The State of Behavioral Health for Youth and Children (0-24) In Larimer County

Final Report

Aurora Research Institute

Aurora Research Institute

TABLE OF CONTENTS

Executive Summary

The Aurora Research Institute (ARI) was tasked with developing a youth (0-24 years old) Behavioral Health Needs Assessment for Larimer County. The specific components of this report are a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis and recommendations based on the data collected. ARI collected literature in the field, literature and reports from Larimer County, Key Informant Interviews (KIIs), surveys of youth and caregivers (surveys), and focus groups of youth and caregivers (focus groups).

Behavioral Health in Larimer County

Larimer County has a diverse population and various concepts of behavioral health. From the data, Larimer County has seen growing mental health concerns across all demographics, particularly among Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ identifying youth. The data is mixed concerning substance use across these demographics. From Colorado state-level reports, high school aged youth are reporting varying rates (both increase and decrease) in substance use. However, local reports, surveys, KIIs, and focus groups all reported heightened substance use concerns among youth in Larimer County. In addition, the Healthy Kids Colorado Survey (HKCS) reported that youth who identify as Latinx are at greater risk for alcohol use when compared to their peers. Death by suicide rates within Larimer County have remained consistent over the last 5 years. A local hospital reported an increase in individuals coming in for suicide attempts. The published literature does state that LGBTQ+ youth are at a greater risk for attempts of suicide. One trend identified in KIIs showed that younger youth are demonstrating more significant behavioral health concerns than in previous years.

Larimer County is currently working to address behavioral health concerns through a variety of services, programs, and initiatives. Through a comprehensive analysis, ARI discovered ~600 organizations that work with youth across the behavioral health continuum including prevention, treatment, and maintenance services.

Youth in Context

Youth do not live in a bubble and are influenced by the world around them. COVID-19 and social media can potentially positively and negatively impact youth behavioral health. In 2018, Larimer County voters passed a ballot measure for a sales tax increase of 0.25% dedicated to Larimer County Behavioral Health Services to expand and enrich local behavioral health services across the County, and a behavioral health facility to coordinate those services. The Colorado General Assembly has passed many pieces of legislation in the last five years to address behavioral health within the state. However, the local, state, and national political climate can negatively impact youth behavioral health, with LGBTQ+ youth seemingly at particular risk. Finally, the way the behavioral health system in Colorado and specifically Larimer County can impact youth. The wraparound care they receive can be beneficial to their overall health. However, issues of insurance, paternalism, and discrimination can be barriers to care.

Strengths, Weaknesses, Opportunities, and Threats (SWOT)

Within Larimer County, ARI heard diverse voices, and they had various ideas of what was happening in the community and impacting youth behavioral health. Instead of presenting the information as a traditional SWOT of Strengths, Weaknesses, Opportunities, and Threats, the information is grouped by key themes.

Larimer County is a community that cares about its residents, particularly youth, and has been increasing efforts to address youth behavioral health. Youth recognized the effort and commented that they have seen a change over the last few years. However, even with these improvements, stigma remains a concern. Stigma comes in varying forms including on the individual level, from caregivers, societal and institutional perceptions of substance use, and cultural differences.

Several organizations are utilizing a co-design approach to address youth behavioral health. The process engages youth and caregivers, centering their voices and stories to co-develop meaning and co-design services. However, the number of organizations utilizing a co-design method could be increased.

Within Larimer County, there has been an increase in awareness, resources, and programs. Although more is being provided to Larimer County youth, the current behavioral health care system has its weaknesses. Many programs have a shortage of resources, particularly staffing, which results in waitlists and larger caseloads for existing staff. Also, many behavioral health services lack a diverse workforce. Areas of growth in the workforce include racially and culturally diverse staff, and multilingual staff. While behavioral health services and resources exist, many are centered in Fort Collins. This can create barriers to access for youth and families located elsewhere in Larimer County. Finally, services are missing along the continuum, especially acute care facilities.

Many behavioral health service providers and community programs are working to increase their cultural responsiveness. Organizations are outreaching and providing services for Spanish-speaking youth, as well as LGBTQ+ youth and their families, and intentionally working to create safe spaces for these populations. It's important to note, however, many assessment participants still reported the need for increased Spanish-speaking and culturally diverse providers in Larimer County.

In Larimer County, various organizations are collaborating to develop wraparound support services for youth and their families. These organizations are actively enhancing the availability of wraparound services and are committed to collaborating with both young individuals and their support systems. It was emphasized that caregivers play a vital role in promoting the mental well-being of young people and wraparound services play a key role in reducing familial barriers to prioritizing behavioral health needs.

However, it was reported that communication and treatment planning silos still exist. When silos exist, smaller and marginalized voices may not be part of the conversation, youth and caregivers may get mixed messages, and youth may receive duplicative services or experience gaps in services. Within the KIIs, participants shared that portions of the county are siloed and not collaborating in the care they deliver, leaving system navigation to the youth and/or their caretakers, and how the system can be difficult to navigate.

There were varying messages around substance use practices ranging from the system encouraging abstinence to harm reduction. A consistent message shared is the stigma concerning substance use. ARI heard from youth

that when substance use education occurs, due to stigma, it is often framed in a negative or punitive light, so youth are less inclined to discuss/disclose substance use.

Schools are a vital component of youth's behavioral health. Youth and KIIs highlighted that teacher burnout impacts youth behavioral health and that schools have been working towards increasing behavioral health training, staffing, and resources. Youth and KIIs expressed that within some schools, students are not able to access behavioral health care including substance use resources and care during school hours. There is a need for increased tools and training to address students' behavioral health needs within schools. Additionally, bullying continues to be a key challenge, and the policies and practices around attendance or behavioral challenges can present increased barriers to youth accessing support services that may only be available to them within the schools.

Recommendations

Based on the analysis of the information, the suggested recommendations are as follows:

- **Attract and retain a diverse and culturally competent workforce.** Numerous entities have collaborated to enhance the presence of behavioral health professionals. Simultaneously, focused initiatives should prioritize amplifying the representation of BIPOC providers. Additionally, efforts should be intensified to bolster training opportunities for behavioral health providers.

- **Support and expand peer support promoting positive youth development and prosocial relationships.** This is an evolving strength within the community. Several organizations shared their experiences in utilizing peers to provide behavioral health support for those they serve. To optimize peer support, it is essential to ensure comprehensive peer support training is provided and to establish safe spaces that encourage a culture of community and resilience. Safe spaces can include schools or spaces elsewhere in the community dedicated to sharing experiences, exploring identity and leadership, and offering access to cultural practices and traditions.

- **Establish and promote access to local comprehensive acute care services for youth.** One missing element within the Larimer County youth behavioral health continuum is acute and short-term inpatient treatment options. There are few beds for youth ages 13-17 and no beds for youth ages 12 and younger. Establishing a robust acute system of care could promote and expand a comprehensive system geared for youth and families' needs through providing increased crisis services, intensive and specialized treatment, a safe environment, structure, linkages from acute care interventions to community-based wraparound services and resources, skill provision for both youth and families, and prevention of long-term consequences.

- **Increase the accessibility of care.** Recommended areas include services or initiatives supporting enhancements or expansions to ensure that services, behavioral health resources, and available information are accessible to everyone, regardless of their income, ability, language, literacy, or available technology.

We've compiled a set of questions designed to assess an organization's accessibility. The questions, curated by ARI and based on research, are meant for organizations to use in evaluating their accessibility of care for both youth and caregivers. ARI encourages behavioral health community organizations to review and respond to these questions.

- **Expand wraparound services.** Recommendations include increasing wraparound services such as assistance with basic needs (housing, food, etc.), education, skills training (self-advocacy, peer support training, etc.), cultural services, and caregiver education and support to prevent youth and families from slipping through the gaps and increase the likelihood of receiving the services needed. All care plans should be customized to the unique strengths and needs of the youth and family to reflect their personal goals.

- **Increase awareness and education of behavioral health.** Recommended areas include services, initiatives, and efforts to reduce stigmas around behavioral health and increase awareness of the services and resources available in the community, applicable legal and access considerations for care, as well as caregiver education on behavioral health, cultural sensitivity, and diversity. The Larimer County community has made progress in enhancing behavioral health awareness. Further awareness efforts should include culturally and linguistically appropriate messaging, specifically by leveraging social media channels.

- **Expand and increase the capacity of services for younger youth ages 0-4 and 5-12 and their families.** Youth ages 0-4 had the lowest number of services available to them in Larimer County. Additionally, they had the fewest number of wraparound services. Some organizations are working hard to address this issue, yet increased resources need to be allocated to these specific demographics. Recommendations include supporting services or collaborations that enhance early childhood experiences and promote social-emotional well-being and development, behavioral health screening and early intervention services, as well as caregiver education and support groups. Additionally, increasing young children's access to behavioral health services and resources by attracting, developing, and retaining a high-quality, diverse, and culturally responsive workforce with comprehensive knowledge of community services and resources is critical.

- **Increase resources supporting a comprehensive school behavioral health system.** Recommendations include increasing young children's access to comprehensive multi-disciplinary behavioral health and health services, school-based behavioral health services, and student/caregiver access to community-based services. Recommendations also include supporting initiatives that strengthen school cultures, increase student social-emotional skills and education, support schools' capacity to conduct regular behavioral health screenings, the establishment of a workforce of youth-focused liaisons, and improve connections to behavioral health resources for youth and families. Additionally, supporting capacity building and practices within schools to address behavioral challenges through restorative approaches that ensure continued access to behavioral health services.

- **Increase and adopt successful models for home-based behavioral health care services.** Finally, organizations emphasized the importance of in-home behavioral health care, which can offer supplementary assistance to both youth and their families, in turn enhancing access to care. It's crucial

to bolster collaborations, initiatives, and services that enhance behavioral health care including prevention, treatment, and recovery services directly in the home or familiar and comfortable environments. This approach can reduce barriers to care such as transportation which enables youth to successfully function within their homes and communities.

Resumen Ejecutivo

El Instituto de Investigación Aurora (ARI por sus siglas en Inglés) fue encargado para desarrollar una Evaluación de Necesidades de salud conductual para jóvenes (de 0 a 24 años) en el Condado de Larimer. Los componentes específicos de este informe son un análisis de Fortalezas, Debilidades, Oportunidades y Amenazas (SWOT) y recomendaciones basadas en los datos recopilados. ARI recolectó literatura en el campo, literatura e informes del Condado de Larimer, Entrevistas a Informantes Clave (KII por sus siglas en Inglés), encuestas a jóvenes y cuidadores, y grupos de enfoque de jóvenes y cuidadores.

Salud Conductual en el Condado de Larimer

El Condado de Larimer tiene una población diversa con diversos conceptos de salud conductual. A partir de los datos, se ha observado una creciente preocupación por la salud mental en todos los grupos demográficos en el Condado de Larimer, especialmente entre jóvenes que se identifican como personas negras, indígenas, y de color (BIPOC) y LGBTQ+. Los datos sobre el consumo de sustancias son mixtos. Según informes estatales, los jóvenes informan una disminución en el uso de sustancias. Sin embargo, informes locales, encuestas, KIIs y grupos de enfoque han informado preocupaciones sobre el uso de sustancias en el Condado de Larimer. Además, según la Encuesta de Niños Saludables de Colorado (HKCS, por sus siglas en inglés), los jóvenes que se identifican como Latinx tienen un mayor riesgo de consumo de alcohol en comparación con sus iguales de otras razas/etnias. Finalmente, las tasas de suicidio en el Condado de Larimer han permanecido consistentes en los últimos 5 años. Sin embargo, un hospital local informó un aumento en las personas que acuden por intentos de suicidio. La literatura publicada afirma que los jóvenes LGBTQ+ tienen un mayor riesgo de intento de suicidio. Una tendencia que escuchamos en las KIIs es que los jóvenes muestran preocupaciones de salud conductual más significativas que en años anteriores.

El Condado de Larimer está trabajando actualmente para abordar las preocupaciones sobre la salud conductual. A través de la investigación, ARI descubrió 602 organizaciones que trabajan con jóvenes en el espectro de salud conductual. Además, los jóvenes trabajan para mejorar su salud conductual a través de muchos métodos no clínicos.

Jóvenes en Contexto

Los jóvenes no viven en una burbuja y están influenciados por el mundo que los rodea. COVID-19 y las redes sociales pueden impactar potencialmente de manera positiva y negativa la salud conductual de los jóvenes. En 2018, los votantes del Condado de Larimer aprobaron una medida electoral para aumentar el impuesto sobre las ventas del 0,25%. Este impuesto es dedicado a los servicios conductual del Condado de Larimer para ampliar los servicios en todo el condado y un centro de salud conductual para coordinar aquellos servicios. La Legislatura Estatal ha aprobado medidas y legislaciones relacionadas con la salud conductual en los últimos cinco años (con el estado incrementando anualmente). Sin embargo, el clima político local y nacional puede impactar negativamente la salud conductual de los jóvenes. Los jóvenes LGBTQ+ parecen estar particularmente en riesgo. Finalmente, la forma en que está compuesto el sistema de salud conductual puede impactar a los jóvenes. La atención integral que reciben puede ser beneficiosa para su salud general. Sin embargo, problemas de seguro de salud, paternalismo y discriminación pueden ser perjudiciales.

SWOT

Dentro del Condado de Larimer, escuchamos voces diversas que tenían varias ideas sobre lo que está sucediendo e impactando a la salud conductual de los jóvenes. En lugar de presentar la información como un SWOT tradicional de Fortalezas, Debilidades, Oportunidades y luego Amenazas, la información se agrupa por tema.

El Condado de Larimer es una comunidad que se preocupa y ha estado aumentando los esfuerzos para abordar la salud conductual de los jóvenes. Los jóvenes comentaron que han visto un cambio en los últimos años. Un área de preocupación es el estigma. El estigma ha mejorado, pero aún hay áreas que pueden mejorar (por ejemplo, a nivel individual, de cuidadores, uso de sustancias y diferencias culturales).

Varias organizaciones están utilizando un enfoque de co-diseño para abordar la salud conductual de los jóvenes. El proceso involucra a jóvenes y cuidadores y centra sus voces e historias para co-desarrollar significado y co-diseñar servicios. Sin embargo, el número de organizaciones que utilizan un método de co-diseño aún es limitado y podría aumentar.

Dentro del Condado de Larimer, ha habido un aumento en la conciencia, recursos y programas. Se está proporcionando más a los jóvenes del Condado de Larimer. Sin embargo, el sistema actual todavía tiene debilidades. Los programas tienen una escasez de recursos, especialmente de personal, lo que significa que existen listas de espera y grandes cargas de trabajo. Además, los programas carecen de diversidad, especialmente en raza, cultura e idioma. Muchos de los programas están centrados en Fort Collins. Finalmente, faltan servicios a lo largo del continuo, especialmente en instalaciones de cuidados intensivos.

Muchos programas están extendiendo su alcance y trabajando para ser más culturalmente receptivos. Dentro de los datos, vimos organizaciones extendiendo su alcance y proporcionando servicios para jóvenes y familias de habla hispana, jóvenes y familias LGBTQ+ y creando espacios seguros. Sin embargo, muchos informaron que se necesita haber un aumento en proveedores de habla hispana y proveedores culturalmente diversos.

Las organizaciones en el Condado de Larimer están trabajando juntas y creando servicios integrales para jóvenes y familias. Las organizaciones están trabajando para aumentar los servicios integrales y trabajar tanto con los jóvenes como con su sistema de cuidado. Se mencionó explícitamente que los cuidadores son cruciales para la salud conductual de los jóvenes. Los informantes clave y los jóvenes enfatizaron que los cuidadores desempeñan un papel vital en la promoción del bienestar mental de los jóvenes y que los servicios integrales son importantes para reducir las barreras para priorizar las necesidades de salud conductual.

Sin embargo, se informó que aún existen silos. Cuando existen silos, las voces más pequeñas y marginadas pueden no ser parte de la conversación, los jóvenes y los cuidadores pueden recibir mensajes mixtos y los jóvenes pueden recibir servicios duplicativos. Los KII compartieron que a menudo la navegación del sistema se deja en manos de los jóvenes y sus cuidadores, lo que suele ser muy difícil.

El uso de sustancias tuvo mensajes mixtos divididos entre abstinencia y reducción del daño. Un mensaje escuchado en ambos lados es que todavía hay un estigma con respecto al uso de sustancias. Escuchamos de

los jóvenes que cuando ocurre la educación sobre el uso de sustancias, a menudo es punitiva, por lo que los jóvenes no están abiertos a discutir el uso de sustancias.

Las escuelas son un componente vital de la salud conductual de los jóvenes. Las escuelas han estado trabajando para aumentar la capacitación en salud conductual, el personal y los recursos. Los jóvenes y los KII expresaron que en algunas escuelas los estudiantes no pueden acceder a atención de salud conductual, incluidos recursos y atención para el uso de sustancias durante el horario escolar. Además, los jóvenes y las KIIs expresaron preocupación por la falta de enfoques afirmativos y el acoso que ocurre en las escuelas.Las políticas y prácticas en torno a la asistencia o los desafíos de comportamiento pueden presentar mayores barreras para que los jóvenes accedan a servicios de apoyo que tal vez solo estén disponibles para ellos dentro de las escuelas.

Recomendaciones

Tras analizar la información, las siguientes son las recomendaciones sugeridas.

- **Atraer y retener trabajadores diversos y culturalmente competentes.** Varias organizaciones han trabajado para aumentar los proveedores de salud conductual. Al mismo tiempo, debería hacerse un esfuerzo particular para aumentar los proveedores BIPOC. Además, se deben incrementar los esfuerzos para reforzar las oportunidades de capacitación para los proveedores de salud conductual.

- **Apoyar y ampliar el apoyo de pares/iguales promoviendo el desarrollo juvenil positivo y las relaciones prosociales.** Esta es un área de fortaleza dentro de la comunidad. Varias organizaciones discutieron el uso de pares/iguales para ayudar a apoyar la salud conductual. Para apoyar mejor el apoyo entre pares/iguales, debería haber una capacitación efectiva y espacios seguros para que esto ocurra. Espacios seguros pueden ser escuelas o otros espacios un la comunidad donde los jóvenes comparten experiencias y exploran identidad y liderazgo.

- **Establecer y promover el acceso a servicios locales integrales de atención aguda para jóvenes.** La atención para pacientes hospitalizados es seriamente insuficiente. Hay pocas camas para jóvenes de 13 a 17 años y ninguna cama para jóvenes de 12 años o menos. Establecer un sistema sólido de atención aguda podría promover y ampliar una continuidad integral de atención orientada a las necesidades de los jóvenes y las familias.

- **Aumentar la accesibilidad a la atención.** Las áreas recomendadas incluyen servicios o iniciativas que respaldan mejoras o ampliaciones para garantizar que los servicios, los recursos y la información disponible sean accesibles para todos, independientemente de sus ingresos, capacidad, idioma, alfabetización o tecnología disponible. Creamos una lista de preguntas para evaluar la accesibilidad de una organización. Estas son preguntas que ARI ha recopilado a partir de investigaciones. Invitamos a las organizaciones a revisar las preguntas para evaluar su accesibilidad para jóvenes y cuidadores.

- **Ampliar atención integral.** La atención y el apoyo integral para los jóvenes y sus cuidadores necesita ser aumentada. Las recomendaciones incluyen aumentar la atención integral, como asistencia con las necesidades básicas (casa, comida, etc.), educación, capacitación, servicios culturales y apoyo

para evitar que los jóvenes y las familias superen las brechas y aumentar la probabilidad de recibir los servicios necesarios. Todos los planes de atención deben adaptarse a las fortalezas y necesidades únicas del joven y la familia para reflejar sus objetivos personales.

- **Aumentar concientización y educación sobre la salud conductual.** Las áreas recomendadas incluyen esfuerzos para reducir los estigmas en torno a la salud conductual y aumentar la conciencia sobre los servicios y recursos disponibles en la comunidad, las consideraciones legales y de acceso aplicables a la atención, así como la educación de los cuidadores sobre salud conductual, sensibilidad cultural y diversidad. La comunidad ya ha hecho mucho para aumentar la concientización sobre la salud conductual. La concientización debe incluir mensajes cultural y lingüísticamente apropiados. También se recomienda utilizar las redes sociales.

- **Ampliar y aumentar la capacidad de los servicios para los jóvenes más pequeños.** Los jóvenes de 0 a 4 años tienen el menor número de servicios disponibles. Además, tienen el menor número de servicios integrales. Algunas organizaciones están trabajando arduamente para abordar este problema, pero necesita dedicarse más recursos a esta área. Las recomendaciones incluyen servicios de apoyo o colaboraciones que mejoran las experiencias de la primera infancia y promueven el bienestar y el desarrollo socioemocional, exámenes de salud conductual y servicios de intervención temprana, así como educación para cuidadores y grupos de apoyo. Además, es fundamental aumentar el acceso de los niños pequeños a servicios y recursos de salud conductual atrayendo, desarrollando y reteniendo una fuerza laboral de alta calidad, diversa y culturalmente receptiva con un conocimiento integral de los servicios y recursos comunitarios.

- **Aumentar los recursos que apoyan un sistema integral de salud conductual en las escuelas.** Las recomendaciones incluyen aumentar el acceso de los jóvenes a servicios integrales de salud conductual en las escuelas y el acceso de estudiantes y cuidadores a servicios comunitarios. Las recomendaciones también incluyen apoyar iniciativas que fortalezcan las culturas escolares, aumenten las habilidades y la educación socioemocionales de los estudiantes, apoyen la capacidad de las escuelas para realizar exámenes regulares de salud conductual, el establecimiento de una fuerza laboral de enlaces centrados en los jóvenes y mejoren las conexiones con los recursos de salud conductual para los jóvenes. y familias. Además, apoyar el desarrollo de capacidades y prácticas dentro de las escuelas para abordar los desafíos de comportamiento a través de enfoques restaurativos que garanticen el acceso continuo a los servicios de salud conductual.

- **Incrementar y adoptar modelos exitosos para servicios de atención en el hogar.** Finalmente, las organizaciones discutieron la necesidad de atención en el hogar. La atención en el hogar puede proporcionar apoyo adicional a jóvenes y familias y aumentar el acceso a la atención. Este enfoque puede reducir las barreras a la atención, como el transporte, que permite a los jóvenes funcionar con éxito dentro de sus hogares y comunidades.

Introduction

The health of any community is largely determined by the mental well-being of its inhabitants. As recognized by the World Health Organization (WHO), mental health is not just the absence of mental disorders, but a state of well-being in which individuals can cope with the everyday stresses of life, work productively, and contribute to their communities.[i] An essential part of nurturing this state is providing adequate resources for supporting behavioral health at the systems, organizational, group, and individual levels. This necessitates a thorough understanding of community needs to address identified service gaps effectively.

Given the importance of this topic, this report explores the impact of behavioral health in Larimer County, Colorado, for youth (0-24) and identifies any gaps and opportunities in behavioral health service provision. ARI conducted a multi-pronged approach, which included multiple sources of information to fully inform this report.

- **Epidemiological Assessment**
  - ARI considered the county's prevalence and incidence rates of various behavioral health conditions. This helps provide an accurate picture of the community's behavioral health issues (SAMHSA, 2022[ii]).
  - To accomplish this part of the analysis, ARI used data from:
    - U.S. Census Bureau,
    - Centers for Disease Control and Prevention (CDC),
    - Colorado Department of Public Health and Environment (CDPHE),
    - Healthy Kids Colorado Survey (HKCS) results,
    - Larimer County's epidemiological information,
    - Health District of Northern Larimer County's (Health District) 2022 Larimer County Community Health Survey (CHS) results, specifically for the 18–24-year-old age group, and
    - Colorado Health Institute's (CHI) Colorado Health Access Survey (CHAS) data.
  - Analysis and summaries of this information can be found as separate reports.

- **Behavioral Health Services Utilization**
  - This involved exploring the extent to which individuals accessed behavioral health services and if those individuals understood what specific services they were utilizing.
  - To accomplish this part of the analysis, ARI used:
    - Sources listed above,
    - Key Informant Interviews (KIIs) with organizations that serve youth,
    - Surveys with youth and caregivers, and
    - Focus groups with youth and caregivers.

- **Behavioral Health Utilization Barriers**
  - Understanding barriers helps devise strategies to overcome them, thereby improving the potential accessibility to behavioral health services.
  - Barriers may range from

        - Societal stigma,
        - Financial constraints,
        - Lack of transportation,
        - Cultural barriers, and
        - Language barriers.[iii]
    - Data for this analysis is similar to the above sections.

- **Behavioral Health Service Providers' Capacity**
    - This included looking at the number of behavioral health providers and the overall infrastructure and resources available in Larimer County
    - A gap analysis was conducted to identify any discrepancies between the community's behavioral health needs and the services currently provided.[iv]
    - Data for this analysis is similar to the above sections.

It's important to mention that involving stakeholders in the consultation process is a crucial aspect of the framework. By seeking the perspectives of behavioral health professionals, youth and their families, and community leaders, ARI attempted to ensure that the resulting recommendations for improvement of behavioral health services are well-informed and accurately reflect the community's needs.[v] The report highlights the areas where resources are currently allocated and provides a review of the effectiveness of current behavioral health interventions in the community. It also outlines a few relevant local and national policies to understand their impact on behavioral health services in the county.[vi]

Intersectionality and Behavioral Health in Larimer County

ARI was asked to specifically explore the strengths, gaps, and challenges that exist for traditionally underserved young people and their intersections related to accessing appropriate and affirming services, which include:

- Black, Indigenous, and People of Color (BIPOC) youth,
- Youth who identify as LGBTQ+,
- Youth in households with low income,
- Youth involved in the criminal justice system,
- Youth experiencing homelessness or housing insecurity,
- Youth who primarily speak a language other than English,
- Youth who are undocumented,
- Youth who are refugees, and
- Youth who have experienced trauma/adverse childhood experiences (ACEs).

Youth can have intersecting identities; therefore, the report aims to incorporate the principle of intersectionality, recognizing that people's lived experiences are shaped by their multiple and interconnected identities.[vii] Intersectionality acknowledges that behavioral health issues do not occur in isolation and are influenced by a variety of social determinants of health, such as income, discrimination, social exclusion, stressful work conditions, gender, violence, and physical health.[viii] Understanding and addressing these intersecting factors is crucial to ensuring that behavioral health services meet the diverse needs of all community members.

Considering intersectionality enables us to identify the unique barriers that intersecting communities might face when accessing behavioral health services. ARI utilized this framework when analyzing the data and used it to consider who provided input, participants' unique demographic backgrounds, and what voices may be missing from this analysis. It guided ARI in its policy recommendations to ensure that the recommendations are sensitive to the cultural and social contexts of all community members. By taking an intersectional approach, ARI hopes to promote health equity and ensure that all community members, with their diverse backgrounds and identities, can access the behavioral health support they need.

Larimer County

Larimer County is approximately 2,634 square miles and has 2 cities, 6 towns, 2 census-designated places, and 6 unincorporated communities. The largest population is centered in Fort Collins, followed by Loveland.
Larimer County contains three school districts (Estes Park School District, Poudre School District, and Thompson School District) and three institutions of higher education (Front Range Community College, Aims Community College, and Colorado State University). The political affiliation of residents is almost evenly split between Democrats and Republicans, and the largest group is Unaffiliated.

Youth in Larimer County

Larimer County's 2020 Census[ix] information reports a total of 359,066 individuals, with 31.89% (114,520 individuals) between the ages of 0 and 24 and 18.47% (66,348 individuals) between the ages of 5-19. Approximately 50% of the youth population are males, and 49.9% are females.[x] A breakdown of the statistics can be found in the appendix Table 1 (age breakdown by gender). About 88% of the total population in Larimer County self-reports as white (Hispanic and non-Hispanic identifying). The age and race/ethnicity breakdown are in Table 2 in the Appendix. Approximately 69.64% of youth ages 5-19 are enrolled in one of the three public school districts.[xi] In Larimer County, approximately 5% of youth have been designated with a disability status. In 2021, 11% of youth were living at or below the poverty line, and nearly 7% of children under the age of 5 live in poverty.

Behavioral Health in Larimer County

To determine the state of behavioral health in the county, ARI used a three-pronged approach:

1) Gather and analyze statistics from different sources, such as the
   a. Fatality Analysis Reporting System Data,
   b. National Highway Traffic Safety Administration,
   c. CDPHE's Healthy Kids Colorado Survey (HKCS),
   d. CHI's 2021 Colorado Health Access Survey (CHAS), and
   e. Data extracted from the Health District's 2022 Larimer County Community Health Survey (CHS), among other sources.

2) Gather and analyze qualitative data collected by ARI and community members through focus groups, key informant interviews (KIIs) with community members including youth, and surveys distributed among community members including youth.

3) Conduct a literature review to determine the best way to define behavioral health.

Definitions of Mental Health

Epidemiological Data

In terms of the statistics gathered from different sources, poor mental health was defined:

- For HKCS, as "*students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities*". HKCS also asked several questions regarding suicidal ideation, attempted suicide, and self-harm.
- For CHAS, as "*eight or more days of poor mental health in the past 30 days*". The CHAS also includes questions about talking to a professional about mental health or substance use treatment, intent to access mental health services, and whether they successfully received services.
- For CHS, as "*experiencing depression, anxiety, or other mental health problems*". The Health District's survey assesses those over the age of 18. Survey questions ask about the number of days in the past

month an individual has experienced behavioral health problems and/or suicidal ideation, as well as current mental health issues and history of behavioral health diagnoses by a health care provider.

Only HKCS provided statistics that could allow a comparison between youth at the county and state level. Using that data, it was found that compared to the State of Colorado, Larimer County students are at a higher risk of poor mental health in the following demographic categories: Gender Identity: Not sure (74.8%), and Race/Ethnicity: Black/African American (48.2%) and Multiracial (48.2%). It's also worth noting the two statistics from HKCS that are associated with self-harm and suicidal ideation/attempts:

- For students who purposefully hurt themselves without wanting to die in the past 12 months, students in Larimer County are at a higher risk compared to data from the State of Colorado. This includes youth who identify as Genderqueer/nonbinary (66.2%), are in the 10th grade (27.5%), or are Black/African American (26.9%).
- Regarding students who seriously considered attempting suicide during the past 12 months, Larimer County showed increased risk compared to the State in the following areas:
    - Age: 15-year-olds (20.3%)
    - Gender: Genderqueer/nonbinary (58.7%), Female (23%)
    - Gender Identity: Cisgender (18.2%)
    - School grade: 9th (20.3%)
    - Race/Ethnicity: Multiracial (25.7%)
    - Sexual Orientation: Straight (12.5%), Other (49%)

Consultation with Larimer County Community

It is important to understand how the community defines behavioral health. Participants were asked in the focus groups and surveys, "What does mental health look like for you/your child?" The answers varied greatly, yet several themes emerged.[xii] Across participants, it was clear that definitions of mental health are not universal. This was summarized by the following quote, **"*Mental health looks different for everyone. There's no one answer applicable to all*."** Members of the community identified the following aspects as part of mental health:

- Day-to-day well-being
- Overall physical and mental health
- Health of your mind
- Self-care
- Achieving and maintaining balance
- Social, emotional, and psychological health
- A multi-faceted concept

Community members also discussed mental health as having connections and finding support from those around them. One respondent stated, **"*I wish I could be more active with my community and find others around me that I can talk to.*"**

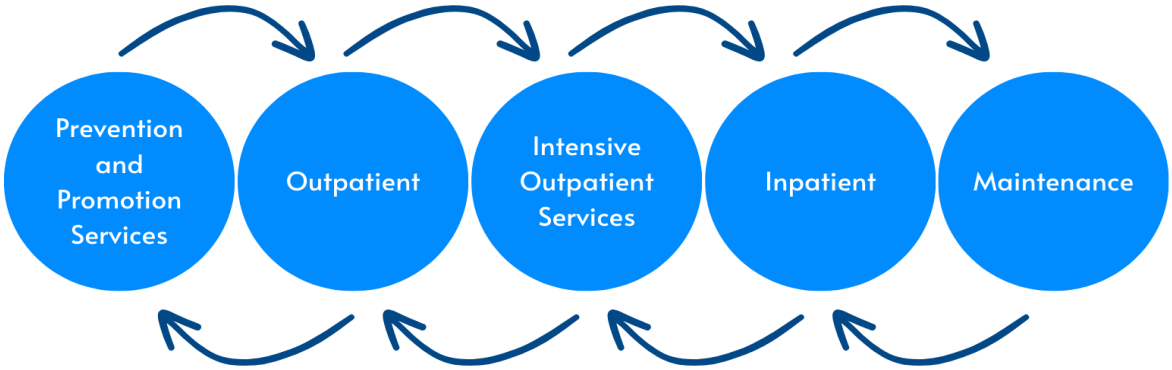
A group of respondents discussed their mental health as being supported by a professional treatment component and that they benefited from therapy. Finally, several respondents discussed either their own mental health diagnosis or the diagnosis of a friend or family member. The top areas discussed were:

- Anxiety (including social anxiety)
- Depression
- Substance use
- Self-Harm

Figure 1- Consultation with Larimer County Community

This word cloud contains key words from the survey and focus group responses.

Figure 2-Continuum of Care



ARI identified a spectrum of entities that support and interact within this continuum:

- Afterschool Programs
- Clinics
- Community-Based Organizations
- Family Centers
- Government Agencies (City/Town, County, State, and National)
- Grassroots Organizations
- Health Providers
- Hospitals
- Hotlines
- Individual Providers
- Private Organizations
- Referral Sources
- Faith Based Organizations
- Schools
- Treatment Centers
- Virtual Agencies

Behavioral Health Needs Along the Continuum of Care

To understand the behavioral health needs of youth in Larimer County, ARI analyzed both epidemiological data collected by CDPHE, CHI, and the Health District, and data collected from focus groups, surveys, interviews, and the community. The following sections are divided into mental health, substance use, and mortality.

Mental Health

According to the 2022 Larimer County Department of Health and Environment's (LCDHE) Community Health Improvement Plan (CHIP), youth in the United States have seen worsening mental health for the last ten years.[xiii] The report went on to state, "*While overall mental health among youth has declined, some groups are even more likely to experience poor mental health including multiracial, Black, American Indian and Alaska Native (AIAN[xiv]), and Hispanic youth, genderqueer/non-binary youth, and LGBTQIA youth*" (p 11).

Overall, Larimer County data is similar to or below state and national statistics:

- An increase of poor mental health days over the past year (Larimer County HKCS: 41.5% in 2021 from 34.6% in 2019 and 31.2% in 2017; Colorado HKCS: 39.6% in 2021, 34.7% in 2019, 31.4% in 2017),[xv]
- Organizations reporting an increase in utilization of behavioral health services,[xvi]
- LGBTQ+ and BIPOC youth are at particular risk,
- Needs throughout the age range,[xvii] and
- The ratio of people to mental health providers in Larimer County was 230:1,[xviii] which was equal to the state ratio, and better than the national average ratio of 340:1. The best average in the nation is Massachusetts, with a ratio of 140:1.

However, there are key data aspects where mental health in Larimer County differs from state or national trends.

- A 2022-2024 UCHealth Community Health Needs Assessment (CHNA) for UCHealth Poudre Valley Hospital and UCHealth Medical Center of the Rockies[xix] found that the number of mental health diagnoses for the whole county are higher than the state averages.
- According to the 2023 County Health Rankings & Roadmaps, Larimer County residents averaged 4.8 poor mental health days out of the last 30, which is 0.5 days higher than Colorado's average and 0.4 days higher than the national average.
- According to the CHS, for 18–24-year-olds, in the last 30 days, they reported experiencing 9.4 days of poor mental health and had 8.7 days where their mental health interfered with their ability to do normal things.[xx]

In KIIs, focus groups, and surveys, individuals were asked about the most common and/or overlooked behavioral health concerns. Listed from the largest to smallest response rate, they are as follows:

- Anxiety (i.e., Social Anxiety and Agoraphobia and Stress/Overwhelmed)
- Substance Use
- Depression
- Disordered Eating

- Executive Function (i.e., Emotional Regulation and Behavioral Concerns)
- Self-Harm
- Trauma
- Suicidal Ideation
- Dual-Diagnosis (i.e., Attention-Deficit/Hyperactivity Disorder (ADHD) and Mental Health, Autism and Mental Health, and Intellectual or Developmental Disability (IDD) and Mental Health)
- Internalized Symptoms
- Apathy
- Mood Disorder

Substance Use

Using HKCS data, it was found that compared to the State of Colorado, Larimer County has a higher level of risk for alcohol use (students reporting at least one drink of alcohol on one or more of the past 30 days) in the following categories: Gender: Female (32.3%), Genderqueer (29.2%); School grade: 9th (16.6%); Race/Ethnicity: Black/African American (26%), Hispanic/Latinx (26.8%); Sexual Orientation: Other (28.9%). ARI identified the following areas of concern where more Larimer County youth were reporting use of substances at a higher rate than the state average:

- Regarding the use of marijuana, multiracial students in Larimer County were more likely to report use of marijuana in the past 30 days (19.5%) than the state average (15.9%). Additionally, Larimer County youth who identified as 'Other' race report using marijuana at least once in their life (37.4%) at a higher rate than the state average (22.1%).
- Regarding the use of other drugs, Larimer County youth report similar rates of ever using cocaine, ecstasy, meth, and heroin. The following outliers are notable:
    - 3.3% of Larimer County 16-year-old high school students report ever using cocaine, compared to 1.8% of all Colorado 16-year-old students. Additionally, 1.4% of 16-year-old students in Larimer County report ever using meth, compared to 0.9% at the state level.
    - 2.9% of Larimer County 11th graders report ever using ecstasy, compared to 1.9% of the 11th graders in the state.
- Regarding the use of prescription drugs, an area of concern was perceptions of access for youth who identified themselves as Asexual (28.9% in Larimer County compared to 18.3% of those who identify as asexual at the state level).
- Regarding the use of nicotine products, there were a variety of specific areas of concern for both the use of vaping products and traditional combustible products. Larimer County students of certain races and ethnicities, Hispanic/Latinx (41%), multiracial (39.1%), and those identifying as 'Other' (40.6%), report ever using an electronic vapor product at a significantly higher rate than the state (33.3%; 33.8%, 24.2% respectively for those groups)., A similar pattern is demonstrated by Larimer County high school students who have ever smoked a cigarette, even one or two puffs. Larimer students identifying as Black/African American (30.7%), Hispanic/Latinx (30.9%), multiracial (27.5%), or 'Other' (38.4%) are

more likely to report ever using that product than the state cohort (18%; 23%; 23.7%; 21.3% respectively for those groups).

The substance most frequently mentioned in interviews and focus groups was vaping, followed by tobacco, alcohol, and marijuana. Other substances that were discussed include psilocybin, LSD, opiates, fentanyl (both intentional and accidental consumption), prescription drugs, cocaine, benzodiazepines, and methamphetamine. This was corroborated by Larimer County data and reports. A UCHealth CHNA found that in 2021, opioid use and other substance use disorders were growing among youth.

Mortality

Concerns about suicide and suicidality are high in the county. The UCHealth CHNA report found that the number of suicide hospitalizations and suicide mortality rates for all Larimer County residents were higher than the state averages. According to HKCS, 20% of high school youth seriously considered suicide, a higher rate than the Colorado average of 17.1%. In the 2022-2023 District Wellness Presentation, Estes Park School District R-3 reported that 25.3% of students considered suicide in the past 12 months, which is a 6% increase from past reports. In the CHS, 14% of youth ages 18-24 considered suicide in the past year. According to the CDPHE, in 2022, 9 youth ages 19-24 died by suicide and 60 youth ages 10-24 have died by suicide from 2018-2022.[xxi] From 2020-2022, 24 youth ages 15-24 who were residents of Larimer County have died by overdose.[xxii]

Addressing Behavioral Health in Larimer County

ARI found 602 different locations that offer youth behavioral health services along the continuum. Gaps in services were discovered and are addressed further in the report. Youth are seeking behavioral health resources and supports beyond the traditional clinical services provided by behavioral health organizations. Focus group participants were asked, **"Thinking beyond traditional mental health organizations, what do you do that helps with your mental health?"**

The responses were:

- Self-care, such as getting coffee, cleaning, and eating well,
- Mindfulness and meditation,
- Being with friends,
- Being outdoors,
- Exercising,
- Making art,
- Listening to music,
- Going to the theater,
- Playing with pets,
- Reading, and
- Journaling.

Youth in Context

As one interview participant noted, "It is important to know about the whole youth, which means knowing them in context." Providing insight into the current, overall state of youth's mental health is important for comprehending the context of Larimer County youth. Individuals are significantly influenced by the people and systems around them, including:

- Friends,
- Family (both immediate and extended),
- Media (mass and social),
- Culture,
- Economic systems,
- Political systems (local, state, and federal), and
- Societal events.

Each element listed above can influence someone, their actions, and their behavioral health. This section highlights key components discussed in caregiver and youth surveys, key informant interviews, and focus groups that can influence a youth's behavioral health. It is important to note that many of the elements below may have beneficial and/or harmful effects.

COVID-19

Although some may refer to the current times as a "post-COVID world", it's crucial to understand that COVID-19 and its effects are still impactful in today's world. Several interviewees underscored the enduring influence of COVID on youth and their families.[xxiii]

Major impacts included:

- The complete and then partial shutdowns of society,
- Economic impacts caused by shutdowns,
- Social distancing requirements,
- Systems and services operating ineffectively,
- Supply-chain disruptions and scarce resources,
- Closure of in-person school and childcare,
- Disproportionate effects on underserved and marginalized communities, and
- Social discord. (p 8)[xxiv]

> *"COVID really affected my kids and their mental health." – Focus Group Caregiver*

A CDC report highlighted COVID-19 as a source of traumatic stressors, potentially eroding students' well-being.[xxv] According to this report, LGBTQ+ youth faced distinct vulnerabilities, reporting more significant instances of poor mental health and emotional abuse from parents or caregivers, and experiencing increased suicide attempts compared to their counterparts. Similarly, BIPOC individuals encountered elevated levels of racism during this period. The issue of isolation that COVID-19 induced was explicitly addressed by interview participants. Many noted that they now struggle to feel at ease interacting face-to-face with their peers. Even when possessing the necessary skills, they still prefer solitude.

This isolation has also impacted youths' ability to navigate social situations, such as those encountered in school. One interviewee said, "Some of our young people have not returned to public school since COVID." Furthermore, the termination of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), American Rescue Plan Act (ARPA), public health emergency funds, COVID-19 assistance, and the return to the pre-COVID Medicaid renewal process loom as pressing threats to youth behavioral health in Larimer County.

These developments have far-reaching effects on organizations across the county and the individuals they serve. While COVID-19 and the cessation of its various aid programs indeed pose threats, interviewees pointed out a silver lining: an increased awareness of behavioral health due to the pandemic. COVID-19 prompted discussions about the imperative need to address the behavioral health concerns of youth and the public as a whole.

COVID-19 Impacts on Youth Behavioral Health

Benefits to Youth Behavioral Health	Threats to Youth Behavioral Health
• Increased awareness of behavioral health • Initial increased funding for Medicaid, emergency housing, and public health funds	• Isolation • Lack of socialization skills • Increased trauma for BIPOC youth • Increased trauma for LGBTQ+ youth • Cessation of additional funding

Politics

The sphere of youth behavioral health is distinctly influened by local, state, and federal politics and policies. The laws, rules, and other legislative measures enacted by these governing bodies possess the capacity to profoundly shape the behaviors and emotional well-being of youth. Additionally, the political climate can create concerns for youth behavioral health, especially within certain demographics.

Legislation and Ballot Measures

Local, state, and federal governing bodies have passed and implemented crucial legislation and championed ballot measures. Larimer County's sales tax increase allowed for the creation of the department of Behavioral Health Services (BHS) within Larimer County, funding for behavioral health programs in Larimer County (the Impact Fund Grant Program), and the creation of the Longview Campus in coordination with SummitStone Health Partners.

A list of the legislation regarding behavioral health measures enacted in Colorado from 2021-2023 can be found in the Appendix. Ultimately, there is a growing appetite to address behavioral health across the political spectrum. Much of the legislation has recently passed, so it is too early to determine how its implementation will impact youth in Larimer County.

Political Climate

The political climate is the emotional environment that is generated by public sentiments regarding current political matters. The way in which the public perceives and communicates their concerns about various local, state, and national political issues can significantly impact youth behavioral health. Moreover, the political climate can contribute to heightened levels of anxiety, depression, mood disorders, disordered eating, and co-occurring conditions. The political environment has engendered feelings of exclusion, vicarious trauma, and despair among many youths. The endeavors of Larimer County organizations aimed at providing supportive and affirming safe spaces have encountered political challenges, and their mission and purpose have been "minimized because [of] the political climate." A source noted, "Political belongingness has been huge. It has caused an increase in anxiety, depression, and some very specific trauma." Several key informants discussed the impact of the current political climate and increased volume of anti-LGBTQ+ laws. Participants noted that the current political climate, particularly the number of anti-LGBTQ+ legislation that has been passed recently, has negatively impacted the behavioral health of LGBTQ+ youth. Legislative policies targeting LGBTQ+ individuals can inflict stress and trauma by preventing youth from accessing gender-affirming medical and

behavioral health care. Key informants also shared that the current climate is affecting their emotional well-being by impacting their sense of belonging as they are seeing increased bullying of LGBTQ+ youth, particularly with trans and non-binary youth.

"As a teen, you're developing your sense of self and your identity. And if you're hearing those messages, what do you believe about yourself and the world around you?"

-Key Informant Interviewee

Social Media

Social media can have both a positive and negative impact on youth behavioral health. Community members shared elements of social media use that were beneficial and threatening:

Benefits to Youth Mental Health	Threats to Youth Behavioral Health
• Increased awareness of behavioral health • Increased sense of community	• Glorification of behavioral health concerns and substance use • Incorrect information/misinformation • Few places to turn if the online community turns on a youth • Negative messages from social media and societal pressures regarding self-image, life experiences, and unrealistic expectations for success and worth

Structure of the Behavioral Health System

A system can be defined as an organization, institutions, people, and resources whose main purpose is to work toward a common goal in a variety of ways. The behavioral health care system has allowed people and organizations to work together for a common purpose, including the provision of wraparound services. Yet, it has created obstacles for people to receive needed care and support. Three specific obstacles to accessing behavioral health care were mentioned within the community: insurance, paternalism, and discrimination.

Wraparound Services

The literature highlighted that comprehensive and integrated approaches to addressing behavioral health can help address youth's concerns. The behavioral health system can offer a range of services and support specifically tailored to youth's needs and help youth navigate and cope with various emotional and behavioral issues and transitions in care. Some benefits include:

- A multidisciplinary approach that can involve collaboration with a treatment team that ensures a comprehensive assessment and treatment plan.[xxvi]

- Crisis intervention for youth that are facing an acute behavioral health crisis, ensuring immediate support and stabilization.[xxvii]
- Teaching skills that promote resilience and foster positive youth development.[xxviii]

The current system has the capacity to address the whole person and provide the needed tools for positive youth development.

Insurance

Payment, specifically insurance, was frequently identified by the community as an obstacle to receiving appropriate and timely behavioral health care.[xxix] Insurance carriers have the power to either benefit or threaten community work. Insurance can help individuals to pay for behavioral health services. However, they can also hinder access because they decide:

- The network of providers,
- What services that are covered,
- The cost-sharing required of the covered person,
- How much they will reimburse the provider for services, and
- What is required to receive reimbursement,
    - Who is qualified to provide the service,
    - If a diagnosis is needed for the provider to receive reimbursement, and
    - If the carrier of the insurance policy needs to submit specific paperwork.

Paternalism

Community members highlighted paternalistic views and actions in behavioral health clinical practice and behavioral health policy. Respondents noted longstanding beliefs and actions are deeply rooted in systems and models of care and appear as clinical decisions and policies are made. Interviewees and focus group participants highlighted that paternalistic views have created a behavioral health system where:

- Those who are struggling are silenced because others believe they know what's better,
- Practitioners reference other practitioners as experts vs. those with lived experience,
- Individuals are not considered experts in their own experiences,
- Older people try to tell youth what to do but are stuck in their "ways and bias,"
- Individuals, especially youth, are not seen as equals in the process and/or face increased barriers in navigating the system of care,
- Youth are unable to consistently make their own choices for care and for their own well-being. This includes requiring parental permission to access specific care, which may stop them from accessing needed care if they do not want their caregiver to find out.

Focus group members discussed not knowing why they were being told to go to therapy, only that their parents told them they had to go. One participant mentioned that the consequence of this was not "getting anything from therapy." Some Larimer County organizations are actively addressing policies and actions; however, progress is slow, and the overall system remains predominantly paternalistic.

"It's really disempowering and really just reinforces those narratives that we can't get better… that's especially true for youth because there's an added layer of people not thinking that youth know what's best for them or not believing them or not believing that they can make good choices for themselves."
– Key Informant Interviewee

Discrimination

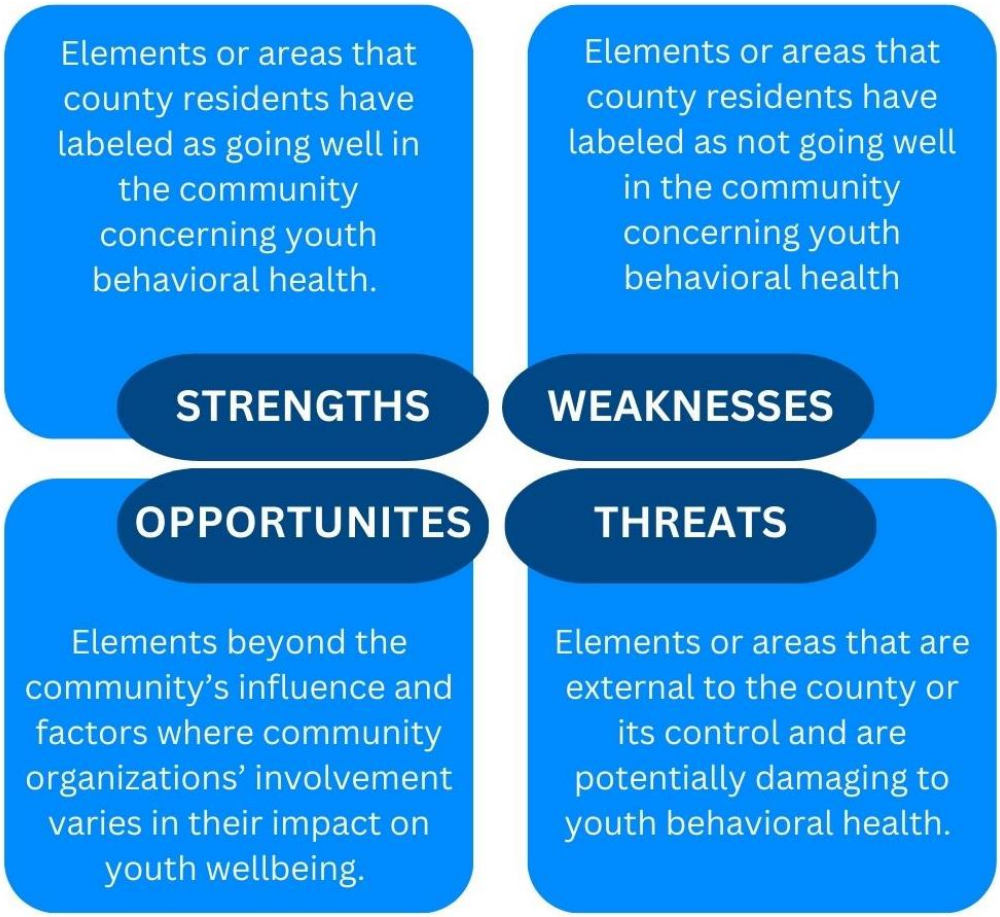
Larimer County reports, caregiver and youth surveys, KIIs, focus group participants, and published literature discussed the inherent discrimination, specifically racism, within the behavioral health system.[xxx] Key themes were:

- Lack of services tailored to and providers reflective of BIPOC individuals,
- Lack of Spanish-speaking providers,
- Need for providers that youth felt comfortable with and that looked like youth with trauma, "It could bring relief and connection to youth struggling,"
- The system is racist as exemplified by increased barriers and inequitable availability of behavioral health education, awareness, and accessibility,
- Lack of behavioral health services supporting migrant families.

"Youth feel like unless you're a part of the white culture, you don't belong."
– Focus Group Youth

Strengths, Weaknesses, Opportunities, and Threats (SWOT)

An analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT) within Larimer County was completed utilizing all the collected data. The SWOT analysis allows for a strengths-based approach. It first establishes what is going well with youth behavioral health in Larimer County before examining the potential drawbacks.



Due to diverse viewpoints, varying ideas exist about the current landscape, activities, and services within the community. It became clear that there were points listed as strengths by one group but listed as weaknesses by others. Therefore, instead of presenting the data as strengths, weaknesses, etc., the analysis is separated by overarching themes, with strengths, weaknesses, opportunities, and threats presented within the key identified themes.

A Community that Cares

> *"A lot of people are taking more action on mental health, and talking more about it, and trying to get more people to understand how serious it is. And trying to find ways to help people."*
> *- Focus Group Youth*

In KIIs and focus groups, participants expressed that Larimer County is a community that cares for its youth. Interviewees communicated how much the larger community wants the best for youth. In focus groups, participants noted a shift in the community over the last couple of years to one more "open than before." Additionally, the environmental scans found approximately 600 locations that serve youth.

Key informants also highlighted:

- Working alongside "very good" behavioral health providers,
- The willingness of community members to participate in mental health initiatives and training,
- The increase in data-driven approaches and decisions, such as:
    - The use of a tiered behavioral health approach similar to the Colorado Framework for School Behavioral Health.[xxxi]

Though mental health stigma seems to be decreasing, the same is not true for stigma surrounding substance use. Overall, individuals noted that the Larimer County community is not as open about discussing substance use. Some noted that there has been a shift toward gaining better understanding of substance use, yet others noted that they are not comfortable talking about or disclosing their use.

Stigma

One area discussed as both a strength and a weakness was stigma.[xxxii] Most participants (key informants and focus group) highlighted the reduction in mental health stigma. Participants discussed the normalization of mental health conversations and noted a decrease in youth stigma. Participants relayed that older generations continue to have differing attitudes concerning perceptions of mental health. While the community seemingly has experienced a decrease in mental health stigma, that may not be the case on an individual or cultural level.[xxxiii] This is evidenced by participants reporting a sense of shame or fear of being stigmatized for accessing services.

> *"I think substance use is something that is greatly ignored, or at least in the Latinx culture, it's something that isn't seen [as] an issue since I did grow up with my whole family using a sort of substance, whether it be something heavier or just drinking."*
> *- Focus Group Youth*

Strengths	Weaknesses
• Community attitudes towards mental health stigma have decreased • Youth attitudes towards mental health stigma have decreased	• Behavioral health stigma experienced on an individual level • Stigma expressed by caregivers • Stigma surrounding substance use

Co-Design Approach

There are "many paths and ways to healing, to building mental health in a way that feels good and strong and true for any person, especially children and youth" (Key Informant). The co-design process engages youth and caregivers by centering their voices and stories to co-develop meaning and co-design the services that youth and their caregivers need and want. It also respects youth and caregivers' decisions to decline services. It is a process of engagement that shifts from doing things *for* the client to doing things *with* the client.

"We know that connection and trust work together and is the basic foundation for relationship building giving youth the opportunity to develop character, a booming personality, self-esteem and success!!!"
- Key Informant Interviewee

Several organizations have taken on the approach of a co-design model. Some highlights include:

- One organization asking the families they serve what they need, creating a plan, and then implementing the program,
- Another organization talked about going to the youth and making sure the service space was what they wanted, and
- Another discussed meeting with youth in the youth's space to determine what they wanted in their community and develop a plan with the youth to see it through.

Increased co-design partnerships have allowed for the following:

- Youth to create services and spaces where they are genuinely themselves,
- Youth-led groups,
- Peer-to-peer support, and
- Decreased isolation and increased opportunities for youth to develop meaningful connections.

Opportunity

Though several organizations have adopted the idea of co-design, more could be done in Larimer County. Whenever possible, organizations are encouraged to include youth and caregiver voices in program design, implementation, and leadership.

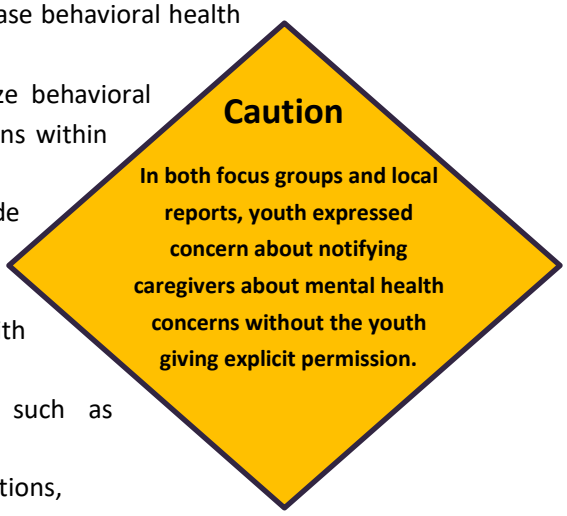
Awareness, Resources, and Programs

Participants reported increased awareness of the need and support for behavioral health care, as seen in the recent increase in resources and programs targeted at youth mental health and well-being. Though there has been progress in many of these areas, more work must be done.

Awareness

As previously discussed, individuals noted an increased awareness of behavioral health in the community. Below are key highlights from key informant interviews and focus groups illustrating strengths and opportunities to leverage within the community.

- Centering youth voices in the Mental Health Summit and the creation of the Teen Activity Center (TAC 212) in Fort Collins.
- Increased involvement of elected officials and school administration and willingness to hear from youth and community members.
- More programs in Larimer County are working to increase behavioral health services by adding behavioral health providers.
- Existing programs are working on efforts to normalize behavioral health conversations. This includes the following actions within the community:
    - School counselors and school staff have made significant efforts to normalize conversations about mental health by including it in curriculum/programming and events with parents,
    - Normalizing conversations with caregivers such as asserting that "Behavioral health is health,"[xxxiv]
    - Including families in behavioral health conversations,
    - Reaching out to the community and providing behavioral health education.



Opportunity

Larimer County is moving in a positive direction towards increasing behavioral health awareness. There is an opportunity to leverage existing local, state, and federal resources to enhance behavioral health awareness and education, further reduce sigma, and increase community members' knowledge and understanding in what resources are available in the community and how to access them.

Resources

Community members and reports identified both strengths and weaknesses of Larimer County's behavioral health resources for youth.

Strengths	Weaknesses
• More money is being allocated toward behavioral health needs (An example is the Larimer County sales tax increase that created funds for behavioral health services) • The funding from the sales tax has allowed for the new acute care facility – Longview • Some funders are working to decrease the paperwork and requirements to access services	• Though more funds for the provision of services exist, accessing behavioral health at the individual and family levels can still be expensive and cost prohibitive – perpetuating barriers to care • The current planned acute care facility is for people 18+ • Accessing certain funding sources may involve bureaucratic processes and administrative barriers for both programs and individuals

The lack of human, financial, and other resources has compounded the following specific weaknesses addressed further in the report:

- Staffing shortages,
- Technological deficiencies,
- Issues with transportation, and
- Limited resources and programming for specific populations.

Other Strengths

As mentioned above, not only is the number of programs increasing due to new resources, but so is the range of programs and what they can offer. Below are general strengths and examples:

- Organizations are working to increase services for under-resourced or marginalized populations.
    - Youth discussed the positive impact of the Caminos program (a program addressing the academic and cultural needs of bilingual Latine/x and Indigenous high school students by fostering relationships with Colorado State University mentors and professionals) and how it supports them in planning their future pathways within school and beyond.
- Programs are working to address and fill gaps within the system.
    - Key informants highlighted providing short-term therapeutic services to fill the need as folks await access to long-term care.
- Organizations are utilizing a variety of methods to decrease barriers to care.
    - Some programs provide free services to youth, both therapeutic and preventative.
    - If programs cannot provide free services, some are able to set aside money to provide services on sliding fees.
    - Some programs can travel to homes to offer services.
    - Some programs provide transportation support to help address and reduce this access barrier.

Opportunities

- There are efforts in the community to increase services for younger youth.

    - Organizations report educating childcare providers about behavioral health. Some reported working to increase diversity, equity, and inclusion (DEI) behavioral health training and increasing caregiver peer-to-peer support and education.
- Finally, many programs discussed the willingness to expand their services if they could obtain more resources.

Weaknesses

Though there are several strengths, various data sources also discussed weaknesses. All but one key informant interviewee mentioned needing more providers or staff to adequately serve youth. Programs are working to address the problem, but it takes human and financial resources to accomplish the goal. There is a national shortage of behavioral health providers.[xxxv]

- Two informants discussed that the county does well with crisis services for adults, but crisis intervention services are not always readily available for youth and their support systems. Additionally, there is a need for a model that provides more structured care that is not inpatient.
    - From an environmental scan, crisis services are addressed in co-responder models, in hospitals, and with staff at programs.
- As mentioned previously, Larimer County has a similar ratio of providers to residents as Colorado but is falling short compared to other states. Larimer County would need to increase providers by 1,000[xxxvi] to be on par with higher-ranked States.
- Many behavioral health organizations along the continuum have waitlists.[xxxvii] This results in some clients waiting over 6 months to connect with an appropriate provider.
- Providers often have large caseloads, which means:
    - Youth may only be able to be seen once a month.
    - This can lead to burnout and, thus, turnover, which can impact relationship building.
        - In one focus group, a caregiver discussed their frustrations of finally getting connected with services - only to have the therapist leave and start the process over with a new therapist.
    - There may not be time for specialized training for:
        - Autism spectrum disorder or other specific disorders,[xxxviii]
        - Co-occurring diagnoses of behavioral health disorders and IDD, and/or
        - Cultural awareness (discussed later in the report).
- A lack of provider diversity was mentioned by many community reports and focus group participants (addressed further in the report).
- The need for more staff is exacerbated by the development of new programs and services.
    - While collecting data, it was shared that behavioral health providers have increased opportunities for employment and that the competitive job market had led to some youth providers accepting new roles supporting adult programs.

> *"I think cultural diversity in providers of mental health care is definitely an issue."*
> *- Key Informant Interviewee*

Although programs are working to expand their services, there is a need for more services across the continuum. Some of the major concerns expressed were:

- The lack of prevention programs. However, there is an opportunity to further understand the existing prevention services and service gaps across all three Larimer County school districts through the prevention scan being completed by Colorado State University's Prevention Resource Center.
- Focus group participants shared the following key feedback:
    - An older youth focus group participant discussed that they remember having education on violence prevention but didn't get the same education regarding mental health or substance use. Another youth agreed with this and elaborated that any education they receive often has "scare tactics" vs. information.
    - Key informants expressed wanting to see a more proactive stance to behavioral health and emotional well-being education, spanning a wide range of intersections with topics such as inclusive gender and sex education and healthy relationships.
- Limited or no inpatient facilities for youth.
    - One interviewee discussed that for 13-17-year-olds, there are 8 beds for all of Northern Colorado and Wyoming. [xxxix].
    - For youth 12 and younger, there are no inpatient beds or facilities in Larimer County. Youth and families needing these services must access them through Children's Hospital in Denver.
- A lack of high-intensity services.
    - Interviewees discussed the need for increased in-home care and services. In one interview, individuals talked about in-home services that were once available but no longer exist. In another interview, the interviewees discussed that the few existing in-home behavioral health services are very limited and that there is a need for increased in-home care so people can assess youth in their regular environment to best support and reduce access barriers for the youth and their families.
    - There is a lack of respite care services offering caregivers short-term childcare services to provide temporary relief and reduce the risk of neglect. One interviewee discussed that there are some respite services available for youth, but they do not meet the need for youth and families with behavioral health needs.
    - A need for increased day treatment and co-occurring intensive outpatient services
    - Finally, an overall lack of specialty providers and organizations. When those services are offered, the providers may not be taking new clients or have long waitlists. Interviews specifically mentioned a need for:
        - Increased providers serving youth involved in the juvenile justice system,
        - Increased providers who specialize in disordered eating,
        - Increased providers that work with behavioral issues,
        - Increased substance use programs, specifically youth of all ages seeking recovery services.[xl]

> *"They can't provide intensive in-home services.*
> *But we have kids that need intense individual therapy."*
>
> *- Key Informant Interviewee*

- Lack of services tailored to specific populations, including:
    - **Younger youth (particularly 0-4).** However, when it comes to psychiatric care, the issue expands to those 12 and younger.

  - Reports, surveys, focus groups, and the environmental scan all highlighted the need for organizations that have targeted and tailored services for **BIPOC youth.**[xli]
  - For **LGBTQ+ youth**[xlii], participants reported things that were going well and that more could be done. Many providers shared that they work with LGBTQ+ youth, and some interviews discussed that there are services available in the community. However, those that are working closest with LGBTQ+ youth reported the struggles that LGBTQ+ youth face finding appropriate services, particularly for youth who identify as transgender, non-binary, gender non-conforming, or queer.
  - **Unhoused youth**[xliii] face particular struggles that limit service availability and accessibility, including trying to meet basic needs, turning to substances to stay awake on the streets for safety, and the inability to pay for services.
  - Beyond not having a plethora of providers, an interviewee pointed out the specific struggle **youth involved with the juvenile justice system** face concerning the payment of services. While insurance will cover many behavioral health services, it often does not cover the services required by the courts.
- How and where the service is being provided can also be an obstacle in scheduling and accessing services.
  - Some services may only be open during school and or traditional work hours, so it is hard for youth and caregivers to find time to meet.
  - Schools may not allow outside providers to meet with youth during school hours. In several interviews, respondents discussed the advantages and disadvantages of telehealth services. Some organizations found that providing only telehealth services was a limitation to care.

Telehealth Advantages and Disadvantages

Telehealth Advantages	Telehealth Disadvantages
• Allows for increased options to access services[xliv] • Decreases barriers such as travel and scheduling	• Fears of caregivers overhearing the conversation or finding out about utilizing services • Barriers of access to technology • Telehealth may not be the most appropriate way to engage all youth

- Finally, the service location is an obstacle for youth to receive care. Reports, interviewees, surveys, and focus group participants discussed the centralized nature of services or the inability to get to needed services.
  - Larimer County reports discussed the “Fort Collins Centric” nature of services. Because Fort Collins has the largest population, it makes sense that it has the most services. When analyzing the ratio of services for the youth population, it does skew toward Fort Collins[xlv].
  - Because of the location of services, transportation can hinder youth from receiving services. It can be hard to get to services due to lack of transportation or cost of transportation.[xlvi]

Cultural Responsiveness

"I've had instances, especially in high school, where my therapist wasn't Latinx, so the issues like the generational trauma that I was explaining to her were just not making sense, and in their head, it was just like, 'oh well why can't you just talk to your parents?' And it's just like, I can't just do that, and that's only like, that's something that only like the Latinx community really knows about or can relate to."

- Youth Focus Group Participant

Cultural responsiveness refers to an approach that acknowledges and values diversity, recognizes the importance of cultural identity, and adapts practices and interventions to be inclusive and relevant to individuals' and communities' unique cultural backgrounds and experiences. Within Larimer County, several organizations and programs have created practices and interventions that are inclusive and relevant to the people they serve. At the same time, sentiment from Larimer County reports, surveys, and focus groups suggests it is not happening across the system and that practices are not consistent. A culturally responsive system will be flexible and adapt to community needs. It is also understood across the system that "one-size-fits-all" approaches do not work.

Cultural Responsiveness

Strengths/Opportunities	Weaknesses
• Creating culturally appropriate programs and information for Spanish-speaking families • Creating affirming spaces for LGBTQ+ youth • Creating systems that center youth and their identities • Creating space for people to provide input and design programs	• Lack of diversity among providers (cultural, race, gender, and sexuality)[xlvii] • A lack of Spanish-speaking providers and services[xlviii] • A lack of services tailored specifically by and for BIPOC individuals, including the need for increased services that met the cultural needs of BIPOC individuals and positive youth development programs centered on BIPOC identities

One theme emerged in youth focus groups regarding differences in gender expectations across gender identities in accessing behavioral health services. Several individuals discussed the expectations that males should just "deal with it" and could seem weak in accessing services, while there is the perception that it is more acceptable for females to access behavioral health services.

Another theme that emerged in the Latine/x group is the cultural differences between youth and their caregivers. Youth said they felt like they could talk to their caregivers about issues they are having. However, there were differences in how the youth said their caregivers would respond. Some discussed their caregiver's willingness and support in taking them to therapy, while others shared that their parents would not understand

the need or value in behavioral health services since they didn't have it as a resource when they were younger and had to "figure it out".

OPPORTUNITY

Expand outreach and services that are culturally competent including: services for BIPOC youth, Spanish-speaking youth, LGBTQ+ youth, and gender-affirming care (particularly for non-binary and trans youth). Additionally, increase culturally responsive training so providers may better serve diverse populations.[xlix]

Collaboration and Connection

Several key informants from community organizations discussed how they are increasingly connecting with other organizations in the county. That collaboration has allowed for increased access for youth behavioral health care. At the same time, not all organizations are connected, so there are weaknesses in the system. The section is divided into strengths when there is collaboration and weaknesses of a system when there are no connections.

Strengths

"Larimer County is amazing because we know each other and we work really close together, you know, as a community."
-Key Informant Interviewee

There are strengths within the community when it comes to connections and collaborations between organizations that should be expanded upon and utilized throughout the community. When there is a connection between the organizations, there is increased opportunity to:[l]

- Increase care coordination as youth transition through age groups, services, and within the continuum of care.
- Improve the referral process to allow for better follow-up on referrals that have been made. This allows for the referring organization to have better updates from the receiving organization a youth/family was referred to. Develop a successful warm handoff system to help ensure a referral is more likely to be accepted and successful. Such warm handoff processes may include a referring organization being able to attend the initial appointment with the youth/family.
- Share resources between organizations. This can allow organizations to provide reciprocal support, provide wraparound care for high-needs youth and/or crisis support, and increase the services available.
- Continue to come together to discuss and work on Larimer County youth behavioral health needs. Recent collaborations have included youth voices and historically marginalized voices.

Weaknesses

Though many organizations work together, know each other, and understand the services provided, this knowledge and understanding of the services available is not consistent within and across Larimer County youth and families. Through qualitative data collection, the following themes and issues emerged:

- Portions of the county are siloed, which means that there is a:
    - Lack of collaboration and wraparound services for the organization to engage with on behalf of the youth.
    - Lack of accountability to youth and family as they move through services and the system.
    - Lack of consistent messaging to the families. Families could get one message for a youth's care from one entity and then get a different message from another organization.
    - Potential overlap of services:
        - One organization discussed finding out they were providing behavioral health services for a youth, and the youth's school was as well.
- A lack of collaborating and coordinating care across organizations leaves the system navigation to the youth and/or their care system, which can be extremely difficult. At times, the system requires multiple pieces of paperwork, numerous questions, specific steps that individuals need to take, and the need for self-advocacy.
    - Two key informants from community organizations discussed the difficulties that Spanish-speaking families have within this system. They shared that the families did not know why they were referred to specific service locations, especially in instances where the referral locations did not have staff to communicate in Spanish nor understand their cultural backgrounds and identities.

OPPORTUNITY

Utilizing technology to track and monitor referrals to both clinical and non-clinical services could help increase collaboration and connection between organizations.

Substance Use

Universally, participants shared that there is still a significant stigma around substance use. While awareness, education, and community support have begun to decrease mental health stigma, there is still a great deal of stigma concerning substance use, as well as significantly fewer programs and resources aimed at substance use prevention and treatment. In focus groups, youth participants discussed that the stigma of use has decreased while others discussed the punitive conversations surrounding substance use. Finally, one youth shared that they were worried about being judged if they told people they had a substance use disorder and sought help. This was echoed in a key informant interview when a service provider shared that the youth they serve do not want to seek care elsewhere because of the fear of being judged.

Abstinence	Harm Reduction
In general, community members who believed in an abstinence-based approach supported: • Viewing all substance use as equally detrimental to youth. This viewpoint identifies all substance use as misuse, regardless of the quantity, frequency, context, or impact of use. • Punitive actions for people who use substances, with the belief that this will deter youth from using. This was noted by a key informant, "so often when that happens and they [youth] do get caught, the direction is not necessarily mental health support, right? Because it could be a ticket, it could be law enforcement, it could be suspension, it could be expulsion."	In general, key informants who believed in a harm reduction-based approach supported: • Differentiation between substance use and substance misuse. Factors such as risk, impact of use, and frequency of consumption should be considered when determining whether substance use constitutes misuse. This approach differentiates its response based on these, and other, contextual factors. • The belief that laws criminalizing substances do not stop substance use. Rather, they stop the ability to provide education and support and decrease risk for young people using substances. • The punitive approach stops people from wanting to talk about their use because they are afraid of being punished or sent to in-patient treatment involuntarily. Ultimately, this increases the likelihood that the substance use treatment needs of youth are not met. • By not having open discussions, youth may not know the effects of substances on their bodies, increasing risk. • A key informant summed it up as, "They don't ask for permission to use substances. They just go ahead and do it. So, allowing them to speak from their own experiences and sharing yours and […] speaking very basically to what harm reduction is."

Other aspects of substance use for the community to note and act on include:

- Substance use and substance use disorders (SUDs) may occur intergenerationally, impacting both youth and their caregivers.
- Some youths are using substances to cope with their mental health concerns, presenting additional complexities that need to be considered when developing treatment options.
- Substances can also be used due to experimentation, peer pressure, intrigue, or as tools (such as unhoused youth using substances to stay awake due to safety concerns).
- The current substance use treatment system is difficult to navigate, even for professionals in the behavioral health field. Some professionals expressed concerns over not having a clear path for how to deal with youth's substance use.
- There is a lack of providers that specialize in substance use for youth.
    - The environmental scan and literature search noted two programs/facilities that youth utilized for substance use care have closed in the last two years.
- Many youth serving professionals are limited in their training on identifying or treating substance misuse. This means that youth already receiving care may need to experience treatment disruption and refer out, potentially experiencing long waitlists. Alternatively, some youth will continue care with their current provider, and their needs for substance use support will go largely unmet.

- Several organizations have tried to create a space for youth to discuss substance use without fear of punishment; however, this constitutes a relatively low percentage of organizations, with the majority being not equipped to help youth with support needs around substances or substance misuse.
- Multiple organizations discussed their increase in education and access to Narcan (naloxone).

OPPORTUNITY

Harm reduction and training could be a path toward addressing substance use in Larimer County.[li]

Family-Centered Approaches to Supporting Youth

It is important to understand youth as part of larger family and social systems. Effective treatment and prevention systems must address the needs of these larger units, and consider broader biopsychosocial factors, in addition to the individual needs of young people. While in Larimer County, some organizations utilize a contextual view of treatment and support, many do not, representing an area of improvement for the overall system.

Strengths

Below are the strengths that organizations have seen by working with youth within a larger familial, social, and community context:

- Providing unique programs and services to address the needs of youth with intersecting identities.
    - One example is the intersecting identities of LGBTQ+ and BIPOC youth. Youth can have specific stressors in the home and school. Having specific supports to meet their individualized needs is important.
    - A strong example is Yarrow Collective, which provides gender-affirming services from an anti-oppression framework for LGBTQ+ and BIPOC youth.
- When organizations include family, friends, and peers in their services, engagement can increase and more complex issues can begin to be addressed, such as multi-generational trauma.
    - Specifically, one organization noted that when they provide support (i.e., coaching, education, and child development) to caregivers, they see an improvement in the youth's behavioral health.
    - Additionally, two other organizations discussed having caregiver peer-to-peer support.
- Many organizations discussed being able to provide wraparound services, such as:
    - Housing
    - Vocational support
    - Educational support
    - Food
    - Pre-probation wraparound
    - Clothing
    - Mentors
    - Pro-social events

Weaknesses

Though many organizations are working to increase support for caregivers and considering broader contextual factors, many noted that there are still weaknesses, particularly in assisting caregivers. Youth-serving professionals and community members noted:

> *"I think parents just need help. They don't really understand what's going on with their kids and how to address it."*
> *- Key Informant Interviewee*

- A need for parenting skills and mental health education for caregivers. Largely, current practices focus on treating youth individually, with limited supports available to caregivers who are supporting a youth with behavioral health concerns.
    - One interviewee specifically noted that they find themselves "educating or parenting parents."
    - Others noted that caregivers may not supervise youth which could result in youth getting into trouble.
- Caregivers may not have the knowledge and skills needed to care for a youth's behavioral health concerns.
    - In responses from youth participants, they discussed that they or their caregivers may not know where to go for appropriate services. Additionally, as discussed in other sections, caregivers do not always know why they have been referred to various providers.
    - An informant from an organization noted that caregivers can lack self-advocacy skills.
    - Finally, caregivers may not know the laws and fear the involvement of governmental entities, such as the Department of Human Services (DHS) or agencies that conduct deportation.
- There is a clear need for increased behavioral health supports for caregivers. Increasing parental wraparound supports and regulation can prove critical in increasing caregivers' ability to support youth and the overall health of family units. Participants discussed that caregivers often:
    - Have their own trauma,
    - Can live with their own mental health or substance use issues, as illustrated by youth citing their parents' difficulty with alcohol and other substances.
- A need for coordination between providers and caregivers, as clinically appropriate. Youth can benefit from increased support across important adults in their lives and consistency between environments. Failure to coordinate can lead to disconnect and inconsistencies.
- If programs do not involve caregivers when allowed by a youth, then there can be a disconnect between providers and caregivers. Some organizations noted that youth should also be told what is happening so they can be actively involved in their own care.
- A need for increased recognition of the intergenerational nature of trauma and behavioral health and the influence of youths' environments on their mental health. Dysfunctional or unsafe home environments, or negative relationships with caregivers may exacerbate behavioral health concerns. Increased parenting stress due to inadequate supports for caregivers, such as those listed above, may further exacerbate this impact.
    - First, caregivers may want to support youth, but many do not know how to support youth.
    - Some caregivers may not want to support youth with a specific behavioral health issue, which can cause additional conflict, stress, and trauma.

- Behavioral health may not be a priority for caregivers. In surveys and focus groups, youth and caregivers mentioned that behavioral health is not always prioritized. Many discussed that they are worried about other things, such as having money for food, housing, and other bills, so behavioral health gets pushed aside. It should be noted that when people mentioned that it is not a priority, they followed it by saying they wish it could be.
- Caregivers may be a source of conflict and stress for youth. In focus groups, some participants discussed wishing they had better connections with their parents and the stress surrounding not having a good relationship.

Schools and Behavioral Health

Schools are a vital component of youth behavioral health and districts in Larimer County have taken steps to improve youth behavioral health and continue to make plans to address various concerns. It should be noted that most of the organizations and individuals that participated in interviews and focus groups were talking about education that includes grades K-12, but many of the discussion points were also relating to higher education institutions.

Strengths

Below are the strengths seen within the various schools.

- All schools have behavioral health staff.
  - School districts have been training staff about behavioral health. [lii] Focus group youth participants highlighted having trusted teachers and staff in school that they could talk to.
- School leadership is engaged which has encouraged the community that each school district is committed to addressing behavioral health.
- All schools have some level of programs and services to address youth behavioral health.
  - Multiple respondents and reports discussed schools utilizing peer-to-peer support services.

> *" When I was struggling, I went to a close teacher at […] and then I also met with my counselor there. To, like, figure out what was going on, how we could fix it."*
> *- Focus Group Youth*

Weaknesses

Although schools have made much progress concerning behavioral health, several weaknesses exist.

- Teachers juggle the emotional and educational needs of youth and do not always have the resources to allow them to just focus on learning - which can lead to burnout and compassion fatigue that can impact youth behavioral health.
- Some staff discussed that they lacked the necessary tools and processes to address substance use in schools.
- Student access to external behavioral health care during school hours is not consistent across the three districts.
- Some students do not have the support they need within the schools. This was specifically illustrated among:
  - American Indian and Alaskan Native Youth (AIAN),

    - LGBTQ+ youth,
    - Migrant youth, and
    - Youth with Individualized Education Plans (IEPs).
- Issues surrounding confidentiality were raised in reports, focus groups, and interviews. Although, there seems to be a disconnect between parties. Youth discussed concerns about schools informing parents of behavioral health issues without the youth's permission, which can foster a sense of distrust in the school system for some. School staff shared efforts and the intent to facilitate needs between the youth and the caregivers.
- It was reported that there has been some pushback from some school staff when it comes to behavioral health training, yet this is noted to be decreasing.
- Bullying continues to be a challenge.
    - In focus groups, two individuals discussed that there were anti-bullying programs in past years; however, now they believe that there is not the same dedication to focusing on the issue.
    - It was mentioned that LGBTQ+ youth, particularly transgender youth, often feel unsafe in schools and will opt into homeschool, which can lead to feelings of isolation.
- School policies may increase the access struggles of youth who are experiencing behavioral health concerns. It was specifically mentioned by youth that there are policies that are more likely to suspend or expel youth who:
    - Have behavior concerns,
    - Use substances, and/or
    - Are involved with the justice system.

Recommendations

To create a list of recommendations, ARI examined the potential impact of those actions, what weaknesses they could resolve, and the possibility of being able to act. The recommendations are across the behavioral health continuum. It is important to note that behavioral health care does not mean therapy for all people, and multiple approaches should be utilized.

Before an organization moves forward with any of these recommendations, gaining input and allowing for co-design between the organization and potential participants is highly encouraged.

Support and Expand Peer Support Promoting Positive Youth Development and Prosocial Relationships

Community organizations have put effort into growing their peer-to-peer support, as participants highlighted the increased use of peer support networks in interviews. Several Larimer County reports recommended peer support due to the positive benefits that youth supporting youth may provide in overall youth development, prosocial relationships, and wellness.[liii] Peer-to-peer support is utilized in schools, by community-based organizations, and with both youth and caregivers. Peer support services have become integral to several behavioral health care systems.[liv] Additionally, literature suggests a focus on preventive intervention that includes promoting positive youth development, building personal strengths, and prosocial relationships.

"For peer support in particular, people are looking for community and to feel less alone in their experiences. One of our group members just said it so beautifully - They're like, I go to therapy to learn skills, but I come to a group to love and be loved."
- Key Informant Interviewee

Peer support provides a unique opportunity as peers can offer their unique lived experience with behavioral health conditions to provide mentorship and support. According to the literature, benefits include:

1. A decrease in feelings of isolation[lv],
2. The ability to express feelings,[lvi]
3. Empowerment,[lvii]
4. Shared understanding,[lviii]
5. Skill development,[lix]
6. Decreased stigma,[lx]
7. Increased motivation,[lxi]
8. Those with lived experience can serve as mentors,
9. Ability to learn helpful information,
10. Gaining hope,
11. Helping others, and
12. Affordability.[lxii]

Caution

Peer support should only be one aspect of clinical care and incorporated as a part of a multi-disciplinary team.

Peer support can help address identified weaknesses by:

- Improving service quality,
- Decreasing turnover,
- Decreasing stigma,
- Providing affordable care,
- Decreasing issues of transportation,
- Providing baseline prevention care,
- Providing culturally responsive services,
- Decreasing the impact and misinformation of social media, and
- Increasing people's knowledge of both behavioral health and available resources.

Increase Peer Training and Supports

There is a need for true peer support for youth and adolescents and community support for peer support services. A vital component of peer-to-peer support is understanding the peer support role and its value. Comprehensive and setting-appropriate job descriptions, responsibilities, qualifications, and training help to clarify and demonstrate the value. Additionally, investing in peer development, robust training, support such as peer respite, and continued education are key to preparing peers to be successful in their skills and roles.

Some suggested trainings to provide peers are:

- Mental Health First Aid,
- Crisis Intervention Training,
- Peer Support Specialist Training,
- Motivational Interviewing Training,
- Trauma-Informed Care Training,
- Question, Persuade, Refer (QPR) Training,
- Family Peer Support Training,
- Bystander Intervention Training, and
- Harm Reduction.

Safe Spaces

Another essential component is ensuring that there are safe, non-clinical, inclusive, and recovery-oriented community spaces for peer-to-peer support. Youth and caregivers need access to spaces that encourage a culture of community and resilience. Safe spaces can be in schools or elsewhere in the community and include spaces to share experiences, explore identity and leadership, and access cultural practices and traditions.[lxiii] Fort Collins has a new Teen Center (TAC 212) that can help with this; however, there is only one location in the county. Schools discussed having safe spaces for youth to go to, and some community-based organizations have such spaces as well; however, they are limited. A safe space can also be a location that already exists if it is a place where youth feel comfortable and affirmed.

When creating a safe space, some key elements include:

- Ensuring the space is inviting and comfortable
  - Has affirming policies
  - Celebrates inclusivity and diversity
- Having participant input and engagement in the design, implementation, and leadership

> *"Positive spaces where young people can experience joy, that are affirming."*
> - *Key Informant Interviewee*

- Maintaining safety and security policies
    - Anti-bullying policies
    - Working to improve physical and psychological safety
- Trustworthy and caring staff (if staff are needed)
- Confidentiality and privacy policies that youth understand
- Inclusive activities
- Access to resources

Institutions

For funders, this means the willingness to spend money on services that may not initially seem like behavioral health services. It is also important to decrease red tape to allow organizations access to resources and funding.

Considerations Regarding Particular Population Segments

Existing community data demonstrates a need for BIPOC, queer, trans, and nonbinary-youth-friendly spaces, as well as increased safe spaces for transition-aged youth ages 19 to 25.

Establish and Promote Access to Local Comprehensive Acute Services for Youth

One critical element missing within the Larimer County youth behavioral health continuum is brief inpatient stabilization treatment options for co-occurring and complex populations and transitional services from this level of care. A youth behavioral health facility can provide the following:

1. Crisis services,
2. Intensive and specialized treatment,
3. Stabilization,
4. Support to the family and caregivers,
5. A safe environment,
6. Structure,
7. Transition planning,
8. Learn coping skills, emotional regulation,
9. Prevent long-term consequences.

Policies

Suggested policies should include the following characteristics:

- Open to youth 0-24,[lxiv]
    - Young adults (ages 18-24) are in a transitional stage and experience significant physical, emotional, and cognitive changes. Treating individuals in this age in facilities that align with their developmental stage can better address their unique challenges, promote growth, and increase treatment efficacy.[lxv] [lxvi]
- Develop policies of informed consent and treatment,[lxvii]
- Allow for caregiver involvement and support,[lxviii]
- Utilize gender-affirming practices,
- Engage in youth empowerment.[lxix]

Programs

Below are programs and services that the facility may want to develop and include based on current available services as well as a review of literature and best practices, such as:

- Individual therapy,
- Group therapy,
- Family therapy,
- Medication management,
- Life Skills training,[lxx]
- Recreational therapy,[lxxi]
- Educational support,
- Wellness and mindfulness programs, and[lxxii]
- Intensive outpatient program.

Institutions

Institutions must consider the elements above and the impact on the community's already strained resources. With the building of the adult acute care center, Longview, community organizations mentioned providers migrating from other organizations to Longview. Therefore, organizations already struggling to fill positions are experiencing even more difficulty hiring appropriate and necessary staff.

Expand Wraparound Services

Wraparound care takes a holistic approach to behavioral health and considers the individual's strengths, needs, challenges, and social, cultural, and environmental factors.[lxxiii] Interviews, focus groups, surveys, and literature discussed the need for wraparound care.[lxxiv] Multiple sources conferred that behavioral health is often not a priority because there are other priorities in a person's/family's life. So even though youth may need behavioral health care, other basic needs will often come first. Many of the organizations interviewed discussed the additional services they provide to youth and families beyond behavioral health. This type of service provision does not happen in all organizations. One interviewee discussed wanting to provide a "one-stop shop" for all the services their families needed.

Wraparound care needs to be culturally and linguistically appropriate and available to youth and their care system. Wraparound care may include:

- Assistance with basic needs (housing, food, etc.),[lxxv]
- Assistance with education,
- Skills training (self-advocacy, peer-support training listed above, etc.),
- Cultural competency training, and
- Parent courses and support[lxxvi] (some interviewees discussed parents needing courses for advice on helping youth as they come out as LGBTQ+, what to expect with IDD or autism spectrum diagnosis, and help with understanding child development).
    - Many organizations offer one or two courses, but they are the exception not the majority.

There is a need to create a list of training and courses that organizations in Larimer County have so other organizations know what is available. Wraparound services can decrease the need for referrals because the services are provided on-site. This means that there will likely be a decrease in people slipping through the gaps and an increase in people receiving the services that they need. Wraparound services can specifically help address weaknesses, such as:

- Decreasing stigma,[lxxvii]
- Prioritizing behavioral health services,
- Providing more familial services,
- Providing continuity of care,[lxxviii]
- Potentially decreasing trauma experienced in home environments,
- Decreasing the need for more intensive services,[lxxix] and
- Increasing people's knowledge of both behavioral health and available resources.

Considerations Regarding Particular Population Segments

Early Childhood Aged Youth

The asset map reveals that one area where wraparound care is significantly lacking is for early childhood youth, ages 0-4. Additionally, the type and availability of these services differ drastically. Organizations serving early childhood have notably fewer wraparound services. This implies that individuals would need to visit multiple locations to access the same range of services available at a single location for older youth. While organizations catering to early childhood youth don't necessarily offer only one service, they are generally less likely to provide multiple services.

Youth Facing Housing Insecurity

Although youth experiencing housing insecurity can access various wraparound services, findings indicate limited services explicitly directed at this group. While ARI learned about a shelter under construction, concerns were raised about the new shelter's ability to cater to the diverse range of identities that might seek its services.

Institutions

For institutions, this means the willingness to spend money on services that may not initially seem like behavioral health services. To reduce barriers, funders should make it easier for organizations to access funding to create and expand these services. Funding should be available to new organizations and grassroots movements, as well as welcome new and innovative solutions.[lxxx]

Advance the Accessibility of Care

Behavioral health should be accessible to all community members, no matter where they live, their age, or abilities. It is impossible to access each entity to determine their accessibility for youth in Larimer County. However, lack of accessibility was a predominant and consistent theme that led to this area of recommendation. Because so many organizations and individuals in focus groups and surveys listed money as a barrier to behavioral health, it is crucial to address this barrier. Below are areas that organizations should analyze to determine their accessibility.

1. Communication and Outreach

a. What languages are information and services provided in and to what extent are information and services trans-created rather than simply translated?
b. Has the organization evaluated who they are reaching and potential gaps in who they are missing?
c. Are outreach efforts affirming to multiple people, cultures, and communities?
d. Website communication
    i. What language is the website in? And what other languages are available?
    ii. How easy is it to navigate the website?
    iii. What information is being provided on the website?
e. Where/who is information being shared with?
    i. Where are you advertising?
    ii. What listservs and information sources are you a part of?
    iii. Do you use trusted messengers to be ambassadors?

2. Location
    a. Is the physical organization accessible to those with physical disabilities? Consider the need to utilize stairs, elevators, and make spaces ADA accessible.
    b. Is the location easy to find?
    c. Is the location convenient for the public to get to?
        i. If not, can you provide transportation assistance?
        ii. If not, can you go to where the client is?
        iii. If not, can you provide telehealth services?
3. Cost
    a. What is the cost of your service?
        i. Can you make the cost more affordable?
        ii. Are there other sources of funding you may be able to access to decrease your costs?
        iii. If you offer a sliding fee scale, how easily can people apply for it?
        iv. What insurance carrier/plan networks are accepted and what services will different insurances cover?
4. Services and Staff
    a. Are staff members representative of the community being served?
        i. Do you need to examine alternative requirements (i.e. licensure, training, diversity) when hiring staff?
    b. When are services being provided, and is it conducive to helping youth?
    c. Training of staff
        i. Are there specific training courses your staff are required to have?
        ii. Has the staff had culturally responsive training?
        iii. Are you providing trauma-informed training?
        iv. Are there incentives for staff training?
5. Services
    a. How are you including community voices in deciding your services?
    b. Are you providing wraparound services or referring out?
        i. If you are referring to other community partners, what is your referral process?
        ii. Are you providing warm handoffs?
        iii. Are you checking in to ensure the referral was completed?

iv. Do you have a process to speak directly with those you refer to?
v. Are there additional wraparound services that you should be offering?

c. Can you consider providing additional services that the community needs?

This is an attempt at a comprehensive list and is a starting point. Organizations should continuously examine their accessibility.

"I definitely think it's money, kind of I don't know that getting help getting help is really expensive just for a therapy session it's like very expensive at school and like many people don't, aren't financially stable or like have money to get the support that they need."

- *Youth Focus Group Participant*

Considerations Regarding Particular Population Segments

Youth with Disabilities

Larimer County offers limited services designed for youth with disabilities, and existing services are primarily located in Fort Collins and Loveland. This requires youth to travel if they reside outside of these towns. A notable concern is the transition of youth with disabilities to different age groups. While some organizations assist in this transition, it's not a consistent practice. Some youth with intellectual and developmental disabilities (IDD) might receive adult services, despite not being adults developmentally.

Youth in Rural Areas

Despite ARI's efforts to gain a rural perspective, feedback from individuals residing in rural areas was limited. The asset map reveals that there are very few services available for youth in Larimer County's rural areas. Where these services exist, they are often tied to religious organizations, 4-H programming, libraries, and schools.

Households with Limited Incomes

Households with limited resources, especially those residing outside of Fort Collins or Loveland, face challenges in accessing care. While sliding scale fees are offered by organizations, people with limited incomes still encounter difficulties in accessing care. Focus groups and interviews highlighted that behavioral health care may not be a priority when the concern is providing basic needs for a family. Additionally, accessing care can be hindered by scheduling conflicts arising from school and/or work commitments of youth and caregivers.

Youth Involved in the Criminal Justice System

Youth involved in the criminal justice system face unique behavioral health challenges. Youth and their families frequently must cover costs of services and treatment due to insurance companies typically not covering court-ordered services. Even with funding, finding specific, required services can be a challenge. Additionally, key informants highlighted that the services available for youth, funding for those services, and the system itself can change annually due to state level policy changes.

Refugee Youth

A limitation of this assessment is the limited information that was gathered concerning refugees in Larimer County. The information collected showed that services are centered in Fort Collins, but key resources may be outside of Larimer County.

Undocumented Youth

Undocumented youth can struggle with service costs. Navigating the U.S. behavioral health system, especially when not familiar with it, can be daunting. Language and cultural differences can further impede access to care. This access barrier can be exacerbated by local, state, and federal policies, such as the federal public charge rule.

Attract and Retain a Diverse and Culturally Competent Workforce

This systemic issue is difficult to address as:

- It is a national issue, and more than organizations, schools, and governments in Larimer County need to work to improve this issue,
- The State recently passed laws to address the provider shortage, and outcomes are unknown because the legislation was just passed, and
- Organizations within Larimer County have already taken steps to increase providers.[lxxxi]

A consistent theme was the significant need for providers in the county. Some of the specific recommended actions are:

1) Continue efforts to increase the workforce. Organizations such as the Early Childhood Council of Larimer County are working with Colorado State University to develop a school to profession pathway. Other organizations spoke of creating incentives for providers to work at their facilities.
2) Work to increase the diversity of staff. Diversity means culture, race/ethnicity, gender, languages spoken, and lived experience. Several reports, interviewees, and focus group members discussed the need to increase the diversity of providers. By increasing the diversity of providers, they can increase the therapeutic relationship. This is also a recommendation to increase the accessibility of services to all residents.
3) Work to increase the diversity of specialized training. This can potentially be achieved by providing incentives or funding to fill gaps in specialization. Identified gaps include:
    a. Youth in the juvenile justice system,
    b. Disordered eating,
    c. Dual diagnosis of IDD, ADHD, and other cognitive challenges.[lxxxii]
    d. Development and behavioral health, and
    e. Gender-affirming care.

Considerations Regarding Particular Population Segments

BIPOC Youth

The review of literature, survey responses, interviews, focus groups, and asset mapping collectively indicate a significant need for more tailored services for BIPOC individuals in Larimer County. According to the asset map, the existing services tailored to BIPOC individuals are centralized in Fort Collins.

Youth Who Primarily Speak Languages Other than English

Findings suggest that services available in the community primarily target English speakers. While some services are available in Spanish, they are concentrated in Fort Collins. An Estes Park interview specifically highlighted the scarcity of Spanish services in the mountain communities of Larimer County. Efforts are being made to engage Spanish-speaking youth, however, there is a need to provide culturally validating services that employ language justice.

LGBTQ+ Youth

While some participants highlighted the strength of the services provided to LGBTQ+ youth in Larimer County, others expressed concerns about insufficient community support. According to the asset map, several organizations and providers in the county assert their specialization in working with LGBTQ+ youth. However, a consistent issue arose regarding gender-affirming care and support. Insufficient support in this area negatively affects youth who do not identify in the gender binary, potentially adversely affecting their behavioral health. This concern is exemplified by the HKCS data, which indicates that non-gender-conforming youth are more likely to experience poor behavioral health.

Increase Awareness and Education of Behavioral Health

Larimer County has worked toward increasing behavioral health awareness, however, there are specific elements that awareness campaigns could focus on to target youth. These elements include:

- Information about common behavioral health conditions, symptoms, and prevalence in the community,
- Education on the importance of early identification and intervention for behavioral health,
- Stigma reduction[lxxxiii]particularly around substance use,
- Awareness events and campaigns,[lxxxiv]
- How to access behavioral health resources and services,
- Cultural sensitivity and diversity,
- Increase the use of social media to reach the target audience, [lxxxv]
- Crisis response information,
- Involvement of youth in the creation and engagement of the campaigns,[lxxxvi]
- Education of the laws (particularly concerning DHS involvement and issues of deportation).

Considerations Regarding Particular Population Segments

Participants in focus groups, interviews, and individual Larimer County reports highlighted potential cultural disparities in how behavioral health is perceived. One youth focus group participant noted: “I feel like for a lot of people in the Latino community, like old generations, like I feel like they really judge you based on like ‘oh if you go to therapy, you’re crazy’ or take medication, it’s crazy.” Such a stigma continues to create barriers to care within certain cultural communities. Furthermore, the situation becomes more concerning when considering specific racial identities within the BIPOC community, as there is a lack of services catering to Indigenous or Asian populations. Such a stigma continues to create barriers to care within certain cultural communities.

Expand and Increase Capacity of Services for Younger Youth Ages 0-4 and 5-12 and Their Families.

A consistent theme through many of the key informant groups was that they are seeing youth presenting behavioral health concerns at much earlier ages. There is a large evidence base that early childhood behavioral health interventions and services have lasting positive impacts. Strong, early social-emotional health is directly linked to healthy development in other essential areas, including physical health, cognitive skills, language and literacy, social skills, and school readiness. This is largely because 90% of brain development occurs before age 5.[lxxxvii] Finally, according to the environmental scan, the smallest number of services available for any age group was 0-4, followed by 5-12.

Several organizations in Larimer County have already taken up the task of increasing services addressing young children's behavioral health. They mentioned the need for more and consistent funding and human resources to carry out this task. Services that key informants and the literature highlighted as being necessary and effective include:

1. Early intervention and screening programs,[lxxxviii]
    a. An important note is ensuring screening tools are culturally appropriate. One participant highlighted how families that speak a language other than English can struggle with English-only tools.
2. Parent education and support groups,[lxxxix]
3. Early childhood education and care that promotes social-emotional development and positive behavior,[xc]
4. Collaborative partnerships,[xci]
5. Providing culturally and linguistically appropriate services.

Institutions

It is also important for funders to decrease red tape. It should be easy for organizations to access money and other resources. Early intervention services are not consistently prioritized by funders and insurance carriers when providing care that assists in preventing long-term effects of behavioral health disorders and more costly forms of treatment.

Increase Resources Supporting a Comprehensive School Behavioral Health System

Participants in key informant interviews and focus groups saw many strengths of the various school districts' behavioral health services, and many suggested more could be done. Though much of the literature is focused on education K-12th grade, the recommendations can be applied to higher-education institutions.

- Schools and school districts should continue to support increased behavioral health services.
    - Participants discussed that superintendents were involved in behavioral health discussions and that their support and participation were important.
    - Several sources encouraged the tiered system that the schools are utilizing.
- Strengthen school cultures through:[xcii]

  - Consistently enforcing anti-bullying policies and emphasizing anti-bullying messages.[xciii]
  - Training students and staff to prevent harm, such as with bystander intervention.
  - Strengthen the utilization and promotion of inclusive language and behavior.
  - Trauma-informed approaches, such as learning about the signs of trauma and how to take action.
  - Continue and increase peer support programs.[xciv]
- Re-examine policies that can be punitive vs. restorative.
  - Audit policies to ensure that policies are restorative to help youth address their behavioral health disorders in an institution and community that supports the ongoing process of treatment and recovery.[xcv]
- Increase behavioral health personnel, messaging, and targeted staff training.
  - Several focus group participants discussed that staff need more training on topics such as dealing with students' behavioral health issues, substance use[xcvi] (especially vaping), and working with families.
- Provide increased supports for staff and teacher behavioral health to prevent burn out and compassion fatigue.
- Regularly conduct mental health screenings of students.[xcvii]
  - School staff discussed issues with students who may be having behavioral health issues but can go unnoticed. Ensuring regular screenings of students decreases the chances of youth slipping through the cracks.
- Connect students with behavioral health services.[xcviii]
- Increase student behavioral health education and skills.[xcix]
  - Focus group participants discussed that learning about behavioral health and skills should happen earlier. This is further supported by school staff discussing that they are seeing behavioral health concerns at an earlier age.
  - Focus group participants also discussed wanting to hear from people with lived experience and who look like them, which is supported by evidence found in the literature.[c]
- Create a workforce of youth-focused liaisons. As youth experience increased behavioral health needs, educators are not always equipped to provide wraparound support. Building a workforce of "school liaisons" can help support youth and caregivers as they connect to appropriate services.

Schools can significantly promote positive behavioral health and well-being among students and staff by implementing these strategies. It is important to note that many of these strategies either require funding to implement or require changes at an institutional level (i.e., culture).

Increase and Adopt Successful Models for Home-Based Behavioral Health Care Services

In-home programs can support and guide caregivers within the comfort and familiarity of their own homes to promote positive parenting practices and their child's behavioral health.[ci] In-home care models can provide personalized and comprehensive support to youth and caregivers while allowing providers to see youth in their environment. In-home support can also decrease barriers such as transportation. Several interviewees discussed that in-home services had been more common, but why they stopped is unclear as it appeared to be unrelated to the COVID-19 pandemic. Additionally, several participants stated that in-home services

directly help the youth and the caregivers. From the environmental scan, it is unclear how many providers offer in-home care. One service type that continually highlighted in-home and community services are organizations that provide Applied Behavioral Analysis (ABA). Reasons to provide in-home services include:

- Familiar and comfortable environments can reduce stress and anxiety,[cii]
- Personalized care,[ciii]
- Continuity of care,[civ]
- Enhanced caregiver involvement,[cv]
- Reduction of hospitalizations and readmissions,[cvi]
- Promotes independence and autonomy,[cvii]
- Increases the cultural responsiveness of services.[cviii]

Organizations should work to increase in-home care for youth behavioral health.

Conclusion

While this report and data collection have been completed and recommendations have been made, this is just the starting point for addressing youth behavioral health needs in Larimer County. Larimer County must continue to engage the community and raise-up youth voices. It is important to create actionable steps and a process of accountability.

Methods

Below is more detailed information about the questions, focus, methodology, participant demographics, limitations, and lessons learned.

Questions

From January 2023 through September 2023, Aurora Research Institute was tasked with answering the following questions:

1. What is the current best-practice continuum of care for mental health and substance use services and supports for the following age groups:
    a. Early Childhood (ages 0 – 5)
    b. Young Children (ages 6-11)
    c. Adolescents (ages 12 – 17)
    d. Young Adults (ages 18 – 24)
2. Considering both the extent services are available and the quality, how do Larimer County's existing mental health and substance use services align with best practices for youth continuums of care? Identify current strengths, gaps, and challenges.
3. What strengths, gaps, and challenges exist for traditionally underserved youth and their intersections related to accessing appropriate and affirming services? This might include:
    a. Black, Indigenous, and People of Color (BIPOC),
    b. Youth who identify as LGBTQ+,
    c. Youth with disabilities,

   d. Youth in households with low incomes,
   e. Youth involved in the criminal justice system,
   f. Youth experiencing homelessness or housing insecurity,
   g. Youth living in rural areas,
   h. Youth who are undocumented,
   i. Youth who are refugees, and
   j. Youth who have experienced trauma/adverse childhood experiences.
4. Outside of a clinical continuum of care, what key assets are traditionally underserved youth and their families utilizing to support positive youth development, including youth's social, emotional, and mental well-being?
5. What are the recommended actions the Larimer County community should take based on identified strengths, challenges, and gaps in the current mental health and substance use continuum of care for young people?

Equity Focus

Equity was a central value for ARI in this work. ARI reached out to youth representing various communities in Larimer County. Additionally, youth participated in the youth assessment advisory board. The youth advisors validated the research, survey, interview, and focus group questions, and project findings. Additionally, a youth advisor conducted a focus group and led additional code checking.

Additionally, ARI connected with multiple representatives across organizations throughout the assessment representing various committees, school districts, alliances, and other organizations to help validate and understand more about the project. Additionally, ARI analyzed the data based on identified demographics to determine holes in the data and ensure equitable response analysis.

Methodology

ARI tackled the overarching questions of the assessment through multiple methods:

1. Literature review of relevant information,
2. Collecting and summarizing reports from local organizations and other data sources concerning behavioral health in Larimer County,
3. Online survey for youth and caregivers,
4. Interviews with key informants from Larimer County organizations, and
5. Focus groups with Larimer County youth and caregivers.

ARI was able to collect the following:

1. Reports from 47 organizations,
2. 24 survey responses (16 caregivers and 8 youth),
3. 15 key informant interviews with 48 individuals: representing 21 organizations,
   a. 2 mail-in responses from an additional 2 organizations
   b. The organizations included areas that focused on:
      - Afterschool programs,
      - BIPOC,
      - Behavioral health treatment,
      - Crisis,
      - Disability,
      - Early childhood,

- Education,
- Juvenile justice,
- LGBTQ+,
- Substance use,
- Support services,
- Youth assistance programs.

4. 6 focus groups
   a. 37 individuals participated in-person.
   b. 17 individuals answered the questions without participating in a group through a survey.

Participant Demographics

Demographics for the surveys and focus group participants have been combined below.

Participant Reported Zip Codes

Zip	Area	# of Residents
80517	Estes Park	2
80521	Fort Collins	4
80524	Fort Collins	7
80525	Fort Collins	7
80526	Fort Collins	3
80528	Fort Collins	3
80537	Loveland	4
80538	Loveland	12
80545	Red Feather Lakes	3
80550	Windsor	1
Unknown	Larimer County	27

Youth Age (some caregivers had multiple youth ages)

Age	# of Residents
0-5	9
6-12	15
13-17	22
18-24	40

Race/Ethnicity (respondents could mark all that apply)

Race/Ethnicity	Count
American Indian/Native American/ Native Alaskan	2
Arab/Middle Eastern	0
Asian/Asian-American	0
Black/African American	8
Hispanic/Latine/x	33
Native Hawaiian/-Pacific Islander	0
White	32
Multiracial	2

Gender

Gender	Count
Female	34
Male	48
Non-Binary	1
Transgender	1

Limitations

A large limitation of this work is related to response rates. When ARI planned the project, the plan was to get as many youth voices as possible and to work toward centering voices that are often unheard. ARI offered incentives and transportation assistance to address participation barriers. ARI actively worked with the Health District of Northern Larimer County to connect with community partners and youth. However, ARI experienced limited responses in surveys and focus groups.

Thank Yous

We wanted to leave space first to say thank you. Thank you to the individuals that invited us into your community. We asked some hard questions and knew many of you have answered these questions before. However, your input was invaluable, and we would not have been able to do this work without your participation. With each new voice, we gained a deeper understanding of Larimer County, and not just about youth and behavioral health. We learned a lot through this process and want to thank you for the space to learn.

Thank you,
Aurora Research Institute

As someone actively involved in aspects of this project, I wanted to personally thank you and give you my overall feelings. The impression that I am left with is one of love and support. Clearly, each person I talked with cared for the youth, the youth's support system, and the community. People may argue about what is and should be done, what is and isn't being done, and what is the best path forward, but it just means everyone cares. I would personally like to thank our youth advisors for their hard work and the countless hours spent on this project. I genuinely hope this is but the beginning of the significant work that remains to be completed. I am encouraged by the community trying to include youth voices in this process and hope it will continue for years to come.

Again, thank you,
Crystal

Appendix

Larimer County Demographics

Table 1

Age and Gender of Larimer County Youth

Age	Male	Female	Total	% of Youth Pop.
Under 5 years old	8,604	8,322	16,926	14.28%
5-9 years old	9,500	8,815	18,315	15.45%
10-14 years old	10,779	10,559	21,338	18.00%
15-17 years old	6,271	6,077	12,348	10.42%
18-19 years old	6,472	6,692	13,164	11.11%
20-21 years old	6,867	7,913	14,780	12.47%
22-24 years old	11,503	10,159	21,662	18.28%
Total	59,996	58,537	118,533	

Table 2

Age and Race of Larimer County Youth

Age (in years)	American Indian/ Alaskan Native	Asian	Black/ African American	Native Hawaiian/ Pacific Islander	White	Two or More Races	Some Other Race	Hispanic
Under 5	98	159	126	60	11,833	2,557	305	3,529
5-9	205	217	219	3	13,277	2,809	250	3,431
10-14	34	440	304	0	15,289	2,316	257	4,356
15-17	94	385	124	0	9,084	1,043	280	2,205
18-19	163	310	287	28	10,087	9,71	192	1,938
20-24	343	1,255	589	44	28,133	2,663	765	4,848
Total	937	2766	1649	135	87703	11388	2049	20307
% of Youth Pop.	0.7%	2.2%	1.3%	0.1%	69.1%	9.0%	1.6%	16.0%

Colorado legislation that has passed in the last 3 years:

2021

- HB21-1021 – Approves recovery support services organizations for reimbursement of peer support professional services
- HB21-1030 – allows additional entities, including behavioral health, to apply to the Peace Officers Mental Health Support and Community Partnerships Grant
- HB21-1068 – requires health plans to cover an annual mental health wellness examination of 60 minutes by a qualified mental health care provider
- HB21-1085 – Development of alternative secure transportation service and benefit for individuals experiencing a behavioral health crisis
- HB21-1097 – Establishes the Behavioral Health Administration to lead, promote, and administer the state's behavioral health priorities
- HB21-1119 – updates the power of the Suicide Prevention Commission and CDPHE to create a comprehensive approach to suicide prevention, intervention, and postvention
- HB21-1122 – creates the Commission on Improving First Responder Interactions with Persons with Disabilities in the Attorney General's Office
- HB21-1130 – Expands the community transition specialist program by increasing facilities eligible and redefining "high-risk individual" thus increasing access
- HB21-1166 – establish training for behavioral health crisis responders for persons with intellectual and developmental disabilities and co-occurring behavioral health needs
- HB21-1258 – establish a temporary program to facilitate youth mental health services in response to identified needs
- HB21-1273 – requires the department of education to prepare an annual report relating to the total number of school psychologists
- HB21-1276 – requires health plans to provide a cost-sharing benefit for nonpharmacological treatment where an opioid might be prescribed
- HB21-1281 – Creates the Community Behavioral Health Disaster Preparedness and Response Program withing CDPHE to ensure behavioral health is represented within disaster response efforts
- HB21-1305 – clarifies the education and hours of practice for licensure or certification as an addiction counselor
- HB21-1315 – removes certain fees associated with juvenile delinquency
- SB21-122 – allows entities to purchase opiate antagonists through the opiate antagonist bulk purchase fund.
- SB21-137 – extends, modifies and finances behavioral health programs throughout the state.
- SB21-154- Implementation of 988 national suicide prevention lifeline network in Colorado
- SB21-239 – Makes appropriation for the 211 referral system to behavioral health services

2022

- HB 22-1052 – Requires all school IDs to have information for Colorado Crisis Services or display Colorado Crisis Service information and provide the information to caregivers

- HB22-1131- creates a task force to examine and make recommendations regarding gaps in services for juveniles in the minimum age of juvenile prosecution is increased
- HB22-1214 – requires that crisis system facilities and programs meet minimum regulatory standards. Clarifies that mobile crisis services and walk-in center services can be provided to youth without parental or guardian consent
- HB22-1243 – Provides funding to improve school safety and behavioral health services.
- HB22-1256 – Transfers duties from OBH to BHA; Modifies civil involuntary commitment procedures
- HB22-1278 – establishes a plan to create the Behavioral Health Administration within the Department of Human Services
- HB22-1281 – creates the Behavioral Health-Care Continuum Grap Grant Program to be administered by the BHA
- HB22-1283 – enhances residential services for persons with behavioral health needs. Including the creation of a neuro-psych facility at the Colorado Mental Health Institute at Fort Logan for 16 residents of youth under 21 years old
- HB22- 1289 – creating and improving comprehensive health coverage for low-income pregnant women and children
- HB22-1302 – creates the Primary Care and Behavioral Health Statewide Integration Grant Program
- HB22-1303 – increases the number of residential behavioral health beds and establishes the mental health residential facility provider type license, for which BHA must establish standards
- HB22-1369 – Readiness assessments and evaluations, training, and monitoring of children's mental health programs
- HB22-1376 - Mandates data collection, transparency, and accountability on student experiences. Increases availability of school health professionals. Limits use of restraints
- SB22-010 – Creates pretrial diversion programs that identify eligible individuals with behavioral health disorders to divert them from the criminal justice system into community treatment programs.
- SB22-021 – Updates provisions of the existing article 1.9 of title 18 regarding treatment of persons with behavioral health disorders in the justice system
- SB22-077 – Adoption of interstate compact to allow a person who is licensed as a professional counselor in the person's state of residence to practice in a compact state in which they may not be licensed.
- SB22-102 – Requires DHS to create an appeals review panel for the process of children and youth who have been determined ineligible for the program of services
- SB22-106 - Requires managed care entities, administrative service orgs, and managed service orgs that have 25% or more ownership by providers of behavioral health services to comply with conflict-of-interest policies to promote transparency and accountability
- SB22-147 – Appropriates funds for pediatric psychiatry consultation, behavioral health care professional matching grant program, and school-based health center grant program
- SB22-148 – creates the Colorado Land-based Tribe Behavioral Health Services Grant Program in DHS
- SB22-177 – requires the statewide care coordination infrastructure to include a cloud-based platform
- SB22-181 – requires BHA to create and implement a behavioral health care provider workforce plan
- SB 22-196 – creates the Early Intervention, Deflection, and Redirection from the Criminal Justice System Grant Program

2023

- HB23-1003 – Creates the 6th thru 12th grade Mental health Screening Program in BHA
- HB23-1007 – requires higher education institutions to print the Colorado Crisis Services information and 988 on any student ID
- HB23-1009 – creates the Secondary School Student Substance Use Committee in CDE to develop, identify, or modify practices that identify students in secondary school who need substance use treatment, offer brief interventions, and refer students to substance use treatment resources
- HB23-1012 – redefines key terms around competency for juvenile defendants and updates related laws. Makes it easier for individuals to access competency and restoration evaluations
- HB23-1042- Limits law enforcement's use of deceptive tactics with juveniles in custody by protecting the voluntariness of statements
- HB23-1071 – allows licensed psychologists to prescribe and administer psychotropic medications by obtaining a prescription certificate issued by the State Board of Psychologist Examiners
- HB23-1088- creates the Veterans Mental Health Services Program in the Department of Military and Veterans Affairs
- HB23-1130 – prohibits state-regulated insurance plans from requiring more than one alternative drug trial as part of a step therapy to treat serious mental illness, and the plan must cover a drug if the provider attests a prescribed drug is necessary
- HB23-1153 – requires DHS to contract with a third party to conduct a feasibility study on the intersection of Colorado's behavioral health service availability and judicial system
- HB23-1167 – grants immunity from criminal prosecution for people who aid someone experiencing a drug or alcohol overdose. Decreases crime to a level 1 misdemeanor vs. a level 3 or level 4 felony for remaining on the scene
- HB23-1200 – Requires MCE's to enter into single-case agreements with out-of-network providers of behavioral health services
- HB23-1204 – requires a certifying body approved by the BHA to approve recovery residences' client discharge and transfer policy.
- HB23-1223 - Creates a task force to establish shared goals, objectives, and guidelines for entities to utilize in prioritizing new and existing grant money to achieve maximum impact to reduce youth violence, suicide, and delinquency risk factors
- HB23-1236 – delineates roles and responsibilities between BHA and DHS
- HB23-1244 – transfers the regional health connector program from the University of Colorado School of Medicine to the prevention services division in the department of public health and environment
- HB23-1249 - allows law enforcement to refer juveniles to community programs vs. the juvenile justice system
- HB23-1269 –
    - requires HCPF to analyze the use of directed payment authority and fee schedules
    - requires DHS to convene a working group to develop an incentive funding pool pilot program to encourage residential providers to treat children and youth with behavioral health needs
    - requires BHA to develop a framework that measure the effectiveness of behavioral health system for children and youth

  - requires hospitals and county departments to report certain data on children and youth quarterly to the BHA
  - requires DHS to develop a plan for when residential treatment facilities for children and youth close or change their operations
  - creates the High-Acuity Treatment and Services Cash Fund to provide additional resources to licensed providers serving children and youth with behavioral and mental health needs
- HB23-1307 – appropriates money to the department of human services in each fiscal year for services for youth are detained or can be placed in lieu of detention
- SB23-002 – authorizes the department of health care policy and financing to seek federal authorization for Medicaid reimbursement of community health services related to community health worker services
- SB23-004 – allows school districts to employ school-based therapists who are not licensed by the Colorado Department of Education (CDE)
- SB23-014 – creates the Disordered Eating Prevention Program in the Department of Public Health and Environment
- SB23-039 – takes steps to facilitate communication and family time between children and parents who are incarcerated
- SB23-174 – requires select mental health services, including family, group, and individual therapy, to be covered for Medicaid members under 21 years of age without requiring a diagnosis
- SB23-176 – creates prohibitions and requirements related to health care services for individuals with disordered eating. And prohibits over-the-counter diet pills being sold to individuals under the age of 18

Endnotes

[i] https://apps.who.int/iris/handle/10665/310981
[ii] Substance Abuse and Mental Health Administration. Key Substance Use and Mental Health Indicators in the Unites States: Results from the 2021 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf
[iii] CDC/ATSDR Committee on Community Engagement. (2011). Principles of community engagement. Centers for Disease Control and Prevention.
[iv] Ibid
[v] Ibid
[vi] The WHO special initiative for mental health (2019-2023): universal health coverage for mental health. https://apps.who.int/iris/handle/10665/310981
[vii] Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics. University of Chicago Legal Forum.
[viii] WHO. (2014). Social determinants of mental health. World Health Organization. https://www.who.int/publications-detail-redirect/9789241506809
[ix] 2020 data was utilized because it separates ages into smaller categories vs. more recent data such as Colorado demography.
[x] These numbers are based on the census data and is unclear if this is gender assigned at birth or individual assigned gender.
[xi] Poudre School District had 30,105 students enrolled in the 2022-23 school year. Thompson School District has approximately 15,100 students enrolled. Estes Park School District has approximately 1,000 students enrolled.
[xii] Themes were initially separated by youth and caregiver, but there were no distinct differences between the two, so they are combined for reporting purposes.
[xiii] https://www.canva.com/design/DAFWQx2NpJk/OLEXc0vfYcG-rXUldkTsgg/view?utm_content=DAFWQx2NpJk&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink#15
[xiv] AIAN stands for American Indian and Alaskan Native.
[xv] Similar questions in the Healthy Kids Colorado Survey of an individual feeling sad or hopeless almost every day for two weeks or more in the last 12 months that they stopped doing usual activities.
[xvi] Surmised from key informant interviews and utilization reports. ARI does not have specific data to compare to the rest of the State.
[xvii] Appendix has specific data and analysis
[xviii] Larimer County Department of Human Services' Child Welfare Referral Landscape Analysis, 2021 and County Health Rankings & Roadmaps https://www.countyhealthrankings.org/explore-health-rankings/colorado/larimer?year=2023
[xix] Referred to UCHealth CHNA for the rest of the report.
[xx] This age group has an equal number of days of poor mental health (round to 9) and MH interfering (also rounds to 9 days). Which gets at the severity. In other age groups, days that are interfered are about half as many or less than the number of days of poor MH.
[xxi] https://cdphe.colorado.gov/colorado-suicide-statistics
[xxii] https://cohealthviz.dphe.state.co.us/t/PSDVIP-MHPPUBLIC/views/DrugOverdoseDashboard/ODDeathFrequencies?iframeSizedToWindow=true&%3Aembed=y&%3AshowAppBanner=false&%3Adisplay_count=no&%3AshowVizHome=no&%3Aorigin=viz_share_link
[xxiii] Larimer County Integrated Services Delivery Report: Child Welfare Referral Landscape Analysis (2023) found that residents of the county are experiencing issues as families are getting back on their feet post-COVID and have lost their health insurance.
[xxiv] Larimer County Department of Health and Environment's 2022 COVID-19 After-Action Report, https://issuu.com/larimerhealthdept/docs/final_lcdhe_after-action_report_covid-19_pandemic_
[xxv] CDC. (March 31, 2022). *New CDC data illuminate youth mental health threats during COVID-19 pandemic.* https://www.cdc.gov/media/releases/2022/p0331-youth-mental-health-covid-19.html
[xxvi] Farmer, E. M., Burns, B. J., Phillips, S. D., Angold, A., & Costello, E. J. (2003). Pathways into and through mental health services for children and adolescents. Psychiatric Services, 54(1), 60-66.
[xxvii]North, C. Pfefferbaum, B. (2013). Mental health response to community disasters: A systematic review. Journal of the American Medical Association, 310, 5.
[xxviii] Sandler, I. N., Wolchik, S. A., Cruden, G., Mahrer, N. E., Ahn, S., Brincks, A., & Brown, C. H. (2016). Overview of meta-analyses of the prevention of mental health, substance use, and conduct problems. Annual Review of Clinical Psychology, 12, 21-47.

[xxix] Insurance coverage as a barrier was frequently discussed in literature concerning youth mental health. The need for mental health parity to address the high cost of services and having benefits provided on equal footing with medical and surgical benefits in health insurance plans was of primary importance.
Albert, J. L., Cohen, C. M., Brockmeyer, T. F., & Malinow, A. M. (2021). Racism, Chronic Disease, and Mental Health: Time to Change Our Racialized System of Second-Class Care. Healthcare, 9(10), Article 10. https://doi.org/10.3390/healthcare9101276
[xxx] Albert, et al. (2021)
[xxxi] https://www.coloradoedinitiative.org/Resources/colorado-framework-for-school-behavioral-health/
[xxxii] Stigma and negative beliefs toward services and professionals were the most commonly cited barriers for behavioral health care. Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. BMC Psychiatry, 20. https://doi.org/10.1186/s12888-020-02659-0
[xxxiii] Several Larimer County sources noted a general sense of stigma toward behavioral health as a barrier within Larimer County. Aguirre Velasco,
[xxxiv] Local reports suggest that supports provided within the community should be reframed in order to prevent further stigmatization.
[xxxv] Findings from University of California San Francisco (UCSF) Update Understanding of Mental Health Diseases and Conditions (Addressing Shortages of Mental Health Professionals In Us Jails and Prisons). (2022, July 4). Mental Health Weekly Digest, 198.
[xxxvi] This is for all providers and not just youth-serving providers.
[xxxvii] The 2022 Larimer County Youth Mental Health Summit identified provider accessibility and long wait lists as barriers.
[xxxviii] The literature states that children with Autism Spectrum Disorder (ASD), whose specialized behavioral health referral options are limited, may depend on their caregivers pursuing services in order to obtain services. For youth with ASD, one study found that there are few specialized behavioral health referral options and that the behavioral health care system itself is a barrier to accessing services.
[xxxix] They did not discuss where the 6 beds are located.
[xl] Substance use is addressed further in the report.
[xli] 7 reports from Larimer County addressed BIPOC populations are at higher risk of experiencing trauma and difficulty accessing services.
[xlii] The literature review found that LGBTQ+ youth are an at-risk population with high unmet behavioral health needs.
[xliii] Literature review discusses that unhoused youth are underserved or an at-risk population with systematic barriers that limit service availability.
[xliv] Telehealth is identified as an effective way to treat mental health in youth, but access to this type of care is still a barrier for underserved populations.
[xlv] Estes Park has the best ratio, but that is partially due to the smaller number of youth in the area.
[xlvi] Several Larimer County reports discussed transportation and location issues as noted barriers to accessing services. Services are often located in more urban settings, which disproportionately impacts rural communities in accessing care.
[xlvii] Several Larimer County reports discuss a lack of diverse providers who are representative of the population. The lack of diversity is seen in providers who do not look like the population, providers that do not speak the various languages of the population, and providers that do not utilize unique methods.
[xlviii] The 2021 Bridges to Healthy Minds report found that the Latinx community needs more Spanish-speaking and culturally appropriate therapists. LCIOG, in their 2022 community conversations, identified a need for more behavioral health providers that speak Spanish.
[xlix] Asnaani A, Hofmann SG. (2012) Collaboration in multicultural therapy: establishing a strong therapeutic alliance across cultural lines. Journal of Clinical Psychol. 187-97. doi: 10.1002/jclp.21829. PMID: 23616299; PMCID: PMC3641707.
Jones, J., Lee, L., Zigarelli, J. et al. (2017) Culturally Responsive Adaptations in Evidence-Based Treatment: the Impact on Client Satisfaction. Contemp School Psychol 21, 211–222. https://doi-org.aurarialibrary.idm.oclc.org/10.1007/s40688-016-0118-6
[l] According to the literature, integrative and collaborative care, which focuses on teamwork, coordination, and a holistic approach to care, is a best practice for improving the quality of behavioral health for youth.
[li] https://www.hhs.gov/overdose-prevention/harm-reduction
[lii] ARI did not interview staff from higher education, and did not find behavioral health training information, so it is not clear what is happening in the institutions.
[liii] The Surgeon General recommends investing in prevention programs that include appropriate social and emotional learning. Protecting youth mental health: The U.S. Surgeon General's Advisory. (2021) https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
[liv] Myrick, K., & del Vecchio, P. (2016). Peer support services in the behavioral healthcare workforce: State of the field. Psychiatric Rehabilitation Journal, 39(3), 197–203. https://doi.org/10.1037/prj0000188

[lv] Solomon P. Peer support/peer provided services underlying processes, benefits, and critical ingredients. Psychiatric Rehabilitation Journal. Spring;27(4):392-401. doi: 10.2975/27.2004.392.401. PMID: 15222150.
[lvi] Ibid
[lvii] Mowbray, C. T., Collins M.E., Bellamy, C.D., Megivern, D.A., Bybee, D., & Szilvagyi, S. (2005). Supported education for adults with psychiatric disabilities: An innovation in psychiatric rehabilitation. Social Work, 50(1).
[lviii] Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. World Psychiatry, 11(2), 123-128.
[lix] Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134-141.
[lx] Corrigan, P. W., & Matthews, A. K. (2003). Stigma and disclosure: Implications for coming out of the closet. Journal of Mental Health, 12(3), 235-248.
[lxi] Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. Journal of Mental Health, 20(4), 392-411.
[lxii] Myrick & Vecchio, 2016.
[lxiii] https://www.coloradohealthinstitute.org/sites/default/files/2023-04/Solutions%20to%20Strenghten%20Youth%20MH.pdf
[lxiv] The literature suggests that short inpatient treatment for serious persistent complex behavioral health issues is recommended for all ages.
[lxv] Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. American Psychologist, 55(5), 469-480. doi:10.1037/0003-066X.55.5.469
[lxvi] McGorry, P. D., Purcell, R., Goldstone, S., & Amminger, G. P. (2011). Age of onset and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care. Current Opinion in Psychiatry, 24(4), 301-306. doi:10.1097/YCO.0b013e3283477a09
[lxvii] Bryson, S.A., Gauvin, E., Jamieson, A. *et al.* (2017). What are effective strategies for implementing trauma-informed care in youth inpatient psychiatric and residential treatment settings? A realist systematic review. *Int J Ment Health Syst*, 11 36. https://doi.org/10.1186/s13033-017-0137-3
[lxviii] Haine-Schlagel, R., & Walsh, N. E. (2015). A review of parent participation engagement in child and family mental health treatment. Clinical Child and Family Psychology Review, 18(2), 133-150. doi:10.1007/s10567-015-0189-6
[lxix] Muskett, C. (2013). Trauma-informed care in inpatient mental health settings: A review of the literature. International Journal of Mental Health Nursing, 23(1), 51-59. doi:10.1111/inm.12012
[lxx] Botvin, G. J., Griffin, K. W., Diaz, T., & Ifill-Williams, M. (2001). Drug abuse prevention among minority adolescents: Posttest and one-year follow-up of a school-based preventive intervention. Prevention Science, 2(1), 1-13. doi:10.1023/A:1010079930857
[lxxi] Williams, N.A., Brik, A.B., Petkus, J.M. & Clark, H. (2021) Importance of play for young children facing illness and hospitalization: rationale, opportunities, and a case study illustration. Early Child Development and Care, 191:1, 58-67, DOI: 10.1080/03004430.2019.1601088
[lxxii] Black, D. S., & Slavich, G. M. (2016). Mindfulness meditation and the immune system: a systematic review of randomized controlled trials. Annals of the New York Academy of Sciences, 1373(1), 13-24. doi:10.1111/nyas.12998
[lxxiii] Bruns, E. J., Burchard, J. D., Suter, J. C., Leverentz-Brady, K. M., & Force, M. M. (2004). Assessing fidelity to a community-based treatment for youth: The wraparound fidelity index. Journal of Emotional and Behavioral Disorders, 12(2), 79-89. doi:10.1177/10634266040120020301
[lxxiv] The Leap coalition recommended expanding wraparound services and the 2022 Larimer County Youth Mental Health Summit recommended that education and training be provided to adults, youth, and the youth's caregivers.
[lxxv] The Surgeon General suggests addressing the economic and social barriers that contribute to poor mental health for young people, families, and caregivers. Protecting youth mental health: The U.S. Surgeon General's Advisory.
[lxxvi]Stroul, B. A., & Blau, G. M. (Eds.). (2008). The system of care handbook: Transforming mental health services for children, youth, and families. Brookes Publishing.
[lxxvii] Henderson, C., Noblett, J., Parke, H., Clement, S., Caffrey, A., Gale-Grant, O., ... & Thornicroft, G. (2014). Mental health-related stigma in health care and mental health-care settings. The Lancet Psychiatry, 1(6), 467-482. doi:10.1016/S2215-0366(14)00023-6
[lxxviii] Walker, J. S. & Bruns, E.J. (2006). Building on Practice-Based Evidence: Using expert perspectives to define the wraparound process. Psychiatric Services, 57(11), 1553-1667.
[lxxix] Olson, J.R., Benjamin, P.H., Azman, A.A., Kellogg, M.A., Pullmann, M.D., Suter, J.C., Bruns, E.J. (2021) Systematic review and meta-analysis: Effectiveness of wraparound care coordination for children and adolescents.
Journal of the American Academy of Child & Adolescent Psychiatry, Volume 60, Issue 11, 1353-1366.
[lxxx] Patterson Silver Wolf, D. A., Dulmus, C. N., & Maguin, E. (Eds.). (2013). System-level work with families of young children: A culturally responsive and strengths-based approach. Oxford University Press;

Lee, J., Kim, K., & Freisthler, B. (2017). Gender differences in the effect of religiosity/spirituality and substance use on criminal justice involvement. Journal of Religion & Health, 56(1), 213-228. doi:10.1007/s10943-016-0213-1

[lxxxi] Larimer County Behavioral Health Service, schools districts, and ECCLC have discussed actions to increase providers.
[lxxxii] Those with a dual diagnosis can have their behavioral health symptoms present differently. Aller, T.B., Russo, R.B., Kelley, H.H., Bates L., Fauth, E.B. (2023). Mental health concerns in individuals with developmental disabilities: Improving mental health literacy trainings for caregivers. Intellectual and Developmental Disabilities, 61(1).
[lxxxiii] Pescosolido, B. A., Martin, J. K., Long, J. S., Medina, T. R., Phelan, J. C., & Link, B. G. (2010). "A disease like any other"? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. American Journal of Psychiatry, 167(11), 1321-1330.
[lxxxiv] Lai, F. T., & Lin, Y. J. (2017). A pilot study of promoting mental health awareness and screening in schools in Taiwan. Child and Adolescent Psychiatry and Mental Health, 11(1), 17.
[lxxxv] Arasaratnam, L. A., Asahchop, E. L., Meribe, S. C., & See, D. M. (2019). Mental health literacy of mental health stakeholders in two Canadian Indigenous communities. Journal of Indigenous Wellbeing, 4(1), 50-63.
[lxxxvi] Wei, Y., Hayden, J. A., Kutcher, S., Zygmunt, A., McGrath, P. (2013). The effectiveness of school mental health literacy programs to address knowledge, attitudes and help seeking among youth. Early Intervention in Psychiatry, 7(2), 109-121.
[lxxxvii] The Early Childhood Council of Larimer County (ECCLC) report, studying the advancement of Diversity, Equity, and Inclusion (DEI) in early childhood
[lxxxviii] Committee on Early Childhood, Adoption, and Dependent Care. (2000). Promoting access to mental health services for young children. Pediatrics, 139(5), e20170961.
[lxxxix] Gubbels, J., van der Put, C.E., & Assink, M. (2019) The effectiveness of parent training programs for child maltreatment and their components. A meta-analysis. International Journal of Environmental Research and Public Health, 16(13), 2404.
[xc] Bierman, K. L., Domitrovich, C. E., Nix, R. L., Gest, S. D., Welsh, J. A., Greenberg, M. T., & Blair, C. (2008). Promoting academic and social-emotional school readiness: the head start REDI program. Child Development, 79(6), 1802-1817.
[xci] Mayne, S. L., & MacLeod, A. A. (2005). Building community: Collaborative strategies for mental health services for children and youth. Child and Adolescent Psychiatric Clinics, 14(1), 185-200.
[xcii] https://navigate360.com/blog-news/8-things-schools-educators-can-do-to-support-students-mental-health/
[xciii] Two focus group participants mentioned that there used to be anti-bullying campaigns that seemed to be working but they haven't seen as much. One interviewee discussed increased bullying of transgender youth.
Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2019). Evaluating the effectiveness of school-bullying prevention programs: an updated meta-analytical review. Aggression and Violent Behavior, 45, 111-133.
[xciv] Mcluckie, A., Kutcher, S., Wei, Y., Weaver, C., & Sustrik, R. (2014). Sustaining gains made in mental health literacy and stigma of mental illness through the osmosis program at a university. Community Mental Health Journal, 50(4), 403-410.
[xcv] Some participants discussed youth being kicked out of school if found with a substance or charged with a crime. One focus group participant discussed having difficulty in school due to punitive attendance policies when it came to their behavioral health.
[xcvi] Larimer school districts are partnering with CSU concerning substance use after receiving a grant from the State. Efforts will being in the Fall of 2023. https://chhs.source.colostate.edu/csu-to-help-larimer-county-districts-with-school-based-drug-use-prevention-efforts/
[xcvii] Wei et al. (2013).
[xcviii] McConnellouge, S. & Storey, L. (2017). System constraints on efficacious teacher behaviors in school-based suicide prevention initiatives: A qualitative study of teacher views and experiences. Emotional and Behavioural Difficulties, 22(2), 174-183.
[xcix] Wei et al. (2013).
[c] https://www.coloradohealthinstitute.org/sites/default/files/2023-04/Solutions%20to%20Strenghten%20Youth%20MH.pdf
[ci] Peacock, S., Konrad, S., Watson, E., Nickel, D., Muhajarine, N., & McRae, L. (2013). Effectiveness of home visiting programs on child outcomes: a systematic review. BMC Public Health, 13(1), 17.
[cii] Ibid
[ciii] Blaskinsky, M., Goldman, H.H. & Unutzer, J. (2006). Project IMPACT: a report on barriers and facilitators to sustainability. Administration and Policy in Mental Health and Mental Health Services Research, 40(6), 496-507.
[civ] Shahidullah, J. D., Carlson, J. S., Haggerty, D., & Lancaster, B. M. (2018). Integrated care models for ADHD in children and adolescents: A systematic review. Families, Systems, & Health, 36(2), 233-247. https://doi-org.aurarialibrary.idm.oclc.org/10.1037/fsh0000356
[cv] Frakking T, Michaels S, Orbell-Smith J, Le Ray L. (2020) Framework for patient, family-centered care within an Australian Community Hospital: development and description. BMJ Open Qual, 9(2):e000823. doi: 10.1136/bmjoq-2019-000823. PMID: 32354755; PMCID: PMC7213886.

[cvi] Shahidullah, et al. (2018)
[cvii] Carey, G., Crammond, B. & Malbon, E. Personalisation schemes in social care and inequality: review of the evidence and early theorising. Int J Equity Health 18, 170 (2019). https://doi.org/10.1186/s12939-019-1075-2
[cviii] Cyr, M., Moreau, N., Gagné, M., & Wright, J. (2016). Exploring the relationship between cultural competence and nurse certification. Journal of Transcultural Nursing, 27(6), 596-604.