

# LA PLATA COUNTY COMMUNITY BEHAVIORAL HEALTH PLAN



## *PHASE ONE*

*La Plata County is a community where behavioral health is part of a comprehensive healthcare delivery and where collaborative and integrated care is the norm that sustains optimal well-being for all.*



**SEPTEMBER 2014**

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- A. [2013 Behavioral Health Summit Evaluation](#)
- B. [Online Behavioral Health Survey Results](#)
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- D. [2013-14 Behavioral Health Resources Document](#)

Access these documents by visiting <http://www.chaclaplata.org/bhreport.asp>.

## EXECUTIVE SUMMARY

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### BACKGROUND: SETTING THE STAGE

We hope you enjoy reading this document. We hope it inspires you to create increased health in your own life and family and in our broader La Plata County community. We also hope implementation of ideas in this plan creates more well-being, more connectedness, more community and more vitality for La Plata County citizens.

In 2012, at a meeting of the Citizens Health Advisory Council, a decision was made to complete a Behavioral Health Plan for La Plata County. A 37-member team formed (Behavioral Health Team) and spearheaded the effort. Many statistics back up what anecdotally people in our communities feel: that more needs to be done to address mental health and substance abuse problems; that better services are needed which are more affordable and accessible; and that we need to tackle these issues using a more holistic framework that spans prevention and wellness and includes the whole person. The aim is to routinely integrate behavioral health – which combines the topics of mental health and all substance use – into all health care to reduce the stigma for mental illness and to improve well-being for all with a focus on young people and those in highest need.

This report is a grassroots effort to collect diverse community experience and input. All participants' input and opinions were honored and based on individual experiences. Their thoughts may not represent everyone's view of the needs in the community. Some important voices may be missing. This report is not a needs analysis, which is based on a factual and analytic process to examine what is available and what is missing in the area of behavioral health services. Many new community initiatives have occurred over the last few years which have brought an array of affordable and available behavioral health services to La Plata County. People in our communities that participated in this project feel more needs to be done to address mental health and substance use.

This *LA PLATA COUNTY COMMUNITY BEHAVIORAL HEALTH PLAN – Phase One* is presented as a working/living document and project. This foundational Plan describes the planning process, sets forth priority actions, and presents a framework, definitions and other important information. This multi-year effort includes the next steps of further specific action planning, seeking funding for priorities and mobilizing resources and partners across La Plata County.

The framework for action is the **Eight Dimensions of Wellness** (pictured below) because its holistic nature provides our community a way to think about behavioral health in a broad, integrated way. More information about the eight dimensions is included below in the Plan (Please see **page 9**).

The Behavioral Health Team launched this planning effort by seeking grassroots input from diverse voices across the county. Over 170 stakeholders were involved. This was accomplished through a Summit in 2013 that helped introduce the concept of the Eight Dimensions of Wellness and framed up issues, concerns and opportunities. Then, for 11 months, numerous convening sessions were held. Participants answered a series of targeted questions about how they see these issues in their own lives and their communities, and they were asked about potential solutions and ideas. There was an online survey done as well. This input was organized and led to an action-planning and priority-setting Summit held in May of 2014. While this plan reflects priorities, many action steps are presented as they were generated by the community.

### PRIORITIES FOR ACTION

The **general and over-arching priorities** identified by those who participated include:

- Provide broad community education on the Eight Dimensions of Wellness model using a train-the-trainer method. Also, work to reduce the discrimination and stigma associated with behavioral health. Other opportunities for education were identified.
- Provide increased access to care through working with community partners to decrease the overall wait time at our community mental health center, primary care practices and at private therapist offices. Affordability of services needs addressed as well. Reducing therapist turnover is another goal. Some specific groups in our community need better overall access to services.
- Provide broad community marketing through the development of coordinated messages to promote integration of healthy behavior messages across schools and employers. Also, producing an easy-to-navigate and updated online directory of behavioral health resources is a priority.

- Support the Healthy Communities Coalition, an existing group, in decreasing the normalization of alcohol in the community. One tool for doing this includes building support networks and reducing isolation of vulnerable community members.
- Increasing public transportation in general and after-school transportation options (specifically for youth) were cited as important strategies.

**The priorities set by the Eight Dimensions of Wellness include:**

1. **EMOTIONAL:** Teach students coping skills, model behavior, and encourage health/wellness awareness.
2. **FINANCIAL:** Increase awareness of and access to community education programs on financial management skills.
3. **SOCIAL:** Build support networks for isolated individuals in new ways that include professionals, neighbors, friends, families, and caregivers.
4. **SPIRITUAL:** Carry out education on incorporating the topic of spirituality into clinicians' and providers' practices.
5. **OCCUPATIONAL:** Educate employers on the relevance of behavioral health in the workplace and how it makes good business sense to have an Employee Assistance Program (EAP). Work to reduce stigma, encourage respectful treatment of employees, and expand on-site wellness programs.
6. **PHYSICAL:** Develop coordinated messages for all groups to promote integration of healthy behavior messages across schools and employers.
7. **INTELLECTUAL:** Promote personal empowerment through teaching hands-on skills.
8. **ENVIRONMENTAL:** Increase all public transportation and more specifically after-school transportation options for students.

As **Phase Two** starts, the Citizens Health Advisory Council and the Behavioral Health Team look forward to continued community engagement and action around these vital issues. Accomplishment of these goals and projects will take the collective will of many including partners, citizens and those who experience behavioral health concerns as well as health care providers, funders and agencies.

## Working Definitions for this Project

**Behavioral Health** is a term used in this project to include both mental health and "all substance use". The team chose to use the term responsible substance use when possible in discussions. A full definition is located on *page 11*.

**Mental Health** is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.-*World Health Organization*

**Responsible Substance Use** – The term responsible "drug" use has been around a long time and recently modified to say "substance" instead of "drug." In this plan the term "all substance use" includes both responsible substance use and substance abuse.

"The concept of responsible drug use is that a person can use recreational drugs with reduced or eliminated risk of negatively affecting other parts of one's life or other people's lives." Duncan and Gold (1982) suggested that responsible drug use involves responsibility in three areas: situational responsibilities, health responsibilities, and safety-related responsibilities. Under situational responsibilities they included concerns about recreational use. These concerns include using the avoidance of hazardous situations, using when alone, using due to coercion or using when the use of drugs itself is the sole reason for use.

Health responsibilities include avoidance of excessive doses or hazardous combinations of drugs, awareness of possible health consequences of drug use, and not using a drug recreationally during periods of excessive stress. Safety-related responsibilities include using the smallest dose necessary to achieve the desired effects, using only in relaxed settings with supportive companions, avoiding the use of drugs by injection, and not using drugs while performing complex tasks or those where the drug might impair one's ability to function safely.

**Substance Abuse** refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.-*World Health Organization*

**Health Care Integration**-Primary and behavioral health care integration is the systematic coordination of primary and behavioral health care. Since physical and behavioral health problems often occur at the same time, health care professionals want to consider all health conditions at once. Integrating mental health, substance abuse, and primary care services produces the best outcomes and provides the most effective approach to caring for people with multiple health care needs.-*Substance Abuse and Mental Health Services Administration*. This collaboration occurs across a continuum from coordinated care to co-location of primary care and behavioral health care, to full integration of services in the same practice.

## THANK YOU TO OUR FUNDERS

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The Citizens Health Advisory Council gratefully acknowledges our funders who made this Project possible through their generous support.



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## VISION

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La Plata County is a community where behavioral health is part of a comprehensive healthcare delivery and where collaborative and integrated care is the norm that sustains optimal well-being for all.

## CITIZENS HEALTH ADVISORY COUNCIL INFORMATION

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The Citizens Health Advisory Council is an open coalition of interested citizens and organizations that advocate for community health and wellness in La Plata County by serving as a central point for communication and collaboration.

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## CITIZENS HEALTH ADVISORY COUNCIL STAFF AND CONSULTANTS

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## BEHAVIORAL PLAN COMMUNITY PARTICIPANTS

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Cloud, Alex	Ann	Nelson, Kristi	Schaerer, Christy	Wright, Brandy
Collum, Andrea	Huber, Linda	Newmayer, Gloria	Schler, Christie	Xahuentitla, Pilar
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Collum, Santiago	Illsley, Sara	(deceased), Jimmy	Shemberger, Kaylor	Marcelino
Conley, Norma	Jack, Dani	Ninde, Claire	Shirley, Barbara	Youngblood, Erin
Cox, Bob	Jacques, Kim	O'Connor, Kevin	Silverstein, Liz	Zemach, Art
Crossland, Kalisha	Johnson, Tori	Olguin, Mike	Simard, Dawn	Manna Soup Kitchen
Dahlke, Dennis	Jollon, Liane	O'Neil, Flannery	Simmons, Bonnie	Key Participants (3)

# INTRODUCTION AND HISTORY

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## THE CITIZENS HEALTH ADVISORY COUNCIL

The Citizens Health Advisory Council began in 2001 as the result of discussions at the first La Plata County Community Summit where participants decided that a coalition was needed to improve healthcare access. At the core of the organization, the Citizens Health Advisory Council is a grassroots organization that serves as an open forum where anyone can come to the table and produce tangible outcomes that result in better health for all. Below is the Citizens Health Advisory Council's vision statement:

- \* our county is a statewide model for integrated health care in rural/resort areas;
- \* a full system of affordable, patient-centered, high-quality, accessible and cost effective health care is available to all members of our diverse communities;
- \* providers and organizations work collaboratively to ensure such a system(s) is in place;
- \* our health care systems are patient-centered and honor the whole human within the context of family and community, mind, body, emotions and spirit;
- \* our health care systems emphasize prevention, healthy lifestyles, social/personal responsibility and disease management; and
- \* all factors that influence health are considered including jobs, housing, education, the built environment and our natural resources.

The Citizens Health Advisory Council's key current project is called the *Community Health Care Capacity Project* which includes eight action areas designed to increase accessibility, affordability and coordination efforts for health and health care. Thirteen years after forming, the Citizens Health Advisory Council boasts 125 members and is hosting its Fifth Annual Health Summit in September 2014. The Citizens Health Advisory Council also offers three smaller educational events based on priorities set by the Citizens Health Advisory Council's members.

Several of the Citizens Health Advisory Council's recent accomplishments include: catalyzing the Community Access and Referral Enrollment System (CARES); forming Community Care Teams; and helping start the La Plata Community Clinic (LPCC). Although the LPCC closed its doors earlier this year, it served 400 patients using a donated care model and served as a stop-gap clinic until the new Federally Qualified Health Center (FQHC), called La Plata Integrated Care, was opened in January 2014 by the community mental health center. In addition to working on this Community Behavioral Health Plan, the Citizens Health Advisory Council is also co-leading an Oral Health Coalition with San Juan Basin Health.

## OUR UNIQUE COUNTY

La Plata County is located in the remote, rural southwest corner of Colorado in the Four Corners region. We are three hours from an interstate and geographically isolated on all sides by high mountain passes and desert. Our county is rural/resort with 53,284 residents. We are a county increasingly populated by the working poor or very poor on one hand and wealthy retirees on the other hand. The per capita income is \$30,562/year. We have a tri-

ethnic population including Caucasian, Hispanic and American Indian. La Plata County is home to the Southern Ute Indian Tribe located in Ignacio, Colorado, one of two Indian Tribes in Colorado. Major economic drivers of the region are tourism, the oil and gas industry, and the major employers are governments, Mercy Regional Medical Center, the Southern Ute Indian Tribe, and Fort Lewis College. Many retirees are also drawn to the region to enjoy the natural beauty and amenities. The cost of living for housing, transportation and child care are very high. Many working-aged people are under-employed in relation to their level of experience and education. And, high-wage jobs are not plentiful. In La Plata County, 11.1% of residents live in poverty. These economic factors, as well as our vast geography, place big stressors on many La Plata County residents and thus impact mental health and all substance use issues and solutions.



## WHY CREATE A COMMUNITY BEHAVIORAL HEALTH PLAN?

The need to complete a Behavioral Health Community Plan was born out of a Citizens Health Advisory Council annual planning session in 2012. At that time, Citizens Health Advisory Council members identified issues surrounding mental health and substance abuse, including access to services, as one of La Plata County's top health gaps. A small team was identified to work on the Project and became known as the "Behavioral Health Team" (or "the team"). Early on, the team recruited needed expertise to the table. Please refer to **page 6** for a list of members. ***At the initial meetings, mental health and all substance use were combined to define "behavioral health."*** The group immediately recognized integrated health as a priority, believing in the importance of addressing both the physical and behavioral needs of the person and not placing one above the other. The ultimate vision of this Project is for behavioral health to be routinely integrated into all health care, for the stigma for mental illness to be reduced and removed, and to improve the well-being of the community with a focus on young people and those in need. We also believe that this Plan (and process) could be a model for other communities, especially rural/mountain towns with demographics similar to La Plata County.

Both La Plata County data and widespread community concern, professional and lay, indicated the need for this Plan. The team, the Citizens Health Advisory Council evaluator, and the Colorado Health Institute researched statistics from several sources that identify some of the many behavioral health needs in our community. Some of these findings show that in La Plata County:

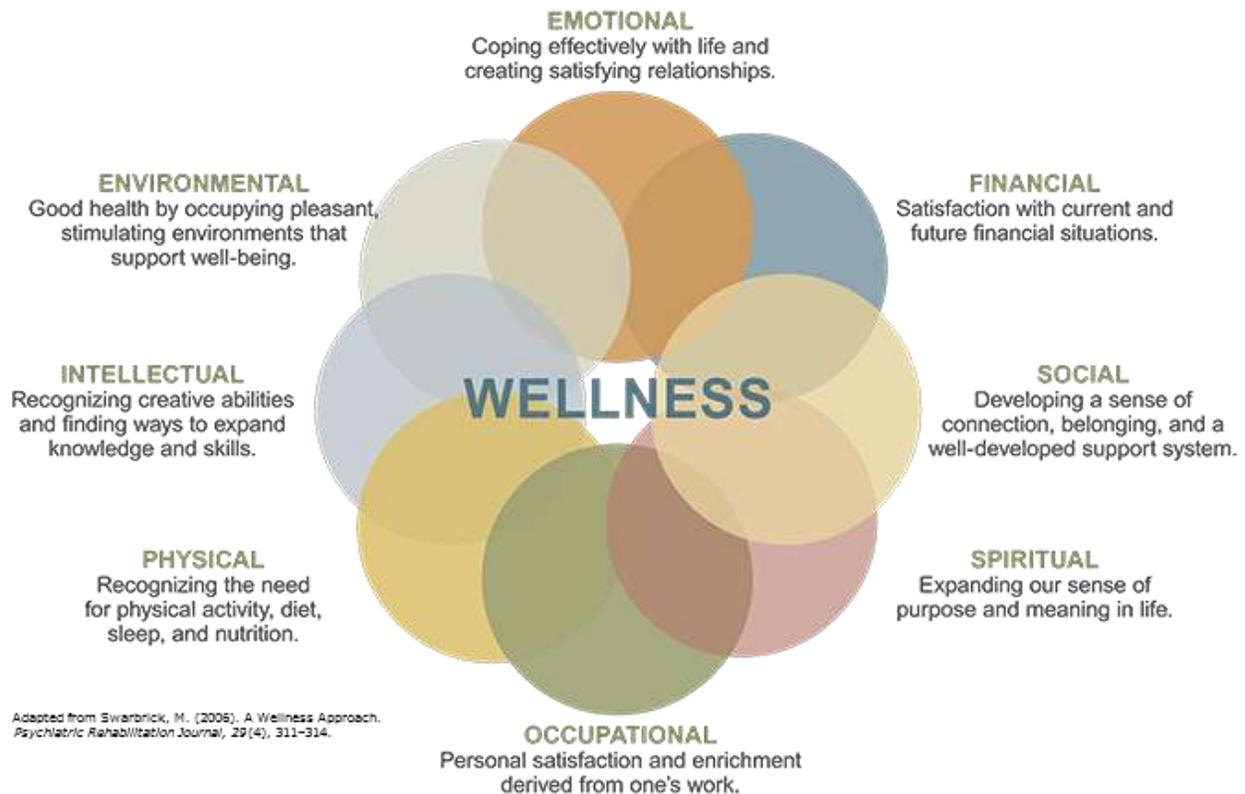
- Adult heavy and binge drinking and suicide rate are higher than state average
- 44% of suicides were circumstantial to a current depressed mood and almost one-third of suicides were due to current mental health problems or current treatment of mental health problems;
- 4 in 10 suicides had a physical health problem suggesting that primary health care, in addition to mental health care, is important in suicide prevention; and
- The senior population without health insurance (20% vs. 18%) is higher than state average and the ratio of the population to mental health therapists (2,058:1 vs. 1807:1) is lower than state average

See [www.coloradohealthinstitute.org](http://www.coloradohealthinstitute.org) for more information.

# THE EIGHT DIMENSIONS OF WELLNESS

The incorporation of the Eight Dimensions was the key to the overall Project. More information about the Eight Dimensions of Wellness can be found on *page 11*. These dimensions include:

<b>Emotional:</b>	the ability to cope effectively with life and create satisfying relationships
<b>Financial:</b>	the ability to be satisfied with current and future financial situations
<b>Social:</b>	the ability to develop a sense of connection, belonging and a well-developed support system
<b>Spiritual:</b>	the ability to expand our sense of purpose and meaning in life
<b>Occupational:</b>	the ability to have personal satisfaction and enrichment derived from one's work
<b>Physical:</b>	the ability to recognize the need for physical activity, diet, sleep and nutrition
<b>Intellectual:</b>	the ability to recognize creative abilities and finding ways to expand knowledge and skills
<b>Environmental:</b>	the ability to have good health by occupying pleasant, stimulating environments that support well-being



1. Dunn, H.L. (1961). *High-Level Wellness*, Beatty Press: Arlington, VA.
2. Adapted from Swarbrick Dan Futterman, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314

## TIMELINE

The team identified the 2014 Behavioral Health Summit as an end point for gathering information for phase one of the Behavioral Health Project (described in the next section). After that summit, phase one includes the following timeline projection.

### PHASE ONE

November 2012	Citizens Health Advisory Council annual planning session Behavioral Health Team identified
January 2013 to May 2014	20 Behavioral Health Team meetings
May 2013	Citizens Health Advisory Council Behavioral Health Summit
March-May 2014	Online survey
October 2013 to May 2014	Over 25 small and large group convening(s)
May 2014	Citizens Health Advisory Council Behavioral Health Summit
June/July 2014	Write the Plan
August 2014	Community review and revision of the Plan
Fall 2014	Begin to print and distribute/email the Plan and executive summary to LPC and it's cities, health leaders, businesses, interested community individuals, partners and organizations.

### PHASE TWO

Fall 2014	Seek grant funding to support continued Behavioral Health Team convening, Project coordination time and related Project supplies, and to begin working on implementation Develop a <i>work plan</i> around action steps  Develop coordinated messages to market the Plan through various methods and news media Continue to print and distribute/email the Plan and executive summary to City, County, health leaders, businesses, interested community individuals, partners and organizations
Fall 2014/ Spring 2015	Seek local support and buy-in for behavioral health integrated systems development Hold "train-the-trainer" sessions for education about the Eight Dimensions of Wellness
Spring 2015	Hold a session on Mental Health First Aide for the Citizens Health Advisory Council

Additional strategies from the Plan may be implemented throughout Phase One. Phase Two of the Plan will take place over the next year as funding allows. Additional strategies from the Plan will be considered and implemented over the next five years as additional support becomes available. Priorities and strategies begin on **page 15**.



*The Citizens Health Advisory Council, planted in the community, is like a mature aspen tree and the grove in which it thrives. Like aspens, which grow connected by their roots, ideas from the Council's members are gathered and needs are recognized. Sprouts from these ideas cover the community with new projects. The sprouts become full-fledged projects that self-sustain. The aspen grove is a healthy community of inter-connected yet distinct trees. The Citizens Health Advisory Council grows in a similar way, working toward a stronger, higher quality system of health and wellness for all.*

# PROCESS TO CREATE THE COMMUNITY BEHAVIORAL HEALTH PLAN

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The Citizens Health Advisory Council has spearheaded a multi-pronged approach to develop this Plan which included forming a team (the Behavioral Health Team), developing a framework in which to work gathering extensive input on community needs and ideas, locating data and hosting two summits. All of this has accumulated in prioritized actions. What follows in this section is a detailed description of the planning elements and steps.

## INITIAL COMMUNITY SUMMIT AND VISION FOR THE PLAN

As a way to start developing this Plan, a Behavioral Health Summit was held in May 2013 with over 70 stakeholders participating in discussions. At this summit, the Eight Dimensions of Wellness were introduced and small groups met to frame up the issues, needs and gaps ([Attachment A: 2013 Summit Evaluation](#)). Also, a Vision Statement for the Project was agreed to at this event:

*La Plata County is a community where behavioral health is part of a comprehensive health care delivery and where collaborative and integrated care is the norm that sustains optimal well-being for all.*

After the summit, the Behavioral Health Team continued to add members and to refine its roles and tasks in development of this Plan.

Then, the Citizens Health Advisory Council pursued additional funding for what was now a fast-emerging Behavioral Health Project, that will include gathering information from the community, writing the Behavioral Health Plan and working to implement actions in our community. The Project received partial funding from both the Colorado Health Foundation and the Colorado Trust. Funding covered project management, facilitation and holding convening(s).

## DEVELOPING COMMON DEFINITIONS AND FRAMEWORK

As the work continued, the team needed to clarify a framework. Towards this end, team members decided to:

- Use the World Health Organization's definition of behavioral health for this Project as follows: *"Behavioral health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. It is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community."*
- Use the **Eight Dimensions of Wellness** for each convening (described above). This captures the work that the team is striving to accomplish and serves as a model for the Project. This model is currently being used by the Substance Abuse and Mental Health Services Administration (SAMHSA) and can be viewed on [page 9](#). SAMHSA's Wellness Initiative encourages people to incorporate the Eight Dimensions of Wellness into one's life. SAMHSA notes that for people with mental health and substance abuse conditions, wellness is not the absence of disease, illness or stress, but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. Wellness means overall well-being. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with mental health and all substance use issues because wellness directly relates to the quality and longevity of life. In short, the team felt that use of the Eight Dimensions of Wellness was much more of an integrated approach, much more positive than solely focusing on problems and lack of services, and also would serve to motivate our community to identify action strategies and projects.
- Use the US Department of Health and Human Services materials from a program launched in January 2013. This program began a national conversation and campaign on mental health. The campaign encourages community conversations on mental health, reduce the shame and secrecy associated with mental illness, encourages people to seek help if they are struggling with mental health problems and encourages

individuals whose friends or family are struggling to help them. This National Mental Health project produced free materials that were used to guide our Behavioral Health Team process. The *National Dialogue on Mental Health Creating Community Solutions, Organizing and Discussion Guides, and Information Brief* were materials used to design the convenings of community groups for the Project.

## CONVENING SESSIONS PLANNED AND CARRIED OUT

Next, the team felt that it was very important to get input from the community around behavioral health issues using the framework. Towards this end, the team organized many “convening sessions” that credibly reflected the various sectors of our community including: a) human resource managers; b) faith-based organizations and nonprofit community members including a local coalition called the Collaboration of Caring Communities; c) youths, young adults and youth serving groups; d) law enforcement; e) Latino communities; f) social service agencies; g) primary care, mental health and all substance use service providers; h) “county” which was defined as those who live outside of Durango (the main city in La Plata County); i) consumers of various types of services; j) Southern Utes; and k) the general public or persons who maybe didn’t fit any of the above.

The intended outcomes of the convening meetings/community gatherings were as follows:

1. Increase awareness and understanding of the Eight Dimensions of Wellness and behavioral health in La Plata County
2. Help our community become invested in the Plan
3. Brainstorm action items to address identified behavioral health unmet needs

At each session, a series of questions was asked using the *National Dialogue on Mental Health Creating Community Solutions* and *Organizing and Discussion Guide* and everyone was reminded to respectfully listen to all views. The point was made that agreement was not the goal, that these were strictly sessions to listen as a basis for development of a county-wide Plan. The questions posed were tweaked according to the audience and the amount of time available. Where necessary, translation was provided. The general nature of the questions included:

- Education and input about the Eight Dimensions of Wellness
- Information related to mental health challenges and all substance use issues encountered most frequently in that specific target area
- Ideas about strategies and solutions to mental health and all substance use issues in our community
- Other input that participants had to share in a general way about the topics of behavior health, causation for problems, etc.

Notes were recorded from all sessions. The team wanted input from all stakeholder groups to be expressed in a way that kept the original tone and intent from each group, especially the youths. Information from these convening sessions helped to guide the next summit held in May of 2014 (see below). Input from these sessions is “threaded” throughout this document. Finally, two or more champions from each of the sessions were asked to attend the 2014 Behavioral Health Summit, and many did.

### *DURANGO AREA HUMAN RESOURCE MANAGERS (DAHRM) CONVENING*

In October 2013, a meeting was scheduled with the DAHRM for their February luncheon. Jenny Treanor, coordinator of Profile Employee Assistance Program (EAP), led this group. Mrs. Treanor is well known in human services/business in the behavioral health field, so she drew people to the table. The DAHRM group identified many employee-related issues. Employee-related strategies were selected as high priority areas by the community.

### *COUNTY CONVENING*

In December 2013, the team gave a presentation and had a discussion with the Southern Ute Tribal Council. Wendy Rice, CSU Extension, led the County group. Wendy has lived and worked in the County area for over 40 years. The team wanted to be sure that the County session would include those outside of Durango (Bayfield, Ignacio and surrounding areas); and that the session included all members of the community that wished to attend. A number of other pre-convening meetings were held to ensure appropriate attendance. These included meetings at Bayfield Library, Tribal Family Court, Ignacio School District, Southern Ute Community Action Program (two meetings), Southern Ute Tribal Council, Southern Ute Tribal Health Department and Clinic (four meetings) and San Juan Basin Health Department. The County convening in March brought in diverse people and ideas to the planning process.

Some members cited the gap in services available in Ignacio if one does not qualify for tribal services. There is a need for services for all La Plata County residents.

### *YOUTHS AND YOUNG ADULT CONVENINGS*

In November of 2013, Liz Silverstein agreed to head up the Citizens Health Advisory Council Young Adult Committee (YAC) that focused on gathering data from youths and young adults for the Behavioral Health Project. Members of the team met with the Chamber of Commerce's Young Professionals of Durango Board and key members to talk about the Behavioral Health Project and enlist their help to involve young people. The online survey (more information on *page 14*) was the result of this meeting with the Board.

In February 2014, members of the Behavioral Health Team and San Juan Basin Health Department (SJBHD) youth leaders met with the County 4-H youth leaders ranging in age from 11-18 years. The Eight Dimensions of Wellness concept was introduced through participatory methods and an engaging discussion revealed thoughtful responses from the youth leaders. Other Behavioral Health Team members met with the 4-H parents separately from the youths. Students and parents identified transportation as a key issue for youths in order to be able to participate in after-school activities.

Two other youth sessions were held with Wanda Ellingson taking the lead. Behavioral Health Team members met with students from the Adult Education Center and later with students from the Southwest Community College to gather their thoughts in response to the convening(s) questions. The students were very impressed with the Eight Dimensions of Wellness and thought that they should be shared and taught to all. They felt that the spirituality dimension is neglected in our community and could be nurtured through church, youth groups and schools.

### *COLLABORATION OF CARING COMMUNITIES (CCC) CONVENING*

The Citizens Health Advisory Council shares a long-time partnership with CCC. Eve Presler, Coordinator of CCC, took a lead in scheduling this group for February 2014. This already-existing group was a perfect representation of many of the non-profit and faith-based groups that the Project needed to reach. The CCC group agreed to pilot the marketing materials for the Project and significant changes were made based on feedback from their clients/parishioners about the Project and the upcoming event. Members of CCC agreed to bring clients to the convening to enrich the discussion. The positive approach of the Eight Dimensions of Wellness was important for this group in dispelling the stigma surrounding mental health and all substance issues. Their previous experience has prevented many from seeking help.

### *PROVIDER CONVENINGS*

We learned early-on that one provider group gathering would just not work, so five convening(s) took place from March to May. Kathleen McInness, Sara McVaugh, Lisa Barrett and Pam Wise-Romero were all key leaders for these convening(s). The convening(s) consisted of providers, and in some cases, office managers of the following practices: Pediatric Partners, La Plata Family Medicine, SJBH, Axis Health Systems, Inc. and La Plata Integrated Health (our local Community Clinic). Key priorities included wait times, affordability, turnover rates, an updated electronic health system for quick referrals, and face-to-face gatherings to improve communication between primary care and behavioral health providers.

### *LATINO CONVENING*

Knowing where to outreach the Latino communities was an important step as well as figuring out how to get them to a convening. We needed a special convener and found that in Marianna Stump. Marianna and Norman Gottlieb tag-teamed to bring together one of the best learning discussions termed *Health Platica* (the Latino term used to describe the gathering) of the Project. This session held in April 2014, brought together families from Latino communities in the area to learn about the Eight Dimensions of Wellness and to discuss challenges and solutions to their behavioral health issues. The group was conducted in Spanish by Marianna and Norman whom many of the participants knew and trusted. One of this group's strategies was to have more health platicas to learn more about behavioral health, available community resources, and how to reach optimal wellness.

### *ONLINE SURVEY*

When the young adult committee met with the Durango Chamber of Commerce's Young Professionals of Durango Board, the Board members expressed doubts that young people would come to a gathering, but they felt that an online anonymous survey might work that could be advertised through their group and other groups of young people. The survey was created for individuals between the ages of 21-39 using the questions and format from the

convening(s) and it was tested by the committee and their peers. The survey, online from February until the end of April 2014, was found to be effective in anonymously capturing comments from the community, including valuable input from the homeless population. As a part of this effort, a member of the young adult committee, spent several hours capturing comments from individuals at Manna Soup Kitchen using the online survey document. The survey was broadly advertised online and through English and Spanish flyers placed around the county ([Attachment B: Online Behavioral Health Survey Results](#)).

### **COMMENTS AND CHALLENGES CAPTURED AT THE CONVENING(S)**

- ✓ *I have been to way too many funerals, the resulting impact on self and family are devastating, yet we honor their memory by celebrating them with the substance that often killed them: alcohol.*
- ✓ *Chronic depression is a silent disease in the Latino community until it unleashes its madness on the world by leading its victims to think there is no alternative, no recourse, but to simply end the madness through irrational, debilitating behavior. People suffer and become victims simply because there is no incentive or information to find resources that would allow intervention and prevention.*
- ✓ *I see a lot of poverty in our area (County) and a lack of resources to reach and empower people to reach their goals and behavioral health.*
- ✓ *The community doesn't need drugs, it needs one thing: love. Take the time to share it as both parties must be willing. Maybe the loved one can't be there or totally understand but can encourage the value of the person.*
- ✓ *Our community has much to offer with lots of experience and assistance. People need to reach out for it and make access easier and quicker.*
- ✓ *Mental Health involves an elastic ability to cope. Life is like a giant balloon with a lot of give and take. Everyone is different and learns differently.*

As part of all this input gathered, a step was listening to the challenges and issues that people encounter regarding mental health and all substance use in our community. The stigma associated with mental illness and all substance use was a key issue raised. Prejudice and bigotry were associated terms that some felt were passed on from generation to generation and hard to dispel. Also, the lack of knowledge about optimal health and wellness was a widespread concern. Use of the Eight Dimensions of Wellness is needed.

Some of the other challenges mentioned included the amount of time that it took to get an appointment at the community mental health center. The longest wait time is for psychiatry. There is no wait time for crisis or intake. Primary care providers spend a good deal of time trying to contact therapists/mental health providers by phone at the community mental health center to try and obtain reports on patients. The lack of insurance or other ability to pay for behavioral health services at the community mental health center or private provider offices was a key issue. The community mental health center offers a sliding fee and other discounts, as do some private practices but this still does not feel affordable enough for some people.

The lack of transportation to services and activities was noted. Young people felt that kids got into trouble because they were unable to join after-school or weekend activities. Providers felt that many areas outside Durango were unable to access services due to transportation even though they may have some ability to pay.

Employers felt that young and part-time employees were unable to access or pay for services because either they felt they were invincible or they were unaware of resources. Even if a person was aware of resources, employees could not access services due to inability to pay or the lack of the available service. Many young people work 2-3 part-time jobs just to live in La Plata County, and most do not receive insurance benefits at any of the jobs.

Lack of information about resources and inability to pay for services available were key issues discussed throughout the Project for all groups.

## **2014 BEHAVIORAL HEALTH SUMMIT**

In May 2014, the planning team organized a Behavioral Health Summit to help identify strategies and actions using the input gathered over the previous year. Over 70 people attended to provide support and feedback. First, attendees were provided with information on the Behavioral Health Project, the Eight Dimensions of Wellness, and the goals of the Behavioral Health Plan. Then, attendees joined one of eight small groups based on the Eight Dimensions of Wellness topics, receiving a handout summarizing the topic comments from each convening with an emphasis on suggested actions, projects and strategies. Each topic received a goal (more information below). After discussion, each small group reported on its top three to five priorities. Then, as a collective group, attendees voted

on their overall top five ideas for action. The three areas of the Eight Dimensions of Wellness neglected in this process were included by accepting the top priority for each area. A decision-making tool called *Nominal Technique* was used for the overall voting. Priorities identified from the summit are noted in the strategies section below in green and those that received priority are noted with a star ([Attachment C: 2014 Summit Evaluation](#)).

## RECOMMENDATIONS AND IMPLEMENTATION

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*Vision: La Plata County is a community where behavioral health is part of comprehensive healthcare delivery, and where collaborative and integrated care is the norm that sustains optimal well-being for all.*

There are two areas of strategies noted in this Plan. One area is “general” and the other matches the Eight Dimensions of Wellness.

### GENERAL THEMES: PRIORITIES AND STRATEGIES

The following list of themes and strategies came out of all the input but was not easily placed in one of the Eight Dimensions of Wellness. However, these items were identified so often that the team felt they deserved to be part of the action Plan. In order to reach our vision, La Plata County needs to do the following:

1. *Provide broad community education on:*
  - the *Eight Dimensions of Wellness* model using a train-the-trainer method
  - working to reduce discrimination and stigma associated with behavioral health
  - coping skills and model behaviors specific to youths
  - financial management skills
  - integration and incorporation of spirituality into provider practices
  - relevance of behavioral health in the workplace (specifically employers)
  - promoting personal empowerment
2. *Provide increased access to care through:*
  - working with community partners to decrease the overall wait time at the community mental health center, primary care offices and private therapist offices (this may require revision of the current system)
  - working to increase affordability of mental health and substance abuse care at the community mental health center, primary care offices and private therapist offices
  - working on revision of the current system to create strategies to decrease the therapist high turnover rate that is interfering with successful treatment
  - providing additional behavioral health care and services in Ignacio for non-tribal members
3. *Provide broad community marketing through:*
  - the development of coordinated messages to promote integration of healthy behavior to all groups including across schools and employers
  - the development of an easy-to-navigate and updated online directory of behavioral health resources, The Behavioral Health Team has begun this directory ([Attachment D: 2013-14 Behavioral Health Resources Document](#))
  - email distribution of the *Behavioral Health Resources Directory* to community partners
  - other distribution of the *Behavioral Health Resources Directory* as defined by the Behavioral Health Team
4. *Decrease the normalization of alcohol in the community*  
(This strategy is currently being worked on by the Celebrating Healthy Communities Coalition; the behavioral health team intends to support them in this strategy.)
5. *Build support networks in new ways that include professionals, neighbors, friends, families, and caregivers for isolated individuals while clarifying the ways in which these people can help build strong community cohesiveness*
6. *Increase public transportation for access to health services and after-school transportation options for students (5 – 6 pm); overall reliable transportation*

## STRATEGIES BY THE EIGHT DIMENSIONS OF WELLNESS

For each of the Eight Dimensions of Wellness, a goal is listed along with opportunities. Then, all of the ideas generated for action are noted but the priority strategy is called out. Again, this priority strategy was selected at the 2014 Summit through a technique called 'nominal voting.' Those items that have a star by them include the list narrowed at the 2014 Summit.

### *#1: EMOTIONAL*

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**Goal: Members of our community will cope effectively with life and create satisfying relationships.**

#### *OPPORTUNITIES*

People need a solid relationship with their providers (primary care, mental health, all substance use, dietitians, etc.). Everyone needs to be accepted for who they are. Everyone can contribute. Being able to accept that you have a problem and accept help is important. Build and maintain that sense of positive purpose. Resilience (the ability to bounce back from trauma) is a skill and must be built on. There are opportunities for education and awareness.

#### *STRATEGIES/IDEAS FOR THE FUTURE*

**Number one strategy:** Teach students coping skills, model behavior, and encourage health/wellness awareness.

Other Strategies (priorities have a star instead of bullets)

- ❖ Build a network of therapists and pastoral care people who like to work with youths and counsel them when needed; community based resources
- ❖ Promote any identified healthy options unique to the community (Healthy Event Awards are given by the Celebrating Healthy Communities Coalition)
- ❖ Place more counselors in schools for individualized help
- ❖ Research strategies that are working in behavioral health
- Identify stakeholders, ambassadors, business groups and representatives across the spectrum to be involved in the initiative
- Develop strong relationships with providers including therapists
- Develop a central data base updated with current information and include listing of providers that explains exactly what they do (for example, providers may provide therapy but not meds for depression), what patients they can see, their availability, what insurance they take, etc.
- Free counseling for employees with Employee Assistance Programs (EAP) and make sure the employees are aware of their EAP
- Increase access to the community mental health center or change the system so community Medicaid/monetary support is dispersed to offer more choices
- Utilize more alternative health strategies – find health professionals who value other health and wellness approaches
- Develop a Memorandum of Understanding system so the sharing of information is timely and available among providers and case managers
- Look at Ft. Lyons model in our state. Fort Lyons is a Colorado-based supportive residential community that provides recovery oriented transitional housing to homeless individuals.
- Durango schools seem to be improving, find out strategies being used to teach prevention of MH and SA and share; increase school counselors 1:250 in all schools
- Develop or advertise suicide and rape crisis hotlines and share with students
- Offer individualized help at the high schools from counselors like at the elementary schools
- Develop a program to help rural students that enter a city high school

## #2: FINANCIAL

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**Goal: Members of our community will have satisfaction with current and future financial situations.**

### OPPORTUNITIES

The community can build and support existing mentoring programs and promote teaching that is already happening in the community on managing finances.

### STRATEGIES/IDEAS FOR THE FUTURE

**Number one strategy:** Increase awareness of and access to community education programs on financial management skills and financial wellness.

Other Strategies (priorities have a star instead of bullets)

- ❖ Provide mentoring opportunities including volunteers and teaching for as many stakeholders as possible on behavioral health needs
- ❖ Provide community education about financial wellness and other dimensions
- ❖ Involve employers; the benefits of financial wellness impacts employers financially; educate them regarding why wellness works
- Teach budget balancing to decrease stress
- Remove regulatory barriers to providers sharing information helping to provide more accessible, more affordable care at the right place
- Find ongoing funding for more clinicians, private payer coverage for behavioral health
- Ensure a behavioral health representative is at the table at all community conversations regarding affordable housing

## #3: SOCIAL

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**Goal: Members of our community will develop a sense of connection, belonging, and a well-developed support system.**

### OPPORTUNITIES

We can support and build on the current health care system as well as building on current programs such as Manna's *Break the Chain* and *See It, Stop it*.

### STRATEGIES/IDEAS FOR THE FUTURE

**Number one strategy:** Build support networks in new ways that include professionals, neighbors, friends, families, caregivers for isolated individuals while clarifying the ways in which these people can help build strong community cohesiveness.

Other Strategies (priorities have a star instead of bullets)

- ❖ Increase existing mentoring programs that match youths with an adult as a positive role model – more teen/youths connection
- ❖ Develop a sense of belonging through positive youth development and skills to build positive relationships for all
- Work with *Mission Continues* which is a national initiative that connects veterans to service in their community when they come home which utilizes their skills and leadership abilities
- Utilize *LPC Neighborhood Day* which is designed to help neighbors meet neighbors and strengthens support systems County-wide (Children, Youth and Families Master Plan)
- Create comprehensive educational campaign regarding resources and reasons to use them
- Increase the presence in the community (with a focus on how you can get people to the tables at all school functions, rec. center, etc.). Our community mental health center needs to hold a hand.
- Add support to the current mental health care system or change it
- Have a meet-and-great speed dating session for providers to connect
- Remove regulatory barriers to providers sharing information
- Accept assistance; be brave and have the humility to accept help

- Increase funding for early years; make the difference earlier before money is put into prison system later
- Work to change for our mentality, positive development, all need to develop a sense of belonging
- Increase person-to-person communication and decrease video, internet, phone, etc.
- Offer a hand to help others around you, take 10-20 minutes to invite someone to eat, talk, walk
- Offer classes on relationship, responsibility, self-management, and character development; classes that extend beyond the persons self to their place in a whole community

## **#4: SPIRITUAL**

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**Goal: Members of our community will expand their sense of purpose and meaning in life.**

### *OPPORTUNITIES/SALIENT POINTS*

We can build on church and spirituality in youth groups because they are seen as a support system. There has been the appearance of a behavioral needs tsunami due to the Affordable Care Act. Veteran needs have greatly increased. Having confidence in God, faith, and spirituality is seen as strength (also a part of youth asset building).

### *STRATEGIES/IDEAS FOR THE FUTURE*

**Number one strategy:** Education on integration and incorporating spirituality into integrated practice for providers.

Other Strategies (priorities have a star instead of bullets)

- ❖ Teach skills on how to incorporate spirituality into integrated practice; teaching specific skill sets on how to detach and engage with clients, employees, congregations, etc. around spirituality
- ❖ More active recruitment into existing parenting classes that already address spirituality
- Train on the integrated system including spirituality and definitions
- Include teaching the entire Eight Dimensions of Wellness in parenting classes; increase recruitment into parenting classes
- Focus on wellness
- Create more youth groups
- Involve many more people in the effort
- There are many spiritual leaders that can provide support; they serve as informal behavioral health leaders
- Educate to help discern religion and spirituality
- Spend time in nature, take a friend
- Teach respect of difference; teach the cultural determinants of spirituality
- View spirituality as a strength
- Listen with open hearts/minds to others' perspectives
- Use clients' words/meanings to help them grow

## **#5: OCCUPATIONAL**

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**Goal: Members of our community will experience satisfaction and enrichment derived from their work.**

### *OPPORTUNITIES*

There needs to be the opportunity to have behavioral health become normalized as it becomes part of overall health in an integrated system. This will decrease the stigma against it. The key is to retain providers (both medical and behavioral health) in LPC.

### *STRATEGIES/IDEAS FOR THE FUTURE*

**Number one strategy:** Educate employers on the relevance of behavioral health in the workplace and how it makes good business sense to have an Employee Assistance Program (EAP) for return on investment; reduce stigma with media campaign, respectful treatment of employees, small business collaboration, provide wellness programs to encourage prevention and decrease turnover.

Other Strategies (priorities have a star instead of bullets)

- ❖ Increase wellness programs in business with incentives (on site biometrics, online health assessments increase awareness)
- ❖ Systems need to collaborate. The community mental health center has the Medicaid contract and other private therapists, who are willing to become Medicaid providers can't become providers. Currently the community mental health center is a provider under the Medicaid contract that Colorado Health Partnerships holds and is ultimately managed by HCPF. This is a complex, managed care, full risk contract where the community mental health center meets or exceeds the contract requirements for provider network adequacy as well as all the other contract requirements. There is a process to be added to the network but applying does not mean one will be added. This may require policy changes on local, state or federal level.
- Survey employers as to what they are doing and what they need in order to improve the behavioral health of their employees
- Business support organizations could bring in mental health speakers (they bring in speakers to address other topics) to educate employers as to the importance of behavioral health for their employees
- Offer reduced medical insurance premiums for those who don't smoke
- Provide on-site yoga, fitness classes, stretching breaks, massage, Zumba, boxing, martial arts and other physical fitness and stress reduction classes at work; convenient times, low cost (charge something to show value)
- Include a referral to the EAP when there's poor performance – it increases success
- Offer Trimble Hot Springs pass, recreation center passes
- Hold employer/youth job fairs; encourage economic development first so there will be jobs to offer
- Look at barriers to why a dentist does not apply for student loan payback (many times application has low-income/rural requirements)
- Increase funding to early years; make the difference earlier before money is put into prison system later
- Develop a central data base updated with current information, include listing for providers and explain exactly what they do (e.g., they may provide therapy but not meds for depression), what patients they can see, their availability, what insurance they take
- Offer more appointments after 5 pm
- Have affordable job training for the specialized skills employers are looking for
- Decrease barriers to access with transportation; offer transportation to get non-tribal Ignacio residents into town for appointments or the Medicaid providers need to go to Ignacio. Tax levy to support more trips on the Road Runner
- Recreation center(s) could offer reduced rates for employees of small companies
- Run a media campaign to decrease the stigma of mental illness – the anti-tobacco campaign was successful
- Teach coping skills to children of all ages and introduce the Eight Dimensions of Wellness early and often

## *#6: PHYSICAL*

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**Goal: Members of our community will recognize the need for physical activity, diet, sleep and nutrition and use these healthy behaviors in their own life.**

### *OPPORTUNITIES*

Build on the health integration already in place in our community.

### *STRATEGIES/IDEAS FOR THE FUTURE*

**Number one priority:** *Develop coordinated messages in all groups to promote integration of healthy behavior messages across schools and employers.*

Other Strategies (priorities have a star instead of bullets)

- ❖ Educate/encourage employers to offer wellness activities and incentives for wellness activities
- ❖ Plan a Community Play Week to encourage all to try out healthy physical activities – engage schools and employers
- Reach out to groups not represented
- Plan and develop higher quality, more accessible and affordable services

- Develop more informal systems such as parent groups, listening better, depression awareness campaigns
- Access event planners that put on street fairs and big fundraisers to help raise awareness about behavioral health as described by the Eight Dimensions of Wellness
- Get trained to be able to reach out to the community about the importance of physical/mental health connection
- Train peer-to-peer mentors to go out to the community and business members to teach about mental/physical health; develop a peer-to-peer mentor system
- Universal screening for depression in schools, etc., would need availability (access) set up beforehand in order to address findings
- Increase communication between schools and employers
- Increase physical activity, endorphins; turn off TV and listen to music
- Get officials to declare “health behavior week” every other month – ride bike, drink more water, don’t drink sugar drinks/alcohol, etc.
- Teach critical thinking skills, cultural strength, and skill development
- Develop a system where primary care and other providers know up-to-date resources available including healthy eating, exercise, etc.; word of mouth is powerful especially from a provider
- Coordinated messages in all eight groups, promoting integration of healthy behaviors; engage Chamber to help get the word out
- Utilize peer pressure for positive impacts

## #7: INTELLECTUAL

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**Goal: Our community will recognize creative abilities and work to expand knowledge and skills for all ages.**

### OPPORTUNITIES

Build on the regional electronic *Southwest Connect* system to increase public awareness of mental health services. Work with the community input group that the Herald hosts every month. Integrated care must equal access.

### STRATEGIES/IDEAS FOR THE FUTURE

**Number one strategy:** Promote personal empowerment (teach how to do this)

Other Strategies (priorities have a star instead of bullets)

- ❖ Create policies to improve integrated care; they must provide equal access for all
- ❖ Expand Care Coordination efforts
- Find out what mental health services are available in our community
- Create and/or maintain a current community resource guide (explore refinement, use of SW Connect)
- Involve consumers in deciding treatment and care
- Integrate behavioral health into the 9 Health Fair
- Develop anti-bullying campaigns; diversity trainings, learning style education – use educators from Adult Education Center and other places who understand this in their work with youths –embracing Durango Diversity Initiative and Durango’s Community Relations Commission
- Teach understanding that good parents sometimes have children that behave badly, no blaming
- Increase communication skills for all: employers and employees; parents and youth; teachers and students; families
- Increase access to electronic communication
- Teach people how to dream (i.e., imagining what life could be like to move forward out of hopelessness)

## #8: ENVIRONMENTAL

**Goal: Members of our community will experience good health by occupying pleasant, stimulating environments that support well-being.**

### OPPORTUNITIES

Build on existing opportunities for youth, teen centers, skate parks, recreation centers; all environmental interventions require partnerships with government and schools. Being at peace with oneself has everything to do with mental wellness no matter the environment.

### STRATEGIES/IDEAS FOR THE FUTURE

**Number one strategy:** Increase public transportation and after school transportation options for students (5 – 6 pm); overall reliable transportation.

Other Strategies (priorities have a star instead of bullets)

- ❖ Increase affordable housing
- ❖ Resurrect Comp Plan for La Plata County
- ❖ Renew city recreation tax
- ❖ Provide more mental health therapists in schools
- Transportation – more information to kids on how to use the Transit, increase Park and Ride areas, provide ash trays at bus stops for the Transit, Farmington to Durango bus for workers; active commuting equals health, *Way TO GO Club*, 1% tax, increase bike paths; extend the Transit to go to Whispering Pines
- Provide basic needs – safe, more affordable accessible pleasant housing; access to safe health, food, water, air
- Enhance mobile home parks – make beautiful, currently no regulations or requirements for beautifying
- Provide public amenities – accessible affordable, diverse; parks, gathering places, arts
- Reduce negative stimulation – media: too often, too much; light, noise; alcohol/marijuana culture
- Develop new places where youths can go: game video arcade downtown, water parks, affordable laser tag parks, Boys and Girls Club for older youths ([\*Attachment D: 2013-14 Behavioral Health Resources Document\*](#))
- Create programs for homeless youths that provide residence, job training, financial assistance
- Develop a marketing campaign that uses schools and work places to increase education about existing facilities
- Look at Ft. Lyons model and use facility if available to us. Fort Lyons is a Colorado-based supportive residential community that provides recovery-oriented transitional housing to homeless individuals.
- Focus on education around responsible use -alcohol and marijuana with partners-Celebrating Health Communities Coalition
- Educate government officials – city council, county commissioners
- Encourage action on the living wage initiative-support the THRIVE Coalition using the Children, Youth and Families Masters Plan recommendations for living wage
- Use schools for meeting places and recreation
- Develop teen centers for youths



## CONCLUSION & WHERE DO WE GO FROM HERE?

This Community Behavioral Health Plan represents hundreds of hours of work. It belongs to the La Plata County community. Also, this Plan is a foundational document. It sets forth a vision for improved community behavioral health and suggests priorities for action. It will take the combined public will and participation on the part of many to bring it to fruition.

We are proud of this Plan and the work accomplished in Phase One of the Project. This Plan represents the very-real voices of many sectors in our community: youths, urban, rural, people of various ethnic backgrounds, etc. as well as many professionals working in the social, human service, primary care, all substance use and mental health fields. We realize that much more work needs to be done to put the “who, what, where, when, how, timeline, cost and/or a work plan” to each priority. That is the vital work of Phase Two of the project. Some of the prioritized strategies can be accomplished in the first year of implementation and may not require additional funding. Other strategies are more long-term and may be dependent on additional resources. For almost every strategy, partnerships are a necessity.

The support for convening and Project staff is currently provided by the Citizens Health Advisory Council, whose funding is secured year to year by member donations and grants. The implementation of the strategies listed will continue to be spearheaded by the Citizens Health Advisory Council working with the Behavioral Health Team and again, many community partners.

