

Overview

We funded 22 organizations within our [Care Provision funding area](#), to help Denverites get mental health and substance misuse care that is easier to access, more equitable, higher quality, and better coordinated over time.

This brief summarizes grantee insights from end-of-year reporting, providing a snapshot of key themes across experiences and expertise. We use these insights and other community feedback to drive our decision-making and grantmaking priorities.

HOW GRANTEES ARE MEETING THE MOMENT

While the pandemic continues to reshape how care is delivered in Denver, grantees have remained committed to implementing services that match the “right now” needs of the community. They are focused on embracing learning and adaptation to improve their work. Through their reporting, the foundation heard four key takeaways to shape our shared approach in Denver.

Caring For Denver Foundation is committed to learning both as a measure of progress and to guide our future actions. Deeply listening to our grantees and their expertise is part of this commitment.

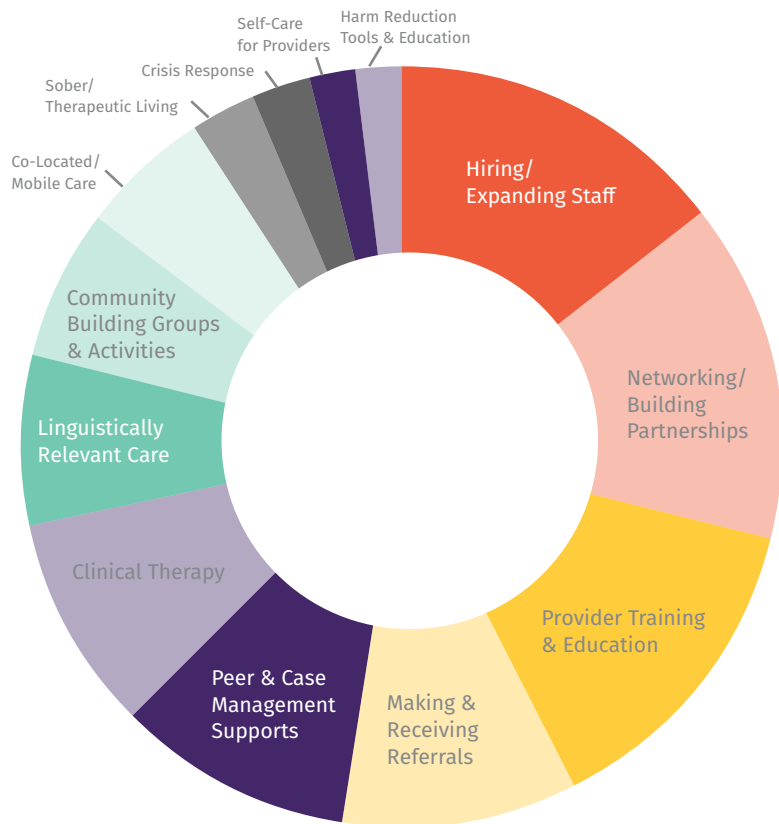
Learning Briefs share back what we are learning and how grantees are helping us think about our work differently.

We are thankful to Care Provision grantees for their passion and honesty in helping lift up these important points of reflection.



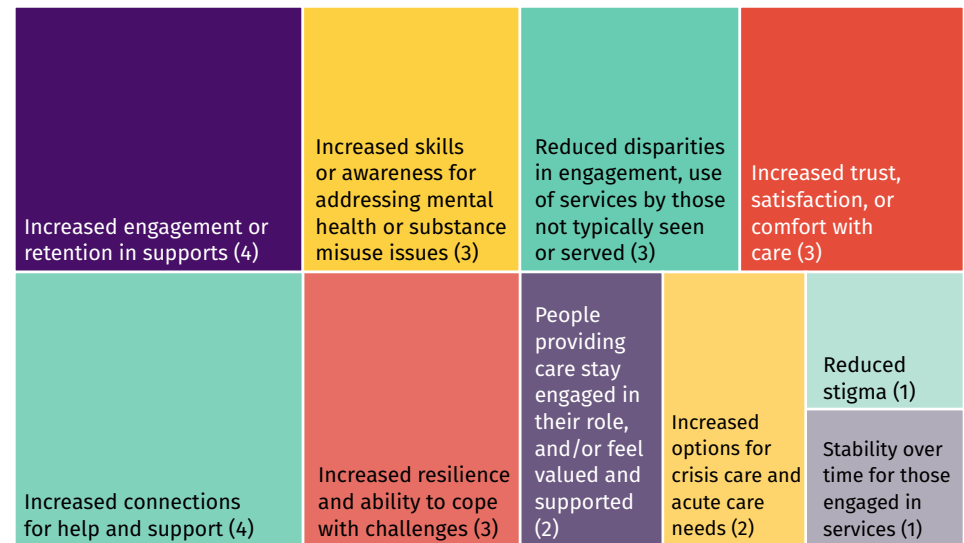
PROGRESS AND OUTCOME HIGHLIGHTS

SUMMARY OF FUNDED STRATEGIES AMONG CARE PROVISION 2021 GRANTEEES



In their first year, these grantees provided services and supports to **9,450 Denverites** plus an additional **1,733 people** learned about services and built connections.

All grantees demonstrated at least one *Signal of Progress* from [Caring for Denver's Shared Impact Plan*](#):



Additionally, 11 grantees were ready to report on our **Shared Impact Goals**. Among their participants:

77% of participants reported improved or maintained positive **mental health**.

79% of participants demonstrated or reported reduced **substance use** or a maintained healthy relationship with substances that met criteria of the program.

KEY TAKEAWAYS FROM GRANTEES' PROGRESS, SUCCESS, AND CHALLENGES OVERCOME

WHAT WE HEARD:

Care providers must expand services, train new therapists, and support existing staff to meet the higher demand for care.



Organizations are hiring more care providers, but demand for therapeutic services is also increasing, which isn't helping to reduce waitlists. Some organizations are adapting to offer groups, classes, and acute-needs referrals to people on their waitlists to help address this.

Several grantees were able to hire more staff by opening their positions to recent graduates. They embraced on-the-job training and support for building the new care provider workforce. New therapists need both supervision to build their skills and achieve licensure; and mentorship to increase their job satisfaction. This is particularly important now. Because of the pandemic, many graduates didn't get the typical experiences with groups or face-to-face work with complex populations.

Hiring new therapists was less feasible for organizations without the capacity to give that supervision or that need folks who could immediately bill hours for revenue.

Grantees also recognized the importance of retaining staff, providing training, self-care, and increased recognition. Organizations that were successful at hiring and retaining staff described how the employer-employee relationship is similar to the concept of a "therapeutic alliance," where fit and trust are essential to successfully working together. We heard from many grantees that diversity of staff, representation, trust, and comfort are just as important among teams as it is between providers and clients.



In addition to providing quality counseling services, our focus is on preparing new professionals in the field... They're new, they're learning, and it takes them more time to write notes, or to process how to work with a crisis session, or whatever new things might come up in their experience as a learning clinician.

- Maria Droste Counseling Center

Grantee stories of adaptation:

Servicios de la Raza provides linguistically and culturally relevant behavioral health care to the Latino/a community. They've learned that people are willing to wait for therapy from a provider that looks and sounds like them, no matter how long it takes. They adapted their program to meet increased demand by connecting people on waitlists to various groups so they can begin connecting to others with similar experiences while waiting for individual clinical support.

Seven years ago, we had four clinicians and a waitlist of about 100-150. Now we have 15 clinicians and still have a waitlist of 100-150. Although capacity has significantly increased, so has the need in our community.

Our Takeaways for Grantmaking:

- Invest in interventions that help fund the resources and time necessary to build a new clinical mental health and substance misuse workforce, including offsets for non-billable training and supervision for licensure.
- Support providers to take care of their mental health and wellness needs as frontline workers, including resources to build supportive team and supervision structures.



KEY TAKEAWAYS FROM GRANTEES' PROGRESS, SUCCESS, AND CHALLENGES OVERCOME

WHAT WE HEARD:

Effective substance misuse services require a lot of time, resources, and engagement.

To keep people engaged in substance misuse services, grantees worked to meet people where they were and tirelessly sought to reduce barriers. Their strategies promoted peer support and provided wrap-around interventions, being available in the moment a client reaches out, and addressing resiliency in tandem with substance misuse.

Several grantees told us being a successful provider is as much about helping people re-engage after a relapse as it is about getting people into services in the first place. Because of this, being a trusted, known, and consistently available resource is just as critical as providing services. Many found that about 50% engage with services after initial outreach or intake. There is also often temporary engagement, and there must be re-engagement efforts with some participants.

Organizations cast a wide net and do all they can for the sometimes brief time they connect with a person. This intensive support helps to ensure the client is aware of places and resources they can go to for help if it takes multiple attempts to reduce substance misuse.



When we look at stopping these generational traumas that occur, it is one of us answering our phone at 3:00 am. We've created a network where they have people they can call to help, and we can help get those needs met and do the stuff they haven't had in a support system before.

- Mile High Behavioral Health Care

Grantee stories of adaptation:

Catholic Charities provides mental health and substance misuse support for people in supportive housing at Samaritan House. The program adapted to have everyone who enters housing meet with a “wellness consultant” who is a licensed or licensed-eligible clinician that conducts mental health assessments. This helps to dispel the stigma of being referred to therapeutic services and allows for more immediate support in relapse cases because of the established connection between a provider and client. Of the 199 clients who met with a consultant, 52% returned on their own for additional therapeutic supports. About twenty of these clients worked with the “wellness consultant” for at least 30 days and the majority showed improvement in symptoms. However, due to the transient nature of the clients it is not always feasible to work with a client for a full 30 days, which is the time needed to track and assess clinical symptomatology changes.

We want to work with people through their recovery. We want to wrap around them with supports in cases of relapse. This approach increased our opportunities to intervene with relapse prevention planning. We have been able to plant seeds to change the narrative among both staff and clients about the role of mental health, beyond a deficit lens.

Our Takeaways for Grantmaking:

- Recognize it often takes many attempts and considerable time for someone to reduce substance misuse effectively. Pay attention to re-engagement as a measure of progress.
- Invest in substance misuse supports that have demonstrated community trust and accessibility for those seeking services.
- Support a variety of pathways into recovery - finding the right time and method is personal and critical to success.



KEY TAKEAWAYS FROM GRANTEES' PROGRESS, SUCCESS, AND CHALLENGES OVERCOME

WHAT WE HEARD:

Strong partnerships among care providers are essential for long-term client success.

Many grantees overcame the challenges of building and maintaining partnerships because they see them as critical for effective client transitions. It takes more than a referral. To be effective, providers must know - by name - who to connect someone with, make warm hand-offs, and have time to understand how another organization's system works.

Essential partnerships among grantees include sharing processes, goals, and workflows. Organizational relationships can make or break the care model, and building networks is the cornerstone of good care provision. Grantees also described how bringing partners together takes a lot of relationship-building that doesn't always go as anticipated.

The work of creating partnerships is not just about knowing other agencies and people but rather about maintaining contact and developing relationships that can help shape the practices of each partner involved. For some grantees, this meant that even while they were not engaging in shared work, they stayed in touch with partners in anticipation of future collaboration and supports.



Partnerships take work to maintain. They require a true relationship - it's not just collecting business cards.

- Stout Street Foundation

Grantee stories of adaptation:

Sobriety House and **Denver Health** co-created a system in which folks with substance use disorders being treated at the hospital for major medical concerns can be discharged to high quality residential treatment once stabilized, rather than the street. This collaboration took longer than anticipated and involved working with shelter systems and other care providers to ensure clients are connected to care regardless of the day or time discharged from the hospital. The results are proving to be worth the time and effort. Of the initial clients enrolled, 80% were able to demonstrate use of coping skills and/or meeting treatment goals to support reduced substance misuse while in care. A key takeaway: The implementation plan worked because the Sobriety House Liaison and Denver Health Intake Specialists were able to build processes in a way that made sense to them before bringing in more team members and implementing the model overall.

It took time, but from the beginning we made relationships with people who were really interested and passionate about collaborating. They've remained involved to help with advocacy and consistency. It has been an innovative partnership where previously siloed organizations are now bridging gaps together across the full continuum of care.

Our Takeaways for Grantmaking:

- Support community organizations to connect more deeply around shared interests and interventions. Pay attention to working partnerships as an important part of applications and grants.
- Create space for partnerships to build, deepen, and adapt as part of grants, recognizing it is complicated but critical for improving care systems.



KEY TAKEAWAYS FROM GRANTEES' PROGRESS, SUCCESS, AND CHALLENGES OVERCOME

WHAT WE HEARD:

More people access care when they can find care providers who relate to their experiences or identities.

Grantees emphasized that successful care provision requires more than making services available. Just getting someone in the door doesn't mean they have achieved care.

A sense of shared experience with a provider is both a motivator to get people to connect with services and essential for keeping them engaged long-term. Many clients mention that it's great to have someone who truly understands them.

Addressing fit between a client and provider is part of reducing stigma and building trust, and these are essential elements of reducing disparities in engagement with therapeutic services.



My disability is very visible, I'm a manual wheelchair user, so right off the bat for a handful of the residents we're working with - they know that my life experience may be similar in some way to theirs.

- Atlantis Community Foundation



Grantee stories of adaptation:

Joy as Resistance provides mental health services and mentorship to LGBTQIA2+ youth ages 10-24. In the two years since launching, the quickly growing team is constantly adapting and innovating its approach. With a focus on affordable, accessible, and affirming care by providers with shared identities and lived experiences, they examine every detail of their services to ensure that they reduce barriers and build trust. For example, they are thinking about how to rework a mandatory disclosure form so a young person can read it and feel confident in what they are signing. Their approach includes providing multiple points of entry to services, making services available in trusted spaces, and working to address and support affirming environments for youth outside therapy.

Many people in the program tell us 'I've been looking for a therapist for multiple years,' or 'I've never had a therapist who looked anything like me,' or 'I didn't know that I could see this provider at school or that you could come to a park near my house or we could walk around Sloan's Lake.'

Our Takeaways for Grantmaking:

- Pay attention to how programs reflect the communities they serve and address cultural barriers (like stigma and cultural fit) as part of their work to increase access.
- Focusing just on access (increased referrals or intakes) isn't enough. Additional strategies that promote retention and satisfaction with care will likely increase a program's success around mental health and substance misuse changes.




GRANTEE MATRIX

Grantees expressed a desire to connect with others who are working on addressing the same areas. This matrix is one way we hope to support this desire. Grantee names are listed at the top, linked to organizational websites. We've used shading below to highlight some common activities grantees are implementing. Please reach out to us if you would like help making a connection.

	Asian Pacific Development Center	Atlantis Community Foundation	Catholic Charities of Denver	City and County of Denver DPHE	Clínica Tepeyac	Colorado Health Network, Inc.	Colorado Mental Wellness Network	Elements of Discovery Therapist of Color Collaborative	Face It TOGETHER	First Descents	Griffith Centers for Children, Inc	Joy as Resistance	Karis Community	Maria Droste Counseling Center	Mile High Behavioral Healthcare	Rocky Mountain Crisis Partners	Servicios de La Raza	Sobriety House	Spark the Change Colorado	Stout Street Foundation	TOSA:Denver	Voluntad	
Hiring/Expanding Staff																							
Making and Receiving Referrals																							
Networking/ Building Partnerships																							
Provider Training and Education																							
Clinical Therapy																							
Peer and Case Management Supports																							
Community Building Groups and Activities																							
Linguistically Relevant Care																							
Co-located/Mobile Care																							
Crisis Response																							
Sober/Therapeutic Living																							
Self-care for Providers																							
Harm Reduction Tools and Education																							



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