Five questions for Chad Morris[1]
[2]

Chad Morris' early career was split between clinical research on the treatment of bipolar disorder and schizophrenia, and state-level behavioral health policy work focusing on community integration, recovery services and homelessness. Then, in 2001, the professor of psychiatry in the School of Medicine at the CU Anschutz Medical Campus had what he calls "a transformative experience."

"I had the opportunity to perform a state tobacco cessation needs assessment for persons with mental illnesses," Morris said. "As a clinician, I had worked in many different inpatient, outpatient and residential treatment settings, and had never given a second thought to clients' ubiquitous smoking. Through the needs assessment, people were open about their struggles with quitting smoking, that they desired to quit, but that there was a severe lack of access to tobacco use treatment. I also learned about the staggering loss of life and human potential due to smoking."

That's when Morris began questioning many of the myths surrounding tobacco use in the behavioral health population: that people with mental illness need to smoke to control symptoms, they don't want to quit, or if they did want to quit, they wouldn't be able.

"This led to a personal 'a-ha' moment,'" Morris said. "What is the point of integrating individuals into communities and providing cutting-edge psychiatric services if they are just going to die or be disabled from smoking and other leading causes of death such as metabolic syndrome?

"It became very clear to me that all health and behavioral health systems have roles in addressing the whole-health needs of persons facing health disparities. For persons with mental illnesses and addictions, tobacco use treatment is an essential aspect of many people's recovery journey."

This realization led Morris down a whole-health path and his creation of the Behavioral Health and Wellness Program [3], a national program focused on well-being of health disparity populations as well as interdisciplinary providers. What he calls the program's "small but mighty multidisciplinary team" works to facilitate behavior change at the individual level and health systems change at the organizational and community levels.

1. You established the Behavioral Health and Wellness Program in 2006. How has the program evolved over time?

My team's work and that of many national and international colleagues have led to measurable change when it comes to addressing the tobacco cessation needs of the persons with behavioral health conditions. There is still much work we hope to do in this area, and at the same time, my vision for the Behavioral Health and Wellness Program was always broader in terms of populations served and wellness topics covered.

My experience is that, if you open multiple doors to wellness, there is always some aspect of personal wellness in which individuals are interested. When we talk about wellness, it is natural to instantly think of physical or emotional well-being. These topics are key to health, but our well-being encompasses many dimensions including environmental, social, intellectual, occupational, financial and spiritual. Our interest is to collaboratively work with individuals and organizations to identify what area of wellness they want to focus on and then start to build self-efficacy by creating realistic change goals. When it comes to work and well-being, one size does not fit all.

We have now partnered with almost all states through federally funded projects and networks, or individual contracts with state departments, health care, behavioral health and public health organizations. In this work, we take a parallel track. Our goal is to reach priority populations that often don't have access to the services they need, including people with behavioral health conditions; people who are justice-involved; low-income populations; those living in rural regions; people who experience homelessness; communities of color; the LGBTQIA+ community; pregnant and perinatal mothers; youth and young adults.

And we believe strongly that there must also be a focus on workforce wellness. Providers cannot provide effective services if their wellness needs aren't also a focus. We have had the opportunity to work with small and large health

care and public health systems to increase individual wellness through organizational health systems change efforts. Most recently in Colorado, Gov. Polis allocated funding to address the statewide resiliency needs of health care and public health workers, and we are excited to have been one of two recipients of CO-CARES grants.

2. CO-CARES is a new program that launched last month. How does the program work and how will you put the grant to use?

CO-CARES[4] stands for the Colorado Alliance for Resilient and Equitable Systems serving the health care and public health workforce. The Colorado Department of Public Health and Environment launched the initiative to help support the health care and public health workforce who helped Colorado through the pandemic — and continue helping every day.

Our goal is to bridge the gap between health care and public health workers and the resources they need to support their and their organizations' well-being and resilience. CO-CARES is made possible because of an incredible alliance with the University of Colorado Department of Psychiatry, University of Colorado Colorado Springs' Lyda Hill Institute for Human Resilience, the Colorado Hospital Association, the Switchback Institute, and the Colorado School of Public Health.

My team provides wellness consultation across the nation, and this is by far the largest initiative I've seen to provide a menu of services and supports that are tailored to individual need. All health care and public health workers — from the bedside to support services to executive leadership — deserve to prioritize their well-being. The Behavioral Health and Wellness Program's role is on the organizational leadership and management level. We are consulting with a broad spectrum of statewide organizations, including EMS, hospitals, long-term care, behavioral health, primary care and local public health agencies to identify rapid improvement goals and identify no-cost CO-CARES training, programming and technological resources aligned with those goals.

In addition, we are providing a virtual leadership learning series, and will be offering statewide office hours by health care sector. These facilitated calls will allow you to dialogue with peers in similar sectors regarding barriers to building a wellness culture and organizational solutions. We have been running similar national office hours for behavioral health organizations for over a decade, and I am continually energized by the innovation that these peer-to-peer sessions generate. If anyone is interested in CO-CARES, please reach out to me[5].

3. You recently took part in a White House forum[6] as part of the administration's Cancer Moonshot. What was that experience like and what takeaways did you return with?

I was honored to be invited to the White House for small group moderated discussions on moving beyond known barriers and into the solutions necessary to decrease preventable cancers. President Biden and first lady Jill Biden reignited the Cancer Moonshot[7] in 2022 with the goal of reducing the cancer death rate by 50% over the next 25 years and improving the experience of individuals, caregivers and families living with and surviving cancer. As part of the State of the Union earlier this year, the Biden-Harris Administration committed to expand smoking cessation services for Americans who want to access them.

This event was a call to action for participants to advance smoking cessation within their work and in collaboration with others. We were each asked to share what we viewed as a top solution. I emphasized helping communities build "person-centered whole health neighborhoods" to open multiple doors to health, community and a meaningful life. Using this model, we meet persons facing health disparities where they already live, work, socialize and receive services.

I had a few major takeaways from this experience. This was a reminder that, if interested, we can all have a voice in our political system. There is a real opportunity to have an "upstream" impact in terms of agenda, funding and the real-world barriers faced by those we serve. The Cancer Moonshot is most recently informed by the COVID Moonshot and the ability of an open-science consortium from around the world to discover safe, globally affordable and easily manufactured antiviral drugs in an incredibly small amount of time.

The idea of a moonshot as such an ambitious, exploratory and groundbreaking project has stuck with me. I am now asking myself, what are my own personal and professional audacious goals? And how can I foster and support collaborations that allow for movement beyond my comfort zone?

This event also reinforced my interest in the potential of public-private partnerships to accelerate innovation. As health professionals in such partnerships, I believe our roles will necessarily increase in advocating for equitable access, ensuring that care is evidence-based, and adhering to our professions' ethical standards.

4. You mentioned the idea of a "person-centered health neighborhood." What exactly is that?

An underlying theme of our team's work is to address health disparities in a sustainable fashion by meeting people where they are. There is the concept of a patient-centered medical home where primary care is the hub of services for patients. Unfortunately, due to a myriad of factors, many individuals can't easily access primary care or behavioral health care. While these settings are integral components of a continuum-of-care, our team has developed the "person-centered health neighborhood" approach to reach those most in need.

What does this mean? Simply, that we need to serve people at the community hubs where people naturally seek services or interact with one another. In these environments, we increase reach and uptake of services. And within these hubs, our program utilizes trusted community messengers, and peers with lived experience to screen and navigate individuals to resources including primary care, behavioral health treatment and telehealth.

As several examples, we have trained peers with a lived experience of homelessness, justice involvement and/or behavioral health conditions who are employed by the Denver Public Library to screen individuals for chronic illnesses, and then provide warm hand-offs to health and public health services. In Arizona, we recently trained individuals incarcerated in state prisons to administer voluntary, pre-release wellness services. We have had the pleasure of directly training tens of thousands of professionals, community health workers and peer specialists in this care model.

5. You're a member of the Motivational Interviewing Network of Trainers. What does that work entail?

Motivational interviewing[8] is a collaborative conversation style for strengthening a person's own motivation and commitment to change and healthy decision making. We can become very set in our behaviors. Change is difficult and ambivalence about change is the norm. The focus of MI is to enhance motivation.

With MI we approach people with the underlying perspectives of partnership, acceptance, compassion and evocation, which is the identification of individual strengths and resources. MI isn't about taking immediate action. While there is almost always a desired behavioral outcome providers have in mind, acting isn't the focus of an MI conversation. Instead, this work entails preparing people for engaging in evidence-based care.

In our action-oriented culture, it's easy to skip over the necessary step of preparing for change. In health care environments, given the little time providers have and their many competing demands, it is easy to jump to advising patients without first listening to patients and then having a collaborative conversation. But as MI research has repeatedly shown, we are more efficient when we take the time to relate to and engage with others.

In this case, patients will share their thoughts and experiences with providers, listen to their ideas and return for treatment. Through our MI Institute, my team has trained a wide variety of professionals and leaders in MI. The MI skill set is a core ingredient of our organizational consultation where the client may be the leadership team rather than the end-user.

What is both energizing, challenging and sometimes frustrating about MI, like other clinical skills, is that there is never a finish line. While a perpetual practice, there is always something new and exciting to learn when I remind myself to really listen to others.

Usha Sharma named CU treasurer[9]

The University of Colorado Board of Regents has named Usha Sharma as CU's next treasurer and chief investment officer.

Vice Chair of the Board Ken Montera and Regent Nolbert Chavez co-chaired the search committee for the treasurer position, which reports directly to the Board of Regents. Sharma will officially join CU in late July and work out of the system office.

"This is a critical position for the university system, and Usha's experience in both the private and public sector treasurer roles will continue to keep CU's investments on solid ground," Montera said. "We are thrilled that she has accepted the opportunity to join our CU team."

Sharma brings a deep knowledge of financial markets to the post. Her 30-year financial career includes long-term roles as treasurer at the Denver Board of Water Commissioners (2009-2023) and senior manager in global treasury at Molson Coors Brewing Company (2005-2009). She began her career in various areas of finance at the Coors Brewing Company (1993-2005).

Sharma is an alumna of CU Denver, where she earned two master's degrees in business administration and finance. Sharma received her bachelor's degree in psychology from Tribhuvan University in Kathmandu, Nepal.

"The scope of Usha's history in the financial world, along with her connection to CU as an alum, will allow her to join our team and hit the ground running," Chavez said. "Her current treasurer job has similar duties to the CU position, which will help us strengthen our treasury functions and strategies in a complex and ever-changing financial environment."

Said Sharma, "It is wonderful to return to CU and serve my alma mater knowing how important its financial stability is to the Colorado economy. This is a critical role that helps support all facets of CU's mission, and I am grateful to have an opportunity to give back and serve the university after it has done so much for me."

The treasurer serves as the university's chief investment officer and is responsible for all treasury functions, including investing university funds, cash and investment management, debt management, accounting for those functions and managing banking relationships. The treasurer also is co-fiduciary for CU-managed retirement funds (401a, 403b and SERP). The position is one of only four at CU that reports directly to the Board of Regents, with some reporting responsibilities to the chief financial officer.

"We are excited to have Usha as the incoming CU treasurer," said Chad Marturano, system vice president and chief financial officer. "The selection committee was impressed with Usha's background and strong ties to Colorado, most recently in the public sector at Denver Water, all of which will benefit CU."

Sharma succeeds Dan Wilson, who has served as interim treasurer since December 2022. Wilson retired in 2021 after six years as CU's treasurer.

Colorado Capital Conference returns with strong CU presence [10]
[11]

The Colorado Capital Conference resumed this year for the first time since 2019, before the pandemic, drawing more than 100 Coloradans – and University of Colorado leaders and community members – to Washington, D.C.

The conference is a longstanding tradition that enables different communities across the state to interact with the nation's leaders to gain a greater understanding of the federal legislative process and how public policy is shaped.

This year's June 13-15 event was the result of a partnership between U.S. Sens. Michael Bennet and John Hickenlooper, Colorado Mesa University, Colorado State University and CU.

As a co-sponsor of the conference, CU was well-represented by President Todd Saliman; Regents Glen Gallegos, Wanda James, Frank McNulty, Callie Rennison, Ilana Spiegel and Mark VanDriel; as well as CU Boulder Chancellor Phil DiStefano, CU Anschutz Chancellor Don Elliman and CU Denver Chancellor Michelle Marks.

Students from all four CU campuses also attended the conference, which featured discussions with congressional leaders, high-ranking officials with many federal agencies, national news and political pundits, and other thought and policy leaders.

Conference attendees took part in tours of the Senate floor, the Supreme Court, the U.S. Capitol and a nighttime tour of national monuments.

First held in 1991, the bipartisan Colorado Capital Conference works to foster civil discourse and a free exchange of ideas, while reaffirming the importance of higher education to advancing the nation and democracy. Learn more about the conference[12].
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[18]
[19]
[20]
[21]
[22]

CU Advantage website tops Innovation and Efficiency honorees[23]

It's a competitive world out there, and that competition was certainly evident in this year's CU Innovation and Efficiency Awards.

The program seeks out examples of university employees putting into action ideas that save time or money, improve customer service or enhance work operations. With 19 individuals or teams submitting in the 2023 contest, it was a challenge to winnow those down to the top five submissions, but winnow we did.

In such a competitive atmosphere it always helps to have an advantage, and one team had that this year. **RyAnne Scott, Kayle Lingo, Zoe Geraghty** and **Roxann Elliott** from Employee Services at CU system took top honors[24] and a $1,500 cash prize for their work in creating the CU Advantage[25] website.

They combined forces to gather information on the many additional perks and benefits available to CU employees and compiled those into one easily searchable website where employees can find deals and discounts on everything from pet insurance to travel. The CU Advantage website, which is available through a tile in the employee portal, benefits not only existing employees, but also provides the university with a useful tool to attract the best and brightest new hires in a highly competitive job market.

The competition didn't end there – four other prizes of $1,000 for outstanding submissions were awarded to the following:

James Ashby, a data engineer/architect on the Boulder campus, for proving once again that data wrangling, much like

cat wrangling, works best when skillfully orchestrated. Ashby recognized that the data flows critical to Boulder campus operations had become far too complex and unwieldy. He migrated the many different data flows to Prefect technology [26], which provides users with a single platform to better manage, deploy and troubleshoot these flows.

Merlin Ariefdjohan and **Claudia Iannelli** for applying ride-sharing concepts to research assistance[27]. Ariefdjohan, a past CU Innovation and Efficiency Award-winner, and Iannelli teamed up to augment research support in the Department of Psychiatry at CU Anschutz by building a pool of accomplished research assistants who can be "dispatched" to faculty in need. These assistants then help to "deliver" the cutting-edge work that keeps CU ubering its way to the forefront of research and innovation.

A team from the Clinical Translational Research Center – **Archana Mande, Janine Higgins, Thomas Yaeger, Christopher Caldwell, Jennifer Cathcart, Diane Branham** and **Melanie Tsosie** – on the CU Anschutz Medical Campus for creating a "traffic-monitoring" system[28] to coordinate and manage visits with clinical trial participants. The technology uses color-coding on a dashboard and a secure mobile app to allow staff to manage and track the status of trial participants and communicate that information securely to the medical specialists they will be seeing.

And finally, a team from CU system's University Information Services – also featuring some past CU Innovation and Efficiency Award winners – for creating the GM Financial Report[29]. **Samantha Fildish, Guy Chavez** and **Linda Warren** leveraged their knowledge of PeopleSoft systems and grants management to build an interactive report to aid in managing grants throughout their lifecycles. By drilling in on the information critical to federal reporting requirements, reporting time has been reduced by an estimated 13 hours a week for post-award staff.

For an in-depth look at the prize winners, go to https://www.cu.edu/controller/innovation-efficiency-awards[30]. While you're there, check out the 14 other exciting 2023 submissions at CU Innovation and Efficiency Awards: 2023 Current Submissions[31].

Kudos to all our teams for making this year's competition especially fierce and thanks for keeping CU at the forefront of innovation.

– Submitted by the Office of University Controller

Important health plan changes starting July 1 [32]

How smart watches and mobile apps could transform life for Type 1 diabetics [33]

Cybersecurity earns space grant alongside industry partners [34]

CU Denver deepens research activities within Latino Research and Policy Center[35]

As Denver Nuggets capture history, expert reveals a way to better fandom next year [36]

Agrawal named chair of Department of Otolaryngology – Head and Neck Surgery[37]

Lynn appointed to executive board of National Association of Community College Teacher Education Programs [38]

Ginsberg earns Fulbright to teach in Japan [39]

CU Boulder celebrates unity, freedom during Juneteenth holiday[40]

CU Denver teacher prep program wins state approval after strengthening reading coursework[41]

Art and climate science converge in new exhibit at the Colorado Capitol[42]

Links
[1] https://connections.cu.edu/spotlights/five-questions-chad-morris[2] https://connections.cu.edu/sites/default/files/morris_e.jpg[3] https://www.bhwellness.org/[4] https://co-cares.org/[5] mailto:chad.morris@cuanschutz.edu[6] https://www.youtube.com/watch?v=v283m-0Mpmw[7] https://www.whitehouse.gov/cancermoonshot/[8] https://motivationalinterviewing.org/[9] https://connections.cu.edu/stories/usha-sharma-named-cu-treasurer[10] https://connections.cu.edu/stories/colorado-capital-conference-returns-strong-cu-presence[11] https://connections.cu.edu/sites/default/files/cap-conf_top.jpg[12] https://www.coloradomesa.edu/capital-conference/index.html[13] https://connections.cu.edu/sites/default/files/cap-conf_03.jpg[14] https://connections.cu.edu/sites/default/files/cap-conf_02.jpg[15] https://connections.cu.edu/sites/default/files/cap-conf_01.jpg[16] https://connections.cu.edu/sites/default/files/cap-conf_04.jpg[17] https://connections.cu.edu/sites/default/files/cap-conf_06.jpg[18] https://connections.cu.edu/sites/default/files/cap-conf_05.jpg[19] https://connections.cu.edu/sites/default/files/cap-conf_08.jpg[20] https://connections.cu.edu/sites/default/files/cap-conf_07.jpg[21] https://connections.cu.edu/sites/default/files/cap-conf_09.jpg[22] https://connections.cu.edu/sites/default/files/cap-conf_10.jpg[23] https://connections.cu.edu/stories/cu-advantage-website-tops-innovation-and-efficiency-honorees[24] https://www.cu.edu/controller/i-e-awards/current-submissions/cu-ie-submission-cu-advantage-website[25] https://advantage.cu.edu/[26] https://www.cu.edu/controller/i-e-awards/current-submissions/cu-ie-submission-prefect-data-orchestration[27] https://www.cu.edu/controller/i-e-awards/current-submissions/cu-ie-submission-%E2%80%98ride-sharing%E2%80%99-research-innovative-model[28] https://www.cu.edu/controller/i-e-

awards/current-submissions/cu-ie-submission-electronic-research-visit-status[29] https://www.cu.edu/controller/i-e-awards/current-submissions/cu-ie-submission-gm-financial-report[30] https://nam02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cu.edu%2Fcontroller%2Finnovation-efficiency-awards&data=05%7C01%7Cfrances.chapman%40cu.edu%7Ca5100f1bd6ff4703e82308db6d29c748%7Ce889e28f74d447f287e853732cbbe7ec%7C0%7C0%7C638223799580656848%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=c9PmZYKWFbxn4bcy4EAi7GqyIwV4tnQlI4NFQpYaL%2FQ%3D&reserved=0[31] https://www.cu.edu/controller/i-e-awards/cu-innovation-efficiency-awards-2023-current-submissions[32] https://connections.cu.edu/stories/important-health-plan-changes-starting-july-1[33] https://connections.cu.edu/stories/how-smart-watches-and-mobile-apps-could-transform-life-type-1-diabetics[34] https://connections.cu.edu/stories/cybersecurity-earns-space-grant-alongside-industry-partners[35] https://connections.cu.edu/stories/cu-denver-deepens-research-activities-within-latino-research-and-policy-center[36] https://connections.cu.edu/stories/denver-nuggets-capture-history-expert-reveals-way-better-fandom-next-year[37] https://connections.cu.edu/people/agrawal-named-chair-department-otolaryngology-head-and-neck-surgery[38] https://connections.cu.edu/people/lynn-appointed-executive-board-national-association-community-college-teacher-education[39] https://connections.cu.edu/people/ginsberg-earns-fulbright-teach-japan[40] https://connections.cu.edu/itn/cu-boulder-celebrates-unity-freedom-during-juneteenth-holiday[41] https://connections.cu.edu/itn/cu-denver-teacher-prep-program-wins-state-approval-after-strengthening-reading-coursework[42] https://connections.cu.edu/itn/art-and-climate-science-converge-new-exhibit-colorado-capitol