County Incentive Program

Collaboration Incentive

SFY 2015-16

# County Contact Info:

# County: Choose Your County

# County Contact(s): Click here to enter text.

# Email: Click here to enter text.

# Phone: Click here to enter text.

# Goals:

Please list the 2-3 goals the county and the partner attendees would like to accomplish over the next year to improve clients’ access to care:

## 1. Enter Goal 1

## 2. Enter Goal 2

## 3. Enter Goal 3

## Department Contacts:

Joshua Montoya and Crestina Martinez

[HCPFCountyRelations@state.co.us](mailto:HCPFCountyRelations@state.co.us)

303-866-2403 / 303-563-9109 cell

# Select Quarter: Select a Quarter

## Meeting Date(s): Enter Meeting Date

## Supporting Attachments (please check all that apply):

|  |  |
| --- | --- |
| Agenda | Minutes |
| Sign-in Sheet | Other: Please Describe |

## Partner Attendees (please check all that apply):

|  |  |
| --- | --- |
| Behavioral Health Organization (BHO) | Regional Collaborative Care Organization (RCCO) |
| Local Public Health Agency (LPHA) | Medical Assistance (MA) Site |
| Connect for Health Colorado (C4HCO) | Hospital/Clinic serving County |
| Federally Qualified Health Center (FQHC) serving County | Private Practice Providers serving County |
| Community Mental Health Centers serving County | Long-Term Care Facilities serving County |
| Single Entry Point (SEP) Agency serving County | Other: Please Describe |
| County Sheriff/Local Law Enforcement serving County | Additional Info: Enter Any Additional Information Here |