LARIMER COUNTY | BEHAVIORAL HEALTH SERVICES

2601 Midpoint Drive, Fort Collins, Colorado 80525, 970.498.7126, Larimer.org

Minutes

Group Memory

LARIMER COUNTY TECHNICAL ADVISORY COMMITTEE

Date: March 9, 2020
Contact: Laurie Stolen, Behavioral Health Services Director
Facilitator: Maro Zagoras, Desired Outcomes, Inc.

Attendees: Al Anderson, Hank Baise, Lory Clukey, Jessica Coe (Alternate for Stephanie Madsen-Pixler), Seth Forwood, Tom Gonzales, Shannon Hughes, Laurie Klith, Carl Nassar, Rachel Olsen, Carol Plock, Michael Ruttenberg, Laura Schwartz, Jess Shiveley (phone), Mary Beth Swanson, Laura Walker, Heather Vesgaard

BHS Staff: Rachel Iverson, Andrea Smith, Laurie Stolen, Jennifer Wolfe-Kimbell

Absent: Emily Bassarear, Andrew Battles, Whitney Bennett-Clear, Lesley Craig, Gary Darling, Erin Eulenfeld, Fred Garcia, Cheryl Jacobs, Hannah Knox, Lauren Lewis, Stephanie Madsen-Pixler, Nathaniel Riggs, Jessie Willard

Outcomes:

- Clarify final decisionmakers per this work
- Add to list funding concepts per goals
- Designate speakers for April board meeting

I. Start ups: TAC agreed to outcomes for the day, the agenda and the BHS staff is providing input but are not decisionmakers in today's meeting.

Ground rules: consensus decision making with back up of majority rule, explain acronyms, think broadly with goals, use the new language "substance use issues/disorders" not substance "abuse"

II. Final decisionmakers Maro clarified that TAC suggestions go to PAC and then to the Board of County Commissioners for final decision making.

III. Goals and Evidence informed practices per goals were reviewed and had additions.

Goal:	**(FUNDING CONCEPTS) Evidence informed, promising practices, allowing for innovation, along with considerations per activities:**
Increase broad outreach effective prevention efforts in substance use disorders, suicide, and toxic stress cycles (across lifespan)	MAT Medication Assisted Treatment Integrate non medication assistance Non MAT treatments Home visitation models Social connection activities e.g. mentoring Evidence based curriculum Trauma informed care Parent education and cross sector education on recognizing social emotional health Solutions that incorporate poverty and housing with toxic stress Social norming campaigns Strategic Prevention Framework (e.g.OBH) ACES (adverse childhood experiences), MH, SUD and family support approaches Positive alternatives to drug use Community cohesiveness and belonging Assess systems level responses <u>Considerations:</u> make these multi generational and also identifies ill adults with children- family systems approach
Increase care coordination for people with complex needs	Care coordination done through multiple systems Outreach care compacts for next level of care Peer support components/Peer navigators Navigators of different populations with medical providers Peer mentors Capacity building on continuum of care Wholistic gatekeepers with comprehensive interviews/shared assessments at entry Information sharing between providers Community information networks on individual patients information

	Interdisciplinary teams for moderate to intensive care coordination Intensive shared network for medical and non- medical information networks Considerations**:** make sure it is multi systems, user informed and that there is neutrality in non providers of services coordinating the services
Increase services for people transitioning between levels of care	Care coordination Identify resources Conduct communitywide gaps analysis of transit services capacity Assessment of referring to right person at the right time in the system Family education support in transition across the systems Integrate out patient programs e.g. housing and employment services Peer support to help a person through system Increase social connection activities Recovery learning centers Permanent supportive housing to help with transition e.g. BH recovery housing Case management services Workforce development (some real advocacy work is needed here) Considerations: make sure family is engaged
Increase timeliness of being identified and getting into care	Primary care/medical providers screening and training Primary care/medical providers has resources to refer out Increase workforce development Telehealth Prepping medical providers- good information sharing, shared communication systems, (PREP type) Advocacy on behavioral health issues Shared guidelines on when to start services across the system

	Embed behavioral health specialists in hospital system and PCP Early identification system Stepped up diagnosis recognizing DSM is flawed and we need continuous review of diagnosis Mechanism to amend a health record Integrated healthcare First Responders and Justice System Provide client centered care Barriers to accessing the system- provide more of a continuum of options when entering the system (wholistic continuum) Get clients to take responsibility for their health and provide hope Cultural competency among providers Increase clients internal motivation to seek treatment Ability to modify health record due to growth Strength based perspective e.g. list of how patient responds well to certain things vs. flagging their bad behavior Wholistic life vs. what is unwanted managed symptoms Advanced Psychiatric Directives BH professionals to do substance use disorders assessments and place in right level of care <u>Considerations:</u> client centered care and addressing client responsibility for their health and lessoning the DSM diagnostic lens/approach/labeling culture
Increase acute de-escalation opportunities for clients	Peer Warm Line for individually appropriate de-escalation supports e.g. clicker with immediate text/call/response to peer warm line of their own identified people Psychiatric advanced directives and training trainers Peer run respites- home like environment for respite vs. hospitals

	Training front desk staff in de-escalation techniques Broad crisis intervention training all around in the community Increase information available to First Responders with apps (around dual diagnosed clients) Expand mobile crisis response and co-responders County information sharing networks <u>Consideration:</u> expand everyone's ability to help people de-escalate.
Increase system integration and communication among providers	Training on system building effectiveness Cross system communication tools Cross system screening tools Cross system case management

V. Next steps:

-Present to PAC on the proposed list of funding concepts per selected top goals from this group on April 6th

-Selected 3 representatives from this group to present this information to the PAC at their meeting in April. Seth, Heather, and Mike.

- Heather will present goal 1
- Seth will present on goal 2 and 5
- Mike will present on goals 3 and 4

Everyone coming to the meeting in April was asked to come 10 minutes early so we can be sure of our roles going into this meeting.

VI. Evaluation of meeting

Pros:	**Cons:**
Great engagement in the room	Pre-educating guests on what we have done to date and catching them up to where we are in this process
Such a productive meeting	

Next Meeting:

Combined Policy Council and Technical Advisory Committee Meeting

DATE: Monday, April 6, 2020

TIME: 8:00-10:00am

LOCATION: 200 Peridot Avenue
Big Thompson River Room
Loveland, CO 80538

Adjourn

BALLOT LANGUAGE

Shall Larimer County taxes be increased $19,000,000 dollars annually (estimated first fiscal year dollar increase in 2019) and by whatever additional amount as may be raised annually thereafter, for a period of 20 years by the imposition of a .25% (25 cents on $100 dollars) sales and use tax with all revenue from such tax to be used in accordance with the Board of County Commissioners Resolution # 07242018R013 for the following Mental/Behavioral Health care purposes;

-Provide preventative, early identification, intervention, support, and treatment services for youth, adults, families and senior citizens, either directly or indirectly, who are residents of Larimer County including Berthoud, Estes Park, Fort Collins, Johnstown, Loveland, Timnath, Wellington, Windsor and rural communities of Larimer County through in-person and other delivery methods, which may include tele-services, community based services and other service options and;

-acquire, construct, improve, maintain, lease, remodel, staff, equip, and operate new and/or existing mental/behavioral health facilities;

Further provided that an annual report shall be published and provided to the Board of County Commissioners on the designation or use of the revenues from the tax increase in the preceding

calendar year consistent with its approved purposes.