

## **LWVBC Health Care Committee Summary of Activities and Resources Meetings in 2015 – January through July**

**January 27** – Barbara, Nancy, Frieda, Virginia, Gwen, Mary Anna met at Frieda’s home for a briefing by Nicky Marone, executive director of FOCUS Reentry. Nicky gave a thorough overview of her organization’s recruitment, training and mobilization of volunteer mentors as well as background information about the situation in the jail. The objective is to reduce recidivism—in the context of the over-arching goal of decriminalizing mental illness. Approximately 40% of those incarcerated in Boulder County jail have mental health issues. Good news includes jail-based behavioral services (JBBS), which employs certified addiction counselors (CACs). Addiction is addressed first, then mental health. Unfortunately, JBBS is overcrowded. Inmates have to apply and not all get in.

FOCUS Reentry offers opportunity for inmates to prepare for their release and adjust effectively to life “outside” so that they do not return to jail. Results of the program— looking ahead to its tenth anniversary--are very positive. Nationally and locally the recidivism rate averages 50%. In contrast, the rate for graduates of FOCUS Reentry is 17%. Each mentor is paired with a same-gender inmate from Boulder County jail who has requested to participate. Ideally, the selection occurs six to eight weeks before release and continues for one year. More male inmates seek mentors than do females, but fewer male volunteers are available. Careful rules are set, and guidelines are made clear. For example, volunteers are not to give money or share their own personal information (last name, address, phone) nor to take mentees in or offer on-call transportation. Mentors learn the technique of motivational interviewing, a non-aggressive technique to increase the desire for change. (This summary is just a sampling of the detail and insights we learned about.)

**February 17** – Barbara, Nancy, Frieda, Virginia, Mary Anna  
Met at Mary Anna’s for Frieda’s report on the Addiction Recovery Center tour and to look ahead at next efforts. Frieda shared hand-outs and extensive notes from the December 8 program, which was organized to educate legislators. Attendees heard an overview of Boulder County Public Health (BCPH) services and a presentation about the integration of of BCPH substance abuse services with Mental Health Partners. Discussion touched on funding sources and methods, regulations and policies, issues and opportunities. Committee members will study materials and pursue answers to questions that arose. The notes and materials are valuable in identifying topics and issues for further study and educational program opportunities. Also in looking ahead, we will look into how our work will mesh with the expected statewide study on behavioral health. A next step will be to try to outline or map out the many elements of mental health needs, services, policies, barriers, theories, etc.—so that we can identify where to focus our attention and efforts for best effect.

**March 17** – Barbara, Nancy, Frieda, Virginia, Gwen, Mary Anna  
Met at Frieda’s. (New member Jo unable to attend at last minute—still looking forward to meeting and welcoming her.) Mary Anna noted items in the LWVCO Legislative Letter about pending bills that relate to behavioral health. One addresses the rights of homeless individuals and another, telehealth services. All agreed that finding housing and employment are key factors for people living with mental illness to establish a stable living situation. Barbara reported

attending a NAMI board meeting and paving the way to meet with their office manager to learn about call-ins that they receive. The group began trying to organize various dimensions of behavioral health into a list or diagram. This will be a work in progress, but attached is a start. Using the list-building as a review of what we've explored so far, we began defining the educational and advocacy areas for attention:

- Educating the community
  - o Nature of mental illness, statistics about
  - o Services available for individuals, families
  - o Unmet needs and challenges
  - o Funding situation
  - o Reducing stigma
- Advocacy
  - o Increase funding – e.g., more residential services
  - o Include behavioral health in school curricula
  - o Add a mental health professional to the governor's cabinet
  - o ...

Regarding how our efforts will mesh with the expected statewide study on behavioral health, Linda Mahan of Larimer County (Shur Fellow National Coach and LWVLC health committee member) reassured us that we're on the right track—may be contributors, can be participants. As for our next steps toward presentations in the fall, Barbara is helping arrange a tour of Mental Health Partners (MHP) Wellness Center and a conversation at NAMI. We will ask about mental health first aid training at MHP and will continue refining concepts and materials as noted above and in the draft diagram. As another source of information and influence, Barbara has been attending the Citizen's Committee for Fort Logan.

**April 28** – Barbara, Frieda, Jo, Mary Anna

Meeting at Barbara's house, we welcomed Jo and shared recent information about the Longmont community meeting (MA attended), the Ft. Logan board (B attended), the behavioral health summary from the April 6 LWVCO Legislative Letter, and plans for Nicky Marone to speak at state convention. Barbara reported that WICHE, which has a mental health arm, has a report underway, to which she will provide a link. Discussion centered on preparing for programs in the fall—mental health first aid, INMI seminar, printed materials. Where can we make a difference? To be continued! MA also shared the team summary for the annual meeting report:

During 2014–2015 the Health Care Team reactivated in response to the LWVCO task force overview report on behavioral health. We have learned much about resources available in Boulder County for individuals suffering from mental illness and/or substance abuse, as well as about issues and challenges faced by families. Materials about Oregon's Early Assessment and Support Alliance (EASA) and about Colorado's new Community Crisis Connection (CCC) programs gave a sense of how challenges can be met. Information sources included speakers from Boulder County Public Health (BCPH), National Alliance on Mental Illness (NAMI), FOCUS Reentry, and more. In discovering Boulder County resources, one of our members attended the December tour for state legislators at the Addiction Recovery Center, and during May we will tour the Mental Health Partners Wellness Center. Our plan is to prepare educational material for

community meetings or forums as well as to define areas for advocacy. We will be responding to and coordinating with the expected statewide formal study this fall. For a fuller summary of our activities and learnings, please see our Team's page on the LWVBC website: [www.lwvbc.org](http://www.lwvbc.org),

**May 12** – Barbara, Gwen, Mary Anna

We attended the Interfaith Network on Mental Illness (INMI) conference entitled “Perturbed and Passionate Parents Speak Out: Cracks in the Mental Health System and How to Fix Them.” This excellent program featured three mothers who told of their struggles to help their sons and daughter get the help they needed for their particular illnesses. Each story was heart-wrenching; each had a relatively positive outcome because of the families’ perseverance in finding appropriate help. Also featured was Don Mares, former CEO of Mental Health America of Colorado and current head of Denver’s new Office of Behavioral Strategies. He noted that mental health impacts everyone, is a nonpartisan issue. We can see progress, But! E.g., more community conversations but no action; more services but not enough; good family involvement but no attention to family stresses; many good ideas but can’t do it all. His ambition: raise a bunch of hell. INMI leader Rev. Alan Johnson noted issues for focus: homelessness, requirements for more psych beds in hospitals, education that we are dealing with brain disorders, not voluntary “behavior.” The main source of the “crack” in the system is siloed services. Break-out sessions divided into discussions with/about providers, law enforcement, faith communities and families. Summaries of the breakout discussions can be found here: <http://www.inmi.us/data/PPP-Break-Out-Group-Reports.pdf>.

Exhibitors at the event included Infinitely Simple, a Windhorse social enterprise, and NAMI.

**May 26** – All of us: Barbara, Nancy, Frieda, Jo, Virginia, Gwen, Mary Anna

Staff at Mental Health Partners Wellness Center welcomed us for a briefing and tour of the facilities. CEO Kelly Phillips-Henry talked with us about behavioral health issues in general and about MHP programs. MHP serves Boulder and Broomfield counties, with a staff of 550, though there are many vacancies now—typically 30-50 open positions. The shortage of mental health workers, at all professional levels, is an issue. Under ACA, the expansion of Medicaid and parity requirement have brought in many new clients; Colorado’s health exchange has been a real positive. Parity works best on Medicaid; advocacy is needed to achieve parity under commercial plans. Some key observations: Structured day programs are a major help in behavioral health care. It’s more economical to do preventative work than to wait for crises. Residential care is limited; best is good outpatient care. The CCC at MHP has one of the highest utilizations in the state and probably needs to double in capacity; a marketing campaign is needed to raise awareness and support. Next year’s Colorado budget may be problematical (not surprising considering what we know about TABOR). MHP is working with several partners, such as Good Samaritan. Regarding the term “behavioral health,” mental illness and substance abuse must be treated together; even tobacco affects medication. The BH perspective brings together two phenomena that were formerly dealt with separately. MHP has lots of interaction with the jails, such as with the grant-supported EDGE program in Longmont; alternative sentencing is being looked at. MHP is doing due diligence regarding the SAMHSA block grant for early psychosis treatment; this would be a good topic for advocacy with legislators. In a nutshell, MHP has a triple aim: wider service that is better, earlier and cheaper.

**June 5** – Frieda and Mary Anna

We attended an all-day Mental Health First Aid for youth class, held at Broomfield United Methodist Church. Participants received a 200+ page manual “for adults assisting young people.” A key formula is “ALGEE”: Assess (how serious?), Listen (ask, but don’t push), Give (reassurance, support—not advice), Encourage (to seek professional help as appropriate), Encourage (self-help, support strategies). More detail available – I won’t attempt to summarize here. The program was informative and valuable.

**June 23** – Barbara, Frieda, Jo, Gwen, Mary Anna

Met at Gwen’s to recap the many learning experiences in recent months: INMI seminar, Nicky M. at LWVCO convention, tour of MHP Wellness Center, Mental Health First Aid. We learned more about the wealth of resources offered by NAMI and learned that Gwen and Bill have trained to be Family-to-Family trainers. We talked about taking liaison assignments so that everyone wasn’t trying to keep up with all organizations, but rather each assigned member could alert others about key events and articles. We also recognized that many partnering opportunities exist as we look ahead to community education and advocacy. Believing strongly in the importance of early intervention for psychosis, the group decided that we should contact Barbara Mattison (head of the original review on behavioral health and incoming LWVCO president) to encourage inclusion in the formal study and consensus process that will occur this fall. Mary Anna will follow up, with assistance from Barbara. Team members agreed that we will focus on what the state assigns this fall and then plan other educational efforts. Meantime, even before we have a new statewide policy statement, it’s possible to advocate via letters to the editor and other communications, either as individual citizens or formally with the signature of our LWVBC president. Meantime, Barbara has suggested to columnist Clay Evans that promoting early intervention would be a good topic. It may also be opportune to look for positive reinforcement topics—what could we write about to point out successes and progress in behavioral health resources? To be continued in July, hoping we hear more about the state study in the meantime.

**July 14** – Barbara, Frieda, Jo, Virginia, Suzanne, Mary Anna

Met at Mary Anna’s, welcomed Suzanne to the group. Barbara reported that Jeffco Mental Health got the SAMHSA early psychosis services contract; we will follow with interest and continue to advocate for such programs, including involvement of families and other strategies meeting with success in Oregon’s EASA. We all variously committed to seek and review various resources (MHP’s navigation page, MHFA handbook, SAMHSA resource web page, *Huffington Post* past and new articles—including an upcoming interview with Barbara’s daughter!). All agreed on an overarching principle: Our world needs a public commitment to dealing with mental health effectively. That means many things, including the push for integrated care and parity. Regarding our team efforts toward LWVCO’s behavioral health project, Frieda will draft a scenario that can provide a framework for teaching about mental health. Mary Anna will look into how MD’s do or can get ongoing education about MH issues; Barbara will seek NAMI-Minnesota’s publications as we plan basic handouts; Virginia will look into Colorado’s Behavioral Health Partnership. Collectively we are considering who might help present an educational forum. We hope to learn soon what materials and assignments we will get from state league to accomplish by December.