

WELCOME!

Pitkin County Behavioral Health Strategic Planning

*Partner Meeting
April 9, 2025*



Today's Agenda

- Strategic planning process updates
- Focus Topic: Continuum of Care
 - Ensuring a robust picture of the current continuum
 - Reflecting and making meaning
- State Updates
- Next Steps & How to Stay Involved

Big Picture – Value Add



Shared Vision

Leadership / Governance Structure

Strategic Priorities

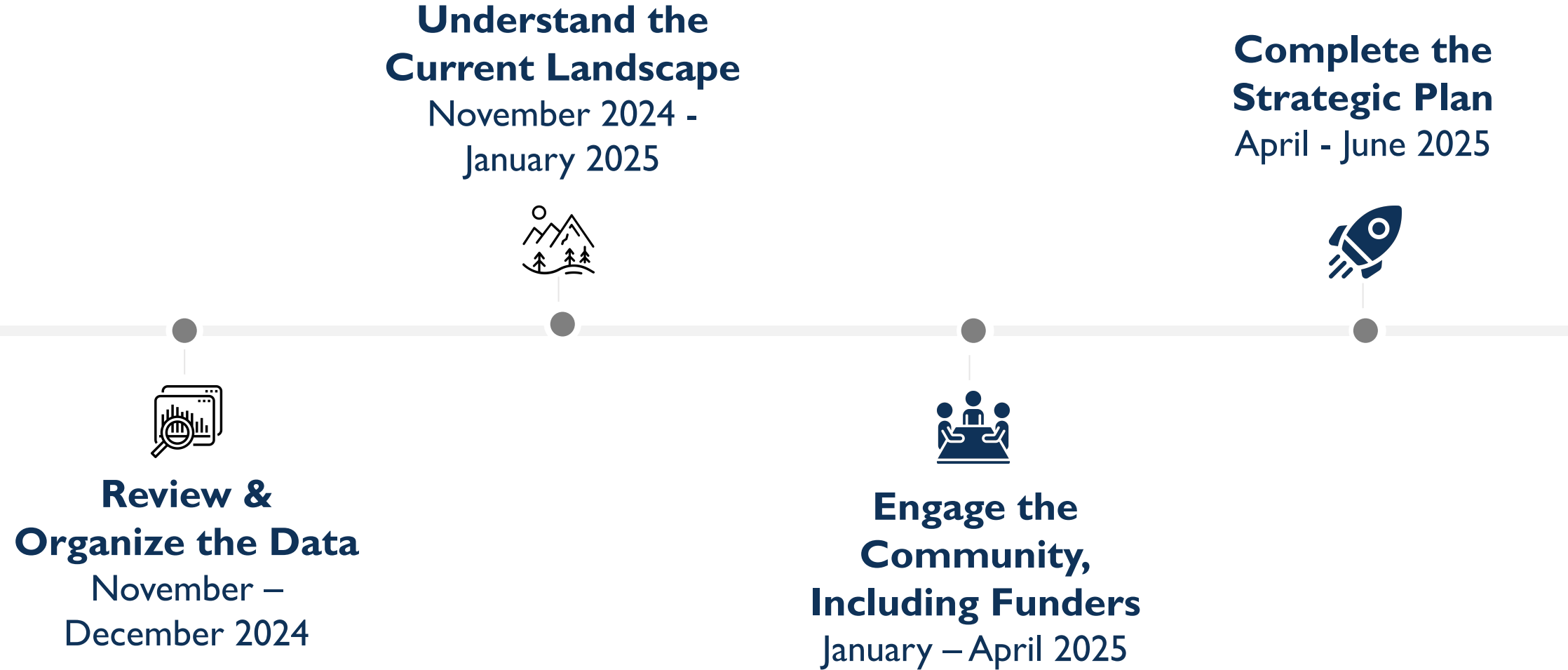
Coordinated Funding



Partners & Collaboratives

Data, Plans & Initiatives

Overview of the Approach & Timeline



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

ACCESS

- Affordable care, given high cost of living
- No wrong door
- Reduced stigma
- True parity with medical access to care for BH
- Prioritize culturally affirming care
- Physical space for services to be offered that are accessible and affordable
- Affordable digital platforms (AI, text-based, telehealth, etc.) as supplement not replacement

SUBSTANCE USE

- Shift community culture around substances
- Options after loss of standalone detox
- Peer support

HOUSING

- Allowance for people to keep housing if taking time for BH/SU treatment
- Housing first programs for people with co-occurring disorders
- Permanent supportive housing
- Ongoing case management
- Increase capacity for emergency shelter

SCHOOL-BASED

- Collaborative and shared resources and vision with community agencies
- Comprehensive social emotional curriculum that everyone owns
- Sustainable funding for school-based mental health
- Increased capacity to meet all student and family needs

INSURANCE

- Robust scholarship fund so people can access care regardless of cost or coverage
- Insurance streamlining
- Providers accept insurance
- EAPs and commercial insurance reimburse more so therapists want to enroll
- NEED: Providers who take insurance and who see kids/families. Specifically higher acuity kids/families.

Behavioral Health Priority Populations

Ensuring equitable access and tailored approaches / services

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

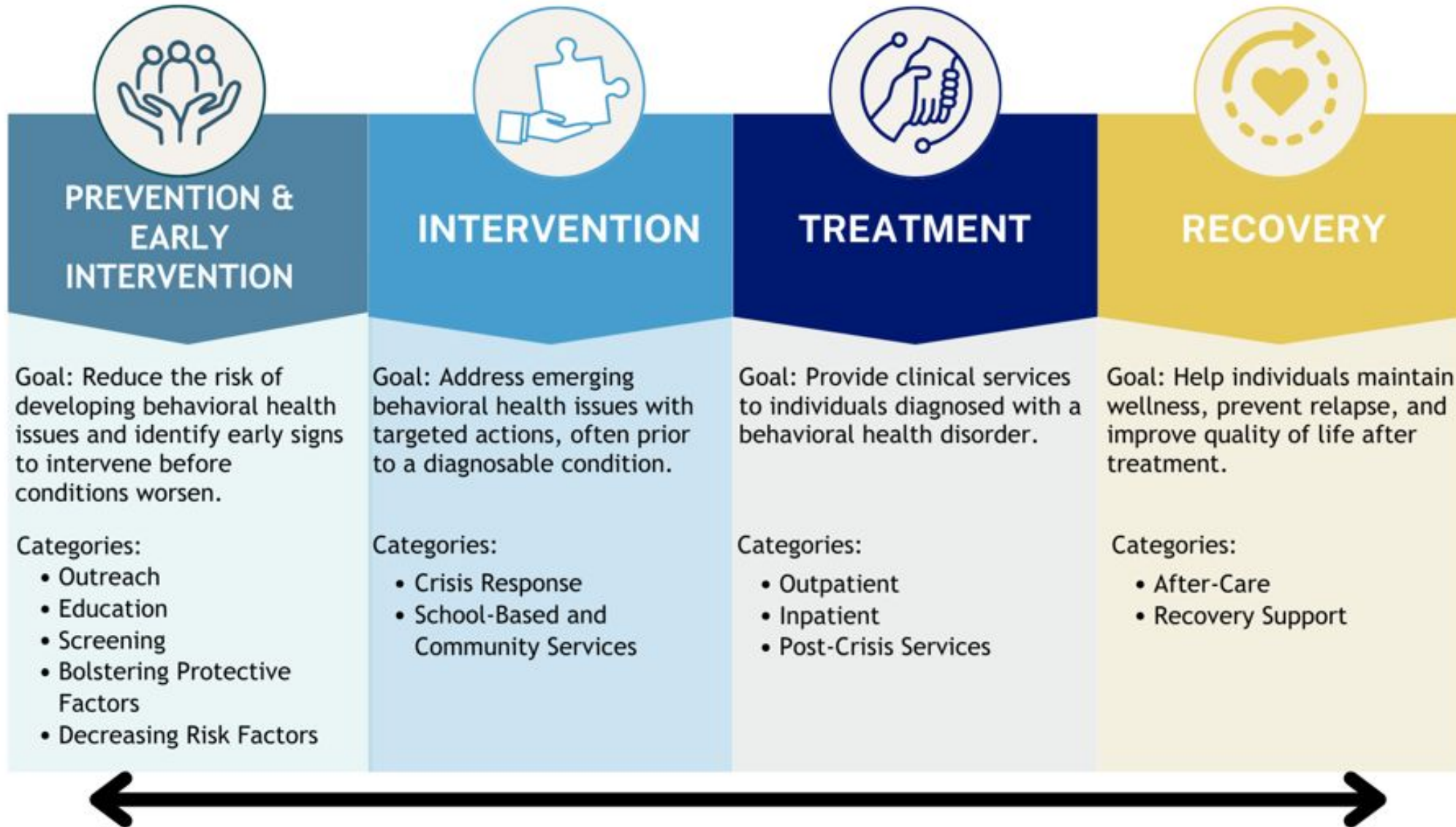
Children,
Youth, and
Families

Older Adults

Inmates leaving
custody;
those within the
justice/
incarceration
system

Behavioral Health Continuum of Care: Current State & Reflection

What do we mean by Continuum of Care?



Exercise: Break-Out Groups on Continuum of Care



Break into three groups, each corresponding to specific levels of care along the continuum (Prevention & Early Intervention; Intervention & Treatment; Recovery)

Review the [draft continuum of partners/providers in the Google Sheet](#) and discuss questions

Each group should designate a notetaker and a person who will report back to the larger group

Review the Continuum

What it is

A robust depiction of the core services and partners across the continuum of care

A tool for strategic planning purposes

A launching point for further discussion and analysis

What it is not

Perfect!

A detailed and fully comprehensive list of *all the things*

A public-facing resource guide

What we need from you (5 Minutes):

1. As a group, review the draft continuum for your assigned area.
2. Look for any **major** missings, mis-categorizations, etc. You all have edit access and can enter notes/revisions as needed.
3. The Google Sheet will remain open through next Thursday, 4/17 so you can review in more detail and for your organization.

Discussion Questions (15 minutes)

1. For most levels of care, there appear to be adequate resources available. Discuss the seeming disconnect between service availability and a robust system of care in Pitkin County.
2. Within your assigned levels of care, where are the bottlenecks? Where do there tend to be waitlists (areas where need outweighs capacity)?
3. How do providers/partners in your assigned levels of care make referrals to other services or levels of care? What does follow-up look like?

Remember to designate a notetaker and a person who will report back to the larger group

Legislation

- **Passed: Medical Necessity Determination Insurance Coverage (HB25-1002)** - Ensures that insurance companies use transparent, evidence-based criteria and programming when deciding whether mental health care should be covered under an insurance plan. The goal is to ensure that insurance providers are covering mental health care and to limit gaps in insurance coverage for people in Colorado.
- **Passed: 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
- **Passed: 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



Search bills
by keywords

Funding

- The full impact of the funding cuts has yet to be understood.

Upcoming Meetings

- ✓ Our next monthly partner meeting is Wednesday, May 14th, 2025
- ✓ We are having an **in-person meeting on Tuesday, April 22nd** from 9-11am at the Dunaway Community Meeting Room at the Pitkin County Library. We plan to review the themes and findings for both our behavioral health strategic planning work and the work to address homelessness. **We want your input** on how we are approaching possible recommendations.
 - A virtual option is available and will be sent to you before the meeting.
 - The meeting will be recorded and posted on our landing page.



**Registration Info
is on our landing
page!!**