

## Behavioral Health - Collaboration and Coordination

Year 1 January 1, 2019- December 31, 2019

**Goal:** Improve behavioral health outcomes including reducing suicide, reducing poor mental health days (reduce depression and anxiety), and reducing substance abuse.

**Strategy:** Increase collaborative efforts across the region to build capacity for Behavioral Health efforts.

Objectives	Action Steps	Status	Priority Population	Resources & Barriers
<p>A) Increase capacity for coordination, communication and alignment across the region by 12/31/19.</p> <p>B) Explore creation of an online hub for regional sharing by 12/31/2020.</p> <p>C) Build capacity and resources for integration of BH into primary care, community education, behavioral health stigma reduction campaigns, and evidence-based programs by 12/31/2020</p>	<p>1) WCPHP partners with Regional Behavioral Health Collaborative, by participating/leading 2 subgroups: Integration of BH in Primary Care and Public Health/Prevention.</p> <p>2) WCPHP coordinate an annual regional behavioral health stakeholder meeting to learn about programs, services, health equity and communication and align efforts.</p> <p>3) Identify a point person at WCPHP to search for funding opportunities in order to build capacity to increase trainings, community education and evidence based programs in collaboration with community partners, such as local behavioral health/suicide prevention coalition leaders.</p> <p>4) Encourage information sharing between Regional Behavioral Health Collaborative and local stakeholders such as training information and other behavioral health efforts.</p> <p>5) WCPHP will identify potential grant funding and commit to writing grants to continue LPHA capacity to address behavioral health.</p> <p>6) Build capacity to send local personnel to behavioral health train the trainer trainings to facilitate in English and Spanish.</p> <p>7) Each LPHA Director of WCPHP shall ensure connection with all agencies and coalitions that support behavioral health within their county.</p>		Behavioral Health Stakeholders	<p><b>Resources</b></p> <p>WCPHP Center for Mental Health Regional Behavioral Collaborative</p> <p>Hospitals Collaborative Management Program and System (Gunnison, Montrose, Delta, and Ouray) Hinsdale County Build a Generation Ouray County Voyagers Youth Program</p> <p>Community Health Coalition of the Gunnison Valley Gunnison County Substance Abuse Prevention Project: GCSAPP</p> <p>Montrose Suicide Coalition</p> <p>S.W.E. (Safety Wellness Education - Delta Coalition)</p> <p>Montrose School District Delta BH Coalition San Miguel County Regional Behavioral Health Commission, led by TCHN</p> <p>Unite Montrose Peer Kindness Hilltop</p> <p><b>Barriers</b></p> <p>Funding Capacity</p>
				Spanish speaking residents

### Indicators

# of partners engaged in collaboration  
Grant dollars generated  
# of strategic plans that are aligned

**Behavioral Health - Education and Stigma Reduction**

Year 1 January 1, 2019 -December 31, 2019

<b>Goal:</b> Improve behavioral health outcomes including reducing suicide, reducing poor mental health days (reduce depression and anxiety), and reducing substance abuse.				
<b>Strategy:</b> Reduce stigma associated with mental health and reduce substance use through community education, media campaigns and evidence-based prevention strategies.				
Objectives	Action Steps	Status	Priority Population	Resources & Barriers
Community Education and Media Campaigns  A) Increase community education around Behavioral Health (increase service use) by 12/31/2019.	1) WCPHP implements evidence based stigma reduction campaigns approved by WCPHP SIM Steering Committee in English and Spanish and Opioid Awareness Campaigns.  2) Promote Crisis Services phone and text lines.  3) Promote Colorado Quit Line for tobacco cessation services.  4) Promote community education efforts such as Prescription Take Backs regionally.  5) Promote prescription medication take back locations on the WCPHP website and social media accounts.  6) Collect data on reach of community education and priority populations.		General population	Resources  Center for Mental Health  Communities That Care Grant  State Innovation Model (SIM) Regional Behavioral Health Collaborative Montrose Suicide Coalition Health Coalition of the Gunnison Valley Colorado Consortium for Prescription Drug Abuse Prevention School Districts
			Spanish Speaking Low SES LGBTQ adults/youth and their families  Families with babies	Early Childhood Councils American Foundation for Suicide Prevention (Gunnison and Telluride Chapters)
Community Trainings  B) Increase trainings for community members and professionals on suicide prevention, substance abuse prevention (such as opioid abuse) and behavioral health including nontraditional groups of potential "gatekeepers" by 12/31/2019.	7) Collaborate with community partners to offer behavioral health trainings in English and Spanish including QPR/ MHFA/Safe Talks/ASIST/Talk Saves Lives/ Firearms, Suicide Prevention Program/ACEs.  8) See Collaborative plan (Action Step 3) for capacity building for trainings.  9) Collect data on behavioral health trainings including type, frequency, location, number of attendees, and priority populations served.  10) Promote provider education trainings on reducing opioid abuse and prescribing practices through BH Collaborative.		Health Professionals First Responders Bartenders LGBTQ Allies  Hairdressers  Liquor store staff  Dispensary staff	S.W.E (Safety, Education, Wellness - Delta Coalition)  Collaborative Management Program and System
			Childcare Centers  Home Providers  Public Health Staff Youth Serving Professionals  LGBTQ Allies	School Districts  Tri County Health Network  Unite Montrose Hilltop  Peer Kindness Barriers Capacity Funding
Evidenced -Based Prevention Strategies  C) Promote importance of social and emotional development through the life span by 12/31/2020.	11) WCPHP personnel will promote and explore data sharing with partners providing social and emotional development model including Nurturing Parenting Program, Pyramid Model, Incredible Years, High Fidelity Wrap Around Sources of Strength, Youth MHFA and Gender Affirmative Model, American Psychological Association, or Stanford Medicine - Health Across the Gender Spectrum.  12) Youth serving public health staff are trained in evidence based social and emotional development through either Pyramid, Incredible Years, Sources of Strength, Youth MHFA, ACEs/Toxic Stress Prevention, Gender Affirmative Model, American Psychological Association, or Stanford Medicine - Health Across the Gender Spectrum.  13) Recommend community engagement with development of new trainings, communications, and social emotional development projects.			

Indicators
# of people reached by community education, trainings (e.g. FB boost reach, MHFA trained people in region), post-training evaluation results
# of focus groups and trainings with priority populations for guiding new efforts
% of high school youth attempting suicide (HKCS)
% of people experience poor mental days, depression and anxiety, check BRFSS and HKCS (regional data by priority population?)
Suicide Death Rate

**Behavioral Health - Integration**

Year January 1, 2019 -December 31, 2019

**Goal:** Improve behavioral health outcomes including reducing suicide, reducing poor mental health days (reduce depression and anxiety), and reducing substance abuse.

**Strategy:** Integration of behavioral health into primary care and other sites (Nursing home, Public Health, Dentists, Human Services, Alternative

Objectives	Action Steps	Priority Population	Resources & Barriers
<p>A) Increase behavioral health access through integration into primary care and other sites by identifying funding opportunities, organizational trainings, and connecting them to appropriate partners by 12/31/2019.</p> <p>B) Increase provider education and trainings in integration of behavioral health services by 12/31/19.</p> <p>C) Increase behavioral health screenings and referrals by primary care by 12/31/2020.</p>	<p>1) Identify a point person at WCPHP to search for funding and connect community partners to funding sources (Ouray County as lead).</p> <p>2) Continue State Innovation Model (SIM) LPHA work of promoting integration of BH into primary care including adding new sites and promoting screening tools.</p> <p>3) Explore integration of BH into other types of sites beyond primary care, such as nursing homes, Public Health, dentists and others.</p> <p>4) Collaborate with providers to offer LGBTQ inclusiveness trainings (safe spaces and gender inclusive language).</p> <p>5) Work with partners, including Regional BH Collaboration Integration subgroup to provide trainings for providers that may include how to get reimbursed for integration, opioid prescribing practices, and suicide intervention trainings - medication assisted treatment with TCHN and SIM.</p> <p>6) Continue to monitor data on the number of primary care sites that integrate behavioral health.</p> <p>7) Continue to monitor data on the type of screening tool and frequency used in primary care sites.</p>	<p>Alternative Providers</p> <p>Primary Care</p> <p>LGBTQ</p>	<p><b>Resources</b></p> <p>River Valley FQHC</p> <p>Tri County Health Network</p> <p>Senior Care Centers</p> <p>SIM Grant - WCPHP</p> <p>Center for Mental Health</p> <p>Local Behavioral Health Coalitions</p> <p>Regional Hospitals: Montrose, Delta, Gunnison</p> <p>Regional Behavioral Health</p> <p>Primary Care Clinics</p> <p>WCPHP</p> <p>Human Services Depts.</p> <p>Dentists</p> <p>Unite Montrose</p> <p>Hilltop</p> <p>Peer Kindness</p>
			<b>Barriers</b>
			Funding
			Capacity in primary care

**Indicators**

# of primary care sites with BH integration

# of BH screenings in primary care sites

**Behavioral Health - Health Equity**

Year 1

January 1, 2019 - December 31, 2019

**Goal:** Improve behavioral health outcomes including reducing suicide, reducing poor mental health days (reduce depression and anxiety), and reducing substance abuse.

**Strategy:** Increase health equity advocacy and access to behavioral health

Objectives	Action Steps	Status	Priority Population	Resources & Barriers
A) Build capacity and resources for local health equity advocates through trainings by 12/31/2019.  B) Increase partnerships to build capacity and strengthen health access          C) Collect regional data related to BH and priority populations          D) Advocate for behavioral health access for priority populations 12/31/2020.	1) WCPHP to provide training opportunities on Health Equity including LGBTQ trainings and peer services.		LGBTQ adults/youth and their families	Resources
	2) WCPHP staff to outreach to agencies that provide basic needs (food banks, human services, primary care, and faith based communities) to increase referrals to behavioral health resources such as MHFA, CMH services, stigma reduction campaign materials, the BH Resource Directory or other resource list).		Low SES Spanish speakers General population	WCPHP Center for Mental Health Food Banks Faith Based Community
	3) Engage with vulnerable populations, such as through focus groups, to learn how they obtain information, utilize services, and barriers to accessing services.		Men	Human Services WIC
	4) Continue to monitor behavioral health data outcomes and priority populations.			NFP Unite Montrose Hilltop Peer Kindsness
	5) Gunnison Suicide Prevention Coordinator will create standardized participant form (including information on priority populations served) and evaluation form for trainings related to behavioral health.			
	6) In partnership with Regional BH stakeholders, WCPHP staff advocate for BH access at community meetings and other opportunities.			
	7) Explore a future strategy around increasing primary care providers who accept Medicaid.			Barriers
	8) Explore regional promotora services.			Capacity Funding

**Indicators**

# of attendees at trainings  
 # number of trainings offered  
 # of primary care providers who accept Medicaid  
 % of behavioral health outcomes in priority populations