

WELCOME!

Pitkin County Behavioral Health Strategic Planning

*Partner Meeting
March 12, 2025*



Today's Agenda

- Strategic planning process updates
- Focus Topic: Care Coordination / Navigation
 - Four break-out groups
- State Updates
- Updates from Mind Springs Health
- Next Steps & How to Stay Involved

Big Picture – Value Add

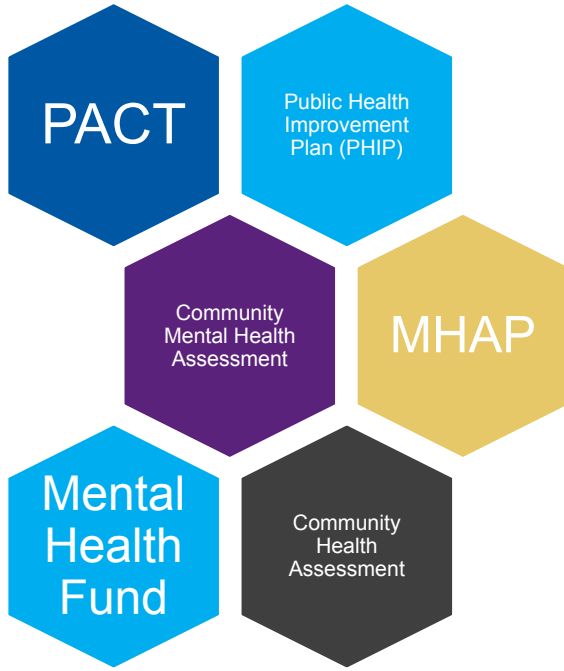


Shared Vision

Leadership / Governance Structure

Strategic Priorities

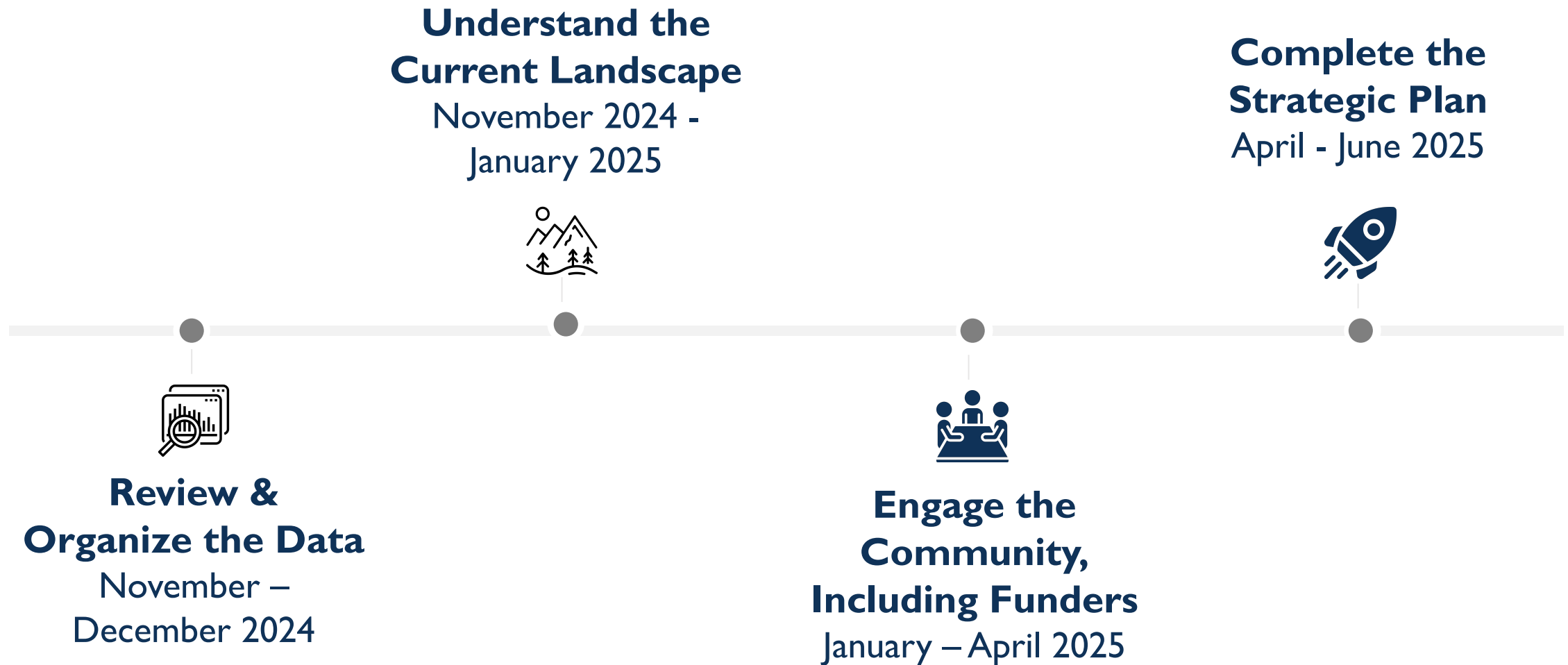
Coordinated Funding



Partners & Collaboratives

Data, Plans & Initiatives

Overview of the Approach & Timeline



Engaging the Community

1:1 Interviews with partners, providers, funders:

19
COMPLETED

2
SCHEDULED

Partner Meetings:

6
ATTENDED

Focus Groups:

5
TOPIC-SPECIFIC

2
GENERAL/OPEN

Behavioral Health System Infrastructure

FUNDING

Funding buckets with specific goals

Sustainable and reliable

Flexible - can support innovation

Use it in a way that removes barriers to access

Supports workforce development and training

Strategically leverage diverse funding sources

COMPREHENSIVE MODEL

Full continuum of services, from prevention to recovery

Ensure no gaps across the continuum

Regional approach to cover full continuum

Prevention is prioritized and funded

Integrated health care systems

Co-Responder program

After hours crisis response

Robust wraparound after crisis

Everyone understands the continuum and how to navigate

NEED: next level of care for youth/adults with severe/high intensity needs located in proximity to Pitkin County

CARE COORDINATION

Clear & seamless referral processes

Client level coordination by all care providers

Increased outreach and engagement to meet people where they are

Match needs with appropriate services (at community and individual levels)

Online hub to find all BH service options in the area

Streamlined processes for people in need of care

PARTNERSHIPS & COLLABORATION

Eliminate duplication of services

All nonprofits are aligned

Reduced siloing and territorialism among partners

Regional collaboration and initiatives where it makes sense

Respect and open dialogue between agencies, organizations, counties

Common language to discuss BH issues and needs

WORKFORCE

Regional initiatives to prioritize and incentivize workforce pipelines

Build local workforce

Programs to train local bi-cultural/ bi-lingual workforce

Increase awareness of career opportunities

Paid internships and supervision

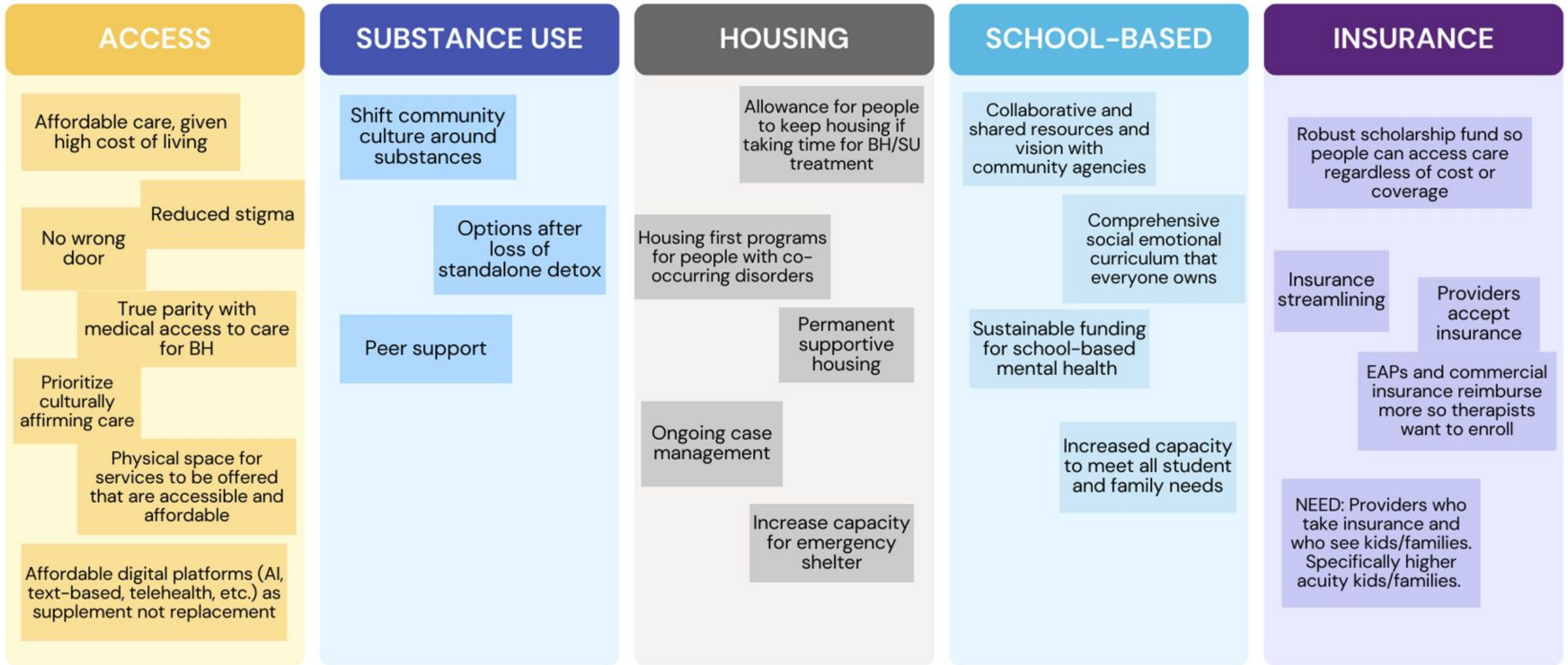
Specialized training for those working with high risk populations

Support for workforce wellbeing

Sustainable pay that reflects value of services

Housing for those who want to work in the community and have expertise

Behavioral Health System Focus Areas



Behavioral Health Priority Populations

Ensuring equitable access and tailored approaches / services

Marginalized Populations
(e.g., BIPOC, LGBTQ+, homeless, undocumented; people with disabilities)

Children,
Youth, and
Families

Older Adults

Inmates leaving
custody;
those within the
justice/
incarceration
system

Care Coordination - Generating Solutions

Exercise: Break-Out Groups on Care Coordination/ Navigation



How: Break into four groups, using Padlet to capture ideas
Time: 20 Minutes (Approximately)

Each group should answer the following, adding notes to the Padlet:

- What was the identified need?
- How did we respond?
- What did we learn?
- How might we sustain or improve our approach?

Each group should have a notetaker, timekeeper, and a person who will report back to the larger group

The Break-Out Groups

Breakout Group #1: NEED: Improved provider collaboration to connect **adults with complex behavioral health needs** to care

Breakout Group #2: NEED: A **centralized hub or directory** so people know the providers and service options available

Breakout Group #3: NEED: A collaborative approach to address **behavioral health emergencies** in the community

Breakout Group #4: NEED: Coordinated services for **youth who are involved with multiple systems / have complex needs**

Legislation

- **Behavioral Health Crisis Response Recommendations (SB25-042)** - Aims to identify existing resources and model programs for co-responder and mobile crisis response, gaps, reimbursement shortages and funding options
- **Behavioral Health Treatment Stigma for Providers (HB25-1176)** - Aims to reduce the stigma of BH treatment for medical professionals
- **Complementary Behavioral Health Services in Jails (HB25-1008)** - Appropriates \$50K for training to jail staff in BH services that complements a person's treatment plan
- **Military Family Behavioral Health Grant Program (HB25-1132)** - Expands the veterans mental health services program to provide grants to local nonprofits to establish and expand behavioral health services to service members, veterans, and family members
- **Department of Corrections Peer Behavioral Health Services Reentry Program (HB25-1129)** - Adds peer support BH services as a component to be included in options for a offender's transition into the community
- **Honoring Co-Responders & Behavioral Professionals (HJR25-1008)** - Designates the third week in September as "Co-Responder Units and Behavioral Health Crisi Professionals Week" in Colorado



Search bills
by keywords

How to Stay Involved

- ✓ Continue attending monthly meetings to hear what we are finding and provide input/engage in discussion
 - Check the Pitkin Behavioral Health Strategic Planning landing page for regular updates.
- ✓ Participate in an interview, focus group
- ✓ Invite us to your meetings
- ✓ Share data that may not be publicly available



Next Meeting: Wednesday, April 9th, 2025, 11:00am - 12:00pm