

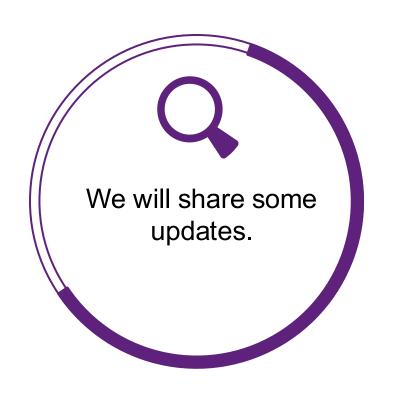


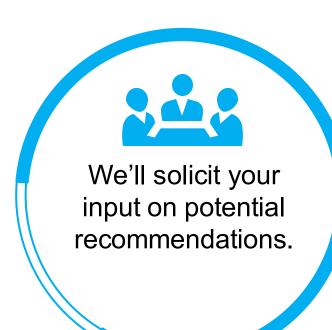
Behavioral Health & Housing Strategy in Pitkin County: Joint Partner Meeting

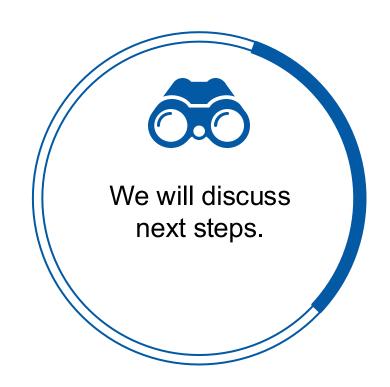
April 22, 2025

Today is about sharing and learning.









HEALTH STATUS TRACKED CLOSELY WITH INCOME

Percentage reporting fair or poor general health by income, 2021













People Who Experienced

Social or Financial

Challenges Reported

WORSE HEALTH

Percentage reporting fair or poor general health, 2021



Whole Person Health Approach







Behavioral Health: Developing a Strategic Plan

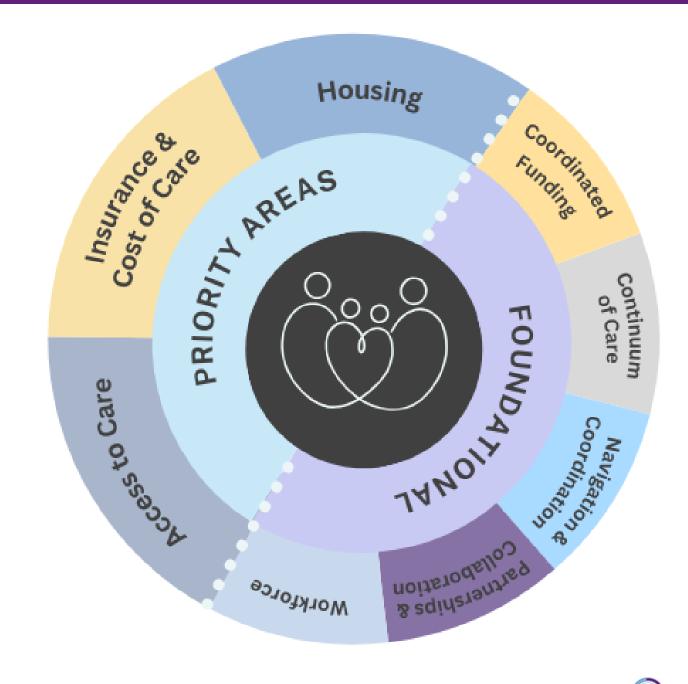
5 Partner Meetings

21 Interviews

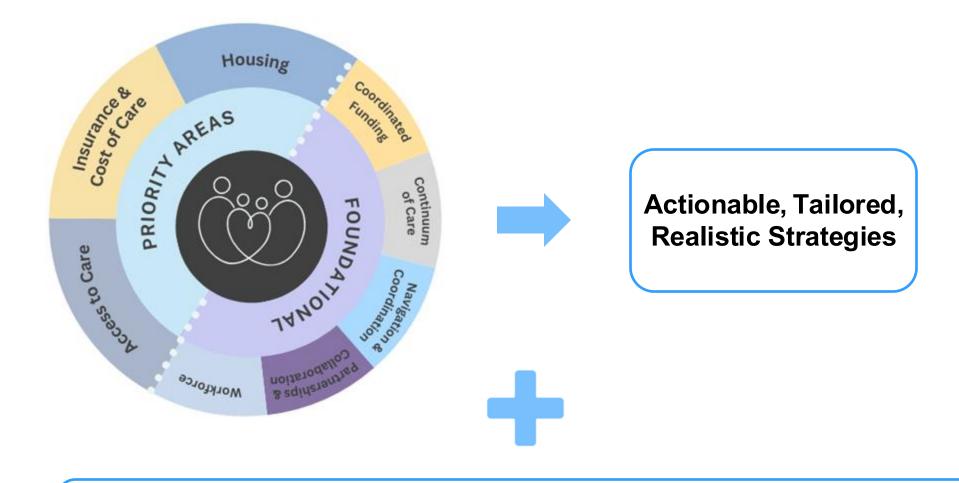
7 Focus Groups

6 Meetings Attended

Document & Data review







Prioritization

Leadership / Governance Structure

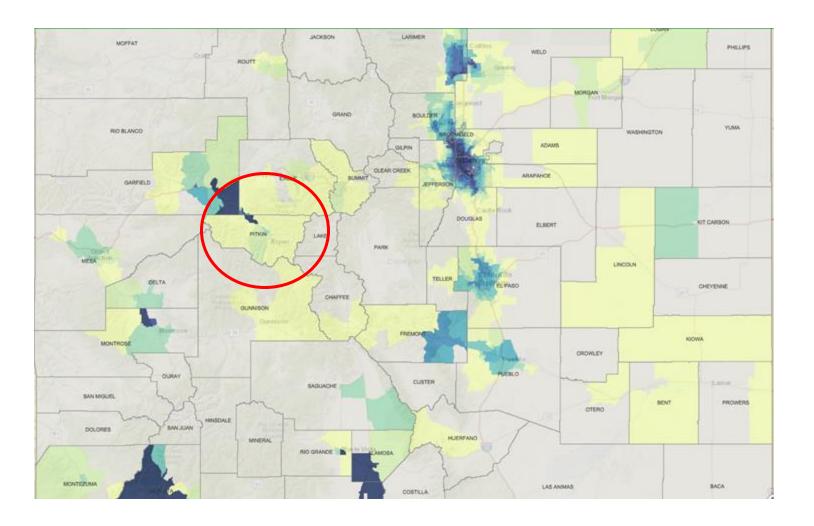
Funding Strategy

Pitkin County Behavioral Health Strategic Plan

There are some areas where we will apply best practices, innovative models, and regional/state-level opportunities:

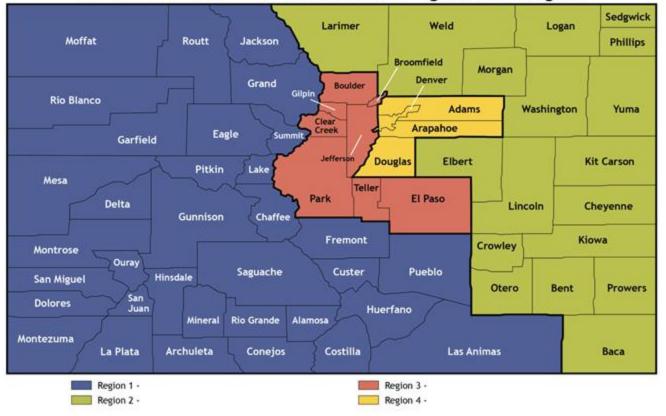


Innovative approaches to diversify and grow the Behavioral Health Workforce



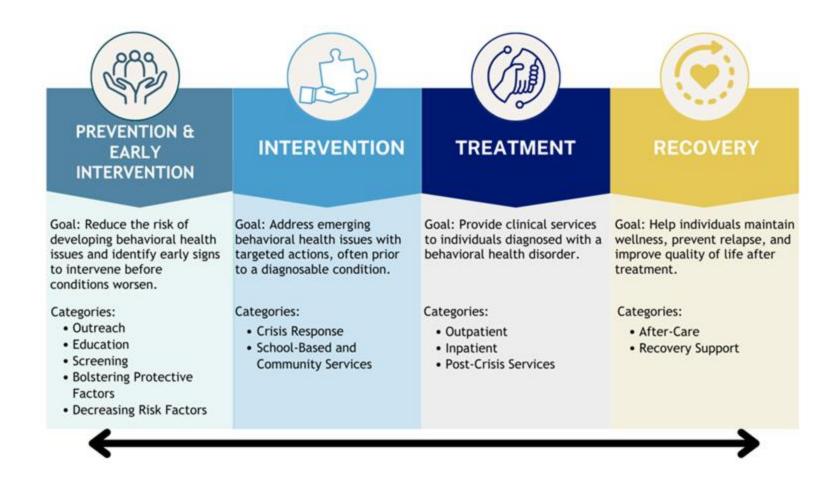






Leveraging regional and state-level initiatives





Identifying & addressing gaps in the Continuum of Services

Key Finding: Pitkin has a robust continuum of services...



PREVENTION & EARLY INTERVENTION					INTERVENTION		TREATMENT			RECOVERY	
OUTREACH	EDUCATION	SCREENING	BOLSTERING PROTECTIVE FACTORS	DECREASING RISK FACTORS	CRISIS RESPONSE	SCHOOL-BASED & COMMUNITY SERVICES	OUTPATIENT	INPATIENT	POST-CRISIS SERVICES	AFTER-CARE	RECOVERY SUPPORT
support. Focuses on building trust	Increasing awareness and understanding of Bil topics among the gmenal public or specific groups (e.g., students, parents, employers). Aims to reduce sligma and promote help-seeking behavior. Examples: School-based mental health	behavioral health support; catch issues early; guide individuals to the right level	Promoting ways to maintain mental wellness: cope with stress and adversity; resist risky behaviors; recover more quickly from setbacks.	Reducing the conditions that increase the likelihood of mental health or substance use issues. Focus on Social Determinants of Neoth and connecting people to resources.	on Social health needs early—helping individuals before symptoms		Therapy, counseling, medication management — provided in a less intensive setting while the individual continues daily activities.	24-hour care in a hospital or residential facility, usually for those with acute symptoms or safety concerns.	Supports and interventions provided after a behavioral health criss has been stabilized, with the goal of ensuring safety, promoting recovery, and preventing future criss.	Follows acute treatment and helps bridge the transition back to everyday life while still offering angoing support (support groups, case management, stabilization services).	Ongoing phase that follows treatment and after care. The focus shifts from managing a cr to building a meaningful life.
er supports; providing resources and ferrals at community events.	curriculum; public health compaigns; trainings on Mental Health First Aid.	of care before issues escalate.							presenting ratios cross.		
A Way Out		A Way Out	A Way Out	A Way Out			Alpine Springs Counseling		Alpine Springs Counseling	A Way Out	A Way Out
	AllOne Health (formerly TRIAD EAP)	AllOne Health (formerly TRIAD EAP)	AllOne Health (formerly TRIAD EAP)	AllOne Health (formerly TRIAD EAP)	Aspen Hope Center	Aspen Hope Center	Aspen Hope Center		Aspen Hope Center	Alpine Springs Counseling	Alpine Springs Counselin
	Aperture of Hope					Aspen Family Connections				Aspen Hope Center	
Aspen Hope Center	Aspen Hope Center	Aspen Hope Center	Aspen Hope Center	Aspen Hope Center		Aspen School District					Discovery Café
Aspen Family Connections	Aspen Family Connections	Aspen Family Connections	Aspen Family Connections	Aspen Family Connections		Roaring Fork School District					
Aspen School District	Aspen School District	Aspen School District	Aspen School District	Aspen School District							
Roaring Fork School District	Roaring Fork School District	Roaring Fork School District	Roaring Fork School District	Roaring Fork School District	Aspen Valley Hospital		Aspen Valley Hospital				
Family Resource Center of the Roaring Fork Schools & RFSD	Family Resource Center of the Roaring Fork Schools & RFSD	Family Resource Center of the Roaring Fork Schools & RFSD	Family Resource Center of the Roaring Fork Schools & RFSD	Family Resource Center of the Roaring Fork Schools & RFSD	Law Enforcement						
Family Resource Center of the Roaring Fork Schools	mounty to make here with an	reasing (an acres are as	Collaborative Management Program	Collaborative Management Program		MidValley Family Practice					
Aspen Family Connections			Collaborative Management Program	Collaborative Management Program							
Discovery Café	Discovery Café		Discovery Café	Discovery Café							
HeadQuarters	HeadQuarters	HeadQuarters	HeadQuarters	HeadQuarters		Mountain Family Health Center					
	Healthy Futures Coalition		Healthy Futures Coalition	Healthy Futures Coalition	Pitkin Area Co-Responder Team (PACT)	Pitkin Area Co-Responder Team (PACT) - community only					
	High Rockies Harm Reduction	High Rockies Harm Reduction	High Rockies Harm Reduction	High Rockies Harm Reduction						High Rockies Harm Reduction	
				MHAP	Response					Mind Springs Health	Mind Springs Health
		MidValley Family Practice		MidValley Family Practice		Valley Settlement	MidValley Family Practice		MidValley Family Practice	Momenta Recovery	Momenta Recovery
		Mind Springs Health		Mind Springs Health		Youth Zone	Mind Springs Health		Mind Springs Health	Pathfinders	
		Mountain Family Health Center		Mountain Family Health Center			Momenta Recovery		Mountain Family Health Center	Pitkin Area Co-Responder Team (PACT)	Pitkin Area Co-Respond Team (PACT)
Pitkin Area Co-Responder Team (PACT Peer)		Pitkin Area Co-Responder Team (PACT)	Pitkin Area Co-Responder Team (PACT)	Pitkin Area Co-Responder Team (PACT)			Mountain Family Health Center		Pitkin Area Co-Responder Team (PACT)	Recovery Resources	Recovery Resources
Pitkin County Human Services	Pitkin County Human Services	Pitkin County Human Services	Pitkin County Human Services	Pitkin County Human Services							
Pitkin County Public Health	Pitkin County Public Health		Pitkin County Public Health	Pitkin County Public Health							
	Pitkin County Senior Services	Pitkin County Senior Services									
Recovery Resources								Recovery Resources			
Response	Response		Response	Response				37			
Valley Settlement	Valley Settlement	Valley Settlement	Valley Settlement	Valley Settlement			Many individual	Vail Valley, Precourt Healing			
*	2002200	2070574		Mark Carlot			providers	Center (Regional)			

... but there is opportunity & need for COORDINATION



- There is already amazing work happening!
 - Largely built on relationships and NOT systems.
 - Some of the models can be replicated and scaled.
- You have supportive funders!
- There are strong partnerships and collaborations....and territorialism and skepticism.
 (This is normal!)
- We've been thinking creatively about opportunities to address the workforce shortage and the limited payor options.
- Data can be leveraged for stronger accountability, and there's an appetite for that.
- There is acknowledgement that an entity (TBD!!) has to ensure that this work moves forward.

Housing: Identifying Investment Options to Address Homelessness

We must take the region into consideration.



Homelessness and Housing Instability for Pitkin and the Roaring Fork Region*

*Federal and state regulations mandate that homelessness initiatives be approached at a regional level. These data contextualize Pitkin County within the broader regional landscape, ensuring that recommendations are tailored to the county's specific needs. This approach allows Pitkin to strategically allocate resources by identifying and addressing funding gaps not covered by other regional investments, which will maximize the impact and efficiency of its resources.

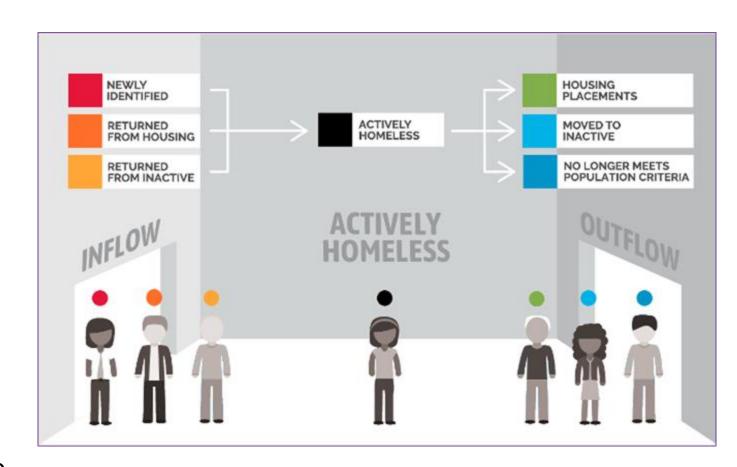
Homeless Services Use Overview: March 2024 - Feb 2025

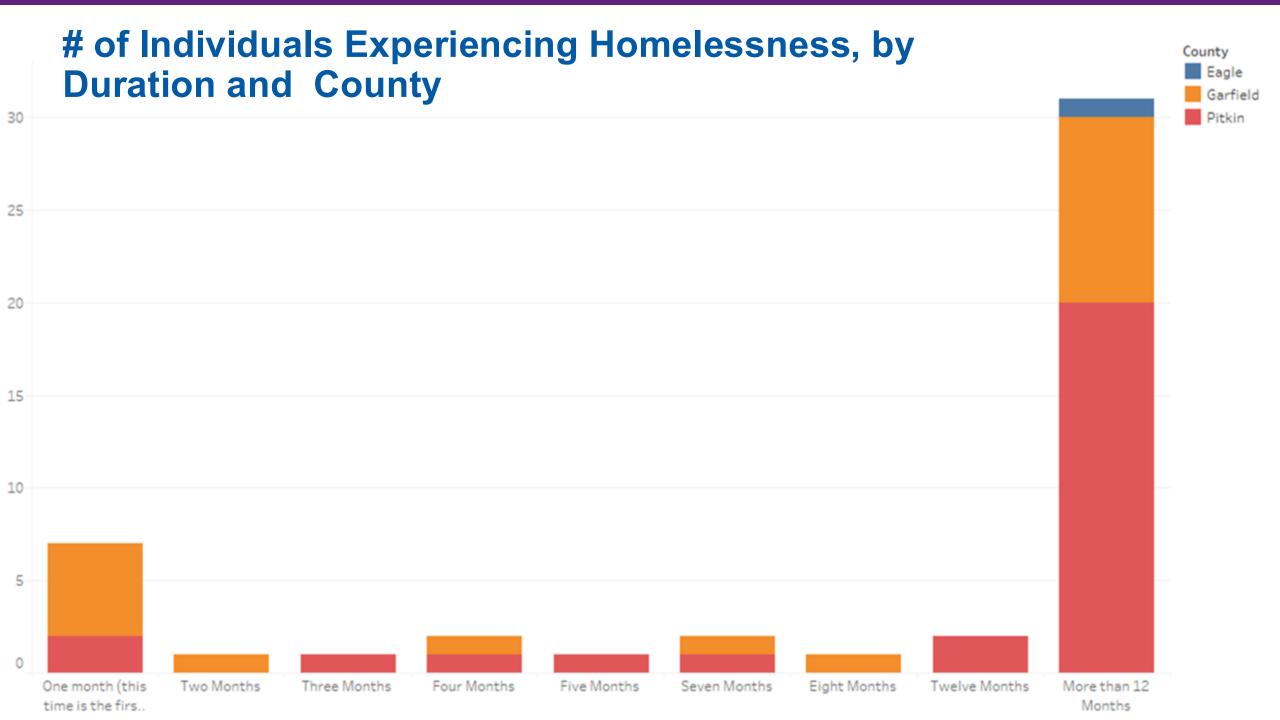


- 175 people, all singles, served by the CoC
- 92% were 18 or older (14 were youth)
- Services:

(for Pitkin County)

- 69% received street outreach
- 49% received shelter
- 5% received prevention
- Exits:
 - 143 people "exited" a service
 - Only 15% go to housing
 - Most remain unhoused or we have missing data





The community's perception of homelessness will help with framing the recommendations.



Perceived Reasons for Homelessness:

- Rent is too high/lack of affordable housing
- Wealth inequity/workers' income that is too low
- Mental illness
- Substance use disorder
- Negative consequences of tourism including seasonal work and short-term rentals

Perception of what people need to exist while homeless:

- Access to affordable housing/lower rents
- Therapy/mental health/supportive services
- Higher wages
- Willpower/sense of purpose
- Substance use treatment



Observations from SHG

- Approximately 26% of Pitkin County's homeless population is classified as chronically homeless, meaning they have experienced homelessness for at least one year and have a disabling condition. The national average is roughly 20%.
- 41% of individuals experiencing homelessness in Pitkin County have an identified disabling condition.
- There are very few housing resources being used by Pitkin County service providers, which likely
 contributes to prolonged periods of homelessness, which in turn, increases the complexity of service
 needs to resolve homelessness.



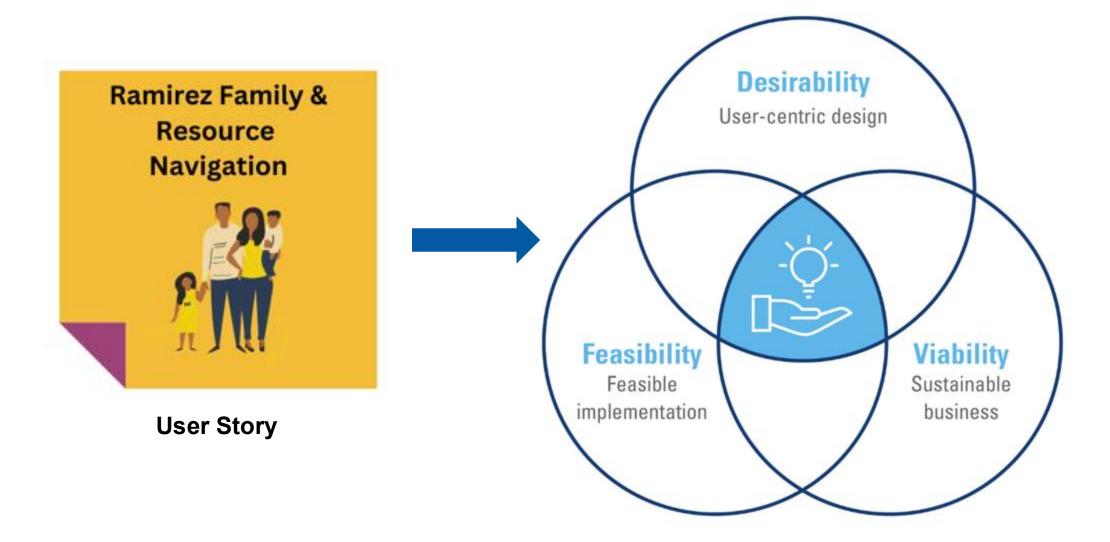
The Potential Initial Buckets of Recommendations

Programs	Policies	Populations
Programs that serve individuals experiencing homelessness should center on housing resolution as the core model of service. This likely means adding housing case management, housing navigation, landlord outreach and mediation, etc. to all services aimed at addressing homelessness.	Pitkin should incentivize affordable housing development. This must complement the county's existential need to support a local workforce that does not make enough money to live in Pitkin and households who are unable to work due to disability, etc.	Beyond workforce housing, there are populations within Pitkin that do not have adequate services who should be intentionally targeted to prevent ongoing homelessness. Those include individuals who need permanent supportive housing (very high needs), migrant populations, and populations whose income will not be sufficient (either due to seasonal work in the region or a lack of ability to obtain a living wage).

Co-Creating Solutions

Human-Centered Design





Group Activity



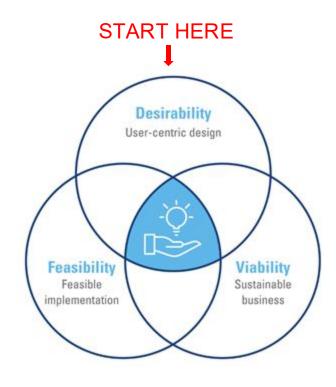


How: In small groups

Time: 50 minutes (35 minutes total for group discussions and 15 minutes for reporting out)

Round 1: What does this family/individual need? (10 min)

- Review the user story for your assigned group.
- Individually, spend a few minutes thinking about what this family/person needs and how they would ideally access the services or resources they need.
- Discuss your different ideas as a group and capture them on the flipchart paper.



Group Activity





How: In small groups

Time: 50 minutes (35 minutes total for group discussions and 15 minutes for reporting out)

Round 2: Map on Feasibility and Sustainability (25 min)

- Translate your ideal state to consider feasible implementation and sustainability.
 - Be specific. Include existing (or realistic possibilities of) organizations, services, and resources in the community.
- Consider the how (not "but!").
- Be prepared to share a quick synopsis of your group's discussion with the larger group.



The next two months of 2025 will be busy!





Throughout May

Talk with **Partners** Throughout May



Final **Deliverables** Completed End of June





Draft Initial Recommendations Mid-April to Early May



Iterate Throughout May



Review final recommendations Early to Mid June

Thank you!



Homelessness is solvable.



We will strengthen the behavioral health system in Pitkin County.