




Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

2023

IMPACT REPORT



The Farley Health Policy Center is a team of interprofessional policy experts, clinicians, educators, and learners affiliated with the University of Colorado Anschutz Medical Campus. Our work focuses on health policy issues and systems reform to promote whole health for all.

CONTENTS

<hr/>			
Message from the Executive Director	5		Convene 22
<hr/>		Transforming Colorado's Behavioral Health System	23
About the Farley Health Policy Center	6	UPSTREAM! Together	24
<hr/>		Moving AHEAD	25
 Research	11	<hr/>	
Sustaining Healthcare Across Integrated Primary Care Efforts (SHAPE)	12		Implement 26
Medical Legal Partnership (MLP)	13	Make Health Whole	27
Medicaid Data Analysis	14	Mapping Opioid Use Disorder Treatment in Colorado	28
<hr/>		The Building Blocks of Behavioral Health Integration	29
 Translate	15	<hr/>	
Protecting Youth from Gun Violence	16	Envisioning a Future of Whole Health for All	31
The Economic Burden of Mental Health Inequities	17	<hr/>	
<hr/>		Partnerships	34
 Educate	18	<hr/>	
Behavioral Health Provider Core Competencies	19	Partner With Us	37
Re-imagining Leadership	20		
Advocacy Training for Young Family Doctors in Primary Mental Health Care	21		

A high-angle, wide shot of a modern, multi-level atrium. The space is characterized by white architectural elements, glass railings, and a series of wide, light-colored wooden steps that create different levels. People are seen sitting on these steps and walking on the upper levels. The lighting is warm and ambient, with recessed ceiling lights and decorative pendant lights. Large potted plants are placed throughout the space. The overall atmosphere is clean, bright, and open.

Our vision is
whole health
for all.

Message from the Executive Director

Hello, and welcome to the Farley Health Policy Center.

With this report, we reflect upon the impact of our work together and share a glimpse into what lies ahead. The Farley Center began with a vision built on the shoulders of a few, and is now a committed interprofessional team and multi-faceted organization with all the benefits that come from diverse perspectives and expertise.

We believe that health is shaped by policies, structures, and systems that either strive for equitable health or perpetuate inequities. A more just health system requires thoughtful evidence-based policy development to address known inequalities and realize greater equity and social justice. Our scope of work has evolved from integrating behavioral health and primary care to pursuing integrated social, behavioral, and public health systems to improve community and family health and well-being.

Our vision for achieving whole health enables us to work with diverse partners and to engage individuals, as well as agencies, care providers, and policymakers. Policy is not developed unilaterally, nor can it be effective without shared vision and collective action.

In the following narratives, you will see the variety of policy-driven projects that have inspired us and the impact we are building based on our shared values and priorities. Within these stories, we hope you will discover community, family, prevention, wholeness, and equity.

Ultimately, we strive to improve child, family, and community health envisioning systems that promote whole health for all. It is with this purpose that we collaborate with partners, support our community, and pursue our mission: to develop and translate evidence to advance policies and integrate systems that improve health, equity, and well-being.

Be well,



Shale L. Wong, MD, MSPH (she, her)

Executive Director, Eugene S. Farley, Jr. Health Policy Center
University of Colorado Anschutz Medical Campus

About the Farley Health Policy Center

We are a team of primary care and behavioral health providers, public health and policy professionals, scientists, educators, students, and fellows focused on health policy research, translation, and implementation.

MISSION

Develop and translate evidence to advance policies and integrate systems that improve health, equity, and well-being.

PURPOSE

Focus on local, state, and federal policies that promote more equitable health and combat fragmentation, systemic barriers, and structural racism.

AREAS OF EXPERTISE



System Transformation



Finance and Payment Policy



Workforce Development



Social Policy and Justice



Primary Care



Behavioral Health



Medicaid and State Policy



Child Health and Well-Being



Rural Health



Prevention

FOUNDED IN



2014

PUBLICATIONS



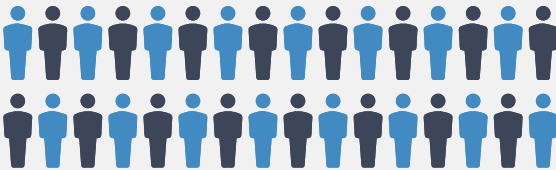
135+

AWARDED GRANTS & CONTRACTS



\$6.5M

TOTAL HEALTH PROFESSIONAL LEARNERS



32

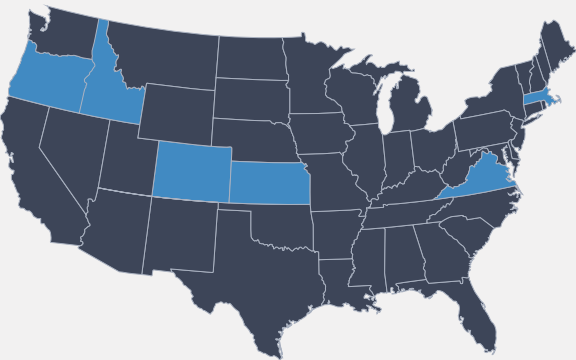
POLICY & RESEARCH PROJECTS



40

21 funded by state and federal government and 19 by local and national foundations

ADVANCED POLICY AND PRACTICE



6 States

Colorado, Idaho, Virginia, Oregon, Kansas, and Massachusetts

HUNDREDS

OF POLICIES STUDIED & ANALYZED

- **HB 22-1302** Health-care Practice Transformation: using BHI Framework to guide implementation; Farley scholar Dr. Stephanie Gold selected for advisory committee
- **HB 21-1106** Safe Storage of Firearms: advocates used Protecting Colorado Youth from Gun Violence to develop this legislation
- **Oregon SB 832** (2015): defines integrated behavioral health in primary care

Our History Timeline



2014

The Farley Health Policy Center is established by the CU Department of Family Medicine

2014

First policy fellow initiates education program

2016

Contracts with the Oregon Health Authority to provide an organizing framework and recommendations to transform Oregon's behavioral health system



2016

Farley Center is designated an Anschutz Medical Campus center

2017

Convenes the Social Drivers of Health and Health Care Costs with the American Academy of Pediatrics

2017

Receives *Exemplary Leadership in Innovation* award from the CU Department of Family Medicine



2017

Shale Wong becomes director for the center, as founding director, Ben Miller, moves to the Wellbeing Trust



2014

2015

2016

2017

2018

2015

Monthly [health policy journal club](#) begins

2015

Convenes National Leader Summit on Integrating Behavioral Health and Primary Care for the Robert Wood Johnson Foundation

2015

Convenes Colorado consensus conference to develop core competencies for behavioral health providers working in primary care



2018

UPSTREAM! Together project receives funding to prevent mental, emotional, and behavioral problems in three pioneer communities of solution

2018

Launches the [Make Health Whole](#) website to advance integrated behavioral health

2018

Convenes stakeholders to support Virginia Medicaid Mental Health Transformation



2019

Partners with Colorado Department of Health Care Policy and Financing to provide Medicaid analyses and reports

2019

Facilitates Governor Polis' Behavioral Health Task Force subcommittees

Colorado Behavioral Health Task Force
SUBCOMMITTEES' PROCEEDINGS AND RECOMMENDATIONS



2020

Publishes [a COVID-19, case-based playbook](#) for rural hospitals and rural primary care practices to help solve pandemic-related problems

2020

Colorado Access funds Colorado Tele-Legal Partnership to offer free legal services to patients in two primary care medical sites

Launches Moving AHEAD: Advocating for Health Equity through Arts and Dance in partnership with Cleo Parker Robinson Dance

2022

Moves into the Anschutz Health Sciences Building



2022

Releases [the Behavioral Health Integration Framework](#) that provides flexible options for primary care clinics to integrate behavioral health

2019

2020

2021

2022

2020

Publishes health policy brief, [Protecting Colorado Youth from Gun Violence](#)



2020

Develops a curriculum for early career international physicians to lead practice transformation and advocacy with the World Organization of Family Doctors (WONCA)

2020

Releases the [Behavioral Health Task Force blueprint](#), as well as several other reports, that outline Farley Center's vision for statewide reform



2021

Starts presenting monthly legislative updates for CU AMC faculty, staff, and students

2021

Becomes co-editors of the Families, Systems, and Health Policy and Management Department

2021

Publishes [a national brief](#) on policies to promote youth firearm safety

2022

Releases the [Economic Burden of Mental Health Inequities report](#) in partnership with the Satcher Health Leadership Institute and Robert Graham Center

2022

Leads an integrated behavioral health learning collaborative for rural health clinics [in Kansas](#)

2022

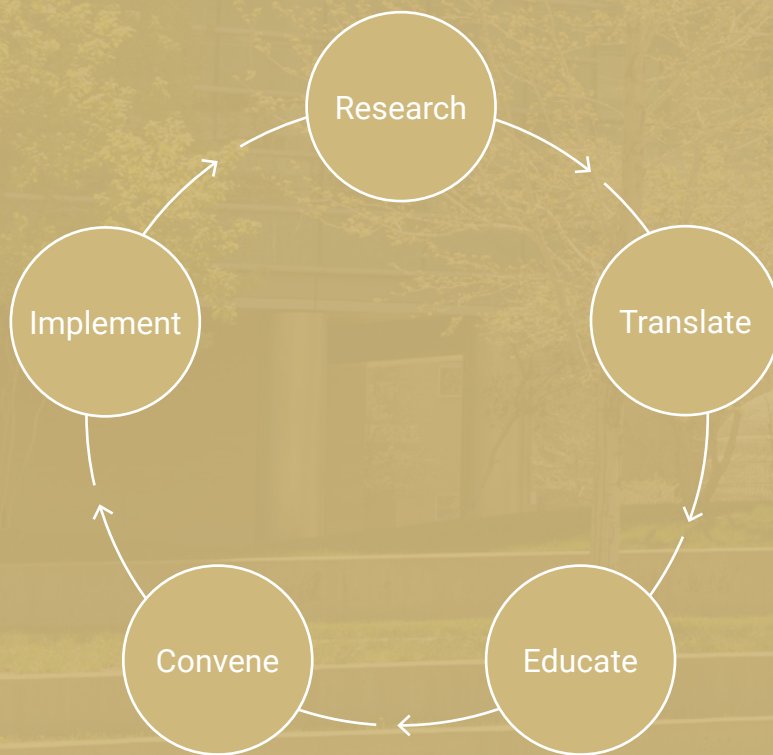
Trains newly elected state policymakers during Designing Health Policy for Coloradans workshop



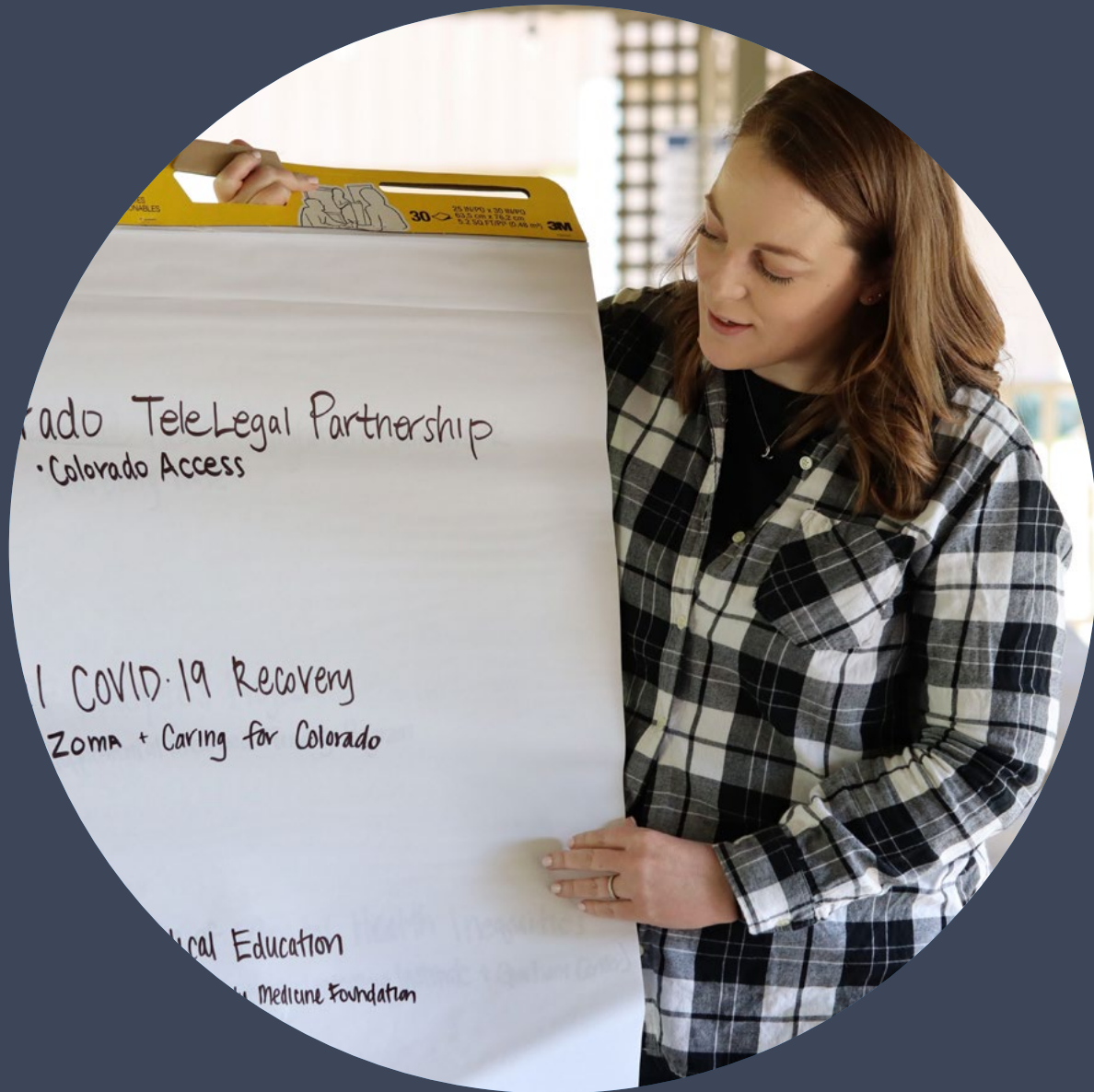
Featured Projects

The Farley Center works across a variety of topic areas affecting health policy from the systems level, as in clinics and agencies, to the state and federal levels.

These projects span five activity categories:



Read on for a selection of our projects and their impact.



RESEARCH

Policymakers and health care providers need to understand the influence of policies on health and disparities in care and health outcomes.

We develop evidence, fill knowledge gaps, and inform actionable policy steps toward integrating care, aligning payment systems, and growing the health care workforce to improve equitable access to and quality of care.

Sustaining Healthcare Across Integrated Primary Care Efforts (SHAPE)



Integrated health care addresses the whole health of patients and drives better health outcomes, but there is insufficient evidence on how to best pay for integrated behavioral health in primary care. The Farley Center partnered with the Collaborative Family Healthcare Association and Rocky Mountain Health Plans (RMHP), with funding from The Colorado Health Foundation, to support investment in integrated care. Three SHAPE practices in Western Colorado received payments to cover the costs of integration, calculated using an activity-based costing method rather than the more common fee-for-service model.

Patients at practices receiving the SHAPE payments were 3.5 times more likely to be screened for depression. RMHP provided payments totaling \$900,000 to the SHAPE practices. Net savings to public payers (Medicaid and Medicare) totaled \$1.08 million after 18 months. These project outcomes demonstrate that alternative payment models support behavioral health integration and can lead to cost savings for public payers.

Based on the project's success, RMHP developed a formal tiering structure to direct alternative payments for behavioral health integration to advanced primary care practices. These findings provide evidence for how payers can support integrated behavioral health through alternative payment models to achieve better care and cost savings. Results like these are useful in the Farley Center's continued efforts to promote payment reform as a critical tool for integrating behavioral health.

FROM 2012-2015



\$1.08M

Net savings to public payers after 18 months



3.5x

More likely to screen patients for depression

Medical Legal Partnership (MLP): Legal Intervention to Improve Patients' Social Determinants of Health

Health care providers achieve better patient outcomes when they recognize and address social determinants of health (SDOH), which are non-medical factors such as one's economic status that contribute to health outcomes. MLPs, when sustainably funded, have the potential to address SDOH to help overcome inequities in our health systems. The Farley Center has a long history of building the case that MLPs should be sustainably funded and made widely available, especially to low-resourced populations.



The Farley Center manages the Colorado Tele-Legal Partnership (CTLP), an MLP that started in 2020 through a Colorado Access Innovation Award. CTLP is uniquely designed to provide virtual legal services to qualifying patients at AF Williams Family Medicine Center and UC Health Internal Medicine-Lowry. The Farley Center also leads a coalition of health and legal professionals, the MLP Community Champions, which meets quarterly to advance MLP in Colorado.

Economic analyses provided by CTLP may inform large health systems and payers that could sustainably fund MLPs. The Colorado Department of Health Care Policy and Financing (HCPF) is currently considering the potential for alternative payment mechanisms for MLPs across the state. MLP Community Champions are working toward the selection of universal metrics to enable better data sharing and analysis. Better data collection and analysis would support the policy changes needed for sustainable funding for MLPs across Colorado.

The Farley Center continues to be a leader in developing research and evidence regarding MLPs. Future work will focus on CTLP and its potential growth, sharing of data with health systems and agencies to encourage wider funding and adoption of MLPs, and continued convening of the MLP Community Champions. Commitment to meeting families' social and legal needs is the Farley Center's driving motivation for engaging legal expertise to support health equity.



An autoimmune disorder left a 63-year-old male patient blind with kidney failure, heart disease, atrial fibrillation, and an abdominal aortic aneurism. He needed extensive medical care. Visually impaired, unable to drive, unable to work, and living alone, the patient was denied Medicaid coverage. He was also unable to pay for rent and unable to pay for transportation for medical care or dialysis.

The CTLP legal team advocated for the patient to have his Medicaid approved, secured rental assistance for his unpaid rent to avoid eviction, ensured visual disability was accommodated with clinical services, acquired medical transportation to dialysis and clinic visits, and acquired insurance coverage for long term care.



"This is a huge burden taken off my shoulders.... CTLP did everything in their power to help me." - JM

FROM JAN. 2021 THROUGH DEC. 2022

254 Legal referrals made

Medicaid Data Analysis

Health First Colorado (Colorado's Medicaid program) is the largest single health care insurer in the state. The program's claims data can provide insights into health care delivery issues, from providing telemedicine to more effective models of care for youth in the child welfare system. The Farley Center works with the Colorado Departments of Health Care Policy and Financing (HCPF) to answer complex questions and act as a technical support resource.

In one project, Farley Center researchers examined patterns of health care cost and utilization among Health First Colorado members who were concurrently enrolled in the state's Supplemental Nutrition Assistance Program (SNAP). Findings suggested children 18 and younger who were concurrently enrolled in Health First Colorado and SNAP showed significant decreases in health care costs. Among adults, longer sustained participation in SNAP was associated with lower total cost of care, whereas adults with only recent SNAP participation experienced higher costs of care. Other projects have resulted in actionable guidance to support or adjust programs for Colorado Medicaid members.

As HCPF begins to develop the next phase of the Accountable Care Collaborative, its primary delivery model, the Farley Center's work will provide a better understanding of both the needs of the foster care population and of a benefit designed to increase access to behavioral health. Such insights will help state agencies optimize care for children and families.



7 Published briefs to help state agencies optimize care for children and families





TRANSLATE

By synthesizing data and evidence, we communicate, distill, and deliver accessible information to decision makers and health influencers to highlight policy actions and their potential impacts on and benefits for marginalized populations.

Protecting Youth from Gun Violence

Driven by mounting evidence of youth suffering from exposure to gun violence and school shootings, the Farley Center set out to understand gun violence statistics as well as describe available policies and laws available to decision makers to protect youth from firearm violence. The Farley Center team weighed in on this important issue by engaging learners to develop a brief to delineate first the Colorado firearm safety policy landscape and second the national landscape. A pediatric resident led early research efforts to create the state policy brief and, later, a pediatric emergency medicine fellow developed the second, nationally-focused brief.

The briefs were disseminated with support from the American Academy of Pediatrics (AAP) and the Pediatric Policy Council. These partnerships created opportunities to discuss this issue at a community level with community leaders, at a state level at the Colorado AAP annual conference, and at a national level with a plenary panel of policy experts for the Pediatric Academic Societies national conference. Additionally, this work generated conversation among researchers to convene research, advocacy, and community to talk about these issues, including through community panel forums, national research presentations, and multiple initiatives to provide content expertise on policies, existing or potential.

This work also provided advocacy tools for local, state, and national organizations, resulting in Colorado gun legislation and federal testimony to support national legislation. The evidence shared with Colorado policymakers ultimately informed the gun storage legislation signed into law in April 2021.



POLICY PATHWAYS

Methods decreasing the potency of mass shootings:

- ↳ Banning assault weapons
- ↳ Eliminating sales of bump stocks

Methods of decreasing suicide and homicide —risk to self or others:

- ↳ Background check*
- ↳ Safe storage laws and child access prevention*

Overall policy changes to understand and address firearm safety:

- ↳ Public health research on gun violence and policy efficacy*
- ↳ Extreme risk protection orders (sometimes called red flag laws)*
- ↳ Extended waiting periods*

*passed or expanded in Colorado law as of April 2023



13 Firearm safety laws passed in Colorado, 2019 – 2023

The Economic Burden of Mental Health Inequities

In September 2022, the Farley Center partnered with the Satcher Health Leadership Institute and the Robert Graham Center to release a first-of-its-kind investigation to examine the economic and health burden of mental health inequities in the United States.



Researchers conducted a comprehensive literature review, analysis of public data sets, and analysis of state and national policies to demonstrate the relationship between economic status, mental health status, and racial and ethnic status. During the five-year study period between 2016 and 2020, they found:

- ↘ At least 116,722 premature deaths due to mental and behavioral health-related racial inequities.
- ↘ Racial inequities generated at least \$278 billion in excess cost burden.

Farley Center researchers provided specific policy proposals, using health equity principles to develop a comprehensive menu of policies that would address the existing mental health inequities. These included many proposals and related case studies across three categories:

- ↘ Sustainable and long-term investment in mental and behavioral health infrastructure.
- ↘ Adoption of culturally centered mental and behavioral health care.
- ↘ Addressing both the political and social determinants of health.



“Investing in mental health care saves lives and dollars – we have known this for decades, but until now did not fully understand the monumental impacts of neglecting to act. For the first time, there is tangible evidence demonstrating how decades of systemic health inequities have yielded significantly worse outcomes for racial and ethnic minoritized, marginalized, and under resourced populations.”



Daniel E. Dawes, JD

Senior Vice President
& Executive Director
Institute of Global Health Equity
Meharry Medical College;
Farley Center steering
committee member

After the report release, co-author Shale Wong presented select results to the tenth annual Colorado Clinical and Translational Sciences Institute academic summit, arguing the national data collection systems that health equity investigators rely on for their work are incomplete and hardwired for structural racism. The Farley Center is actively engaged in improving data equity and centering behavioral health policies in equity.



To learn more, read [the article](#) on Dr. Wong’s presentation from Anschutz Today or see [the full report](#).



EDUCATE

Based out of our academic home on the Anschutz Medical campus, we seek to develop the next generation of health professionals with a policy lens for approaching research and practice. Our interprofessional methods reach across the state and around the world to propel professionals to collaborate on positive change for health systems and local communities.

Behavioral Health Provider Core Competencies



“Maybe you’re new to integrating behavioral health into primary care and want to develop the necessary expertise. Maybe you’re already delivering integrated primary care but want to deepen your abilities. Wherever you are in the process, it’s important to have the right skills for the right settings. The eight competencies can help.”



Alexander Blount, EdD

President

Integrated Primary Care, Inc.;

Professor Emeritus of Family Medicine
and Community Health

UMASS Chan Medical School

The State of Colorado was awarded nearly \$65 million from the Center for Medicare and Medicaid Innovation to implement a State Innovation Model focused on integrating behavioral health and primary care. The Farley Center recognized a need for behavioral health provider competencies to support primary care practices in their efforts to integrate. The team facilitated collaborative investments from five Colorado-based foundations to convene the Colorado Consensus Conference, which established a set of eight core competencies for licensed behavioral health providers working in primary care.

The report of competencies, descriptions, and practical examples was translated into live and animated [videos](#) for dissemination. The report was also converted into six training modules developed by the CU Department of Family Medicine and the Office of Behavioral Health (OBH) with consultation from Farley Center researchers. More than 275 Colorado behavioral health providers and trainees have been trained in these competencies.

The competencies have been used in job descriptions, hiring practices, and provider performance evaluations, in addition to being incorporated into graduate-level training programs. Other states have requested FHPC consultation to convene and adapt competencies for their specific state’s need. This is another example of tools the Farley Center continues to develop that promote behavioral health integration in clinical settings.

275+

Colorado behavioral health providers have been trained in these competencies

Re-imagining Leadership: A Pathway for Rural Health to Thrive in a COVID-19 World

In 2020, the COVID-19 pandemic shone a bright light on the widening fractures in the health care safety net across rural United States, but despite these challenges, individual leaders and systems rose to the occasion, rapidly designing and deploying creative solutions. To capture and share these innovations, the Farley Center and the Colorado Hospital Association have partnered to develop an evidence-based playbook to support rural hospitals and primary care practices as they navigate ongoing COVID-19 related challenges, including clinical care, communication, staffing, and supplies. This practical resource incorporates case-based learning and strategic thinking prompts, as well as findings from the literature and key informant interviews from more than 30 rural health care leaders and patients in Colorado.

To date, this work has led to the piloting of a rural health care delivery assessment tool by five primary care practices and nearly 10 rural hospitals in Colorado, as well as several virtual and in-person case-based leadership development trainings leveraging the playbook content. A total of three cases related to the playbook content have been written addressing burnout in a full-scope family physician, distribution of the COVID-19 vaccine in a rural community, and the basics of revenue cycle management in a rural hospital. These cases are being used to guide interdisciplinary teams through the challenges presented and ways to respond, building leadership capacity to identify and solve similar problems in the future.

This project made use of and built upon the Farley Center's expertise in rural clinical practice and rural health policy. This expertise continues to inform the Farley Center's work, including in a more recent project in partnership with rural health clinics in Kansas. [Download](#) the complete report.



Advocacy Training for Young Family Doctors in Primary Mental Health Care: A Global Call-to-Action

Mental, emotional, and behavioral problems spare no country or community. The Farley Center partnered with the World Organization of Family Doctors (WONCA) to develop and pilot a global curriculum to enable learners to lead practice transformation and be empowered with policy-influencing skills to advocate for their patients and promote and enhance primary care mental health. The Farley Center and WONCA recruited 12 young family doctors, of whom seven were women and 10 were from low- and middle-income countries.



Despite initiation at the start of the COVID-19 pandemic, this pilot project was successfully implemented with remarkable participant commitment. The structure and operations of the program were confirmed to be feasible. The embedded evaluation provided both important insights for improvement and affirmation that the program was relevant, desired, and acceptable in different countries. The learners formed their own community. Several participants, already in positions of influence, recognized their ability to advocate for policy change. This project has demonstrated a widespread appetite and ability among young family doctors to integrate mental health and primary care. The intervention was successful in equipping them to spearhead systems changes to this end and would be reproducible in most countries.

The international team involved with the Farley Center is actively pursuing funding to expand this project and is launching the second cohort this summer.

→ Learn [more](#).



“The WONCA Advocacy Program on Primary Mental Health Care transformed my perception about mental health care in general practice and encouraged me to get firsthand experiences in that area by doing a project, which actually enhanced the quality of care in my practice. We not only published a few papers in reputed journals and presented our experience in professional fora, but also are getting invited now for primary care mental health academic activities as resources.”



Sankha Randenikumara, MD
Family Physician and WONCA
Young Doctors’ Lead
Sri Lanka



CONVENE

Bringing stakeholders and decision makers together to improve health and health care builds networks and relationships across silos and offers a forum for perspectives that represent different communities, sectors, or populations to be shared and understood.

Transforming Colorado’s Behavioral Health System: Behavioral Health Task Force

In 2019, Governor Polis established the Behavioral Health Task Force (BHTF)—comprised of stakeholders representing those who seek, deliver, administer, and pay for care—to develop a blueprint to transform the state’s behavioral health system. The Colorado Department of Human Services (CDHS) convened a main task force and three subcommittees: Children’s Behavioral Health, State Safety Net, and Long-Term Competency. The CDHS selected the Farley Center to facilitate these subcommittees, engaging stakeholders to draft recommendations informing ‘The Remedy for Behavioral Health Reform,’ which was delivered to the Governor in fall 2020.



“The Farley Center was a pivotal partner in Colorado’s Behavioral Health Task Force reform initiative. Their ability to stand up the organizational infrastructure of three large subcommittees with distinct needs to accomplish diverse objectives and maintain the workload over a two-year period was truly remarkable. They identified staff with the appropriate skill sets to facilitate, provide technical support, and administer a purposeful conversation among a statewide collection of stakeholders. We finished the work, including prioritizing the recommendations for solutions in light of the pandemic, and delivered a plan to reform Colorado’s behavioral health system.”

John Laukkanen

Children’s Behavioral Health Subcommittee Co-Chair,
Colorado Behavioral Health Task Force
Behavioral Health Policy and Benefit Operations Unit
Supervisor, Behavioral Health Initiatives
and Coverage Office
Colorado Department of Health Care Policy
and Financing



As a result of BHTF recommendations, Colorado passed Senate Bill 20-181. The bill ensured that individuals are not held in jail when competency is in question or when competency restoration is unlikely due to disability. Other policy advancements linked to this work include scaling of co-responder models, linking behavioral health providers with police to appropriately respond to crisis calls in communities, and the formation of Colorado’s Behavioral Health Administration (BHA). The BHA, a cabinet-member-led agency designed to be the single entity responsible for driving coordination and collaboration across state agencies to address behavioral health needs in Colorado, became operational on July 1, 2022, with the passage of Colorado House Bill 22-1278.

As the BHA begins to fulfill its work, the Farley Center will stand ready to partner in answering research questions, providing technical assistance, and convening stakeholders to guide the development of better behavioral health support in Colorado.

UPSTREAM! Together: Preventing Mental, Emotional, and Behavioral Health Problems in Youth



Mental, emotional, and behavioral (MEB) health problems are prevalent. While most of these problems have roots dating to childhood, some MEB problems can be prevented. Barriers to progress include fragmented payment structures and systems that neglect MEB problems, which community systems could help solve. The Farley Center partnered with three diverse Colorado communities to develop a plan to raise awareness and prevent MEB problems in children and their families. Researchers and community leaders used a community-based participatory research approach, Boot Camp Translation, to assess community demographics, assets, and challenges for a tailored solution.

All three communities decided to go “upstream” and focus on social connectedness with the recognition that the prevention of MEB problems begins early in life and lasts a lifetime. The Farley Center worked with community leaders to write and submit grant proposals to implement communities’ prevention ideas. Two communities successfully won funding. Combining community expertise with knowledge about preventing MEB problems can mitigate these issues while strengthening families and communities.

Equity and empowerment at the community level are core values of the Farley Center. UPSTREAM! Together showcased the benefit of partnering with communities to amplify community voice and elevate local priorities.

Moving AHEAD: Advocating for Health Equity through Arts and Dance

Artists use creative expression to speak truth to power and explain social problems. They can offer an authentic, cultural understanding of equity and community that helps shape and focus policies, and yet they are traditionally excluded from policy making discussions. The Farley Center, in partnership with Cleo Parker Robinson Dance (CPRD), is building an Arts Alliance for Health Equity in Colorado that brings artists to the table with community leaders to inform policy perspectives and advance health equity.

Moving AHEAD aims to build a multi-sector alliance of arts stakeholders to advocate for local and state policies that promise more equitable health outcomes. The work of the Arts Alliance includes and is informed by:



Advocacy: Building relationships and strengthening advocacy skills to expand knowledge about health policy and enhance continued progress and sustainability.



Policy Analysis: Identifying and prioritizing arts-informed health equity policy solutions.



Cultural Asset Mapping: Mapping community artistic and cultural assets across Colorado to identify bright spots and cultural deserts.



Convening: Discussing and enhancing shared understanding of equity through Arts Alliance convenings and engagement in community arts events that will inform policy changes.

MOVING AHEAD HAS:

- Convened participants across a variety of sectors in the Denver metro region, Trinidad, Durango, Mancos, and Colorado Springs.
- Focused on vaccine equity and access through CPRD's series of vaccine clinics which contributed to public health awareness, a critical step toward influencing equitable policy making.
- Promoted voting in Colorado's General Election through voting registration tables at CPRD's Juneteenth event and Mile High Dance Festival.

The Farley Center's commitment to elevating authentic community voices and empowering artists to engage in policy discussions informs their approach to developing more equitable policies and practices. To learn more, visit movingaheadco.org.



“The Farley Health Policy Center has consistently helped to inform, educate, and exemplify the significance of policy and civic engagement within all areas of human development in Colorado’s most diverse communities. FHPC’s senior leadership and operational staff have been instrumental in the structuring and strategic planning of access and inclusion into the arts, mental health education, and rural community development.”

Malik Robinson

Executive Director,
Cleo Parker Robinson Dance



IMPLEMENT

Our strategies advance integrated care across systems to reach historically marginalized communities for more equitable application of resources by providing guidance on how to put policies into action through implementation and regulation.

Make Health Whole

In 2018, the Farley Center created Make Health Whole, [a campaign](#) that translates evidence, tools, methods, and connections to assist engaged changemakers to integrate behavioral health and primary care. The Robert Wood Johnson Foundation, the Colorado Health Foundation, and the Zoma Foundation partnered with the Farley Center to enact this campaign.

As part of this project, the Farley Center helped three states improve integration:

IDAHO

As citizens of a frontier state, people living in rural Idaho communities experience both isolated bright spots and disconnected or absent resources. The resulting impact of adopting integrated behavioral health is combatting insufficient awareness and sharing of best practices. Idaho stakeholders needed to clarify and unify their state-level vision around expanding integrated behavioral health efforts. With support from the Farley Center, Idaho established a roadmap to guide integrated behavioral health efforts for their State Health Innovation Project.

OREGON

After years of experience advancing strategies to improve behavioral health service delivery, Oregon leaders wanted assistance in maintaining trust while coordinating and prioritizing policy agendas and developing structured recommendations for the state. Upon enlisting support from the Farley Center and applying the Integration Action Framework, the need for leadership assistance to advance the mission of the collaborative was identified. Following the delivery of the recommendations report, the Oregon Health Authority tasked existing work groups and committees with implementation.

VIRGINIA

Following multiple state tragedies, Virginia's desire to improve behavioral health services was greater than ever. But despite deep government investments, the state could not achieve optimal results. Learnings found in collaboration with the Farley Center brought to focus the traditional and non-traditional venues wherein people with mental health concerns were seeking care and clarified next steps to align, define measures, and improve access. More fully equipped with better coordination across agencies, the Medicaid agency then shared these data and a vision to work with policymakers to meet behavioral health needs of the Commonwealth of Virginia.

→ To learn more, visit makehealthwhole.org.



"I felt that I had a team behind me. Having [my care] all under one roof helped me recover faster. It's been helping me build back up to who I was. If I didn't have a behavioral health and primary care physician that worked together as a team, I couldn't tell you where I'd be right now."

Lance Cpl. James Vester

U.S. Marine Corps, patient who experienced integrated care and story featured in the Make Health Whole campaign

Mapping Opioid Use Disorder Treatment in Colorado

Nearly four Coloradans died every day from an opioid-related overdose in 2021. Compared to detoxification or counseling without medication, medication for opioid use disorder (MOUD) is more effective at keeping individuals with opioid use disorder (OUD) in treatment. The Farley Center and the Practice Innovation Program at the University of Colorado conducted a study to identify where there is insufficient buprenorphine treatment provision to meet the needs of Coloradans, calculate the workforce changes necessary to fill these treatment gaps, and offer recommendations to enable targeted resource allocation and better access to care for individuals with OUD.

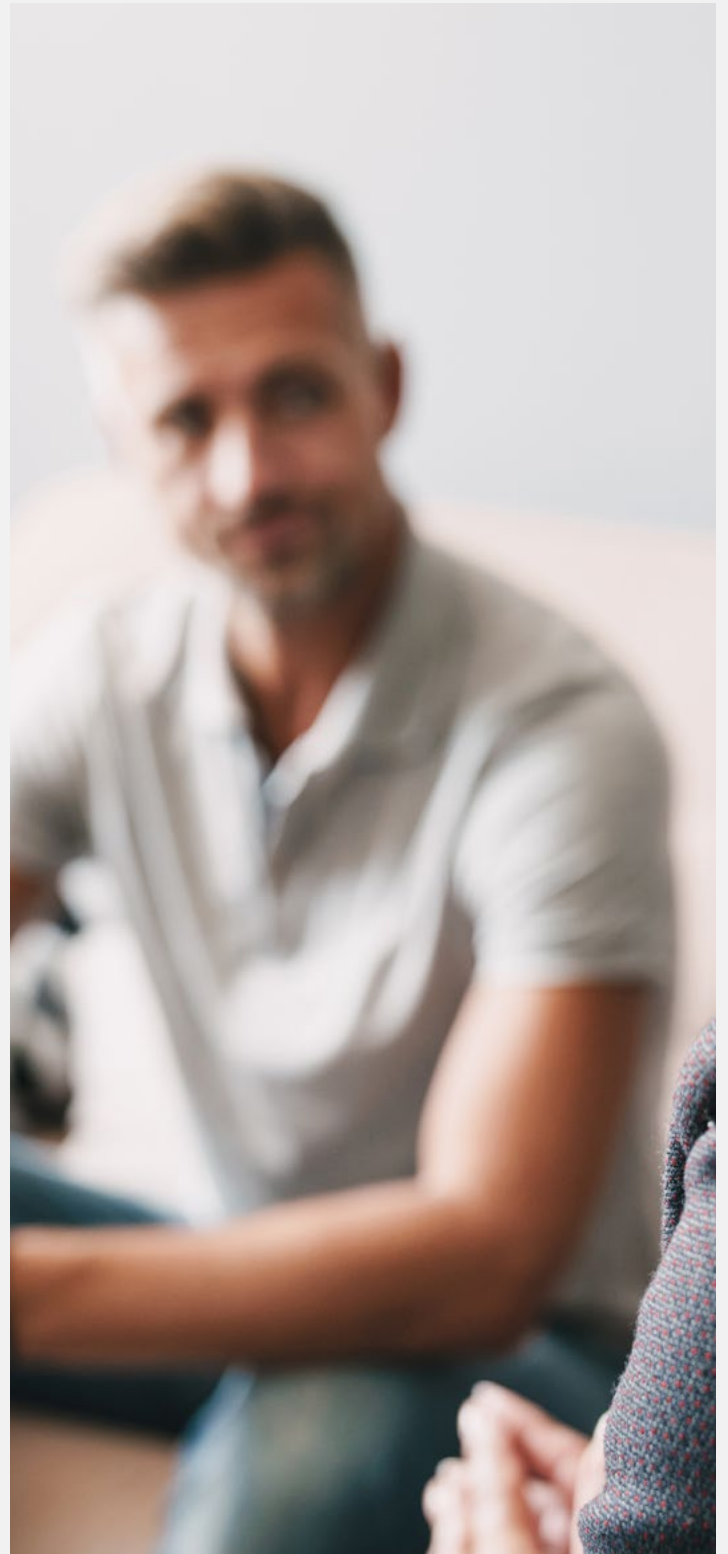
The study resulted in several [products](#) designed for state policymakers, administrators, providers, and community stakeholders. The team has used maps to prioritize recruitment for other initiatives and programs that support practices that increase access to MOUD.

In addition, the Office of Behavioral Health in the Department of Human Services (now the Behavioral Health Administration) used the information to inform its focus in subsequent federal grants, and the Colorado Department of Public Health and Environment has adopted the metrics for its own statewide dashboard of prescribers.

104% Increase in patients receiving buprenorphine treatment*

219% Increase in buprenorphine prescribers*

*between 2017 and 2021



The Building Blocks of Behavioral Health Integration



“Practices want to deliver this whole-person care, patients want to receive more of their care in one place, and payers want to support what will be better for patients and can lead to cost savings. Implementing the building blocks of behavioral health integration, tied to alternative payment models, will support this needed advancement in care.”



Stephanie Gold, MD

Lead author of the report;
Farley Center Scholar

With funding from Well Being Trust, the Farley Center and the CU Practice Innovation Program built upon practice milestones developed as part of the Colorado State Innovation Model to create a framework that is flexible and feasible for practices and payers alike. The Building Blocks of Behavioral Health Integration Framework establishes a standard minimum set of care delivery expectations for integrated behavioral health in primary care. Practices implement these foundational care delivery changes in addition to one or more components of behavioral health integration that fit their resources and patient population needs.

Integrated behavioral health in primary care requires adequate investment through alternative payment models. For payers to invest more in integrated behavioral health, there needs to be a shared understanding of what changes in care will occur. The framework creates the opportunity for payers to operationalize integrated behavioral health, making what many already see as a good idea actionable and, eventually, more widely available to patients.

This framework is currently being piloted by the Farley Center in rural health clinics in Kansas to integrate behavioral health. Additionally, the Colorado Department of Health Care Policy and Financing (HCPF) is using the framework to guide implementation of HB 22-1302 Health-care Practice Transformation. This act creates the primary care and behavioral health statewide integration grant program in HCPF to provide grants to primary care clinics for implementation of evidence-based clinical integration care models.

→ Learn [more](#).

The Farley Center's Future, Team, & Partnerships

The Farley Center continues to pursue high impact projects to redesign decision makers' approaches to improving health.

In the next sections, learn more about the Farley Center's:

- ↘ Upcoming projects
- ↘ Partnerships
- ↘ Leadership team
- ↘ Opportunities to partner

Envisioning a Future of of Whole Health for All

The Farley Center continues to advance integration and health equity through all its policy endeavors to pursue solutions to complex and challenging questions like these:



HOW CAN HEALTH SYSTEMS MEASURE WHOLE HEALTH?

Working with national partners, the Farley Center is engaged in an effort to shape federal policy for the Centers for Medicare & Medicaid Services (CMS).

Vitality Signs is a new project to create a Comprehensive Patient-Reported Survey for Mental and Behavioral Health, funded by CMS, in collaboration with Virginia Commonwealth University and Case Western University. The team will develop a comprehensive health measure with focused attention on mental, behavioral, and social health needs among Medicare beneficiaries.

→ This project will ultimately result in a patient-reported survey representing health by the patterns of how people live, rather than the pathologies of how they die.



HOW CAN WE TRANSFORM COMMUNITY COLLABORATION AND HEALTH SYSTEMS?

The Farley Center is catalyzing new partnerships across the state to achieve a more holistic approach to integrating health systems.

The Collaborative Community Response (CCR) defines thriving in terms of shared outcomes and proposes an overall systems design and infrastructure transformation for delivering health and social services. This collaborative model, which strives toward whole person/whole family “success planning” and implementation delivered by local “common” organizations, brings together community members and leadership, primary care, behavioral health, public health, and social/human services. CCR proposes monetizing portions of the downstream savings and benefits of thriving from courts, child welfare, health, and other budgets to pay for services that promote thriving.

→ This approach could provide a paradigm-shifting mechanism for resourcing individual and community health services with unprecedented alignment of data, systems, and outcomes.



HOW WILL EDUCATION ADVANCE EQUITABLE HEALTH?

Access to primary care providers is a dire need, especially in rural areas. Federal funding of graduate medical education (GME) has directed students to large urban academic centers, limiting service to rural communities and thus exacerbating health disparities.

The Farley Center is collaborating with the GME Initiative, a national coalition that includes leaders from the CU School of Medicine to reform GME funding and governance. Informed by a 2014 seminal report from the National Academy of Medicine, GME policies will shape the training of the next generation of primary care physicians.

- The Farley Center is working to ensure that evidence-informed policies define training to develop a stronger, more equitable workforce that meets the needs of patients, regardless of where they live.



Leadership Team



Shale Wong, MD, MSPH

Executive Director
 Professor of Pediatrics and
 Family Medicine



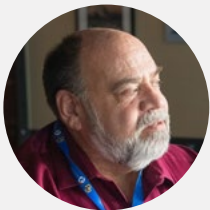
Emma Gilchrist, MPH

Deputy Director
 Senior Instructor, Family
 Medicine



Larry A. Green, MD

Senior Advisor
 Distinguished Professor,
 Family Medicine



R. Mark Gritz, PhD

Director of Operations
 Professor, Internal Medicine



**Lauren S. Hughes, MD,
 MPH, MSc, MHCDS, FAAFP**

State Policy Director
 Associate Professor,
 Family Medicine



Susan Mathieu, MPP

Medicaid Policy Director
 Senior Instructor,
 Family Medicine

STEERING COMMITTEE



Our national [steering committee](#) is comprised of thought leaders from across both the campus and the country who provide guidance regarding overall direction and vision for the center’s activities. We’re proud to have representation from the health professional schools on campus, including several deans. The steering committee assists the center to define, develop, and achieve its goals, in addition to helping facilitate relationships with communities and relevant organizations and agencies.

AFFILIATE FACULTY

Our cadre of partners continues to grow with interprofessional affiliate faculty representing multiple departments, specialties, schools/universities, associations, health systems, and non-governmental organizations. Shared commitment to specific policy projects and research, paired with our breadth and depth of expertise, expands our capacity and strengthens our reach.

Policy Partnerships That Serve the Campus

The Farley Center seeks to offer policy support to elevate the extraordinary work of faculty and staff across the Anschutz Medical Campus. Our services bring policy to the forefront, translate the research and clinical advances of our colleagues, strengthen our campus networks, and connect to decision and policy makers in our state. From developing policy briefs to training policy fellows, the Farley Center helps researchers make their findings actionable for policymakers, acting as a pillar for the campus to ensure policy is an integral component of health research and scholarly pursuits.

DISCOVERING THE POLICY IMPACT OF RESEARCH

The Farley Center provides policy services to help Anschutz Medical Campus researchers achieve even greater impact by reaching audiences beyond the traditional clinical scientific community, including policymakers, patients, and the broader public.

Our educational sessions and tools help research teams understand how to:

- ↳ generate policy-relevant research questions;
- ↳ conduct policy mapping;
- ↳ identify and reach relevant stakeholders and decision makers;
- ↳ translate data and evidence with messaging and visualization to increase accessibility for a wide variety of policy audiences;
- ↳ and develop strategic implementation and dissemination plans.

BRINGING POLICY-INTERESTED COLLEAGUES TOGETHER

Our Health Policy Journal Club (HPJC) meets monthly, convening interdisciplinary and interprofessional faculty, residents, and students; local health policy experts; and Farley Center faculty and staff. The topics discussed are wide-ranging, relevant, and timely, including issues such as CMS Innovation strategy and combatting health misinformation, child poverty, and structural racism. We invite participation.

- ➔ To learn more about the journal club, review the [What We're Reading](#) section of our website and register to attend.



"The Farley Center's journal club convenes a monthly gathering of intergenerational, interprofessional attendees who dive into a compelling contemporary policy issue by discussing curated recent reports and publications with facilitation by Dr. Stephanie Gold. Its virtual format allows participation while on-call, on the road, or relaxing at home."



Larry Green, MD

Senior Advisor, Farley Health Policy Center
Distinguished Professor, Department of Family Medicine
Epperson Zorn Chair for Innovation in Family Medicine and Primary Care



CONNECTING THE CAMPUS AND THE CAPITOL

During Colorado's legislative sessions, the Farley Center team provides training and educational programming to inform both legislators about health and health care practice and those on campus about relevant health policy activity at the legislature. Activities toward these goals have included:

- ▾ The Farley Center's introduction of a health policy "boot camp" for bipartisan freshman legislators and those active in health-related committees ahead of the opening of the 2023 General Assembly. Our first informational session, "Designing Health Policy for Coloradans," offered baseline health data on Colorado populations with focused demographics as well as explanations of health systems and insights on payment and structural barriers that impact equity in access to care. Special focus on behavioral health, disabilities, Medicaid, and child health enriched the discussion.
- ▾ Continued building and strengthening of new and existing relationships with policymakers at the state level in both the legislative and executive branches.
- ▾ Development of legislative tracking and summary documents as a campus-wide resource to support and augment the health policy contributions and connections to the Anschutz campus.
- ▾ Monitoring legislative activity and providing regular updates to interested campus participants. These monthly presentations offer education on procedure and movement of introduced bills that influence health policies and practices.



"The Farley Center's presentations on the Colorado General Assembly bills brought home how important it is to be aware of what is happening in state policy. This educational opportunity for faculty, staff, and students is crucial to promote engagement on issues that affect patients' lives. From a social justice standpoint, policy is where power inequities are cauterized."



Sheryl Harrington
Community Program Manager
Department of Family
Medicine

Partner With Us



RESEARCHERS

We can help you design and conduct policy-relevant research and translate your expertise to inform policy change.



LEARNERS (STUDENTS/RESIDENTS/FELLOWS)

We offer opportunities to develop your policy and research skills and contribute to health policy projects.



STATE AGENCIES AND COMMUNITY PARTNERS

We lend skills and expertise to help you understand and address complex health issues.

VISIT OUR WEBSITE TO LEARN MORE

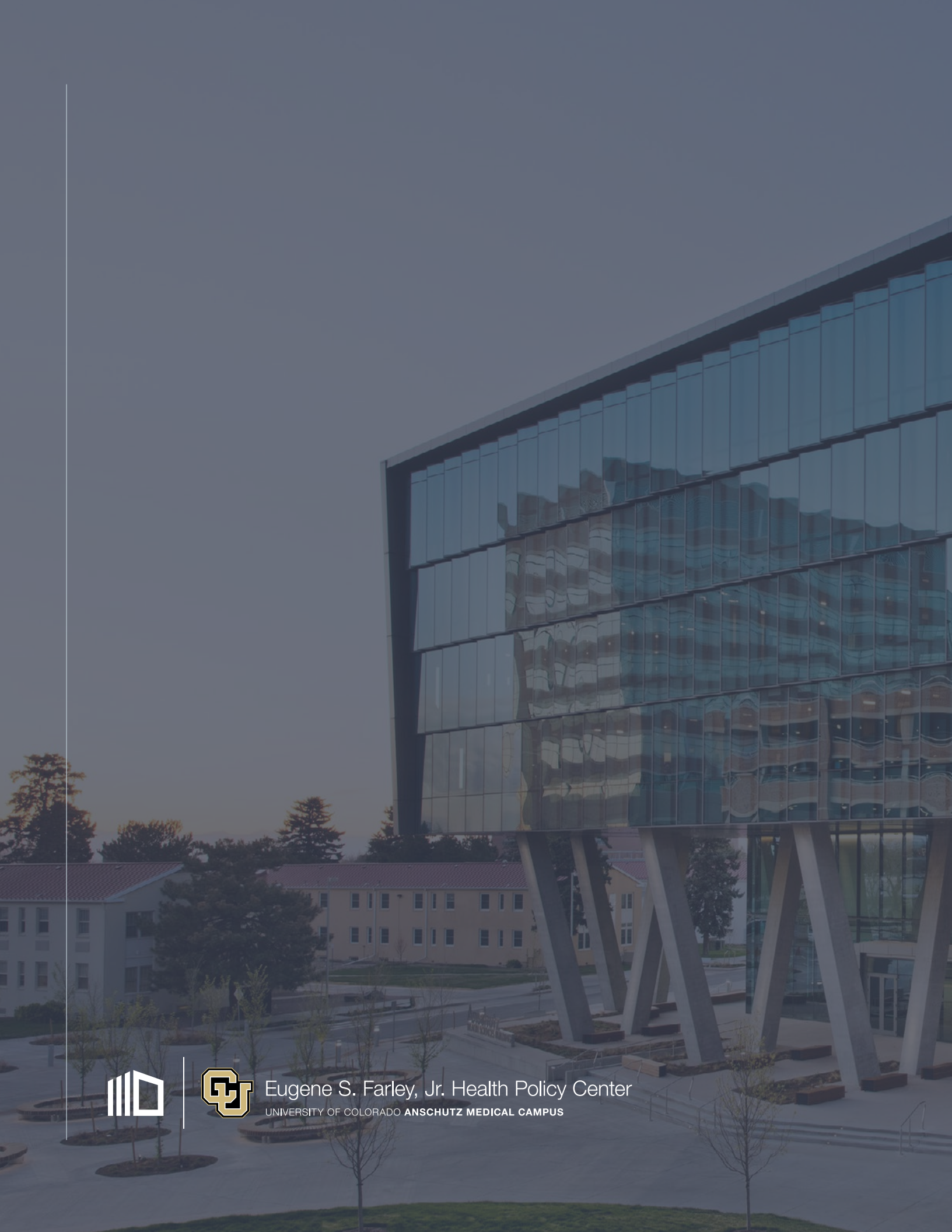
- ✎ Sign up to receive Friday's Features, a weekly letter that curates recent information about health and health care policy issues.
- ✎ Attend our legislative tracking updates and health policy journal club.
- ✎ Submit an inquiry form to find out how we can support your interests, connect your work to policy, and advance your career or policy initiatives.



"I had the amazing opportunity to work at the Farley Center where I learned about the value of bridging the gap between members of underrepresented communities and the policymaking process. I examined how health policies both directly and indirectly impact Colorado's community health outcomes. I had the opportunity to work with rural health care research, analyze structural stigma in substance use disorder policies, and advance the Colorado Tele-Health Medical Legal Partnership program. My experience at the center and with the team was crucial in my decision to pursue my Juris Doctorate because I saw the important work that the Farley Center was doing and the work that still needs to be done. The Farley Center introduced me to the intersection of health and law, and I continue to have a passion for health law as I pursue my law degree."



Hallie Conyers-Tucker (she/her)
JD Candidate 2025
Seattle University School of Law



Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS