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: February 10, 2020
Contact: Laurie Stolen, Behavioral Health Services Director
Facilitator: Maro Zagoras, Desired Outcomes, Inc.

Attendees: Allen Anderson, Henry Baise, Whitney Clear, Lory Clukey, Gary Darling, Erin Eulenfeld, Seth Forwood, Tom Gonzales, Shannon Hughes, Laurie Klith, Hannah Knox, Rachel Olsen (phone), Michael Ruttenberg, Laura Schwartz, Mary Beth Swanson, Jessie Willard, Heather Vesgaard

Staff: Rachel Iverson, Laurie Stolen, Jennifer Wolfe-Kimbell, Merry Hummell

Outcomes:

- Clarify final decisionmakers per this work
- Quickly review past 4 goals from last meeting
- List evidence informed practices per goals

I. Startups: Technical Advisory Committee (TAC) agreed to outcomes for the day. The agenda and the Behavioral Health Services (BHS) tax initiative 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 BHPC and then to the Board of County Commissioners for final decision-making.

III. Goals: Maro reviewed the list of goals and the intentions behind the goals selected at the last meeting.

Top goals selected at last meeting:

- **Increase broad reach effective prevention efforts in substance abuse, suicide and toxic stress cycles (12 votes)**
- **Increase care coordination for people with complex needs (12 votes)**
- **Increase services for people transitioning between levels of care (11 votes)**
- **Increase timeliness of response of being identified and getting into care (11 votes)**
- **Increase acute de escalation opportunities for clients (10 votes)**
- **Increase integration and communication of providers (9 votes)**

IV. Evidence informed practices per goals

Goal:	**Evidence informed practices and considerations:**
Increase broad outreach effective prevention efforts in substance use disorders, suicide, and toxic stress cycles (across lifespan)	MAT Medication Assisted Treatment Home visitation models Social connection activities- mentoring Evidence based curriculum Trauma informed care Parent education on recognizing social emotional health Poverty and housing with toxic stress Strategic Prevention Framework (OBH) ACES (adverse childhood experiences) Attractive alternatives to drug use Clients feeling part of the community When parent is identified always ask if there is a child under 8 at home <u>Considerations:</u> make these multi generational and also identifies children of adults with illness
Increase care coordination for people with complex needs	Care coordination done as a multi system wider level Outreach care compacts Peer support components/Peer navigators Neutral navigators of different populations with medical providers Peer mentors Wholistic gatekeepers with comprehensive interviews/shared assessments at entry Information and sharing between providers

	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 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 Family circles Case management services Considerations: make sure you have family engaged in some of these
Increase timeliness of response of being identified and getting into care	Primary care screening and training Primary care has resources to refer out Increase workforce development (some real advocacy work is needed here) Telehealth Prepping doctors- 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 Early identification system Stepped up diagnosis recognizing DSM is flawed and may follow a patient forever Mechanism to amend a health record Integrated healthcare

	First Responders and Justice System identification process enhanced Identify what clients wants to work on in treatment vs. being so diagnosis driven and 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 Ensure settings culturally allow clients to "fit in in that service" Enhance provider network cultural change towards helping clients without a consequence to getting other care Decrease the number of should on clients and increase internal motivation <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 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 Clicker with immediate text/call/response to peer warm line of their own identified people Psychiatric advanced directives and training trainers Increase information available to First Responders with apps (around dual diagnosed clients) Expand mobile crisis response <u>Consideration:</u> expand everyone's ability to de-escalate people

Increase system integration and communication among providers	

V. Next steps:

- Continue to complete the list of evidence informed best practices per selected top goals.
- Look at the goal about educating people that substance use is a neurological disease. Close on making it an activity under the first goal on prevention efforts.
- Select 1-3 representatives from this group to present this information to the BHPC at their meeting in April.

VI. Evaluation of meeting

Pros:	**Cons:**
Lots of participation	
Honesty	
New viewpoints	
Productive	

Next Meeting:
March 9, 2020
8:30 a.m. – 10:30 a.m.

200 W. Oak Street
Fort Collins, CO 80521
Hearing Room, 1st Floor

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.