

Member Advisory Council Minutes

Larimer County – 3/2/23



Larimer Client Council

March 2, 2023

Present Dave Hejde, Maddie Johnson, Alison Dawson, Pat Chamberlain, Mary Michael Justice, Kim Jackson, Laurie Stolen, George Cunningham, ReNae Anderson (Rocky), Alison Sbrana, Julie Reiskin (Facilitator)

The meeting was focused on a report by and discussion with Laurie Stolen on the Larimer County mental health project.

Laurie shared a picture of the building, showing a lot of progress on the construction. They are in their 4th year of sales tax collections and redistribution. They distribute 96% of dollars through three different pathways. 6 people manage the funds, about \$21 million a year. Funding pathways:

Grant Program, Impact fund \$2.8 Million to 40 organizations cross projects, cross populations, cross geography. Opens in June for about a month, then evaluate and decide and distribute in October of each year. They will use data collected from grants for phase 2 of this process after the first 5 years.

Community based, prevention, increase access for those who have been unable to receive the level and length of care they need.

Campus -they should know any day from the behavioral health administration if they will get \$10 million from Recovery Act Funds for an adolescent program. If they get it, they will jump right into programming and design. It will be 16 bed respite care facility for teens. There will be day programming, before and after school and during the day for kids unable to be in a regular classroom. The idea is care in community, so we no longer have to send kids out of the community. Right now, they are sending 750 a year out of county.

Questions:

Is there an effort to get kids on home school together to have the peer support? YES. There will be individualized plans but also will be meeting psychoeducational goals which involves peer engagement. They will also refer especially home school kids to ways their kids can connect with peers. The youth action group has designed this facility, completely nonbinary, lots of tech spaces and quiet spaces, etc. They can create programming needed in the space and facility.

Are they doing anything for kids with dual diagnosis, such as IDD and MH? YES, the idea is this space will be totally adaptive and since we are early it is the right time to have the right voices and advocacy at the table for designing. The county will contract with various organizations and there can be multiple contracts. It will not be acute care as that is the other building. Laurie would like a few from our group to be part of planning. Pat is interested in this committee.

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What is short term respite vs residential? Kids do not get better in long term residential treatment programs. Work with systems to keep kids engaged in local community systems. 3-7 days to stabilize and regulate enough to get back to home of origin and then family work to keep them there.

What will the facility do to integrate health services, example testing people who are seen as medication resistant to see if there is a biological reason? Young people in this facility will be identified as a student or child that either has a diagnosis or dysregulation and then will be connected with their medical home or if they do not have one will be connected to one. They will then coordinate the care. There is a lot of contact with the schools. The facility will have a bridge clinic for a temporary health home until a longer-term health home can be found in the community.

Mary Michael said the standard should be higher because the traditional clinics are not helping, example not doing DNA testing, and the bridge clinic can be the shining star.

Laurie said their goal is to be a national center of excellence.

Kim talked about the need for kids to get help from adults with disabilities on how to integrate this into their lives to give them tools and skills and support to succeed. She also mentioned the importance having the right medications so kids are given meds if they are there.

Laurie asked to learn about who is doing this well and is eager to go visit programs that are out there. Dr. James Houghton at Restore Health Clinic in Loveland Colorado has helped Mary Michael and other people. He can point her towards others.

Alison D. asked about kids who are struggling but doing well in school and are suicidal and how to find kids like that. Will this be open to parent referral? Laurie said in January they held a mental health summit with students and heard them and they need to feel safe in coming forward without fear of ruining reputation, or other fears. She said the work that Yarrow is doing is great. Often it is a peer or mentor that is most helpful. They need to lean in and listen to these kids and help before they are in crisis. This will not meet all needs but we need to look at all problems and figure out how to help. School is one place but we also need to do community engagement to find others.

Re facility in general—many people with chronic pain have problems in Summitstone because they do not have what they need to manage pain, sometimes it is meds, and sometimes it is extra pillows, but the goal is that people have what they need to prevent a major pain flair. Is there funding to have someone as an individual needs expert to be able to get what they need? Maybe an occupational therapist knowing the ergonomics, listen, whole health, etc. Every human being is different. There was a lot of support for the idea of having an OT. Alison S. talked about an occupational therapist that is neuro OT and people with certain visual disorders can have panic with too much visual stimulation. Taping glasses fixed the problem, OT is very important.

Pat hopes they look at biggest holes, biggest void. For example, there are substance abuse places people can go to but for people with IDD and mental illness there is NOTHING. There continue to be

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situations where someone is aggressive and in need and no one will take them. We are not capturing how many times people DO NOT call the police. When you call them the police say, “what do you want us to do?” because there is nowhere to take the person in crisis. Services should be prioritized for those where there are zero services. Pat said when they called the police most recently on her son who was out of control they had no place for him, she then called a meeting with Summit Stone, Gateway, the PASA, and no one came up with any step down.

Have they thought about sensory rooms?

There is a concern about bills targeting trans youth and this is causing mental health crisis for kids across the board. Have they thought about increasing need. More than 25% of black trans youth have attempted suicide. Poudre valley school district did a study on belonging for underserved populations. The focus is to make sure they have places and spaces on belonging. There are convenings, task forces, lots of groups working on this. How much do the programs interact with the faith communities of the area. There are many resources there, not all appropriate always, but some are.

Laurie was asked this scenario once the facility is up and running: A 35 YO female, very smart but living on the street, no legal problems, no physical problems but has many mental problems and resists treatment –if she showed up what would be her course? Laurie said this is clinical and she does not want to speak for Summitstone but in her experience there is a growing population of folks like this. In the jail system they have housing while incarcerated and lose it when they leave. We fail people if we do not address whole person planning. People cannot have a fear of losing housing every time they have an up or down so the key is partnership, no one entity can solve the panacea of services. There will be 14 coordinators in the facility and another 12 in the community. The discharge planning begins the day they come in.

Someone asked “What is a non-binary building”? Every bathroom is single use, every bedroom is a single room, no male or female designation. There can be group therapy or population specific therapy, but no one will be sharing a room.

What is a stable health care home? For some it would be Salud, Associates in Family Medicine, etc. A primary care or integrated care provider.

PIAC Report

Alison told them that voting members got to decide the best way to help our community with extra dollars. One proposal from her that has been approved is assistance for people applying for SSI and SSDI and support them through the process. This is going to happen. There will be two areas that will be served, Larimer is one area and NW is the other. There will also be case manager training and information to at least get adequate information. They are developing training and collect data as well as two IL centers providing the services. Focus is for people who cannot do it themselves. There is nothing for people who are stuck and without family or supports. Pat said people who do it should be able to access the training

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and Julie said yes, this training will be available to all. People who are trained can then donate their time. Training should include applying for an ABLE account.

Future Meetings:

We were offered a tour of the facility—can we have a meeting at the facility and do a tour and there is a way to do this in a room that is set up for good zoom connection

We will invite Senator Ginal to a meeting after session

Pat raised the issue that if you live in a residential setting you have to provide documentation from meetings but there is no patient portal at Summitstone to get this document. Laurie said that they are in the process of transition to a new electronic health record to EPIC so it should be fixed.

People asked that regards are passed on to Nicole

The meeting ended at 1:30 PM