SHG ADVISORS
Strategic High-Impact Guidance for Social Change

Pitkin County Behavioral Health Strategic Planning
Partner Meeting Minutes
Wednesday, April 9th, 2025, 11am – Noon (Virtual)

This meeting was the continued conversation with partners across Pitkin County to discuss the behavioral health strategic planning process. A little more than 30 people participated online. This document reflects the discussion at a high level. The agenda for the meeting is here; the accompanying slides are here; and the recording is here.

Welcome, Introductions, and the Day's Objectives

- Summer Gathercole and Yumiko Dougherty kicked off the meeting by welcoming the attendees. Summer briefly reviewed how (1) the existing partners & collaboratives, and (2) the data, plans & initiatives will be integrated into this work. SHG will engage all partners to develop a shared vision, identify the strategic priorities, determine the leadership/governance structure, and explore how to continue to coordinate funding.

Shared Vision for Pitkin County Behavioral Health

- Summer reminded participants of the exercise from the December 2024 meeting where people were asked to share their vision for behavioral health in Pitkin County. Summer reviewed the word cloud that Yumiko developed that reflects the words highlighted most often during the exercise:

Summer then reviewed the infrastructure components that have been identified as a result of that exercise: (1) Funding, (2) Comprehensive Model, (3) Care Coordination, (4) Partnerships & Collaboration, and (5) Workforce. These components will guide our conversations in the coming months, and topics we will dig into in more detail.

Summer also highlighted the focus areas that will also be included in future discussions: (1) Access; (2) Substance Use; (3) Housing; (4) School-Based; and (5) Insurance. Several priority populations were also identified: (a) Marginalized populations; (b) Children, Youth, and Families; (c) Older Adults; and (d) Inmates leaving custody; those within the justice/incarceration system

Focus Topic: Continuum of Care

Yumiko introduced the exercise for the day: SHG drafted a continuum of care for Pitkin County across Prevention and Early Intervention; Intervention; Treatment; and Recovery. The continuum was drafted based on partner interviews, as well as work undertaken by Pitkin County Public Health and the Behavioral Health Leadership Group.

The intent was to break into three groups and ask each group to respond to specific questions about the level of care in the continuum that they were asked to focus on. A google sheet was shared with participants that reflects the draft continuum developed by SHG. Yumiko emphasized that the continuum is a depiction of the core services and partners across the continuum and meant to be used as a tool for the strategic planning process. It is not meant to be perfect, a public-facing resource guide, or a detailed and fully comprehensive list of all the things.

Each group was going to respond to 3 questions:

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?

Unfortunately, the break-out groups did not work. Thus, a large group discussion was held. As a follow up, SHG Advisors is inviting participants to (1) edit the google sheet and/or make notes by end-of-day Thursday, April 17th, and (2) respond to the questions in this google document by end-of-day Thursday, April 17th.

The focus of the large group conversation was "Prevention and Early Intervention (not the program but intervening before a condition manifests itself more severely)." In response to the question, "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," the following observations were shared:

- Some specific organizations that were not included in the continuum, and people made note of that in the google sheet.
- There is a lot of focus on kids and families, and less for adults.
- Law enforcement runs into citizens who have a "one-time deal scenario" and there may not be an intervention because it is a one-time thing. It raises the question of how "early" is "early intervention." Perhaps there is a way to intervene or educate citizens before they intersect with law enforcement. Do we need to have a clear direction of what early intervention really looks like?

    - Consider of how to weigh if a "one-time deal scenario" is a sign of what else might be going on in the person's life.
- There is a lot of work taking place around prevention and intervention.
- There are a mix of providers honing in on specific populations, and the sheer volume of services available and people with different needs is a lot to navigate.
- When and where should we intervene? How can larger employers/industries be engaged? How can we leverage peer support programs, especially for first responders? Workforce prevention and outreach education work can be really effective. It could be an effective way to reach more of the adult population.

Several comments were also made in the chat box about seeming disconnect between service availability and a robust system of care:

- "I know that at the Pitkin jail I provide a lot of education surrounding MH and provide screenings as well, but I don't know if it would be considered prevention or early intervention since they are already incarcerated. I have found that I am one of the first BH therapists that some of the folks have spoken with before so I try to provide education surrounding BH in general and try to get them connected to outside resources"
- "I think the confusion about where to go is two fold. One, some of these orgs are specialized I.e. youth or Suds. And two with so many options for people to think of rather than just one main way in - like 988 for crisis - having one hub for prevention would remove the noise."
- "There's not a 'no wrong door' that exists"
- "Perhaps more outreach to chambers, HR depts and small businesses to centralize and streamline prevention-specific hubs and resources (for those at work not already seeking care)"

Still focusing on Prevention & Early Intervention, the meeting participants were asked, "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?" There were several responses shared:

- Triage and then focus on what would best serve the individual/family. Knowledge of existing providers makes it easier to connect the individual/family to services.
- We don't always know how referrals are accepted by other organizations. It's not consistent, and it changes quite a bit. Some organizations have a website, or you can just call them. It just depends on the organization's process/approach.
- It would be great to have a centralized referral system.
- Law enforcement automatically refers someone to [the organization] Response when domestic violence is involved.
- It depends on what specific services are provided by organizations and who we know and have a good relationship with at that organization.

Several comments were made in the chat box in regards to referrals:

- "Depends on the organization - what time of day it is, who is working, etc. There isn't a really streamlined way to refer to anyone"

- "We have a case manager that does the referrals for MH. I'm not sure how they go about referring. I think it is mostly emails or phone calls as well"
- "This is where the internal referral system (CRN) for all of us would be beneficial."
- "A challenge for law enforcement in the field is the delay in connecting individuals to resources in some situations."

Continuing to focus on Prevention & Early Intervention, SHG asked, "Where are the bottlenecks? Where do there tend to be waitlists (areas where need outweighs capacity)?" Participants shared the following observations:

- Sometimes people are not motivated or there is another barrier. Or the process is too onerous. A timely response to connect to services is helpful. We can help by making things as smooth as possible.
- The bottleneck happens when an organization is asking too much of an individual when that person is not ready.
- It's not the lack of capacity of organizations but other barriers that the person might be experiencing.
- Consistent follow-up is lacking.
- Lack of housing is putting more weight on other organizations that are not really providing "housing services."

Several comments were made in the chat bot regarding the potential bottlenecks:

- "The jail has struggled specifically with waitlists for beds for MH or substance use rehabilitation and a lot of folks do not want to go to treatment super far away which are the only options now."
- "Some specialized Private practitioners have waitlists, esp those who see youth for private pay and sliding scale clients. There tends to be a waitlist for medicaid clients."

Updates from the State

Summer briefly reviewed some of the behavioral health legislation recently passed:

- **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

Visit this webpage to search for legislation related to behavioral health, mental health, and substance use. After you conduct the search, be sure to select "2025 Regular Session" from the dropdown menu to view bills that have been proposed this year.

Summer referenced the recent healthcare/behavioral health funding cuts ($250M per Colorado Public Radio). The Attorney General's office and the legislature working to identifying funding to fight the funding cuts and potentially retract them. Thus, there are still a lot of unknowns.

Next Steps and How to Stay Involved

Summer encouraged the attendees to continue to participate in the monthly meetings. The next meeting is Wednesday, May 14th from 11am – noon. Additional details can be found on the landing page.

Also, SHG is holding an in-person meeting on Tuesday, April 22nd from 9-11am at the Dunaway Community Meeting Room at the Pitkin County Library. They will review the themes and findings for both the behavioral health strategic planning work and the work to address homelessness. SHG wants your input on how we are approaching possible recommendations. A virtual option is available and will be sent to you before the meeting if you indicate so on your registration form. The meeting will be recorded and posted on our landing page.