

Denver voters created Caring for Denver to fund mental health and substance misuse solutions shaped by the people who live here. We engage with the community year-round, and every three years we bring those insights together to guide our next strategic plan.

This plan reflects the insights we gathered from thousands of Denverites, hundreds of grantees, and new population data. Across all voices, one message stood out: **access matters most**. And real access depends on three interconnected elements:

- **Care that fits:** Support that honors a person's identity and lived experience — delivered by trusted providers, at the right level of support and at the right time for the individual.
- **Support in care transitions:** Consistent support that reduces gaps in services through care transitions when needs change.
- **Stronger care systems:** Strategic investments that increase capacity, expand and diversify the workforce, support innovation, and fill major gaps in Denver's care landscape.

These themes were echoed across the voices of residents, grantees, evaluation findings, and insights from our Board and City partners.

While the themes themselves are familiar, the context around them is changing. For the first time in over a decade, 2025 Colorado Health Access Survey (CHAS) shows improvements in reported mental health. At the same time, the need has intensified across Denver, and recent cuts to public benefits and insurance coverage will increase strain on families, youth, and providers. As care reflects community, demand for services increases. At the same time, federal, state, and city resources are shrinking resources. This makes the work Denver entrusted to us more important than ever.

Caring for Denver was designed to meet these challenges head-on. As an independent, locally funded nonprofit, we can adapt quickly, pilot new ideas, and invest in what works for our community. In the pages ahead, we look deeper at each theme and the data behind it. Later, we outline how these themes will guide our funding priorities and support strategic planning for 2026–2028.

Section 8.3 of the Caring for Denver ordinance requires the Board to establish and update funding priorities at least every three years. This plan fulfills that mandate by outlining our priorities for 2026–2028 and documenting the community data that informed them.

What We Learned

Between 2022 and 2025, we captured feedback from thousands of Denver residents through surveys, community events, neighborhood conversations, and learning discussions with grantees, our Board, and City partners. We also reviewed population-level behavioral health data, including the Colorado Health Access Survey (CHAS), Denver Department of Public Health & Environment (DDPHE) indicators, youth trend data from Healthy Kids Colorado Survey (HKCS), and behavioral-health system analyses from the OMNI Institute. Taken together, these sources show what Denverites experience, what care providers observe, and what population-level data confirms.



Across all conversations, people pointed to the same truth:
**What matters most is being able to access trusted care
and stay connected to it.**

**Access to mental health and substance misuse care
depends on **three** things working together.**



Care that fits

Community members told us they are more likely to start and stay in care when it feels welcoming, trusted, safe, and respectful of their identity and lived experience. They emphasized:

- Being understood by the provider
- Support that reflects culture, language, and lived experience
- Services offered in trusted, community-rooted spaces such as schools, recreation centers, shelters, and grassroots organizations

This need is echoed in the 2023 CHAS, which found that among adults who sought health services in the past year, 14.6% reported experiencing dismissive or disrespectful treatment — a sign that many people feel unheard or misunderstood when seeking help.

Grantee learning discussions also show higher engagement and retention when care is relational, consistent, in community, and supported by peer specialists, especially for youth, LGBTQIA+ participants, and immigrant and refugee families.



2 Support in care transitions



Residents and providers described abrupt gaps in services during major life transitions as one of the most harmful barriers to healing. Risk points included:

- Leaving incarceration or detention
- Aging out of youth programs
- Moving between crisis services and ongoing support
- Housing instability or shelter changes
- Shifts in insurance coverage or eligibility

Population data reinforces this pattern:

- HKCS 2023 shows elevated mental health concerns among youth with unstable living conditions.
- DDPHE hospitalization data (2022-24) shows that when crisis stabilization is followed by fragmented or delayed follow-up care, people are more likely to re-enter crisis services or require additional stabilization.
- Caring for Denver grantee data consistently shows that programs using navigation and warm handoffs improve service engagement and reduce service drop-offs during transitions.

Residents expressed a clear desire for smoother transitions, proactive follow-up, support that spans life stages, and systems that "stay with you instead of starting you over."



3 Stronger care systems

Many needs the community named cannot be met through program-level funding alone. There is also a need to ensure the appropriate and equitable delivery of healthcare services to a diverse population with specific, evolving needs:

- Increasing demand for trusted care options creates longer wait times
- Substance misuse supports need to be better resourced, particularly for young people
- Promoting collaborations between schools, the legal system, shelters, and community-based organizations

Population-level indicators mirror these concerns:

- CHAS (2025) reports that 16.8% of Denverites who needed mental-health care could not access it, most often due to cost, availability, and long waits.
- DDPHE overdose data (2022-2023) show rising overdose rates among young people and increased polysubstance use.
- Colorado Behavioral Health Administration reports (2023-25) show that provider shortages and burnout are intensifying, especially among licensed clinicians and peer specialists.

Across all sources, people voiced a need for system-level investments to expand and diversify the workforce, increase capacity, and address other system gaps, so care is consistently available and not dependent on luck, timing, or geography.



Other themes

Across every source, we also heard heightened concern for youth experiencing trauma or violence, young people and adults identifying as LGBTQIA+, older adults, and individuals with severe and persistent mental illness. Many described the ripple effects of untreated trauma — from school disengagement to hospitalization to justice involvement — and asked for earlier intervention before crises escalate.

Taken together, these insights shape not only what we fund, but how we think about our responsibility. Our role is not only to support individual programs, but to help build and strengthen the conditions that make lasting healing possible.




How this informs our funding approach

Caring for Denver's funding priorities for 2026–2028 reflect what we've learned across data sources. Our goal is to fund change, not just services, so people can find care that fits, remain connected through transitions, and receive support from a strong interconnected behavioral health system.

Each priority (care that fits, support in care transitions, and stronger care systems) responds to what residents experience, what care providers observe, and what data confirms about where gaps persist.

Strategic Funding Priority	What We Heard	Our Focus
Care that fits	People stay in care when it feels welcoming, safe, and respectful of identity and lived experience. Cultural and linguistic mismatch remains a barrier.	Invest in mental health and substance misuse services rooted in community and culture; expand trusted providers, including peer specialists and other trained professionals; co-locate care in spaces where people already access services; support flexible, trauma-informed approaches that help individuals feel safe and understood.
Support in care transitions	The highest drop-offs occur during transitions (leaving incarceration, aging out, housing moves, shifting levels of care). Service gaps lead to crisis and re-entry into emergency systems.	Fund care navigation and collaboration that follows people through transitions; support models that prevent disruptions and keep people connected to care over time rather than only during moments of crisis.
Stronger care systems	Workforce shortages, limited youth inpatient and crisis services, and fragmented systems make access unreliable. Some needs are not appearing in the applicant pool.	Make strategic investments that expand mental health and substance misuse capacity, support a workforce that reflects communities being served, support cross-system collaboration to reduce silos, and address gaps identified by the Denver community. This includes innovative pilots and targeted system solutions not met through standard grant cycles.



These priorities do not replace our current funding areas. Rather, they provide a shared lens for how we will prioritize funding within each area, bring targeted funding to address additional needs, and reflect on the impact of our grantmaking.

Our Funding Areas:

- **Youth**
- **Community-Centered Solutions**
- **Alternatives to Jail**

Cross-Cutting Lenses

Across all funding priorities, we will continue to center:

- Community leadership, voice, and expertise
- Trauma-informed approaches
- More opportunities for underserved communities to receive care

We will give particular attention to areas where community concern and data converge:

- Youth and families affected by trauma or violence

- Young people and adults identifying as LGBTQIA+
- Older adults
- People experiencing substance misuse or in recovery, especially youth
- People with severe and persistent mental illness
- Immigrant and linguistically diverse communities
- People experiencing homelessness and housing instability

Our responsibility is not only to fund services, but to protect and expand access to mental health and substance misuse care that people trust and want to engage with, in a time when need is rising and public resources are shrinking. These themes ensure that every investment contributes to supporting direct care, community-rooted healing, or the systems that make care possible in the first place.

This Strategic Funding Plan establishes the grant funding priorities that will guide Caring for Denver Foundation from 2026–2028. These priorities (care that fits, support in care transitions, and stronger care systems) are grounded in community input, population-level data, and insights from care providers and City partners.

Over the next three years, Caring for Denver will continue to uplift these priorities in grantmaking decisions, identify areas where strategic investment is needed due to gaps in Denver’s care landscape, and report annually on progress and learning. Funds will continue to be directed toward programs and system-level solutions that improve access to mental health and substance misuse care for Denver residents.

Denver’s mental health and substance misuse needs are changing rapidly due to increased need and reductions in public benefits and insurance coverage. As conditions evolve, Caring for Denver will adjust implementation while remaining aligned with voter intent and Section 8.3 of the Caring for Denver ordinance. Our commitment is to ensure that public dollars are used responsibly, transparently, and in service of expanding access to care in Denver.

