

Community Solutions Report
2013 Northwest Rural Philanthropy Days
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Introduction: From July 30 - August 2, 2013, the Northwest Colorado Rural Philanthropy Days (NW RPD) Listening Tour gathered Front Range funders with community leaders in Grand, Jackson, Moffat, Rio Blanco, and Routt counties. Tim Schultz, President and Executive Director of the Boettcher Foundation, and Matt Carpenter, Senior Vice President of the El Pomar Foundation, co-chaired the Tour. The goal of Listening Tour was for funders to hear from community leaders in open discussions about the character of the region, existing needs and current actions to address them. Two primary questions were asked at each meeting: 1) How would you describe the personality and culture of your community?; and 2) What do you see as a key issue or need in your community?

Using this information, on the second day of the NW RPD conference, the NW RPD Steering Committee facilitated a gathering of funders, local government officials, nonprofit professionals, and community leaders to dialogue about two of the most apparent and urgent regional issues identified on the tour: mental health care and early childhood education. Major regional stakeholders in each sector were invited to participate in the conversation, as representatives worked together to identify community solutions. This group of more than 100 statewide and local community leaders sought to find regional solutions to meet these needs. Discussions were led by invested facilitators, first at the county level and then as a sector. These dialogues sought to encourage the development of actionable solutions and support collaborative resources to move the project(s) forward. This report is a summary of identified regional needs, existing resources, and possible solutions to implement in communities across the five-county region.

Behavioral and Mental Health Care: The suicide rate in Northwest Colorado is higher than the state average, as behavioral health care is substantially underserved. Individuals with mental health issues are often isolated members of their communities. One in every four people will experience a mental health crisis at some point in their lives. Mind Springs Health reported that there are about 1,200 unduplicated mental health care clients between the five counties in any given year. Detoxification services are hours away, and law enforcement officials spend a significant amount of time transporting patients with substance abuse issues to Grand Junction and Denver for treatment. There is a similar issue with access to psychiatric beds, which often require a wait of three days, and a driving distance of three to six hours. Tele-health services are on the rise, especially in rural areas, but low bandwidth is often a barrier in sparsely populated counties.

Regional Needs and Gaps in Services and Facilities

- **Specialized Services.** The most commonly identified issue is a lack of specialized services. Trained medical professionals are needed to serve children and teens, especially to reduce high dropout rates and substance abuse problems. Veterans and the elderly also need specialty care, as they are often the most underserved populations in the region, owing to low outreach, limited resources and isolated populations. There is a need for more trained professionals in these treatment areas, as well as an increase of awareness and education of already existing resources. Several counties mentioned a need for additional support services for families and bilingual populations.
- **Public Knowledge and Education.** Each county noted that the negative stigma surrounding mental health care is a huge obstacle in creating community awareness. Most of the available care is focused on reactionary treatment and emergency services, instead of focusing resources towards preventative care for at-risk populations. Many agreed additional training for law enforcement and transport services providers will help foster trust and make treatment more effective. The need for a referral network or a collection of resources is also noted as an obstacle to providing effective care.
- **Adequate Facilities and Transportation Services.** In such a vast region, distance to mental health care service providers is an issue for nearly every community. Detoxification facilities are inadequate across the region; there is

no pharmacy in Jackson County, limited weekend services in many counties, and no in-patient care. Psychiatric beds are difficult to come by, and many patients must be transported to Fort Collins or Grand Junction to find treatment. Much of the underserved population is in need of transitional housing and behavioral respite care. Transport of 150-300 miles is often necessary. This service is generally provided by law enforcement or volunteers instead of trained health professionals.

Identified Resources

- Mind Springs
- Telemedicine consulting
- Private practices
- Primary care physicians
- Mental health first aid classes
- Parents' Resources List
- Detox facilities
- Mental Health Navigators
- Health Professional Shortage Areas
- 800 Crisis Line
- BOCES day treatment
- Senior nutrition, home care
- Community impact organizations (ex. Horizons, Grand Futures, YoungLife, Bridges, Advocates)
- Integrated behavioral health partnership
- Visiting Nurses Association
- Veterans Affairs, United Veterans Committee
- Churches, communities, schools
- Reaching Everyone Preventing Suicide (REPS)
- Jail program, case management

Possible Regional Solutions

- **Create a centralized, regional mental health facility** with detoxification beds, six month transitional living space, respite beds, security, and specialty staff.
- **Implement a primary and behavioral health care model in all five counties.** This model would integrate general mental health navigation resources and provide expanded mental health first aid trainings and capacity assessment resources. This model should follow the structure of successful health services in the region and integrate existing resources such as Mind Springs, NW Visiting Nurses Association (VNA), Grand County Rural Health Network (GCRHN), social services, county governments, schools and hospitals. The goal of this project would be to integrate mental and behavioral health into primary care settings and provide proper education on mental health needs and services. The program should establish a goal percentage of population trained and offer resource materials and bilingual services. It could also bring in specialist organizations to train from other parts of the state.
- **Provide more prevention services across the region.** These services should aim to lower suicide rates, battle the negative stigma around mental health, provide family and parent support and resources, and screen mothers for post-partum depression. They should also implement a positive psychology curriculum for children, expand home visitation, and connect behavioral health to schools and early childhood providers. Prevention services should serve as a critical evaluator of the effectiveness of regional programs and use strategic evaluation and collaboration to work with other providers (including, but not limited to: Mind Springs, First Impressions, Early Childhood Councils, Grand Beginnings, family practice health providers, and schools).

Next Steps and Responsibilities

- **Regional Mental Health Care Facility**
 - Identify stakeholders, including: County Commissioners, law enforcement, city officials, current providers (Mind Springs, regional hospitals), educators, Chambers of Commerce and businesses. The following stakeholders were identified as key stakeholders in the region:
 - Craig Thornhill (Mind Springs)
 - Sharon Raggio (Mind Springs)
 - Merrit Linke (Grand County)
 - John Kincaid (Moffat County)
 - Steve Ivancie (Routt County)
 - Ray Beck
 - Terry Carwile
 - Jim Ferree

- Gene Bilodeau (CNCC)
 - Duana Dailey (Veterans Services)
 - Cole White
 - Pamela Kinder
 - Kevin Harmon
- Gather information on licensing and criteria
- Host a convening of stakeholders (potentially convened by the NW Visiting Nurses Association) with a presentation by Mind Springs
- Execute a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis with key stakeholders
- Study applicable models and identify strengths to replicate
 - Sterling Centennial Mental Health
 - Department of Local Affairs
 - Feasibility model – USDA Rural Development
- **Integrated Primary and Behavioral Health Care Model**
 - Identify key stakeholders, including those already identified:
 - NWCO Community Partnership
 - Rocky Mountain Health Plan
 - Patrick Gordon
 - Jancy Dunkley
 - Mind Springs Hospitals
 - Jen Fanning (Grand County Rural Health Network)
 - Lisa Brown (NW VNA)
 - Jennifer Riley (Memorial Hospital in Moffat County)
 - Ken Harmon (Rio Blanco County)
 - Lynette Telck (MD, Jackson County)
 - Jamie Brown (Chamber of Commerce – Jackson County)
 - Study the models used in the region by Mind Springs and the VNA to identify how to implement a similar program in all five counties. Identify other resources to inform the plan (ex. GCRHN Navigation)
 - Develop effective evaluation tools and sustainability models to inform best practices and create measurable health outcomes
 - Assess barriers, gaps, and opportunities in the model, including organizational resources to build relationships and establish provider capacity and evaluations

Early Childhood Education: The second topic that was of major concern in all five counties was the lack of sufficient early childhood education services and resources. There is a lack of licensed childcare providers across the region and many find that there is not community buy-in for the value of investing in the services. Families often rely on neighbors, babysitters, and grandparents, especially those in shift work or with multiple jobs. Licensed childcare providers are often expensive and do not have the capacity to serve as many families as is necessary. The region has more infants and toddlers than can be served in licensed daycare, and there is much difficulty in retaining quality educators. There is limited early learning center capacity in all five counties, but the need was especially apparent in Rio Blanco and Jackson counties.

Regional Needs and Gaps in Services and Facilities

- **Value of services is underappreciated and often unrecognized.** As is the case in many communities, both rural and metro, many families do not recognize the need for quality early childhood education to promote social and emotional development. All five counties noted a common perception that “babysitting is enough” and that there is no need to invest in quality education for infants and toddlers. It was noted that parents and unlicensed childcare providers (such as family friends, grandparents, and neighbors) are often unaware of early childhood resources that are available to them. Also, as the older providers retire, there is an obvious gap in support for unlicensed services. Parent and unlicensed provider education is necessary, especially for those caring for 0-2 year olds.

- **Support for underserved and nontraditional families.** Many families throughout the NW do not have traditional work schedules, or may work 2 or more jobs to support their families. With high numbers of shift workers, seasonal workers, bilingual families, single parents, and families considered “working poor”, it is difficult to navigate inflexible childcare provider schedules. Employers often lose qualified workers, as they must leave their jobs to raise children. Because of the high cost of licensed childcare services, often providing only half-day care, families cannot afford to enroll their children in programs. This stigma of “needing help” to raise their children often keeps families away from qualified providers, resulting in underutilized resources. Friday programs are often under-funded with low capacity to serve, and bilingual services for families are inadequate.
- **Recruitment and retention of qualified providers and teachers.** Representatives from all five counties noted that they struggle with recruiting and retaining qualified, well-educated early childhood providers. Funding for such programs is often limited, and providers are faced with lower salaries and fewer opportunities. There is a high-turnover rate of teachers, providers, and directors, which lowers the quality and availability of services. This gap is most obvious in providers for 0-2 year olds. It was noted that additional higher education facilities to train local providers could ease this strain.
- **Sustainable development of quality programs.** In counties with sparse populations, it was noted that bringing quality, nationally recognized programs to their communities is extremely difficult. There is no Head Start program in the region or Early Childhood Council in Jackson County. The region lacks a sustainable, long-term plan, and there is very little attention around exciting initiatives like Amendment 66.

Identified Resources

- Women, Infants, and Children (WIC)
- Home School Association
- Pregnancy Resource Center
- Family childcare homes
- Church preschools
- Preschool classrooms
- Parenting programs
- Licensed daycare providers
- Horizons
- Connections 4 Kids
- Pre-Rating Trainings
- Grand Beginnings
- GAAP Fund for Youth, Recreation Centers
- Pyramid Plus and IY Classes
- First Impressions
- Newborn Network
- Community driven initiatives
- CO Children Campaign
- Higher education scholarships, online courses through Colorado Northwestern Community College and Colorado Mountain College
- Early HeadStart dollars
- Meeting Milestones screenings

Possible Regional Solutions

- **Create a regional early childhood education collaborative.** This group of key stakeholders across the region would create meaningful messaging to communicate the importance of quality early childhood education. The group would lead an increased outreach program to childcare providers in each county, including schools. This collaborative would ensure that all children have access to early childhood education services and would maximize these resources strategically across the region.
- **Develop a plan to attract, retain, and empower quality educators.** This plan should be comprehensive of the entire region and use existing resources provided by higher education facilities like CNCC and the NW Chapter of National Association of Early Childhood Educators. There should also be a strong focus on gaining “Raise to the Top” funding from the state in addition to stimulating support of Amendment 66. The key component to this plan is sustaining funding and resources for early childhood educators in the region. To establish this sustainability, key stakeholders in the region will need to invest in advocating for the NW region, participating in cross collaborations to gain funding

and share knowledge, educating parents on legislation around school readiness, and potentially establishing a childcare cooperative that would share administrative space and expenses.

Next Steps and Responsibilities

- Identify key stakeholders to move collaboration forward, including:
 - o Debbie Jessup (Anschutz Family Foundation)
 - o The Community Resource Center
 - o Early Childhood Councils
 - o Stephanie Martin (Routt County First Impressions)
 - o Margie Joy (Rio Blanco County)
 - o Michelle Balleck (Rio Blanco and Moffat counties)
 - o Corrie (Rio Blanco County)
 - o Cheryl (Grand County)
 - o Dana Duran (Moffat County, NW Colorado Boys and Girls Club)
 - o AmeriCorps Vista volunteers
- Investigate possible funding sources
- Marketing outreach in the Denver metro and regionally
- Develop a strong structure of collaboration (and win the Community Collaboration Award!)
- Establish parenting resources, community outreach, and a stable education system that is replicable across the region, possibly through a Regional Community Toolkit
- Advocate and educate parents, the public, and government officials

Moving Towards Regional Collaboration: To move forward regional projects for both mental health care and early childhood education, a structure of productive collaboration must be established early in the process. Collaboration will simultaneously act as an obstacle and advantage towards the success of the outlined projects. It will be necessary to bring partners together at a county level to engage all stakeholders, from citizens to County Commissioners. Including many different sectors and interested parties will ensure community buy-in and support future success. The next step will be to formalize partnerships and establish a leadership committee to develop a white paper and a business plan and institute best practices for collaboration. Establishing a “backbone” organization to facilitate, convene, negotiate, organize, leverage funding, and connect stakeholders will drive the process forward. The Community Resource Center, with the support of the NW Interim Year Steering Committee, plans to provide this structure. The committee will undergo a strategic planning session in the beginning on 2014 to develop achievable goals and gather key players. This organizational structure will be necessary to establish funding opportunities, such as a Convening for Colorado grant. The convened group for each sector (mental health care and early childhood education) will identify gaps in care and capitalize on intraregional resources to fill these gaps, including: trainings, transportation services, inventory, facilities, and access. From this point, a comprehensive plan will help lead a joint funding effort between the five counties. It is integral that both projects build on already existing resources, programs, and models to establish success. It will also be necessary to invest in high quality evaluation strategies using outside consultants.