



ADAMS COUNTY
HEALTH DEPARTMENT

— Your Health. Our Mission. —

***The Adams County Behavioral
Health Assessment:
A Blueprint for Action***

Board of Health
April 18, 2024



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Presentation Overview

- ❖ American Rescue Plan Act Funds
- ❖ History of the Assessment
- ❖ Purpose
- ❖ Methodology
- ❖ Key Findings
- ❖ Key Recommendations
- ❖ Looking Ahead



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American Rescue Plan Act (ARPA) Funds

In 2023, the Adams County Board of County Commissioners allocated over \$8 million ARPA Tranche II funds to support the Behavioral Health Services and Supports Assessment and the following behavioral health strategies:

- ❖ **Strengthening Families Funds (\$1.1 million)** allocated to the Early Childhood Partnership of Adams County (ECPAC) to promote the five protective factors for parents and caregivers and build out AdCo Resource and Referral Hub.
- ❖ **Training and Stigma Reduction Funds (\$1.2 million)** to increase community capacity to recognize early signs of mental health distress, reduce mental health stigma, and respond to mental health needs.
- ❖ **Co-response Funds (\$1.9 million)** to address co-responder service gaps informed by the assessment.
- ❖ **Behavioral Health Services and Supports Funds (\$4.2 million)** to address behavioral health service and supports gaps informed by the assessment.

History of the Assessment

**Issued
Request
for
Proposal**
(Q2 2023)

**Contracted
Colorado
Health
Institute**
(Q3 2023)

**Primary
Data
Collection**
(Q4 2023)

**Data Analysis
and
Interpretation**
Q1 2024*

**Dissemination of
*Blueprint for
Action***
Q2 2024

**Brought assessment in-house and
continued primary data collection*



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Purpose

Adams County Health Department (ACHD) received funding through the ARPA Tranche II funds **to assess** the county's **behavioral health services continuum** and determine the system's capacity to provide direct services and supports to people with the greatest needs.

What is behavioral health?

What is the behavioral health services continuum?

Let's Talk Behavioral Health

Behavioral health encompasses all contributions to mental health including substances and their misuse, behavior, habits, and other external factors.

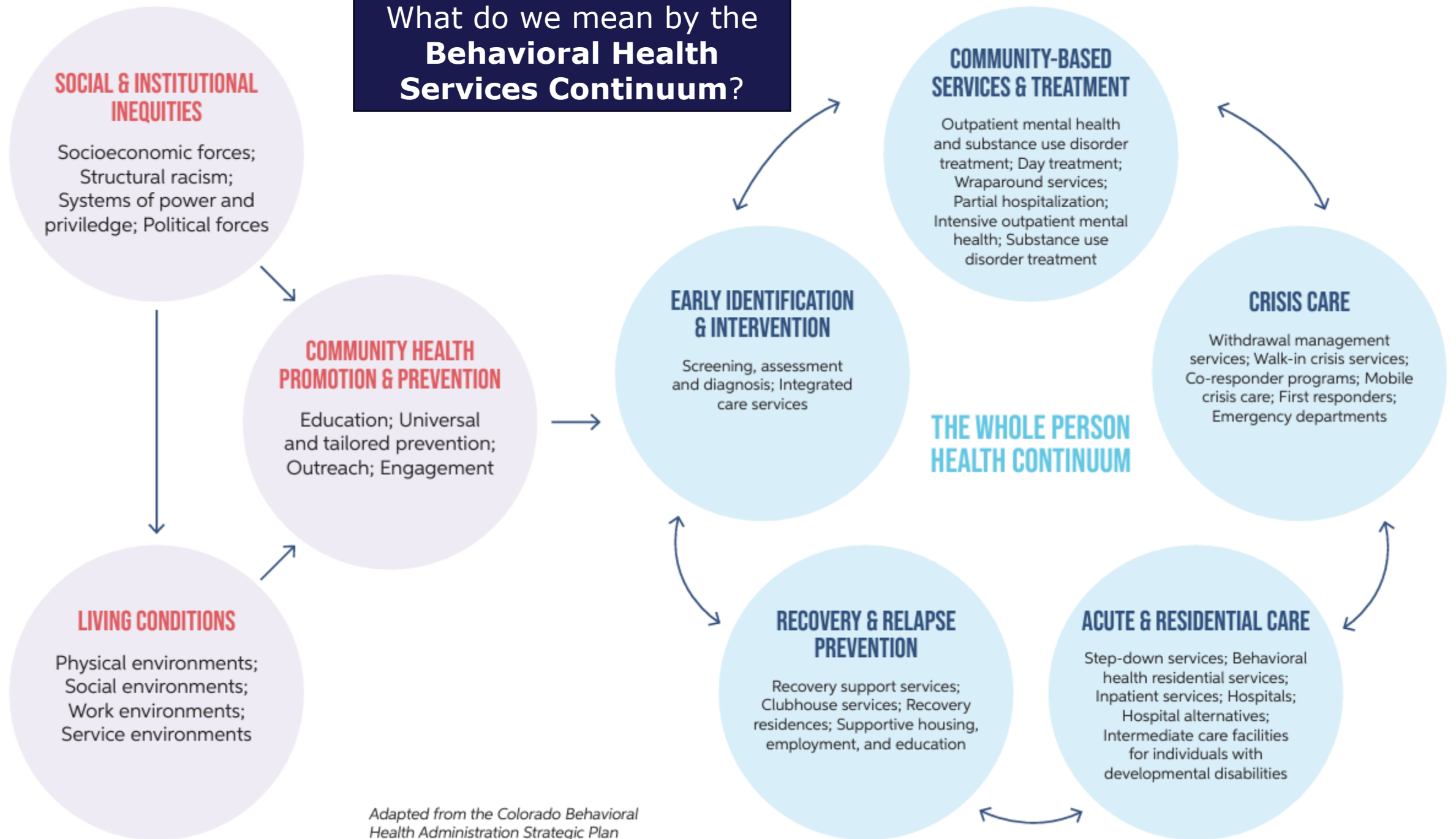
Mental health refers to the emotions, behaviors, and biology relating to a person's mental well-being, their ability to function in everyday life, and their concept of self.



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What do we mean by the Behavioral Health Services Continuum?



Adapted from the Colorado Behavioral Health Administration Strategic Plan

Methodology

Ten populations of focus were identified based on behavioral health disparities and inequities documented in state and local assessments conducted over the last three years.

POPULATIONS OF FOCUS: Youth and Young Adults, Older Adults; Black, Indigenous, and People of Color (BIPOC)*; Lesbian; Gay; Bisexual; Transgender; Queer/Questioning, Intersex; Asexual; Plus (LGBTQIA+)**, and other sexual and gender populations; and people without documentation, who are unhoused, with low incomes, who are pregnant and postpartum, with disabilities, and who have interfaced with the carceral system.



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*This assessment uses the umbrella term BIPOC to refer to Black, Indigenous, and People of Color. This includes Latino/a/e/x and Asian and Pacific Islander people as well as other racial and ethnic groups historically and systematically marginalized.

**This assessment uses the umbrella term LGBTQIA+ to refer to all marginalized sexual orientations, gender identities, and intersex.

DATA EQUITY PRINCIPLES & VALUES

Use Data to Inform, Drive Action,
and Impact Health Outcomes



Keep Data Timely
and Relevant



Ensure Transparency Regarding
Limitations of Data Collection



Disaggregate Data to Understand
Who is Most Impacted



Communicate
Historical Context



Name Disparities
and Inequities



Tell the Story of
Intersectionality



Take a Strengths-
Based Approach



Communicate Data to Partners
and Residents Effectively

Sources: Adapted from Center for Disease Control and Prevention, Urban Institute (2020), and The White House (2022).

Methodology

Data Collection (Mixed-methods approach)

- **Quantitative:** Review of over 60 timely and relevant data sources (past 3-5 years)
- **Qualitative:**
 - Conducted four focus groups:
 - 1) People with lived substance misuse experience
 - 2) Parents (Spanish-speaking only)
 - 3) Behavioral Health Providers
 - 4) Home Visitation Programs
 - Engaged over 75 professionals representing behavioral health providers, co-responder programs, law enforcement, community-based organizations, faith-based organizations, and Adams County departments and programs.

Identified organizations
and providers serving
populations of focus.

PRIMARY DATA SOURCES

Focus Groups
Key Informant Interviews
Co-Responder Survey

SECONDARY DATA SOURCES

Demographics & Social Determinants of Health
Healthcare Utilization
Injury Surveillance
Population Health Surveys
Services Directories
Vital Statistics

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The Methodology

Data Analysis and Interpretation

- ❖ Key findings were informed by multiple quantitative data sources and a **thematic/narrative analysis** conducted of qualitative data.

THEMATIC ANALYSIS

is the process of systematically organizing and describing the data set in rich detail and highlighting patterns within it.

NARRATIVE ANALYSIS

focuses on how individuals convey their experiences and the structure of their stories.⁷²

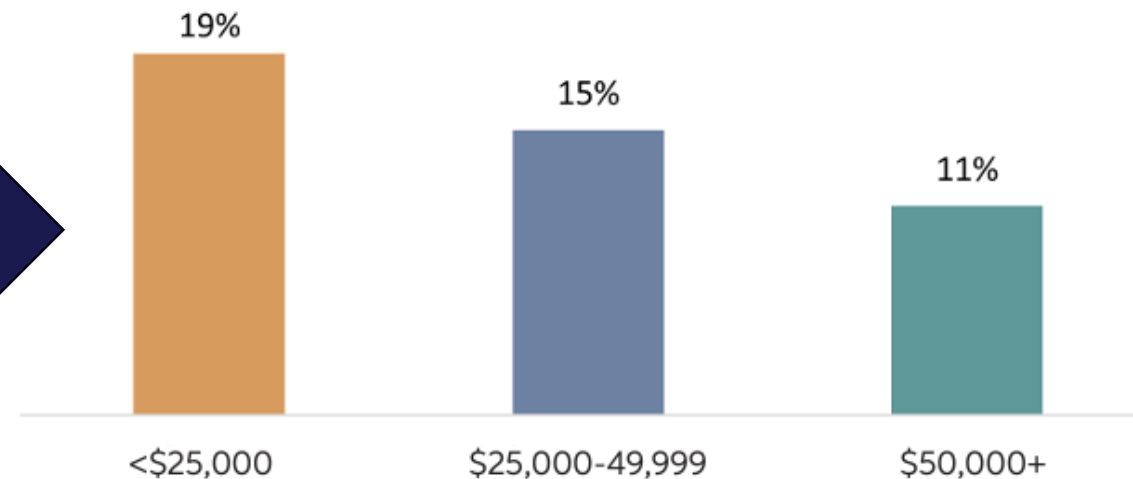
- ❖ Key findings and recommendations presented in this assessment prioritized the ten populations of focus.
- ❖ Key recommendations were identified using the following systematic approach:
 1. Organized all key findings into broad categories to identify major cross-cutting themes.
 2. Drafted recommendations that address the largest number of key findings.

Background Data

- 1 in 5 Adams County residents ages five years and older reported having poor mental health for eight or more days over the past month.
- Over 75,000 residents reported there was a time in the past year when they needed *but did not get* mental healthcare or counseling services.
- Disparities exist in behavioral health outcomes by age, race/ethnicity, income, sexual orientation, gender identity, and geographic area.

People with lower incomes tend to experience poor mental health status more often than people with higher incomes in Adams County

Figure 9. Percent of People Reporting Poor Mental Health for 14 or More Days During the Past 30 days, by Annual Household Income, Adams County, 2019 and 2021 combined.



Source: Behavioral Risk Factor Surveillance System

**STATISTICS ARE
HUMAN BEINGS
WITH THE TEARS
WIPED OFF.”**

- Irving J. Selikoff, M.D.

KEY FINDINGS

Adams County Behavioral Health Service and Support Needs

1. Accessing behavioral health services and supports is very difficult in Adams County.
2. There is a need in Adams County for linguistically congruent, culturally congruent, and tailored behavioral health services and supports.

Adams County Behavioral Health Provider Capacity and Capabilities

3. Adams County's behavioral health system does not meet the need for behavioral health services across the continuum of care.
4. Organizations serving Adams County residents with behavioral health challenges have difficulty connecting residents to needed behavioral health services and supports.
5. Primary care is a critical setting for increasing access to behavioral health services and supports in Adams County.
6. Utilization of telehealth services increased during the COVID-19 pandemic and remains a common delivery method for behavioral health services.
7. Behavioral health workforce recruitment and retention challenges in Adams County have a negative impact on provider service capacity.

There is a need in Adams County for linguistically congruent, culturally congruent, and tailored behavioral health services and supports.

Linguistically Congruent Care

- Over a quarter (29 percent) of Adams County residents ages five and older speak a language other than English at home.
- The predominant language need is Spanish with about one in four residents speaking Spanish as either their primary or preferred language.
 - Of the 268 mental health and substance use facilities within a 30-minute drive of Adams County that list languages spoken, only 94 (35 percent) list that they speak Spanish.

Culturally Congruent and Tailored Care

- Most evidence-based practices and treatment for behavioral health rely on a **Western medical model** which may not reflect perceptions and health practices across diverse cultures.

→ Community Voice:

Many communities in Adams County continue to face barriers to accessing care that respects their cultural backgrounds.

"There is a lack of therapists who understand our [Latino] culture." – **Parent Focus Group (Spanish speaking only)**

Community partners currently engaged in increasing access to culturally responsive services in Adams County expressed the importance of integrating informal supports.

"We offer non-traditional supports, like acudetox, indigenous healers, limpias, sweat lodge, etc. We also host peer services support groups in English and Spanish and host twice monthly outings with this group." – **Social Service Organization**

**LANGUAGE IS NOT JUST
ABOUT COMMUNICATION;
IT'S ABOUT CONNECTION."**

– Behavioral Health Provider

FINDING
3

Adams County's behavioral health system does not meet the need for behavioral health services across the continuum of care.

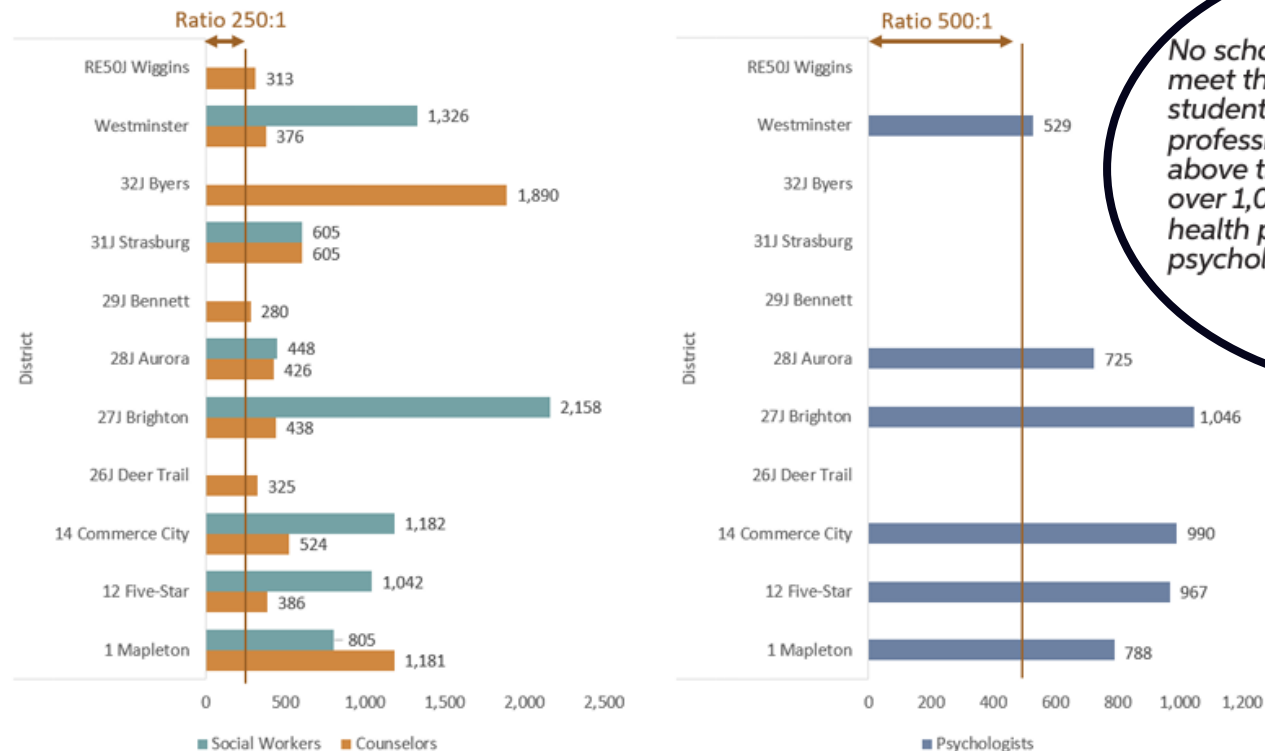
Sub-finding

There are not enough school-based behavioral health providers to support students' mental health needs.

In 2021, the percent of youth in Adams County who reported feeling so sad or hopeless they stopped doing usual activities increased for the first time since 2013 from about 30 percent to 41 percent of high school students.

Figure 15. Ratio of Students to Mental Health Professionals, by School District and Professional Type, Adams County, 2022-2023

Note: School districts without numbers did not have data available.



No school districts in Adams County meet the recommended ratio of students-to-behavioral health professionals. Some districts are well above the recommended ratios, with over 1,000 students-to-behavioral health professionals (i.e. counselors, psychologists, and social workers).

Source: Colorado Department of Education¹⁶¹

FINDING
3

Adams County's behavioral health system does not meet the need for behavioral health services across the continuum of care.

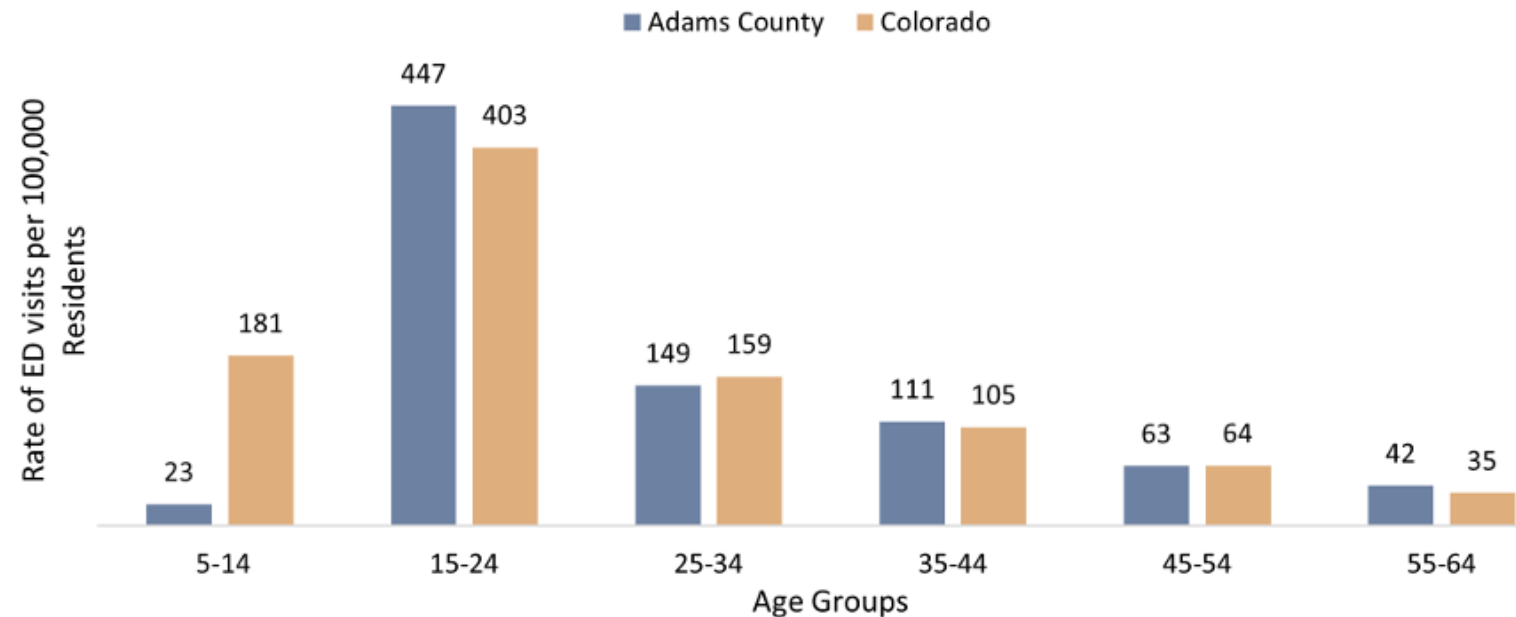
Sub-finding

Youth and young adults (15-24 years old) have high hospital and emergency department utilization for mental health related visits, including self-harming injury and drug overdose.

Youth and young adults:

- Account for almost a quarter (23 percent) of all mental health hospitalizations
- Almost twice as likely than other age groups to visit the emergency department for a self-harm injury (2022)
- More likely than any age group to visit the emergency department for an overdose involving drugs with potential for abuse

Figure 16. Rate of Emergency Department Visits Mentioning Intentional Self-Harm Injuries per 100,000 Residents by Age Group for Adams County and Colorado, 2022



Source: Colorado Department of Public Health, Violence and Injury Prevention Mental Health Promotion Branch

→ Community Voice:

"Don't have a juvenile assessment program because they closed that down – as a co-responder we use these programs to keep people out of the ED." – **Co-Responder Program Representative**

KEY RECOMMENDATIONS

SYSTEMATIC APPROACH

1. Organized all key findings into broad categories to identify major cross-cutting themes.
2. Drafted recommendations that address the largest number of key findings.

Recommendations

Expand the behavioral health workforce in Adams County.

Increase universal screening, referral and integrated care for behavioral health within all critical settings, including schools, primary care, and specialty services.

Improve and increase care coordination and case management among providers, systems, and across jurisdictions.

Provide public health leadership that engages critical behavioral health partners to improve access to behavioral health services and supports and integrate promotion and prevention strategies.

“

Know all the theories, master all the techniques, but as you touch a human soul be just another human soul.

— C.G. JUNG

KEY RECOMMENDATIONS

Recommendations	Examples
Expand the behavioral health workforce in Adams County.	<p>Provide incentives and/or stipends for students to participate in local internship programs which provide clinical training to future mental health professionals.</p> <ul style="list-style-type: none">» Aurora Mental Health and Recovery, Children’s Hospital Colorado, Reaching HOPE, Regis University, Servicios de la Raza, Salud Family Health <p>Promote, expand, and incentivize culturally congruent and tailored trainings and certifications.</p> <p><i>Certifications:</i></p> <ul style="list-style-type: none">» Colorado School of Public Health Latino Research and Policy Center certificate in Latino Health» E4 Center for Excellence for Behavioral Health Disparities in Aging Older Adult Mental Health Certificate Program <p><i>Community-based and Community-initiated care trainings:</i></p> <ul style="list-style-type: none">» Mental Health First Aid» Naloxone» Question, Persuade, Refer Gatekeeper Training for Suicide Prevention» Social Justice Approach to Prevention and Policy» Strengthening Families Five Protective Factors» Trauma-Informed Practices

KEY RECOMMENDATIONS

Recommendations

Examples

Increase universal screening, referral and integrated care for behavioral health within all critical settings, including schools, primary care, and specialty services.

Increase Screening in Schools

In 2024, the Behavioral Health Administration (BHA) will administer a mental health screening program to public schools serving grades six through 12. The BHA will procure vendors to provide support and technical assistance to schools who participate in the screening program.

Increase Screening in Primary and Specialty Care

Health First Colorado (CO Medicaid) covers screening services in a wide variety of settings to increase the chance of identifying individuals with common mental health and substance use disorders or those at risk for future substance misuse challenges.

Many behavioral health screening tools are available for primary care providers to consider. Some examples include:

- Ask Suicide-Screening Questions
- Alcohol Use Disorders Identification Test (AUDIT-C)
- Screening Brief and Referral to Treatment
- Depression, Anxiety and Stress Scale

KEY RECOMMENDATIONS

Recommendations

Examples

Improve and increase care coordination and case management among providers, systems, and across jurisdictions.

By incentivizing providers to employ the **'supportive behavioral health workforce'**, Adams County can increase access to wraparound whole-person care. Following is an example of an unlicensed provider, whose supportive services and expertise are covered by Health First Colorado and may deliver care under the supervision of a licensed provider.

» ***Community Health Workers (CHWs)***

- CHWs, also referred to as *promotores de salud*, are frontline public health workers who are members of the communities they serve, sharing language and cultural identities. This trusting relationship enables the worker to serve as a link between health/social services and the community. This helps facilitate access to services and improve the quality and cultural competence of service delivery.

KEY RECOMMENDATIONS

Recommendations

Provide public health leadership that engages critical behavioral health partners to improve access to behavioral health services and supports and integrate promotion and prevention strategies.

Examples

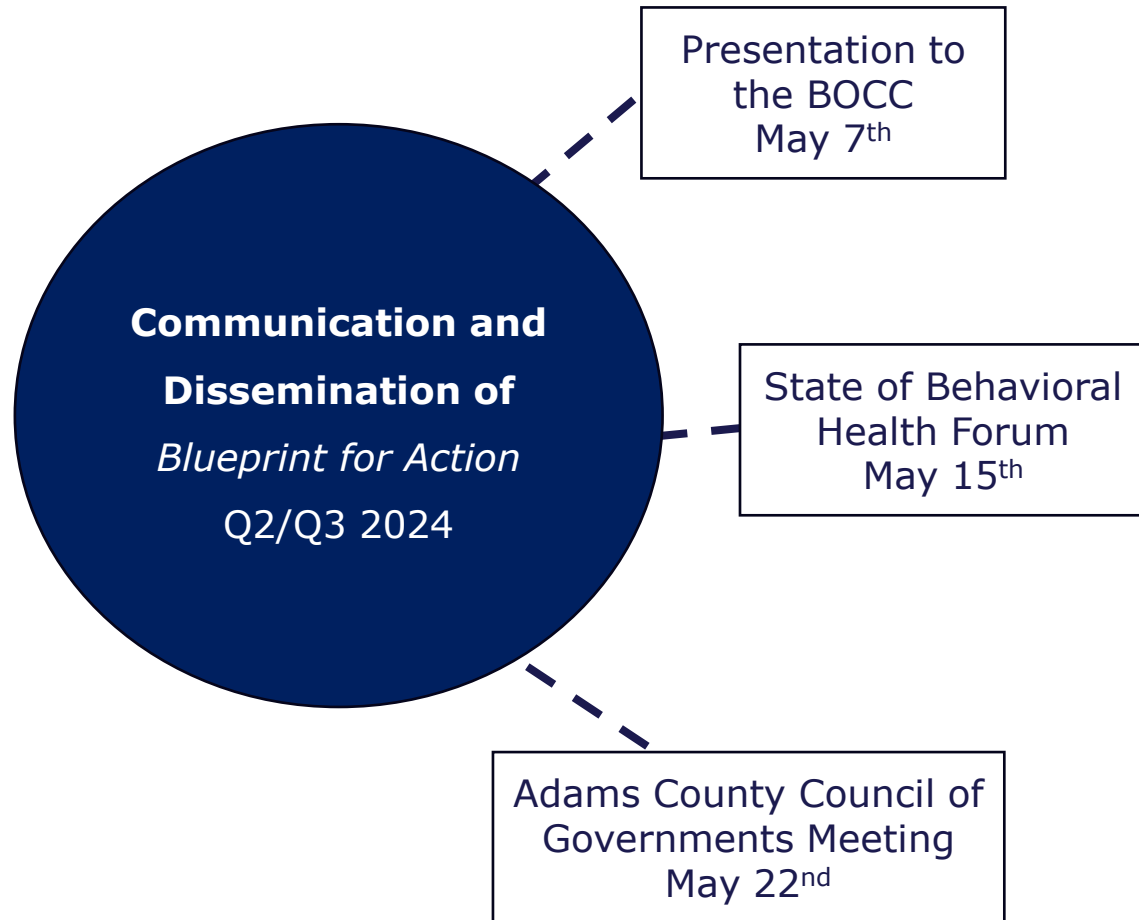
Public health is charged with meeting the challenges of the 21st century by assuming the role of **Chief Health Strategist** and rethinking the way community-wide issues and priorities like behavioral health are addressed while drawing on existing data and evidence base.

A **collective impact approach** that brings together the multiple sectors and critical behavioral health partners who work together to address access to services and supports while strategically investing in promotion and prevention strategies. This includes addressing the drivers of health, like economic security and housing required for long-term impact.

→ **Community Voice:**

"More providers and clinicians will help, but that won't change the stigma or other things that we're hearing. We need more alternatives. We can't workforce our way out of it. We can't force a therapist on [people who don't want it]." - **Home Visitation Focus Group**

Looking Ahead



- ❖ **Behavioral Health Services and Supports Focused Investments** (~\$1.7 million) to address mental health service gaps for youth informed by this assessment.
- ❖ **Behavioral Health Services and Supports Response Funds** (~\$2.5 million) to address gaps in behavioral health services and supports informed by this assessment.
- ❖ **Co-Responder Program Funds** (~\$1.4 million) to address co-responder service gaps informed by this assessment.
- ❖ **Co-Responder Evaluation** (\$500K) to evaluate outcomes of co-responder programs and create a countywide plan for sustainability.