



LARIMER COUNTY

2024-2028

# Community Master Plan for Behavioral Health

DECEMBER 2023



# Larimer County Community Master Plan for Behavioral Health

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## **A united effort in 2018 among community partners resulted in the creation of the Larimer County Community Master Plan for Behavioral Health, a comprehensive blueprint to address the escalating behavioral health challenges in our region.**

Through collaboration with cities, towns, care providers, nonprofits, and engaged community members, we carefully examined the needs within our community. This study identified existing services, identified service gaps, and outlined the necessary steps to bridge those gaps.

The Community Master Plan shaped the direction for the successful 2018 ballot initiative and laid the foundation for Larimer County Behavioral Health Services and its initiatives, the Impact Fund Grant Program, and the construction and operation of an acute care facility.

I am pleased to share the progress and evolution of our commitment to behavioral health in Larimer County.

Over the past five years, the Impact Fund Grant Program has reinvested nearly \$12 million into various community behavioral health services such as crisis services, coordinated care, youth programs, prevention, and early intervention. Acute Care Facility on the Larimer County Behavioral Health Services at Longview™ Campus, in collaboration with SummitStone Health Partners, is now operational, making acute crisis services more accessible to our community.

Recognizing the need for ongoing assessment, we have embarked on Community Master Plan 2.0, a continuation of our commitment to understanding the evolving behavioral health landscape. This

updated plan aims to reassess the challenges, identify improvements, and address critical gaps in services, ensuring our efforts remain aligned with the dynamic needs of our community.

I want to extend my heartfelt gratitude to the executive sponsors of Community Master Plan 2.0, including the Health District of Northern Larimer County, SummitStone Health Partners, Larimer County Behavioral Health Services, and the guidance team members. Special thanks are also due to the Colorado Health Institute for their invaluable contributions through research, data analysis, and report preparation.

As we usher in this new phase of our behavioral health initiative, I am filled with hope for the positive impact it will have on the health and well-being of our community. Together, we are building a stronger, more resilient Larimer County that prioritizes the holistic mental health of every individual.

Thank you for your continued support and commitment to the collective well-being of our community.



**Jody Shadduck-McNally,**  
*Commissioner*  
Larimer County Board of  
County Commissioners



# ABOUT THIS PLAN

## Background

Larimer County residents voted in 2018 to create a dedicated funding stream that invests in behavioral health services and supports for 20 years. A 0.25% countywide sales tax supports these investments by expanding and bolstering mental health and substance use prevention, treatment, and recovery services across the county. The ballot measure resulted in expanded and enriched local behavioral health services with the development of a regional behavioral health facility to coordinate those integrated services. The Larimer County Behavioral Health Services (BHS) department has reinvested funds into the community through three pathways: the [Acute Care Facility on the Longview™ Campus](#), the [Impact Grant Fund Program](#), and the [Bridge Fund](#).



## 2018 Ballot Language.<sup>1</sup>

### Ballot Issue 1A

Shall Larimer County taxes be increased \$19,000,000 dollars annually (estimated first fiscal year dollar increase in 2019) and by whatever additional amount as may be raised annually thereafter, for a period of 20 years by the imposition of a .25% (25 cents on 100 dollars) sales and use tax with all revenue from such tax to be used in accordance with the Board of County Commissioners Resolution No. 07242018R013 for the following mental/behavioral health care purposes:

Provide preventative, early identification, intervention, support, and treatment services for youth, adults, families and senior citizens, either directly or indirectly, who are residents of Larimer County including Berthoud, Estes Park, Fort Collins, Johnstown, Loveland, Timnath, Wellington, Windsor and rural communities of Larimer County through in-person and other delivery methods, which may include tele-services, community based services and other service options; and

Acquire, construct, improve, maintain, lease, remodel, staff, equip, and operate new and/or existing mental/behavioral health facilities;

And shall the county be authorized to collect, retain and spend all proceeds of such tax without limitation by Article X, Section 20 of the Colorado constitution, and further provided that an annual report shall be published and provided to the Board of County Commissioners on the designation or use of the revenues from the tax increase in the preceding calendar year consistent with its approved purposes?



## Plan Development

The Community Master Plan (CMP) for Larimer County, commissioned by BHS and supported by SummitStone Health Partners and the Health District of Northern Larimer County, is a five-year strategic plan that addresses the community's behavioral health needs and seeks to improve the quality of life for county residents. This CMP is the second iteration, building off the [2018 report](#) that identified early priorities for behavioral health in the county and achieved several successes that are described later in this plan.

BHS partnered with the Colorado Health Institute (CHI) to develop this CMP, which involved four phases of work from June to December 2023. CHI identified resource gaps, collected secondary data, facilitated small-group discussions and interviews with key stakeholders, and fielded a survey to help inform the CMP. A group of Executive Sponsors and a Guidance Team of behavioral health experts and community leaders offered advice and feedback on the report's development, findings, and prioritization of recommendations. See the Appendix for a full list of CHI's methods and a list of Guidance Team members and Executive Sponsor representatives.

CHI and BHS coordinated with other organizations in the county that were conducting behavioral health assessments to incorporate additional, relevant information on specific populations or challenges.

- [The State of Behavioral Health for Youth and Children \(0-24\) in Larimer County](#)
- Northern Colorado Region 2 Substance Use Landscape Assessment. *Report will be released in Spring 2024.*
- [Larimer County Health Department's Community Health Improvement Plan](#)

## Larimer County's Behavioral Health Landscape

Larimer County residents have needs across the behavioral health care spectrum. Thousands of people need treatment and/or recovery services for mental health or substance use-related issues. These issues can be acute or chronic, and they can impact people of all ages, backgrounds, and lived experiences. Some residents require ongoing outpatient services with a culturally competent provider, while others need emergency services or a place for detoxification while suffering from an acute event. Prevention programs and social supports can reduce demand for treatment and recovery services, preventing acute and chronic behavioral health issues from escalating or reducing their negative impacts. See the [2018 CMP](#) for helpful background on behavioral health services and needs.

About  
**59,000**

Larimer County residents  
**reported poor mental health**  
in the past year.<sup>2</sup>



**17%**

of Larimer County and  
Weld County residents  
**are concerned about the  
amount of drugs or alcohol  
they consume.** 11% said the  
amount they consumed in the  
past year has increased.<sup>3</sup>



### Report terminology

*The term Larimer County is often used to reference both the county government and the geographic community. In this report, CHI uses Larimer County to describe the community. The report specifically names the county government or certain entities when referencing actions or processes that involve local government.*

Access to affordable, high-quality, and culturally competent behavioral health care is a key ingredient in ensuring people in Larimer County can live their best lives. However, not all communities and populations in the county have equitable access to the services they need. Data collated by CHI point to successes but also to persistent needs and gaps.

Challenges to meeting people’s behavioral health needs are rooted in both community and systemic issues. Community-based challenges are those that are specific to Larimer County and/or could be addressed by local solutions. Systemic challenges, such as housing affordability, are rooted in broader statewide or national issues that would require legislation and a shift in social norms to be addressed.

CHI identified 28 findings during its quantitative and qualitative research that described Larimer County’s behavioral health landscape. Findings touched on subjects such as funding, access barriers, the behavioral health workforce, social needs, and state-level policies. They formed the basis for the recommendations detailed in this 2023 CMP. The full list of findings can be found in the [Larimer County Behavioral Health Landscape and Opportunities Report](#).

## ABOUT BHS

**Vision:** Larimer County values and promotes behavioral health with a comprehensive and sustainable continuum of care.

**Mission:** Responsibly investing in community-driven work to increase access to behavioral health services and improve outcomes for all Larimer County community members.

## GOALS

- Enhance community-based services to shift from an acute-care model to a recovery-based model of care
- Improve access to behavioral health services in both rural and urban areas
- Promote emotional health and well-being
- Reduce substance misuse
- Reduce attempted and completed suicides
- Reduce recidivism for individuals with unmet behavioral health issues

# 47,000

Larimer County residents **did not get needed behavioral health care in the past year.**<sup>2</sup>

# Only 43%

of people who died by suicide between 2018-2020 in Larimer County **had been treated for a mental health problem.**<sup>4</sup>



## Barriers to Behavioral Health Care

Larimer County residents did not get needed behavioral health care in the past year because: <sup>2</sup>

### COST

**9%** (28,000 people)

### UNABLE TO GET AN APPOINTMENT WHEN NEEDED

**6%** (20,000 people)

### STIGMA

**5%** (16,000 people)

### DIDN'T THINK INSURANCE WOULD COVER IT

**3%** (10,000 people)

*Survey participants could select more than one barrier*



BHS, community-based organizations, and local health care entities have made important strides in recognizing and addressing the community's complex and evolving behavioral health needs. The work to improve residents' quality of life and to treat acute and chronic behavioral health needs has no finish line, but county leaders have taken notable steps since the last CMP was published in 2018. Successes include:



Building the Acute Care Facility on the Longview™ Campus, which opened in December 2023.



Developing the Impact Fund, which distributes approximately \$2.5 million annually to programs serving county residents (see Figure 1).



Expanding and developing the Colorado Opioid Synergy — Larimer and Weld (CO-SLAW) partnership and co-responder programs that divert people experiencing acute mental health or substance use events from costly jail or emergency room visits.

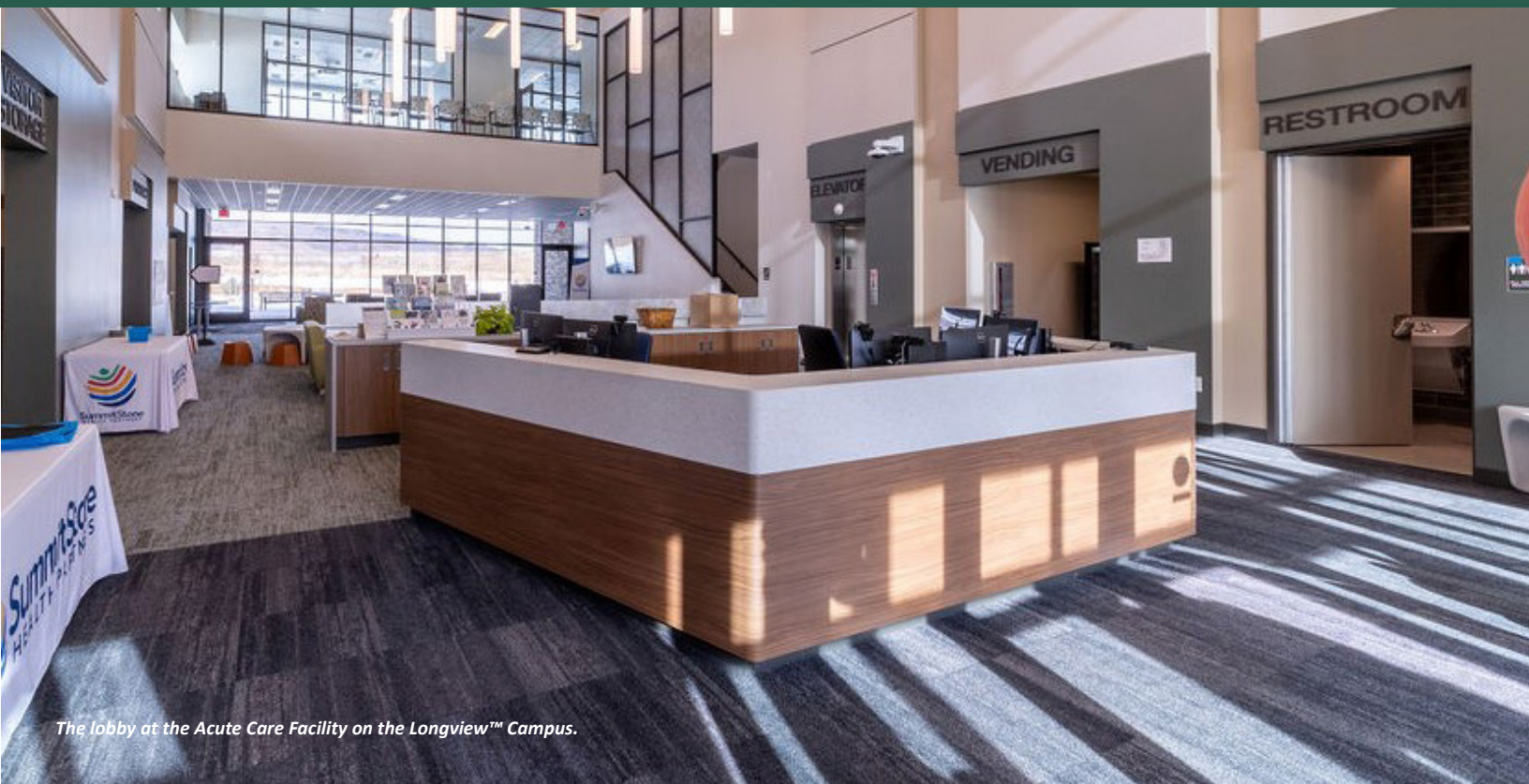
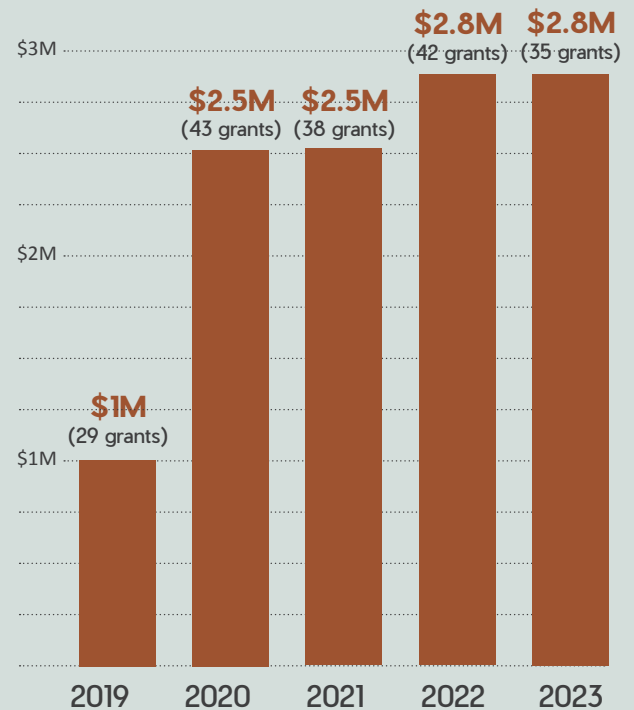


Increasing support for the county's unhoused population with more rapid rehousing and transitional housing options.



Gradually improving the public's perception of and support for county investments in behavioral health services.

Figure 1. Impact Fund Grant Program Awards, 2019–2022<sup>5</sup>



The lobby at the Acute Care Facility on the Longview™ Campus.





# RECOMMENDATIONS

In collaboration with local partners, CHI identified 14 recommendations for the 2024-2028 CMP for Larimer County. They build on progress from the 2018 plan and aim to address ongoing community and systemic challenges that affect service providers, community-based organizations, and county residents alike.

## ***An important note.***

*Some systemic challenges, such as those related to housing and social isolation, are reflected in the recommendations because stakeholders and behavioral health leaders highlighted the persistent influence of systemic issues in their community and said that they wanted to see these issues included in the CMP.*

*BHS and other government departments are not able to fully address or “fix” these issues in Larimer County within the next five years. Doing so will require extensive partnerships among many different sectors, as well as a longer time horizon. However, CHI included these systemic issues to call attention to opportunities for greater collaboration and shared leadership to affect behavioral health outcomes in important ways.*



# Building on Progress From the 2018 CMP

The 2018 CMP created a solid foundation for Larimer County’s future behavioral health efforts. A focus on evaluation, collaboration, and coordination among government, health care, and community organizations is needed to continue building on the progress stemming from the 2018 plan. County investments in services, facilities, and programs will need to be informed by data and supported by multiple entities to meet the community’s evolving behavioral health needs. These recommendations address evaluation and assessment opportunities, a need for greater collaboration, different approaches to grant funding, and ways to scale promising crisis alternative programs, among others.

## 1. Facility Evaluation

**Challenge.** The Acute Care Facility on the Longview™ Campus opened in December 2023 with the goal of filling service gaps in acute behavioral health care. (See Figure 2 for a list of services in high demand in Larimer County.) Evaluation metrics that assess quality improvement, financial stability, and community health outcomes have been established and will be monitored through the Longview Financial Advisory Committee and the Longview Quality Council.

**Recommendation.** Evaluate the metrics and goals to measure successes and challenges of the new Acute Care Facility at Longview™. These evaluation metrics will ensure the county’s investment is being effectively leveraged to address service gaps for the county’s diverse populations and needs.

**Next steps.** Coordinate with the facility’s Quality and Fiscal Committees to align evaluation processes. Review the established metrics that assess service utilization and availability, cultural competency, sustainability, and effectiveness of diverting acute care needs from jails and emergency departments. Determine how often metrics will be collected and assessed, and which organizations are responsible for conducting each component of the evaluation. Establish a mechanism for sharing outcomes and evaluation results with the public.

## 2. Interagency Collaboration and Alignment

**Challenge.** Local government agencies and health care organizations often conduct assessment and data collection efforts in silos. A lack of coordination among these entities risks duplication of efforts, burdening residents with community engagement activities, and diffusion of responsibility and limited funding to improve health outcomes.

This challenge is not unique to Larimer County. Several counties in the Denver metro area have discussed aligning their timelines and other aspects of community engagement to reduce silos and duplication in community health needs assessments. Similar conversations have taken place among leaders in Larimer and Weld counties as recently as July 2023 and may offer a strong foundation for new regional partnerships in Northern Colorado.

**Recommendation.** Reduce silos and duplication by collaborating in new ways among county agencies and health organizations, including behavioral health entities. The goal is to improve information sharing through better-aligned data collection and assessment efforts.

**Next steps.** Identify a lead agency to establish and coordinate annual meetings focused on alignment. Require attendance from local government agencies and create opportunities for health care entities and community organizations to share and coordinate data collection and community engagement plans.

### 3. Youth Services Feasibility Study

**Challenge.** Larimer County has limited acute mental health and substance use services for youth, which means those with high needs sometimes must travel to the Denver metro area or other locations along the Front Range for services. The new Acute Care Facility on the Longview™ Campus has limited options for youth-specific services and the costs to build, operate, and staff a youth-inpatient facility or to create youth-specific services at the Longview™ Campus are largely unknown.

**Recommendation.** Develop a plan for assessing the financial feasibility, licensing requirements, workforce capacity, and community demand for acute and chronic youth behavioral health services on the Longview™ Campus or in other settings around the county.

**Next steps.** Coordinate with local behavioral health leaders and Longview™ Campus staff to identify what metrics and key supporting partners should be included in the feasibility assessment.

*Even finding a place for kids under age 12 who need inpatient hospitalization is hard. We have nothing for 60 miles radius because the closest would be in Denver and that's if they have any beds available. For our kids who are struggling with significant mental health issues and safety when they're under age 12, we have really no viable options for those families within our county."*

Health District Youth Behavioral Health Assessment  
key informant interviewee

### 4. Care Coordination

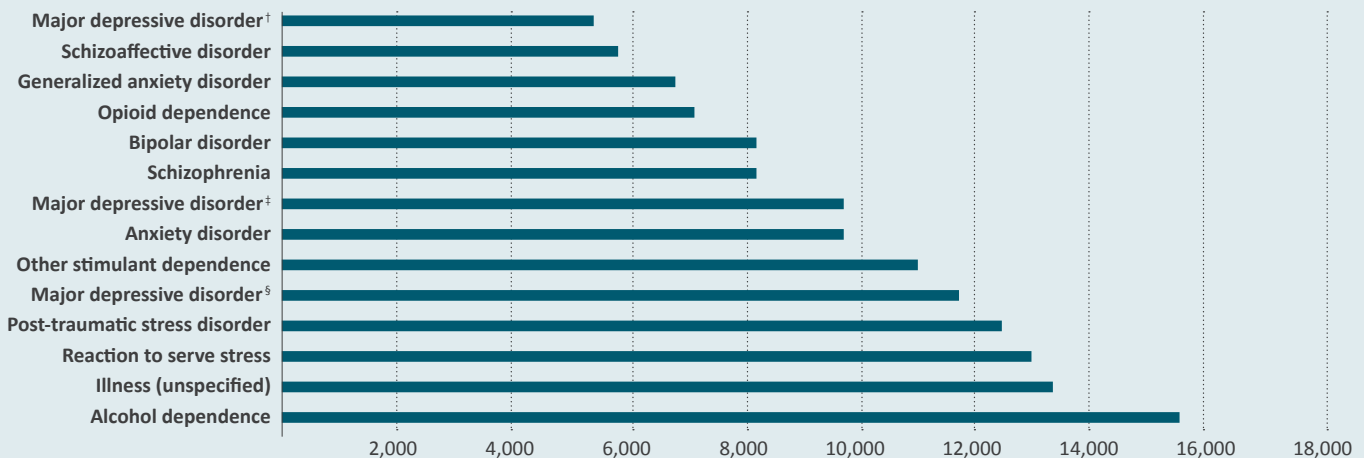
**Challenge.** Fragmented referral processes among health care and community-based organizations reduce opportunities for people to be connected to needed services. Stakeholders say the community's most frequented behavioral and general health providers are not using centralized coordinated care and referral hubs, and some organizations do not have enough money or staff to participate in a centralized referral network.

Community members also experience care coordination challenges when they are not connected to wraparound services or have difficulty finding providers and programs within their insurance network that offer culturally competent behavioral health care.

**Recommendation.** Health care entities and community-based organizations use a new or existing centralized referral hub. This hub would strengthen care coordination and network partnerships that connect people with information and services to address both their behavioral health and social needs.

**Next steps.** Collaborate with health systems, behavioral health providers, and community-based organizations to assess their interest in and barriers to participating in a local centralized referral network.

**Figure 2. Services in High Demand in Larimer County. Most frequently diagnosed conditions at SummitStone Health Partners, July 2022–August 2023\*6**



\*Data are totaled by diagnosis code, not by individual person  
‡ Major depressive disorder, single episode, unspecified

† Major depressive disorder, recurrent severe without psychotic features  
§ Major depressive disorder, recurrent, unspecified

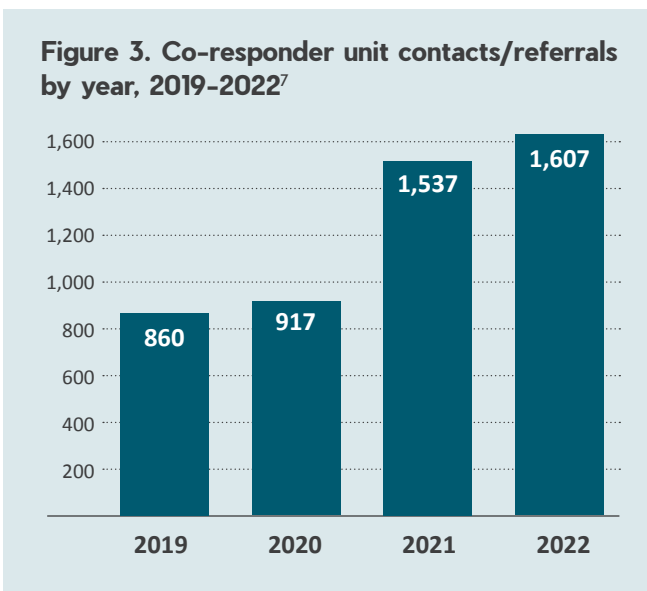


## 5. Crisis Alternatives

**Challenge.** Jails and hospitals are still being used as default locations to hold people with acute mental health and substance use needs. The Colorado Opioid Synergy - Larimer and Weld counties (CO-SLAW), co-responder, and Frequent Users Systems Engagement (FUSE) programs have reduced jail and emergency department visits; however, the programs don't have the capacity to help everyone at risk of these outcomes. The co-responder program in particular has reduced or avoided jail time for some people who interact with law enforcement while experiencing a mental health crisis, but the program needs more teams of officers and clinicians to reach people in need around the county and at all times of day (see Figure 3).

**Recommendations.** Expand proven programs, such as CO-SLAW and the co-responder model, that divert people experiencing acute mental health and substance use events from jails and emergency departments. Monitor how effective the new Acute Care Facility is at diverting people away from these settings. By providing a setting for more appropriate services, local leaders expect to see a positive impact. Determine when and how care coordination teams and program outcomes should be evaluated to identify network performance successes and challenges.

**Next steps.** Identify sustainable funding sources to financially support program expansion and viability in the county.



## 6. Impact Fund Grants

**Challenge.** The Impact Fund Grant Program has evolved since its inception in 2019, but the one-year grant period limits the sustainability of funded programs. Additionally, yearly application and reporting requirements place an extra burden on already stretched staff teams. One-year funding cycles can supplement current programs, but they reduce opportunities to create new programs and hire additional staff.

**Recommendation.** Modify and annually evaluate the Impact Fund's application criteria and award process. Consider multiyear grant options to foster more equitable and impactful changes and support sustainability in grantees' programming.

**Next steps.** Present options for multiyear grant funding to the BHS advisory groups for the Impact Fund Grant Program. Create evaluation metrics that assess equity, administrative burden, and impact for underserved communities.

## 7. CMP Implementation

**Challenge.** The 2024-2028 CMP recommendations will require coordination and action from key partners across county government, health care entities, and community-based organizations. Yet there are no formal plans to evaluate if and how these recommendations are being pursued and implemented.

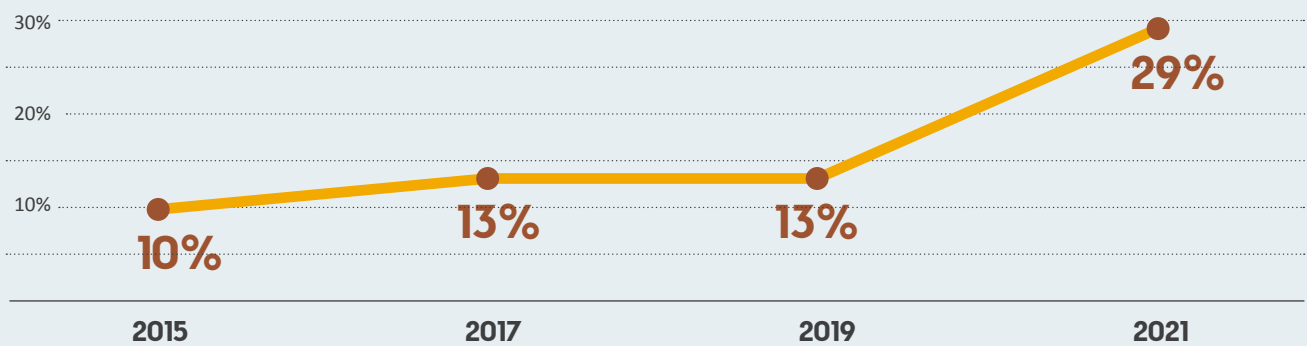
**Recommendation.** Create an annual meeting for the Executive Sponsors and Guidance Team to assess progress on the CMP's recommendations and to identify needs and roles for the year ahead.

**Next steps.** Identify a lead agency to coordinate the meeting. Create evaluation tools to assess progress on the CMP's priorities. Discuss any new or evolving behavioral health issues to ensure county residents' needs are being met.

# Behavioral Health Services and Supports

Larimer County does not have enough quality prevention, treatment, and recovery services for people across the age spectrum or with diverse backgrounds and lived experiences. This situation is rooted in both local and systemic challenges. This section primarily focuses on local issues that county government, health care, and community-based organizations can address through collaboration, financial investment, and other programmatic supports. Recommendations would benefit youth, adults, members of underserved communities, and the behavioral health workforce.

Figure 4. Percentage of Larimer County residents who reported poor mental health in past 12 months, 2015-2021<sup>8</sup>



## 8. Adult-Focused Programs

**Challenge.** The behavioral health continuum does not fully accommodate the needs of people across the age spectrum. This includes adult Larimer County residents who can sometimes be passed over in favor of focusing additional attention and resources on the needs of younger residents. Adults, particularly those ages 25-34, have struggled with high rates of drug overdoses during the past three years (see Figure 5). The pandemic likely exacerbated mental health struggles in the community. Reports of poor mental health spiked from 13% in 2019 to 29% in 2021 as people experienced social isolation, financial instability, and illness from the virus (see Figure 4).<sup>8</sup> Self-reported mental health diagnoses among adults followed a similar trend, jumping from 30% in 2019 to 37% in 2022.<sup>26</sup>

Death by suicide is a persistent challenge in the county. Adults ages 45 and up have seen an uptick in suicide rates over the past three years, pointing to a need for better behavioral health prevention,

screening, and treatment options, especially for those 75 and older (see Figure 6).

**Recommendation.** While not losing sight of ways to better serve youth, expand funding for adult mental health and substance use prevention and treatment programs, especially for the distinct life stages and challenges that evolve throughout adulthood. Young adults (ages 25-34) especially need additional drug prevention and treatment services to counter the recent uptick in overdose deaths. Suicide rates have remained high for all adult age groups in the county, but recent increases in suicide deaths by older adults suggest additional programs and services are needed to better understand and prevent devastating behavioral health outcomes for this population.

**Next steps.** Identify adult-specific behavioral health services currently offered in the county and assess where there are gaps along the age spectrum. Find ways to leverage funding, partnerships, or lessons from successful programs in other counties to effectively serve different adult age groups.

Figure 5. Larimer County drug overdose deaths per 100,000, by age group, 2020–2022<sup>9</sup> ■ 2020 ■ 2021 ■ 2022

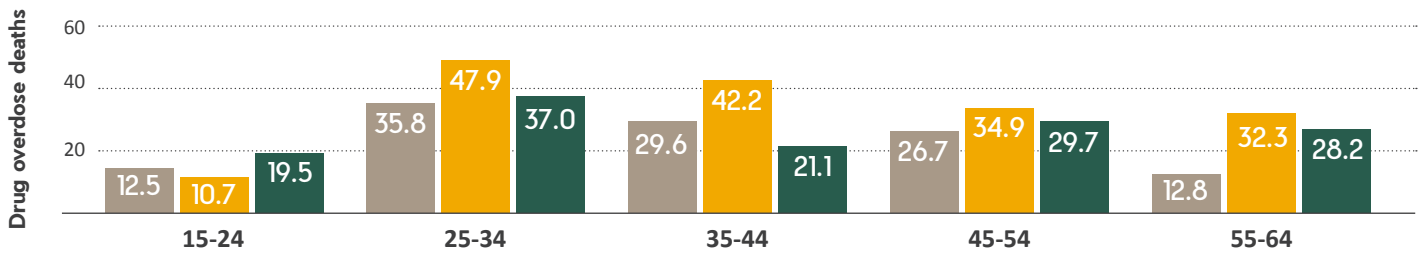
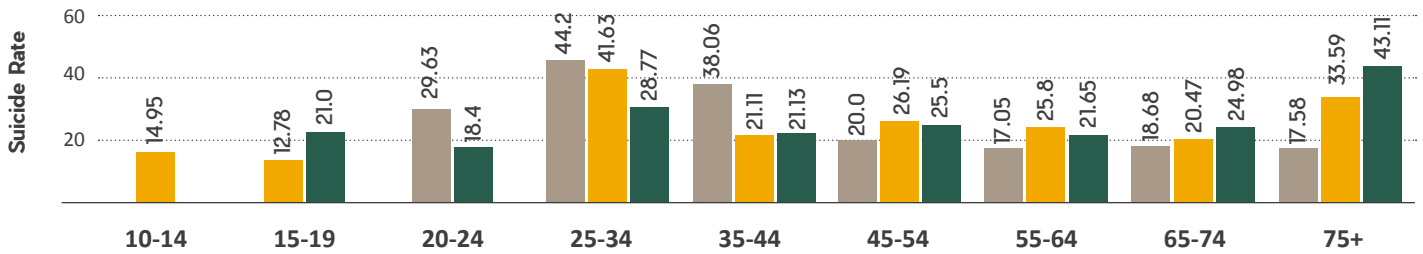


Figure 6. Larimer County suicide rate per 100,000 by age group, 2020–2022<sup>2</sup> ■ 2020 ■ 2021 ■ 2022



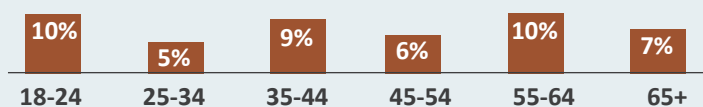
## Alcohol Use in Larimer County

Alcohol use and misuse is a consistent and overlooked problem in Larimer County. About one in five adults (ages 18 and older) reported binge drinking in the past month, and one-third of all fatal car crashes in the county involve alcohol. Additionally, alcohol dependence was the most diagnosed condition at SummitStone Health Partners in 2022.

### Larimer County’s Alcohol Landscape

- 8%** Percentage of adults who are **heavy drinkers**<sup>11</sup>
- 21%** Percentage of adults who reported **binge drinking in the past month** (males 5+/females 4+ drinks on one occasion)<sup>11</sup>
- 33%** Percentage of **fatal car crashes that involved alcohol**<sup>12</sup>
- 16%** Percentage of people who **drank during pregnancy**<sup>13</sup>

### Heavy Drinking\* by Age<sup>14</sup>



\***Heavy drinker definition:** Respondents who identify as men who report drinking more than 14 alcoholic beverages in a week and respondents who identify as women who report drinking more than 7 alcoholic beverages in a week.

### Adolescent Alcohol Use

Alcohol use and abuse can start during a person’s adolescent years, increasing their risk for alcohol-related issues into adulthood.<sup>15</sup> Over one in four (27%) Larimer County high school students have had at least one drink in the past month.<sup>16</sup>

**39%**

Percentage of high school students who **do not think it’s wrong for someone the same age to drink alcohol regularly**<sup>16</sup>

**15%**

Percentage of high school students who **engaged in binge drinking in the past month**<sup>16</sup>



## 9. Youth-Focused Programs

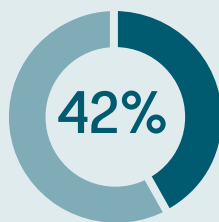
**Challenge.** Youth have limited access to culturally and socially competent mental health and substance use services across the county. Many services are concentrated in high-population areas, like Fort Collins, and not much is available to youth in convenient and trusted settings, like their schools or homes. These services are imperative to combat youth suicide and substance use and to effectively treat a range of behavioral health issues.

In particular, limited capacity exists for early childhood (ages 0-5) mental health services. The ongoing child care crisis exacerbates this issue, as many connections to resources for early childhood mental health care, as well as for parental support, are typically accessed through early childhood care and education services.

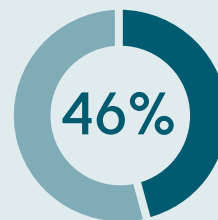
**Recommendation.** Consider ways to include youth voices and better serve young people while also offering appropriate behavioral health supports for adults in the county (see Recommendation 8). While acknowledging that children are not just small adults, increase investments in and tailor school- and home-based programs, peer programs, and initiatives that offer substance use and mental health prevention and treatment services. County residents reported a need for more therapy and outpatient services for infants and young children (ages 0-5), as well as for more inpatient services, community-based services, and culturally competent and LGBTQ+ services for older children and youth.

**Next steps.** Identify gaps in suicide and substance use prevention and treatment among local youth programs. Create or invest in existing programs that support youth mental health across the age spectrum in accessible settings.

### Mental Health Among Larimer County High School Students<sup>16</sup>



Stress level is not manageable most days



### Suicide and Self-Harm Among Larimer County High School Students<sup>16</sup>

20% Percentage who seriously considered suicide in the past year

7% Percentage who attempted suicide

24% Percentage who purposely hurt themselves without wanting to die

### Drug and Alcohol Use Among Larimer County High School Students<sup>16</sup>

10% Were sold, offered, or given illegal drugs on school property

14% Used prescription pain medicine without a prescription

13% Used substances to cope with negative/difficult feelings

27% Had at least one drink of alcohol in the past 30 days

*“The way I got help is I had a teacher I was really close with, and I told him about my situation, and he helped me meet with the counselor at [school], and they set me up with a therapist and I didn’t have to pay — it was through the school — and I also got to keep it a secret from my parents for a while until I was ready to tell them, so that helped a lot.”*

Health District Youth Behavioral Health Assessment focus group youth participant

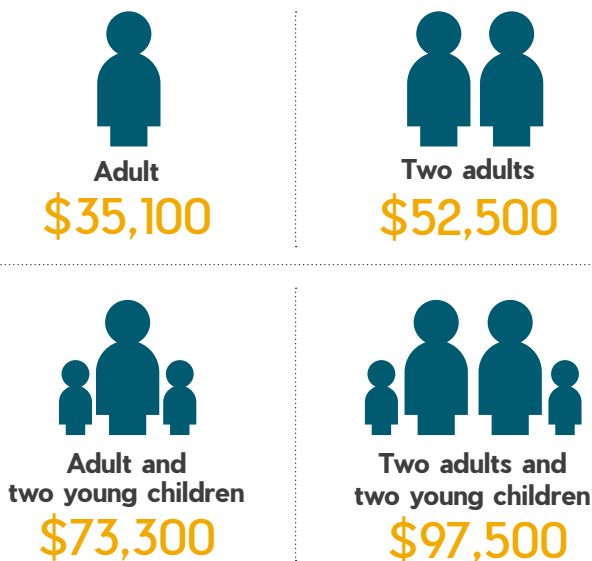
## 10. Workforce Supports

**Challenge.** Limited workforce capacity, appointment availability, and cultural competency are top concerns among local leaders. The high cost of master’s degrees and the inability of wages to keep pace with the county’s self-sufficiency standard are key barriers that reduce the number of behavioral health workers (see Figure 7). Those from diverse backgrounds and those with nontraditional education backgrounds or lived experiences often struggle with these barriers the most. Demand for providers who bring similar lived experiences or common backgrounds as their patients is high, but gaps in diversity of age, language, and race/ethnicity persist among providers.

**Recommendation.** Create new opportunities or invest in existing efforts to expand the behavioral health workforce pipeline and offer meaningful compensation that supports providers’ cost-of-living expenses.

**Next steps.** Identify programs and opportunities to recruit and retain clinical and administrative staff, such as investing in local loan forgiveness programs and creating apprenticeship opportunities within local clinical settings. Opportunities to reduce cost-of-living barriers include loan forgiveness and grant programs to increase compensation for providers and other staff.

Figure 7. Annual income needed by family type to be self-sufficient in Larimer County<sup>27</sup>



## 11. Underserved Communities

**Challenge.** Larimer County has few programs across the behavioral health continuum that are affirming of and provided by members of marginalized communities. Residents from rural areas, communities of color, low-income brackets, the LGBTQ+ community, and the unhoused population face more barriers to accessing and utilizing needed services compared with the general population. These populations encounter added barriers related to language, transportation, having a safe place to receive care, experiencing unfair treatment, and finding providers and facilities that reflect their cultural or social preferences.

**Recommendation.** Invest in community-based organizations and initiatives that serve populations with unique behavioral health needs, including rural communities, LGBTQ+ individuals, unhoused people, individuals earning low incomes, and historically marginalized racial and ethnic groups.

**Next steps.** Coordinate with community leaders and organizations that are from or work with underserved populations to identify the types of support they need to create new programs or grow existing ones.

### Poor Mental Health by Income<sup>2</sup>

31% People earning an income less than 200% Federal Poverty Level

19% People earning an income more than 200% Federal Poverty Level



### Depression\* Among High School-Age Youth<sup>16</sup>

#### By Sexual Orientation

Straight 33%  
 Gay/lesbian 64%  
 Bisexual 70%

#### By Gender

Female 50%  
 Male 29%  
 Nonbinary 80%  
 Transgender 77%

\* Felt so sad or hopeless for two weeks or more during the past 12 months that they stopped doing some usual activities





## Larimer County Community Demographics

- 12%** Linguistically isolated households<sup>17</sup>
- 8%** Adults who identify as gay, lesbian, or bisexual<sup>18</sup>
- 17%** People of color age 18+<sup>19</sup>

- 30%** Youth of color (under 18)<sup>19</sup>
- 13%** People who are Hispanic/Latino (all ages)<sup>19</sup>
- 12%** Rural population<sup>19</sup>



# Upstream and Prevention Efforts

Behavioral health service gaps and disparities are also grounded in systemic challenges. This section focuses on a few of the systemic issues most commonly cited by stakeholders: housing affordability, community engagement and connection, and awareness of behavioral health issues. Combating housing shortages, social isolation, and stigma are tall tasks that require long-time horizons, extensive partnerships, and shifts in social norms. While these challenges are key drivers of poor behavioral health, they have much broader impacts. That said, they are important to include as part of Larimer County’s priorities for improving the health and well-being of residents in the years to come.

## 12. Affordable Housing

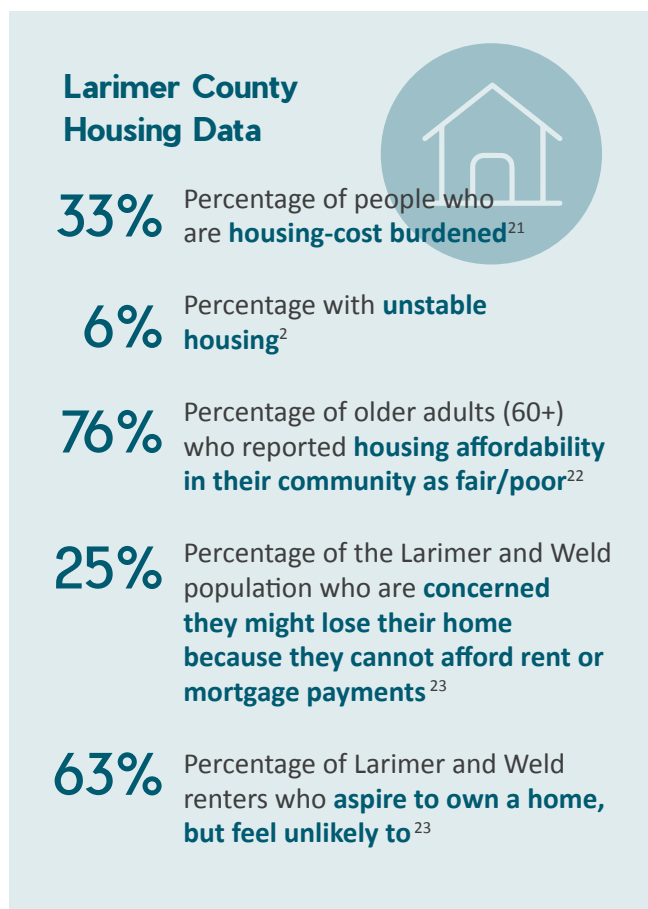
**Challenge.** Housing is a foundational pillar of health. People experiencing housing instability have an increased risk of poor physical and mental health outcomes.<sup>10</sup> The need for more affordable, stable housing in Larimer County was one of biggest concerns among behavioral health providers and community members alike. They cited housing costs as a recruitment barrier for providers. Clinics and community-based organizations said they are struggling to fill jobs because the cost of living in the county, especially related to housing, is so high.

One in three residents (33%) are paying at least one-third of their income toward housing, with rates closer to 50% in central and west Fort Collins.<sup>21</sup> The high cost of housing is not limited to urban areas; rural communities like Estes Park also have a high percentage of residents burdened by housing costs. Residents on the list for affordable housing often wait years for a unit to open, leaving them with housing stability challenges and limited options to live in their chosen communities.



**Recommendation.** Invest in programs, such as affordable homeownership and down payment assistance, that offer equitable opportunities for community members to purchase affordable homes and remain in them over time. Additionally, work with existing affordable housing programs and organizations to ensure behavioral health supports are available in the places people live.

**Next steps.** Identify local opportunities to improve housing affordability in Larimer County. For example, the cities of [Boulder](#), [Longmont](#), and [Denver](#) have implemented their own affordable housing programs to address their communities' growing housing affordability crisis.



## 13. Community Connection

**Challenge.** Community connection is a key component of good mental health, yet not everyone has equal opportunities to form and maintain positive relationships. Some community members lack awareness of available programs and activities, while others cannot afford to participate.

Community engagement also needs to be more inclusive. While the county's "bikes and brewpubs" culture is a draw for some residents, it doesn't work well for everyone, and some feel the community lacks enough events with nonalcoholic options or that are not centered around physical activity. In the future, Larimer County residents seek to have more affordable and accessible opportunities to participate in events that create community connection and reduce loneliness.

### Social Isolation

Adults from lower-earning households (less than \$75,000 annually for a family of four<sup>25</sup>) without someone to:<sup>26</sup>

Confide in: **21%**

Have a good time with: **22%**

**10%** Older adults (60+) who reported **feeling lonely or isolated**<sup>22</sup>

**Recommendation.** Reduce isolation that leads to behavioral health challenges by introducing and expanding equitable opportunities for strengthening community connections and building social networks. Emphasize adding additional opportunities that are not focused on physical activity or alcohol consumption.

**Next steps.** Take stock of existing community activities and events and evaluate how the cost, location, and type of activities can be made more equitable for attendees and potential participants.



## 14. Community Awareness and Education

**Challenge.** Stigma associated with mental health and substance use services is prevalent in the community. Additionally, community members and others, including government staff and representatives from community-based organizations, don't fully understand the relationship between social factors and behavioral health outcomes. These perceptions can silo funding streams and reduce opportunities to implement solutions along the behavioral health continuum.

**Recommendation.** Evolve public awareness campaigns to further reduce stigma and demonstrate the connection between behavioral health outcomes and the social determinants of health with messaging tailored for Larimer County's diverse and underserved populations. Build enthusiasm for the importance of upstream prevention efforts, which may not easily attract support because their impacts are less tangible than those of treatment programs and other downstream services.

**Next steps.** Coordinate with community leaders, especially those who represent or serve as liaisons with underserved populations, to identify best practices and culturally relevant opportunities to share stigma education and highlight the importance of supporting social needs to reduce adverse behavioral health outcomes.

16,000

Larimer County residents **didn't get behavioral health care in the past year because of stigma**<sup>2</sup>



### Public Perception Currently Favors Treatment Over Prevention.<sup>3</sup>

**35%** Larimer and Weld County residents who think investing in programs to **prevent people from abusing alcohol and drugs** is very effective

**55%** Larimer and Weld County Residents who think investing in **more affordable and accessible treatment options** is very effective

## Additional Considerations

Eleven challenges identified in CHI's initial assessment were ultimately not included as prioritized recommendations in this CMP. This is because CHI wished to limit the number of systemic challenges to consider and/or because these challenges were not identified among the most urgent priorities by key stakeholders and community members through conversations or stakeholder surveys. Each is an important issue, and some are related to and would benefit from CMP recommendations. The other community challenges are:

- Cost of behavioral health care and information about insurance coverage
- Timeliness of behavioral health care in preferred environments
- Funding to support operating costs of public health and community-based organizations
- Food security and access
- Transportation
- Affordable child care
- Medicaid reimbursement rates
- Behavioral health provider licensure compacts
- Brick-and-mortar locations of behavioral health services
- Systemic racism, discrimination, and unfair treatment
- Provider burnout and moral distress



## LOOKING AHEAD

***Larimer County has made encouraging strides to improve behavioral health services and outcomes for local residents since the last CMP five years ago. The recent opening of the Acute Care Facility on the Longview™ Campus represents an important and tangible step forward in expanding local capacity to meet behavioral health needs. Still, there is much work to do.***

Voters provided significant resources for this work with a two-decade commitment when they approved Ballot Issue 1A in 2018. County leaders, with support from health care providers, community-based organizations, and others, will continue honoring this commitment from the community and leveraging the funding source to meet ambitious goals while prioritizing accountability and transparency.

This CMP outlines priorities and recommendations for the next five years with the goal of guiding the county's next steps among many competing needs. Success will require close collaboration and partnerships, as well as a willingness to regularly evaluate progress and consider evolving needs and issues.



For more information about the CMP or behavioral health efforts in the county, please visit [www.larimer.gov/behavioralhealth](http://www.larimer.gov/behavioralhealth)

# APPENDIX

## CMP Methods

CHI's research combined quantitative and qualitative approaches to assess Larimer County's behavioral health landscape and inform the 14 recommendations presented in the CMP. CHI took the following steps between June and October 2023:

**Research plan and data gap analysis.** CHI created a resource inventory that identified gaps in knowledge by topic area and a plan to address these gaps through stakeholder engagement and quantitative data collection.

**Quantitative analysis.** The team collected and analyzed more than 100 metrics to understand the county's behavioral health landscape. Sources included the Colorado Health Access Survey, American Community Survey, Behavioral Risk Factor Surveillance System, the Health District of Northern Larimer County's Community Health Assessment, and the Colorado Health Information Dataset.

**Literature review.** A dozen community assessments were reviewed to analyze the demand, utilization, and gaps in behavioral health and social services in Larimer County for different services and populations. CHI also reviewed over 20 news and journal articles for context on systemic and ongoing challenges in behavioral health at the state and national levels.

**Key informant interviews.** CHI conducted interviews with representatives of 12 organizations in the county. These included government, community-based, and direct service organizations.

**Surveys.** CHI fielded two surveys to collect information on local behavioral health challenges and offer feedback on CHI's initial findings. Both surveys were distributed to local leaders, staff from community-based organizations, and behavioral health providers.

**Expert engagement.** CHI regularly met with members of the Executive Sponsors group and Guidance Team throughout the research process to present and discuss findings, in addition to collaborating closely with key staff at BHS.



# Acknowledgements

## Guidance Team (GT) Members and Executive Sponsor (ES) Representatives

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- Michael Allen, SummitStone Health Partners, ES + GT
- Sam Bruick, Health District of Northern Larimer County, GT
- Amey Dice, Homeward Alliance, GT
- Emily Humphrey, Larimer County Community Justice Alternatives, GT
- Heather Ihrig, Northpoint Recovery, GT
- Liane Jollon, Health District of Northern Larimer County, ES
- MJ Jorgensen, Northern Colorado Health Alliance, GT
- Taylor Kelley, Larimer County Behavioral Health Services, ES + GT Liaison
- Kelsey Lyons, Larimer County Department of Health and Environment, GT
- John McKay, SummitStone Health Partners, GT, Key Informant Interviewee
- Kim Moeller, Alliance for Suicide Prevention of Larimer County, GT
- Linda Nuss, Homeward Alliance, GT
- Jared Olson, Larimer County Department of Health and Environment, GT
- Rachel Olsen, Alliance for Suicide Prevention, GT, Key Informant Interviewee
- Carol Plock, Health District of Northern Larimer County, ES
- Geena Rupp, The Yarrow Collective, GT, Key Informant Interviewee
- Michael Ruttenberg, Family Care Center, GT
- Jessica Shannon, Health District of Northern Larimer County, ES + GT, Key Informant Interviewee
- Trisha Sims, Larimer County Department of Human Services, GT
- Scott Smith, Alliance for Suicide Prevention of Larimer County, GT
- Lyssa Stroup, UCHealth, GT
- Lee Thielen, Health District of Northern Larimer County, ES
- Laura Walker, Larimer County, ES
- Lin Wilder, Health District of Northern Larimer County, GT
- Alyson Williams, Health District of Northern Larimer County, ES + GT, Key Informant Interviewee

## Community Partners and Additional Key Informant Interviewees

- Jenn Anderson, SummitStone Health Partners
- Michele Christensen, Housing Catalyst
- Robert Cook, Larimer County Sheriff's Office Co-Responder Program
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- Jen Head, Health District of Northern Larimer County
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- Julie Merlino, UCHealth
- Jessica Plummer, Larimer County Behavioral Health Services
- Jodie Riesenberger, Bohemian Foundation
- Amy Sanford, UCHealth
- Laurie Stolen, Larimer County Behavioral Health Services
- Beth Yonce, City of Fort Collins, Social Sustainability Department

## CHI Contributors

- Chrissy Esposito, lead author
- Emily Johnson
- Emily Leung
- Suman Mathur
- Allie Morgan
- Kendra Neumann
- Lindsey Whittington

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