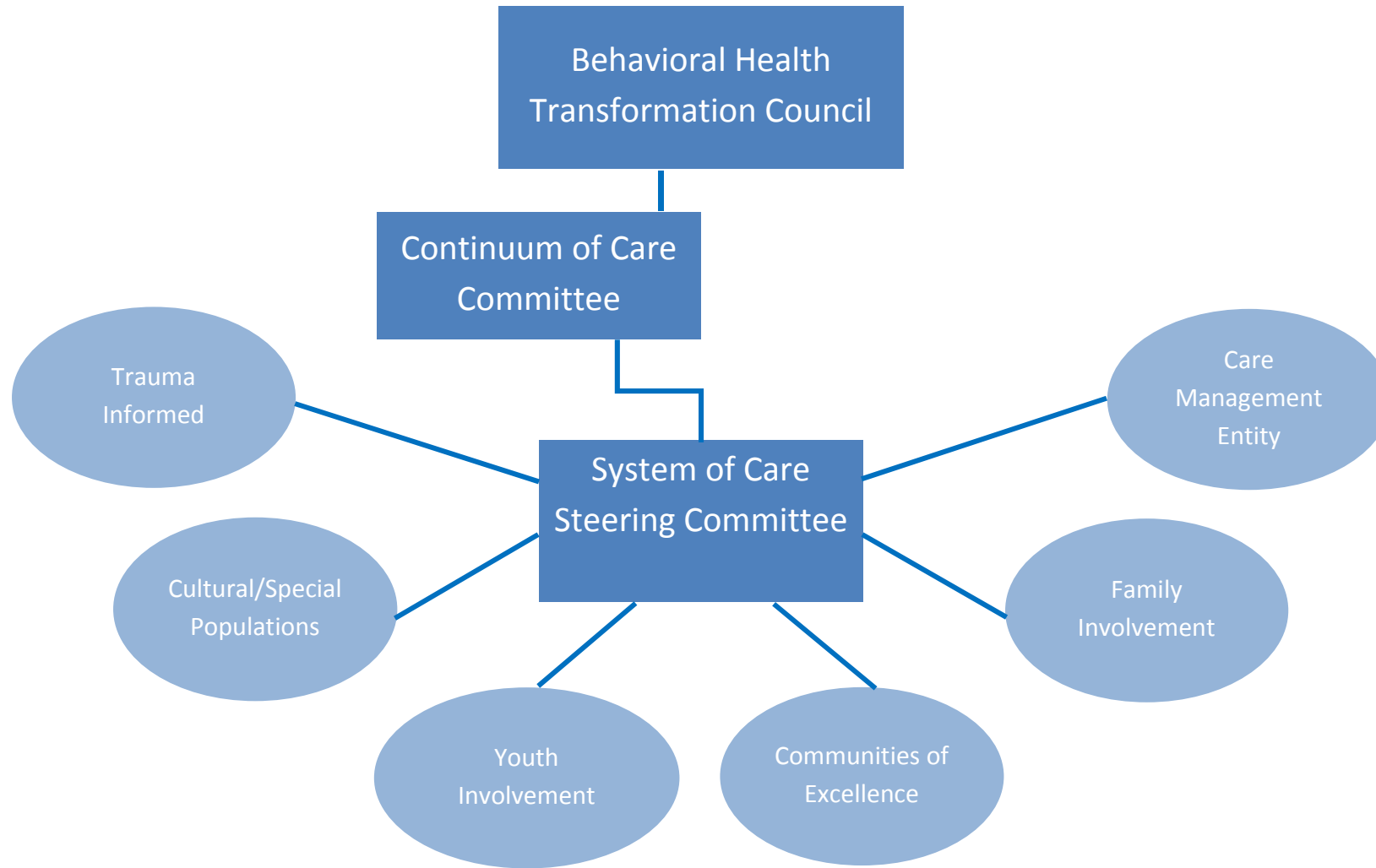
- Development of peer supports including family advocates
- Expanded use of High Fidelity Wraparound
- Youth engagement
- Cross system delivery model-care management entity
- High quality behavioral health services and supports that are trauma- informed and culturally appropriate

Strong Minds, Strong Futures: Colorado's Trauma-Informed System of Care for Children, Youth, and Families



Vision: Colorado's children and youth with behavioral health challenges will reach their full potential through effective and efficient services and supports.

System of Care Implementation Structure



Note:

The Behavioral Health Transformation Council is authorized by C.R.S. Section 27-61-101, et. seq. The System of Care Implementation Committee will have several time-limited work groups that may change. The current committees are listed above.

**COLORADO SYSTEM OF CARE EXPANSION PLAN
2012-2016**

Vision: Colorado's children and youth with behavioral health challenges will reach their full potential through effective and efficient services and supports.

Goal One: Make policy, administrative, and regulatory changes needed to increase the number of children with serious behavioral health challenges and their families receiving appropriate and integrated care in the community.

Objective 1.1 Develop a state level system of care implementation structure.

TASK	WHO	COLLABORATING WITH	BY WHEN
	PRIMARY LEAD ORGANIZATION		
Create System of Care Steering Committee and Workgroups.	Colorado Department of Human Services (CDHS)	Behavioral Health Transformation Council	2012, 1st quarter
Develop a state-level position funded by the Office of Behavioral Health and Office of Children, Youth, and Families to serve as the point person for system of care efforts.	Office of Behavioral Health (OBH) ¹ and Office of Children, Youth, and Families (OCYF) ²	Office of Behavioral Health and Office of Children, Youth, and Families	Completed 9/3/2012
Establish definitions and an overarching vision for youth-driven engagement, leadership, and mentors, create communication networks, and link local and state youth engagement efforts to leverage and sustain and broaden system of care work.	Youth Workgroup ³	System of Care Steering Committee ⁴ and Youth Partnership for Health and youth advisors at the Colorado Department of Public Health & Environment (CDPHE) ⁵ , Division of Child Welfare (DCW) ; Division of Youth Corrections (DYC)	2013

¹ The CDHS Office of Behavioral Health includes the Division of Behavioral Health, Mental Health Institute Division and Colorado Mental Health Institutes.

² The Office of Children, Youth and Families includes, the Division of Child Welfare Services, Division of Youth Corrections and Domestic Violence Programs.

³ The Youth Workgroup will function under the auspices of the System of Care Steering Committee, focusing on efforts to ensure that services and supports are youth-driven, that youth are represented at all levels of the system of care, and engaged in activities such as peer-to-peer support.

⁴ The System of Care Steering Committee will guide implementation of the Strong Minds, Strong Futures project. The Committee will report to the Behavioral Health Transformation Council.

⁵ The Colorado Department of Public Health & Environment (CDPHE) sponsors a number of youth advisory councils on various matters, e.g., health homes. The Youth Group will draw from the expertise of the councils as well as others in the state.

Goal One: Make policy, administrative, and regulatory changes needed to increase the number of children with serious behavioral health challenges and their families receiving appropriate and integrated care in the community.

Objective 1.1 Develop a state level system of care implementation structure.

TASK	WHO		BY WHEN
Develop a high-level state structure, such as a department-wide committee, to elevate emphasis and accountability on culture and culturally-related data and issues in service systems.	CDHS	DBH Cultural Competency Lead, CDPHE Office of Health Disparities ⁶ , DCW Cultural Lead, NYC Cultural Lead, Interagency health Disparities Leadership Council	Reports quarterly
Train current ombudsman programs to address cultural concerns such as those addressed in the National Standards for Culturally and Linguistically Appropriate Services (CLAS) ⁷ , and monitor cultural issues that arise in state and local service systems.	Multi-Ethnic Cultural Consortium ⁸	Division of Behavioral Health Cultural Competency Lead; CDHPE Health Disparities Council; DCW Cultural Lead	2013

Objective 1.2 Address policy and regulations that help support and/or present barriers to implementing the system of care approach.

TASK	WHO		BY WHEN
	PRIMARY LEAD ORGANIZATION	COLLABORATING WITH	
Expand utilization of the Child Mental Health Treatment Act	DBH		6/30/2013

⁶ The CDPHE Health Disparities Program focuses on eliminating racial and ethnic health disparities in Colorado by fostering systems change and capacity building through multi-sector collaboration. Provides data reports documenting health disparities, education, and technical assistance on racial and ethnic health disparities and cultural competence.

⁷ The CLAS standards, developed by the Office on Minority Affairs, U.S. Department of Health and Human Services, are primarily directed at health care organizations; however, individual providers are also encouraged to use the standards to make their practices more culturally and linguistically accessible. The 14 standards are organized by 3 themes: Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence.

⁸ The Colorado Multi-Ethnic Cultural Consortium (CMECC) is a statewide coalition of health advocacy organizations working to eliminate racial and ethnic health disparities in Colorado through advocacy, collaboration, and education.

Goal One: Make policy, administrative, and regulatory changes needed to increase the number of children with serious behavioral health challenges and their families receiving appropriate and integrated care in the community.

Objective 1.2 Address policy and regulations that help support and/or present barriers to implementing the system of care approach.

TASK	WHO		BY WHEN
Recommend that the Collaborative Management Program require culturally diverse family representation on Interagency Oversight Groups.	Federation of Families for Children's Mental Health~ Colorado Chapter ⁹ ; Collaborative Management Program (CMP) ¹⁰ Steering Committee	Juvenile Justice/Mental Health Committee ¹¹ ; family advocacy organizations; Cultural Responsiveness Task Force; Collaborative Management CMP Family Voice & Choice Committee ¹² , National Alliance on Mental Illness (NAMI) - Colorado ¹³ , Behavioral Health Transformation Council, System of Care Collaborative	May 2014
Integrate mental health and substance abuse rules and performance standards to align with system of care values and principles.	DBH		6/30/2013
Develop and distribute guidelines for reimbursing family members, and supporting youth and individuals from community-based organizations, to be used across agencies.	Family Voice & Choice Committee/CMP	System of Care Steering Committee/ System of Care Collaborative	6/30/2013

⁹ Federation of Families for Children's Mental Health - Colorado Chapter is a nonprofit organization providing advocacy, technical assistance, and training to improve outcomes for families of children with mental health challenges.

¹⁰ The Collaborative Management Program, authorized by H.B. 04-1451, is The Collaborative Management Program (CMP) is the voluntary development of multi-agency services provided to children and families by county departments of human/social services and other mandatory agencies. The program provides fiscal incentives to communities that meet their goals. 35 of the state's 64 counties participate in the program.

¹¹ The Juvenile Justice/Mental Health Committee reports to the Task Force on the Continuing Examination of the Treatment of Persons with Mental Illness who are Involved in the Justice System, as well as the Colorado Juvenile Justice and Delinquency Prevention Council.

¹² Collaborative Management Program (CMP) Family Voice & Choice Committee reports to the CMP Steering Committee, focusing on family and youth engagement in the program. An example of the Committee's work is a ground-breaking evaluation of family and engagement and use of family advocates at the local level.

¹³ National Alliance on Mental Illness (NAMI) – Colorado is devoted to advocacy, training, and education concerning individuals with a mental illness.

Goal One: Make policy, administrative, and regulatory changes needed to increase the number of children with a serious behavioral health challenges and their families receiving appropriate and integrated care in the community.

Objective 1.2 Address policy and regulations that help support and/or present barriers to implementing the system of care approach.

TASK	WHO		BY WHEN
Develop guidelines for best/promising practices for youth involvement and leadership, and youth-driven services and supports, with attention to strategies for supporting youth involvement, including mentoring.	Youth Workgroup	System of Care Steering Committee, Under 26 Transitions Work Group of BHTC ¹⁴	6/30/2013
Establish uniform information and data sharing protocols in collaboration with other agencies, and piloted at local level.	Colorado Children and Youth Information Sharing Collaborative (CCYIS); Governor's Office of Information Technology (Interoperability Grant)	System of Care Steering Committee	6/30/2014
Identify and address system of care implementation issues requiring new legislation.	System of Care Steering Committee		6/30/2013

Objective 1.3 Further develop infrastructure at the community level to blend funding and implement the system of care.

TASK	WHO		BY WHEN
	PRIMARY LEAD ORGANIZATION	COLLABORATING WITH	
Support existing eight Communities of Excellence ¹⁵ in implementing their plans.	DBH/DCW	System of Care Steering Committee	2012, 1st quarter
Add a new cohort of an additional eight Communities of Excellence with attention to geographic and demographic representation, utilizing lessons learned from the eight existing communities.	DBH/DCW	System of Care Steering Committee	2014
Develop care management entity pilot site(s) that align with the Accountable Care Collaboratives ¹⁶ .	DBH	Department of Health Care Policy and Financing (HCPF)	6/30/2013
Create a plan to develop care management entities across the state.	CDHS	Care Management Entity Work Group ¹⁷	2013

¹⁴ The Under 26 Transitions Work Group advises the Behavioral Health Transformation Council on matters pertaining to transition age youth (ages 14-25) with mental health and co-occurring challenges. The Group also provides information and training on best practices.

¹⁵ The Communities of Excellence (Arapahoe, Chaffee, Eagle, El Paso, Larimer, Montrose, and Weld counties, and the San Luis Valley), have developed local system of care plans. The Strong Minds, Strong Futures project will support implementation of those plans and develop a new cadre of eight Communities of Excellence that will also plan and implement a local system of care.

¹⁶ The Accountable Care Collaborative (ACC) is a Medicaid program to improve clients' health and reduce costs. Medicaid clients in the ACC will receive the regular Medicaid benefit package, and will also belong to a "Regional Care Collaborative Organization" (RCCO). Medicaid clients will also choose a Primary Care Medical Provider (PCMP). The ACC is a central part of Medicaid reform that changes the incentives and health care delivery processes for providers from one that rewards a high volume of services to one that holds them accountable for health outcomes. The Department of Health Care Policy and Financing administers the ACC program in Colorado.

¹⁷ The Care Management Entity (CME) Work Group reports to the System of Care Implementation Steering Committee regarding development of CMEs, addressing issues such as financing, data, and workforce development. A CME is a centralized accountable hub for children with complex behavioral health needs and their families who are involved in multiple systems

Goal Two: Expand and evaluate the array of trauma-informed, culturally and linguistically responsive services and community based services and supports for children and youth with a serious behavioral health challenge and their families.

Objective 2.1 Increase the standardization of state level processes and incorporate into practice by all child serving agencies.

TASK	WHO		BY WHEN
	PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	
Develop and implement a standardized strengths-based, culturally responsive, and trauma-informed screening and assessment process.	Trauma Workgroup	Division of Child Welfare (DCW) Child Welfare Assessment Task Group, DBH, System of Care Evaluation Team, Title IV-E Waiver evaluator ¹⁸ ; families and youth; NYC	2014-2016
Develop and implement operational standards for high quality wraparound and incorporate them into the care management entity requests for proposals.	DBH/DCW	System of Care Evaluation Team	2013 4th quarter
Develop standards for, and increase use of, trained family and youth advocates, and cultural brokers; and, identify funding mechanisms to support utilization of these positions.	Federation of Families, youth workgroup, Multi-Cultural Ethnic Cultural Consortium	System of Care Evaluation Team, System of Care Collaborative ¹⁹	2014
Convene cultural coordinators in various child serving agencies to meet with a consultant from the National Center for Cultural Competence ²⁰ .	DBH	DBH, CW, NYC	Completed 10/3/2012
Incorporate National Standards for Culturally and Linguistically Appropriate Services in system of care and care management entity implementation, including training for providers and other system partners.	System of Care Steering Committee	System of Care Evaluation Team, DBH, CW, NYC; Interagency Health Disparities Leadership Council	2014-2016
Collect, analyze, and report costs across systems in out of home placements.	System of Care Evaluator	NYC, CW, DBH	7/2013
Collect, analyze, and report care management entity data on costs and outcomes.	System of Care Evaluator	System of Care Evaluation Team	
Develop performance indicators and oversight system for family engagement, culturally responsive services and supports, and youth engagement in system of care, CMP, and service-providing agencies.	System of Care Evaluation Team, System of Care Steering Committee	System of Care Collaborative, CO 9 to 25 Leadership Team	2013

¹⁸ Title IV-E of the Social Security Act is the largest federal funding stream for child welfare activities. IV-E funds are typically used for services for children in out-of-home placement; a waiver provides flexibility in using funds that previously were used primarily for children and youth in out-of-home placement. Colorado applied for and received a waiver in 2012. An evaluator will be employed the Division of Child Welfare to track outcomes under the waiver.

¹⁹ The Colorado System of Care Collaborative, formed in the spring of 2003 to define a common vision, value system, and goals to address the complex system of services for children, youth, and families with multiple and complex educational, safety, and overall health needs. The Collaborative is made up of concerned stakeholders representing state agencies, community programs, parents, youth, and advocates. It maintains a web site with system of care resources, provides training, and supports projects to strengthen the system of care.

²⁰ The mission of the National Center for Cultural Competence, which is based at Georgetown University, is to increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity.

Goal Two: Expand and evaluate the array of trauma-informed, culturally and linguistically responsive community based services and supports for children and youth with a serious behavioral health challenge and their families.

Objective 2.2 Increase the use of evidenced-based and promising practices not currently available in the system of care.

TASK	WHO		BY WHEN
	PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	
Develop Wraparound, therapeutic foster care, respite care, and transition services for youth and young adults.	Special Populations Workgroup	CW, DYC, CDE	2015
Increase the number of service providers that implement trauma informed care, with focus on culturally-diverse populations and alternatives to out-of-home placement, and develop a method to decrease the inappropriate use of psychotropic medications.	Trauma Work Group	DCW, DBH, DYC, Title IV-E Waiver evaluator, families	2015

Objective 2.3 Strengthen relationships, coordination and collaboration with other child serving departments to increase services available for children and youth with behavioral health challenges, and their families.

TASK	Who		BY WHEN
	PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	
Develop linkages with SB 91-94 ²¹ and DYC to strengthen services and supports for youth in the juvenile justice system.	DBH/DYC	DBH, System of Care Steering Committee, Collaborative Management Program	2015
Work with the Colorado Department of Education to strengthen school-based behavioral health services and related prevention efforts.	CDE	System of Care Steering Committee, CPHE School-based Health Centers Program	2015
Work with the Office of Early Childhood to strengthen understanding of young children’s social and emotional needs and connect to the system of care.	CDHS		2015
Facilitate communication and resource sharing among state and local agencies and organizations working with transition age youth and young adults.	DBH		2014
Align Title IV-E Waiver, Strong Minds, Strong Futures plan, and DCW Master Plan ²² , and state’s Behavioral Health Block Grant Plan ²³ .	CDHS	Behavioral Health Transformation Council	2014
Develop a model of system of care services that includes prevention, early intervention and treatment.	System of Care Steering Committee	Colorado Department of Public Health and Environment, Colorado Department of Education	2014

²¹ Senate Bill 91-94 supports local jurisdictions in developing a continuum of services designed to ensure that youth receive services at a level commensurate with their risk to the community. The authorizing legislation created a Juvenile Services Fund that provides resources for alternatives to incarceration; each jurisdiction develops a local juvenile services plan for funds will be used. Plans include, but are not limited to, such services as intervention, treatment, supervisions, lodging, assessment, and family services. The program is in place in all of Colorado’s 22 Judicial Districts.

²² Known as “Keeping Kids Safe and Families Healthy”, the Child Welfare Services Master Plan unveiled by Governor Hickenlooper on February 16, 2012, is an integrated vision to improve the experiences of children coming into the state’s child welfare system.

²³ Colorado’s plan, which is required to receive federal Block Grant funds identifies key issues and resources, and discusses how the state will address them.

Goal Three: Develop a sustainable training and technical assistance system that is integrated with system partners.

Objective 3.1 Develop an infrastructure to support family engagement efforts at the state and local levels.

TASK	WHO PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Develop a system for providing training and technical assistance to support family engagement/involvement at all levels of the system of care.	Federation of Families/Family Work Group	Family Work Group ²⁴ , in collaboration with DBH, and CMP, and Child Welfare Training Academy ²⁵ ; System of Care Collaborative	9/30/2013
Develop a state-level family leader position to coordinate family engagement/involvement efforts.	Federation of Families/Family Work Group	DBH, and CMP	9/30/2013
Develop a method for coordinating and disseminating funds to support family engagement/involvement at the local level.	Federation of Families/Family Work Group	DBH, CMP, and CDHS Finance Officers	9/30/2013
Evaluate implementation of family engagement/involvement efforts.	Federation of Families/Family Work Group	DBH, and CMP, and State evaluation team ²⁶	9/30/2013

Objective 3.2 Develop an interagency system for providing training and technical assistance to support system of care efforts and care management entities.

TASK	Who PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Develop key system of care training modules and methods for dissemination, e.g., Wraparound, family and youth support, cultural and linguistically appropriate services, trauma informed care, youth and family involvement, working with transition age youth, and information and data sharing.	Training Contractor	DCW/Child Welfare Training Academy, NYC	3/30/2014
Incorporate training and technical assistance with existing structures, e.g., Child Welfare Training Academy; regional child welfare training coordinators; Children, Youth, and Families Summit, and SB 94 and NYC providers conferences.	Training representatives from DBH, Division of Child Welfare (DCW), Division of Youth Corrections (NYC), Colorado Department of Education (CDE), and Federation of Families	System of Care Steering Committee	3/30/2014
Develop accessible training and technical assistance methods utilizing technology such as online curricula, videoconferencing, and webinars.	DBH, DCW/ Child Welfare Training Academy, and university-based training contractor		3/30/2014
Develop a sustainable yearly training for wraparound facilitators and family advocates.	Federation of Families /System of Care Collaborative		3/30/2014

²⁴ The Family Work Group provides input to the System of Care Steering Committee on family engagement-related efforts and issues in the system of care.

²⁵ The Colorado Child Welfare Training Academy, administered by the Division of Child Welfare, provides training through diverse methods to individuals working in the child welfare system statewide.

²⁶ The State evaluation team will be facilitated by the project evaluator for Strong Minds, Strong Futures, providing input to the System of Care Steering Committee on data and outcomes.

Goal Four: *Develop funding strategies that support integrated care in the community.*

Objective 4.1 Develop pooled funding mechanisms that support care management entities.

TASK	WHO PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Identify and utilize funding streams to support population of focus through care management entities, e.g., Title IV-E Waiver, and Child Mental Health Treatment Act funding.	DCW and DBH		2013, 4th quarter
Strengthen efforts to integrate physical and behavioral health services for children and families.	HCPF and DBH	Accountable Care Organizations and health homes	6/30/2013

Objective 4.2 Develop funding resources for expanded services.

TASK	WHO PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Develop funding resources for youth and family peer supports, e.g. Medicaid.	Federation of Families, DBH and HCPF	System of Care Collaborative	6/30/2014
Develop Title IV-E training plan for trauma informed care.	DCW, DYC and DBH		6/30/2014
Ensure that funding opportunities are available to organizations that serve culturally diverse populations.	System of Care Steering Committee		2014

Objective 4.3 Address barriers to funding resources for pooled funding.

TASK	WHO PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Address funding barriers highlighted through the care management entities	System of Care Steering Committee		9/30/2014
Require that state funding formulas allow the reinvestment of savings into early intervention and prevention services in the community.	System of Care Steering Committee	DBH, DCW, and DYC	9/30/2014
Examine State internal processes and policies related to contracting with organizations and individuals.	System of Care Steering Committee		2013

Goal Five: Increase stakeholder and general public understanding and support for child and adolescent behavioral health, and the system of care approach.

Objective 5.1 Ensure that child-serving organizations will have an understanding of system of care values and principles, and ongoing efforts across systems to implement the system of care.

TASK	WHO PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Develop ongoing communications system to inform stakeholders about system of care implementation.	DBH	System of Care Steering Committee, Federation of Families, System of Care Collaborative	2014
Provide annual SOC trainings and webinars.	DBH	System of Care Collaborative	2015
Create a clearinghouse for SOC information and trainings.	SOC Collaborative	DBH; System of Care Steering Committee	2015
Implement a culturally sensitive anti-stigma, social marketing campaign utilizing the skills and resources of prevention approaches in the state, with attention to underserved populations.	Social Marketing	Family Advocacy Organizations, youth	2015

Objective 5.2: Integrate system of care principles with state and local policy decisions.

TASK	WHO PRIMARY LEAD ORGANIZATION/S	COLLABORATING WITH	BY WHEN
Social marketing and outreach efforts on system of care principles will engage diverse partners such as the faith community, child-serving agencies, business community, service clubs, cultural organizations, and youth and family organizations.	Social Marketing Contractor	Federation of Families, Youth work group and other youth organizations; communities of excellence	2015
Provide information on system of care implementation and results at least yearly through the Behavioral Health Transformation Council.	Evaluation Contractor	CDPHE	2013
Expand Children's Mental Health Awareness Day - Heroes of Hope theme.	DBH Child Team	Federation of Families/Youth Work Group	2013

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This plan is a joint effort of the Office of Behavioral Health and Office of Children, Youth and Families of the Colorado Department of Human Services in partnership with the Colorado Department of Education, Public Health and Environment and Health Care Policy and Financing, Federation of Families for Children's Mental Health Colorado Chapter, the Multi-Ethnic Cultural Consortium, Family Advocacy Collaboration, Unfolding Directions, Inc., the System of Care Collaborative, the Communities of Excellence, the Trujillo Group, Inc., Center for Research Strategies, the SOC Design team and many other families, youth and organizations both at the state and local level.