



Douglas County Public Health Department

Public Health Improvement Planning Process

Community Meeting

Priority Area: Behavioral Health



welcome

we're glad you're here!

Douglas County Public Health Improvement (PHIP) Community Meetings

Thank you for participating in this community meeting to inform the goals and actions to address public health priorities identified by the Douglas County Community Health Assessment



The Douglas County PHIP will outline the goals, strategies and performance measures the County wants to achieve over the next five years.

- Brief overview of why this issue was identified as a priority.
- Expert overview of evidence-based/research informed public health strategies to address the issue.
- Brainstorm goals-what do we want to achieve in addressing this issue?
- Brainstorm strategies-how do we want to achieve goals? What actions are needed?

Agenda

- ❑ Meeting agreements and what to expect
- ❑ Overview of Community Health Assessment (CHA)/Public Health Improvement Process (PHIP) Process
- ❑ Overview of data on unintentional and intentional injury
- ❑ Overview of public health evidence-based/research informed strategies to address priority area
- ❑ Question and answer session
- ❑ Small group discussion



Meeting Agreements and Expectations

- HMA is recording this session and will be taking notes. Input will be summarized in aggregate.
- Participants will be muted during the presentations. During small group breakouts all will be unmuted for full participation.
- Please put your questions regarding the public health strategies in the chat. In the interest of time, we will focus on questions about the strategies. There is a Q&A posted on the Douglas County website regarding the CHA data. Additional questions about data in this evening's presentation will be added to this resource on the website.
- Any questions we do not get to tonight will be put into a Q&A for the PHIP on the Douglas County website.
- Any questions that are not about the purpose of this meeting should be directed to the Douglas County Citizen Connect page on the website.
- Notes will be taken so we can capture important ideas and information, but no names will be used in reporting the results of the session.
- Please be respectful of your fellow community members' perspectives. Please do not comment on the opinions or thoughts of others-keep your comments about the data.
- Please be concise with your comments so that there is enough time for everyone to share their thoughts/opinions.



GROUND
RULES

Douglas County CHA Data Sources

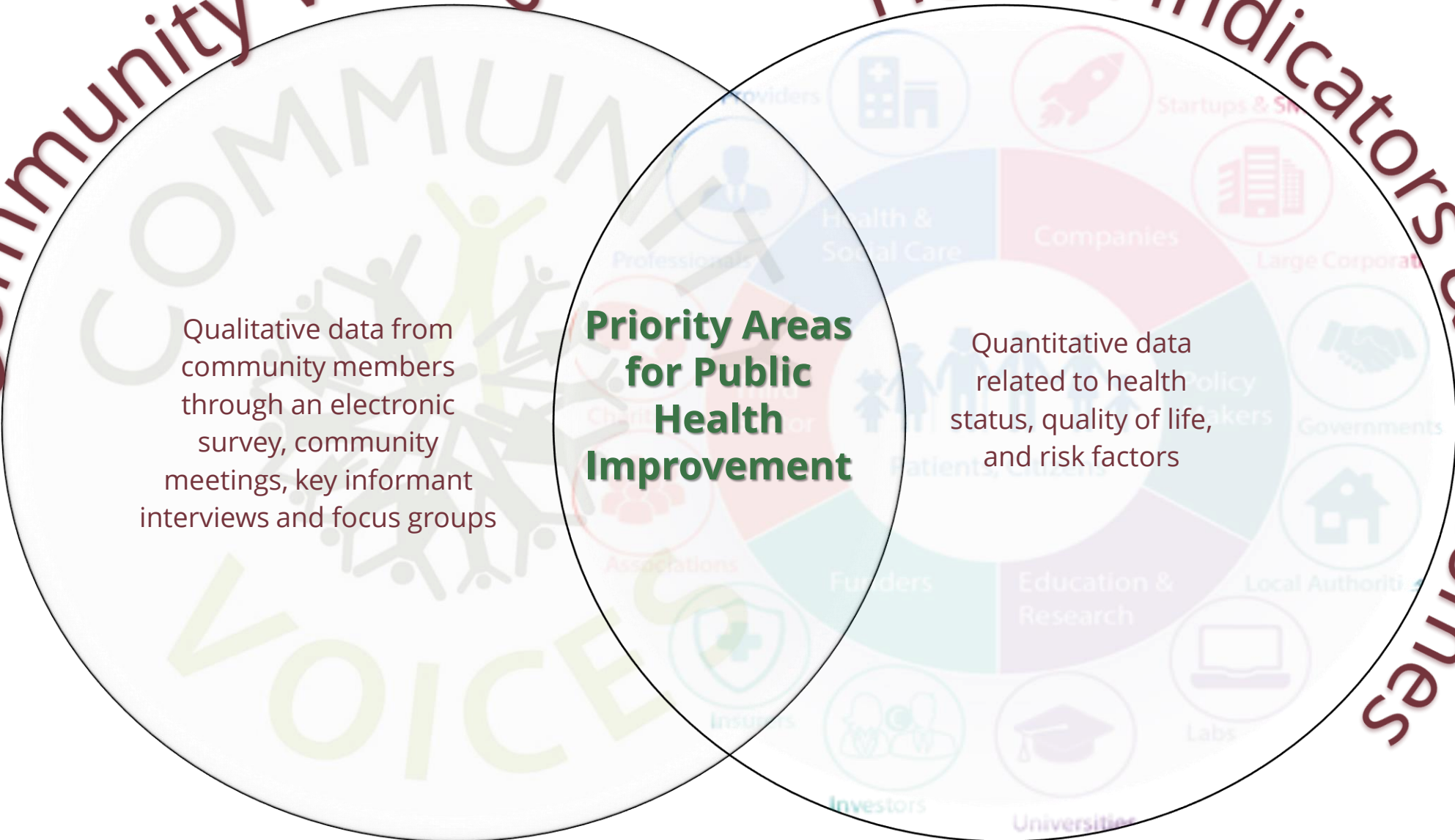
Community Voices

Qualitative data from community members through an electronic survey, community meetings, key informant interviews and focus groups

Priority Areas for Public Health Improvement

Health Indicators & Outcomes

Quantitative data related to health status, quality of life, and risk factors





Management and
Prevention of Disease

Injury
Prevention

Behavioral
Health

Recommended Public Health
Priorities for Douglas County

Framing the PHIP Discussion

- Based on the data, are there conditions, behaviors or populations on which we should focus our goals?
- Are there strengths or assets in Douglas County to leverage to support success for public health strategies for behavioral health?
- Are there strategies that will engender more community engagement in accomplishing measurable improvements?

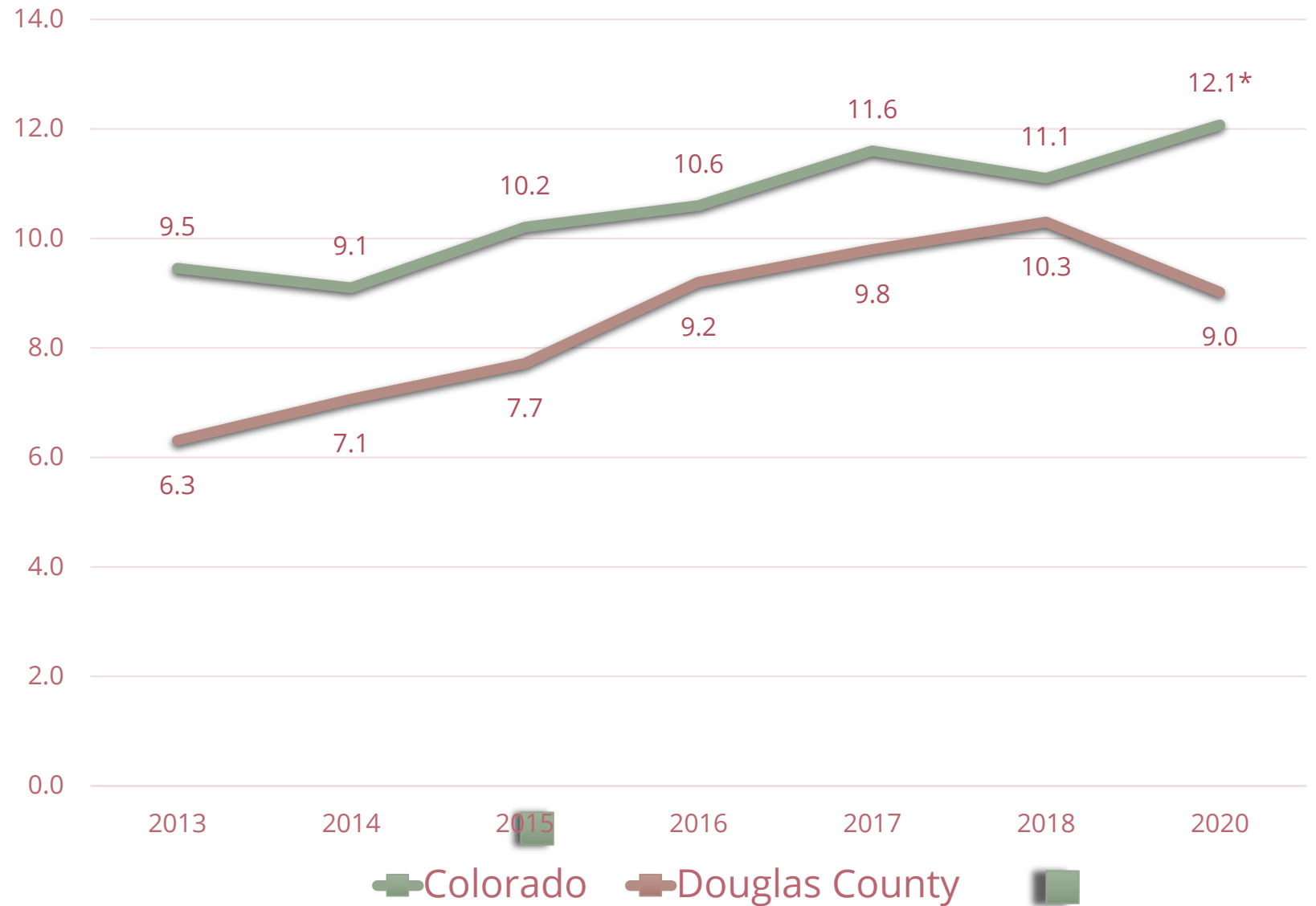




Priority Area: Behavioral Health

Mental Health Distress:

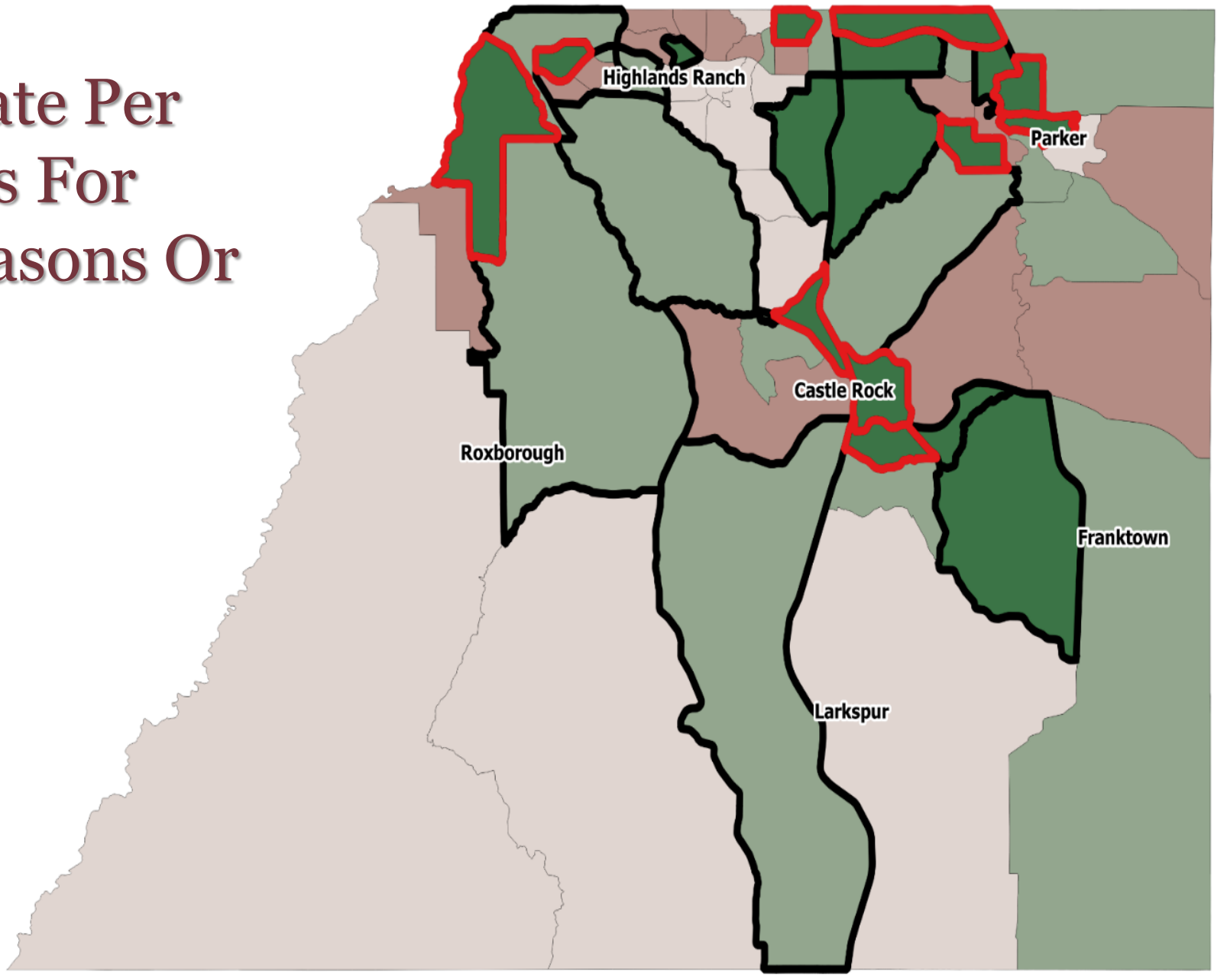
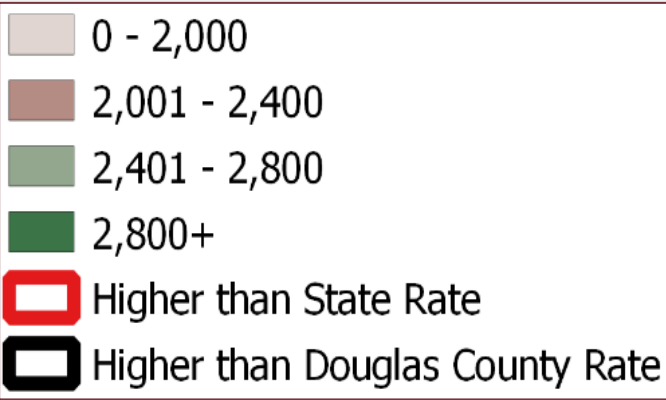
Percent of adults (18 years or older) who reported that their mental health was not good for 14+ days during the past 30 days



*Significantly higher in 2020 compared to 2013

Data Source: Colorado Behavioral Health Risk Surveillance System

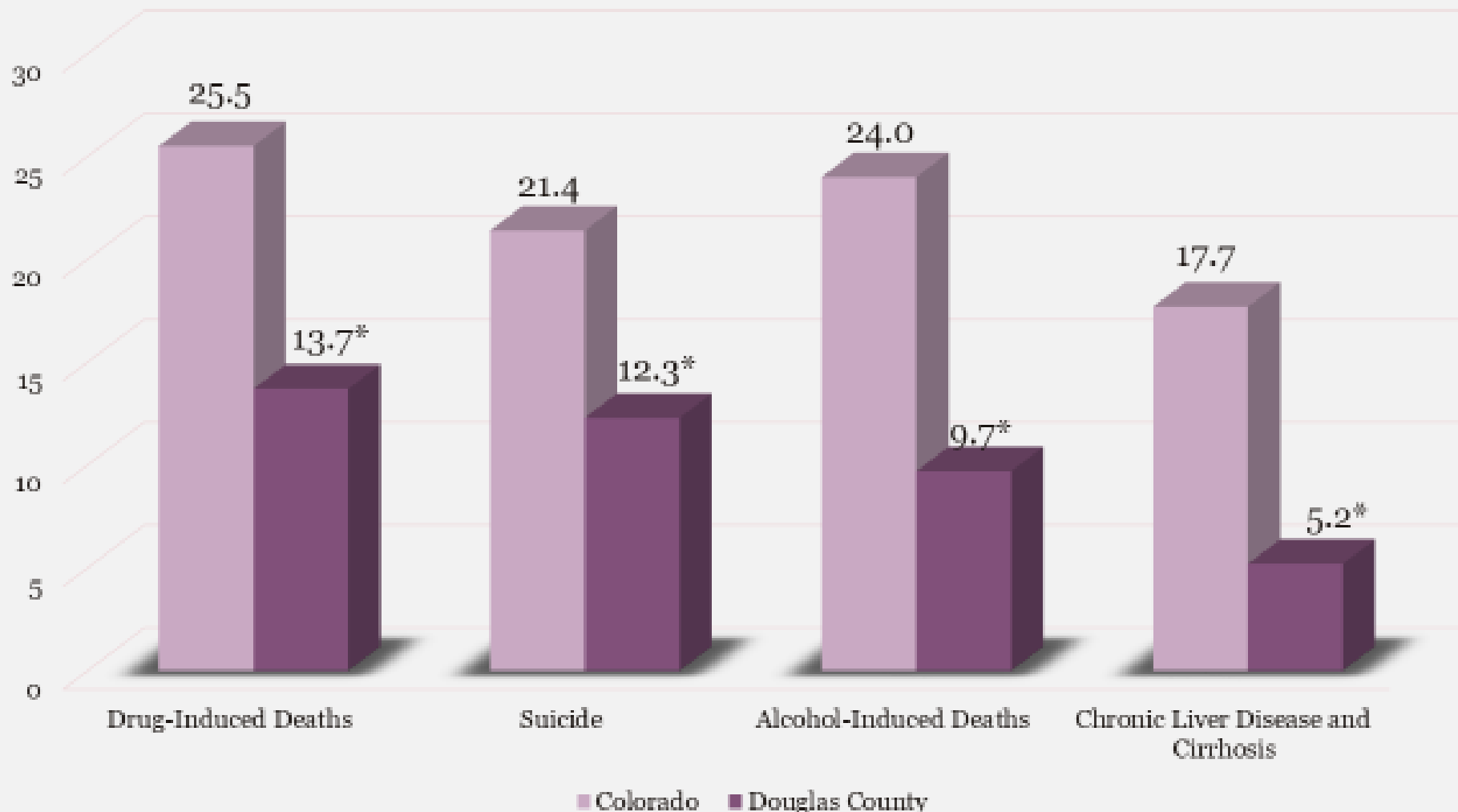
Hospitalization Rate Per 100,000 Residents For Mental Health Reasons Or Issues, 2015-2019



Source: CDPHE Vital Statistics. Colorado Hospital Association, 2015-2019 Combined Estimates, Census Tracts.

Cause of Death: Behavioral Health Related Issues, Age Adjusted Rate per 100,000 2020

All Causes Rate per 100,000:
Douglas County: 634.1 per *
Colorado: 738.7

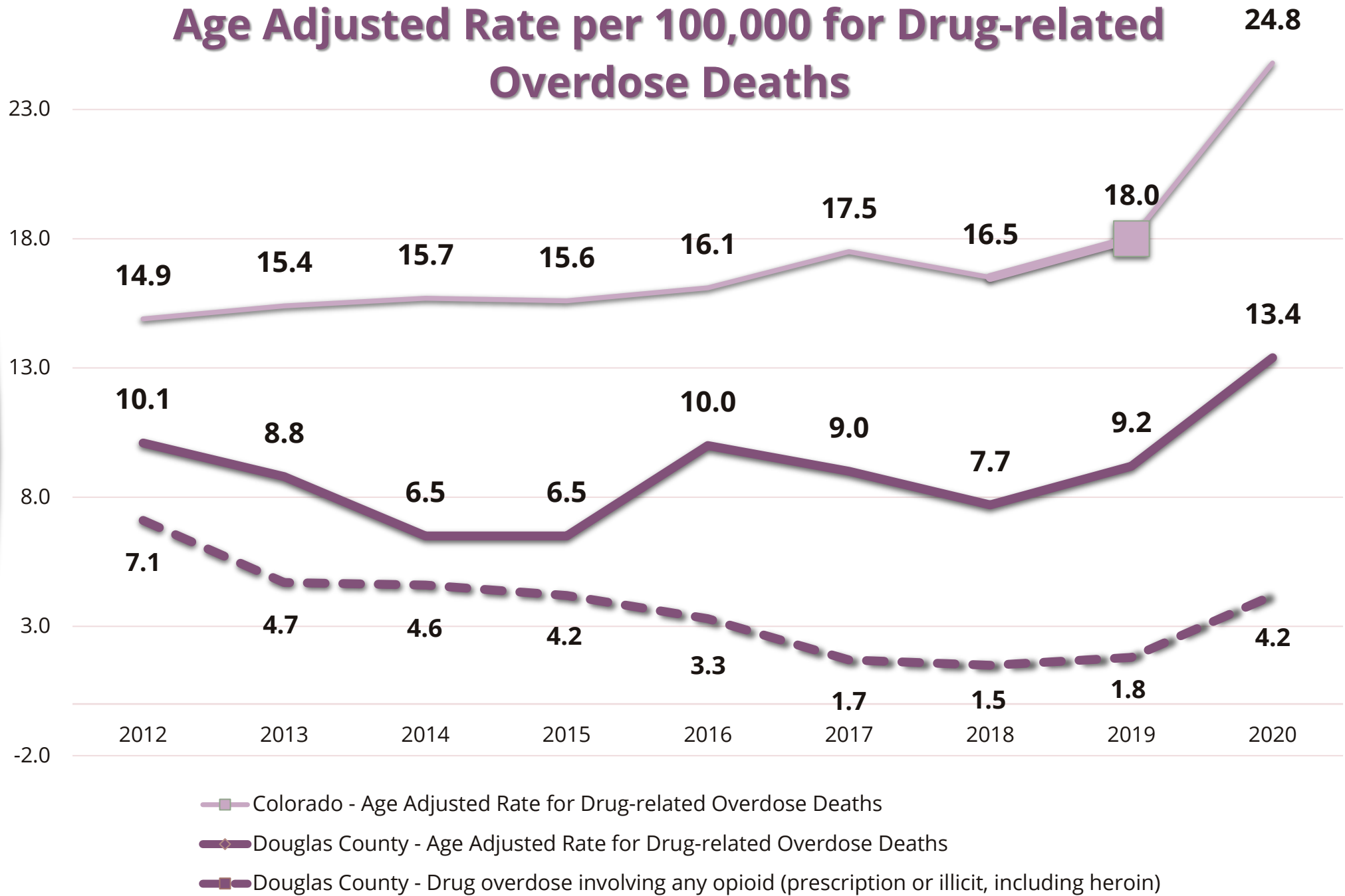


Douglas County has lower rates of behavioral health related deaths compared to Colorado in 2020.

In Douglas County, suicide and drug induced deaths are more common than alcohol-induced deaths.

In Colorado, drug induced deaths and alcohol induced deaths are more common than suicide.

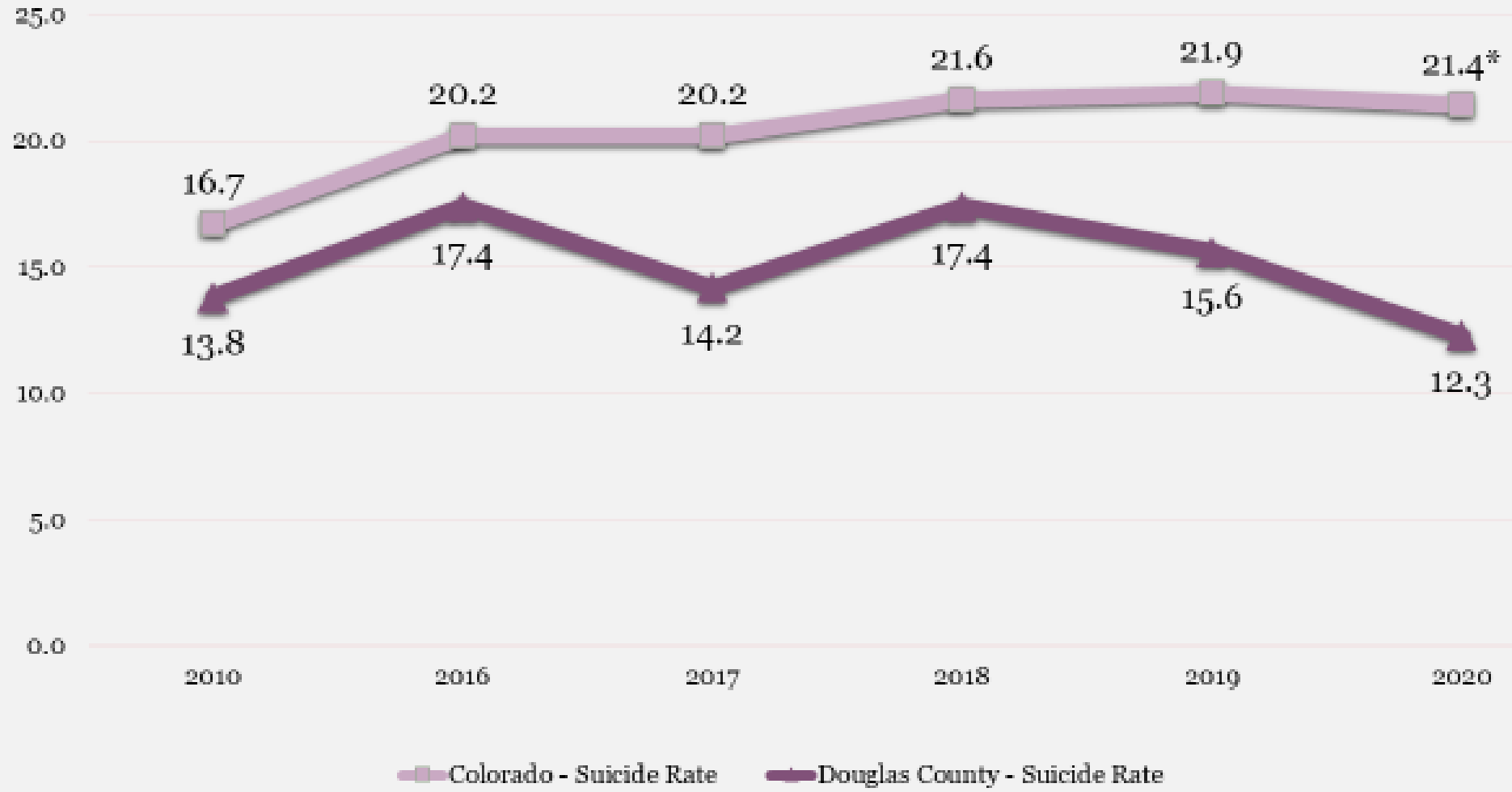
Age Adjusted Rate per 100,000 for Drug-related Overdose Deaths



The trend in drug related overdose deaths in Douglas County was lowest in 2014 and 2015, however **the lowest point for overdoses involving opioids was in 2018.**

An increase for all overdose deaths happened in 2016 and again in 2020, which includes an increase in opioid related overdose.

Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment



Age Adjusted Rate per 100,000 for Suicide Deaths

- Community members identified mental health problems as the “worst health problem” in Douglas County, followed by suicide as the fifth and substance/drug misuse as the ninth worst health problem (CHA Community Survey)
- Drug overdose deaths increased to a five year high in 2020 to 13.4 per 100,000 people (from 10.0 in 2016) (Vital Statistics)
- ED visits per 100,000 residents involving drugs with potential for abuse increased 18.5% between 2016 and 2020 (CDPHE, Hospital Data)
- According to BRFSS (2018) and HKCS (2019), mental distress had been increasing in both adults and youth since 2013
- Hospitalization rate per 100,000 for mental health issues was the leading cause of hospitalization in Douglas County and was increasing between 2015 and 2019 (CDPHE, Hospital Data)
- Douglas County has strong resources and successes to leverage and build upon regarding mental health and suicide intervention.

Douglas County Top Causes of Death by Age Group (2016-2020)

RANK	<1	1-4	5-14	15-24	25-44	45-64	65-84	85+
1	Perinatal Period Conditions	Unintentional Injuries	Suicide	Suicide	Unintentional Injuries	Malignant Neoplasms	Malignant Neoplasms	Cardiovascular Disease
2	Congenital malformations, deformations or chromosomal abnormalities	Malignant Neoplasms	Unintentional Injuries	Unintentional Injuries	Suicide	Cardiovascular Disease	Cardiovascular Disease	All Other Diseases
3	Unintentional Injuries	*	Homicide	Drug-Induced Deaths	Drug-Induced Deaths	All Other Diseases	All Other Diseases	Malignant Neoplasms
4	*	*	*	Cardiovascular Diseases	Malignant Neoplasms	Suicide	Unintentional Injuries	Alzheimer's Disease
5	*	*	*	All Other Diseases	All Other Diseases	Unintentional Injuries	Alzheimer's Disease	Unintentional Injuries
6	*	*	*	Malignant Neoplasms	Cardiovascular Diseases	Alcohol-Induced Deaths	Chronic Lower Respiratory Disease	Cerebrovascular Disease

* Denotes categories with fewer than three observations

Of note, for those 65 and older COVID would rank in the top ten leading causes of death despite only being present for one year

Data Source: Vital Statistics Program, Colorado Department of Public Health and Environment

Expert Speakers

Douglas County Mental Health Initiative

A UNIQUE COMMUNITY PARTNERSHIP

LAURA CIANCONE, MPH

DOUGLAS COUNTY MENTAL HEALTH INITIATIVE COORDINATOR

Douglas County Mental Health Initiative

A UNIQUE COMMUNITY PARTNERSHIP

*The Douglas County Mental Health Initiative (DCMHI) is a **unique and action-oriented partnership** of community organizations committed to enhancing the mental health and wellness of individuals and families in Douglas County.*

The Douglas County Mental Health Initiative was formed in June 2014 in response to several tragic events in our community, and to address unmet mental health needs of county residents.

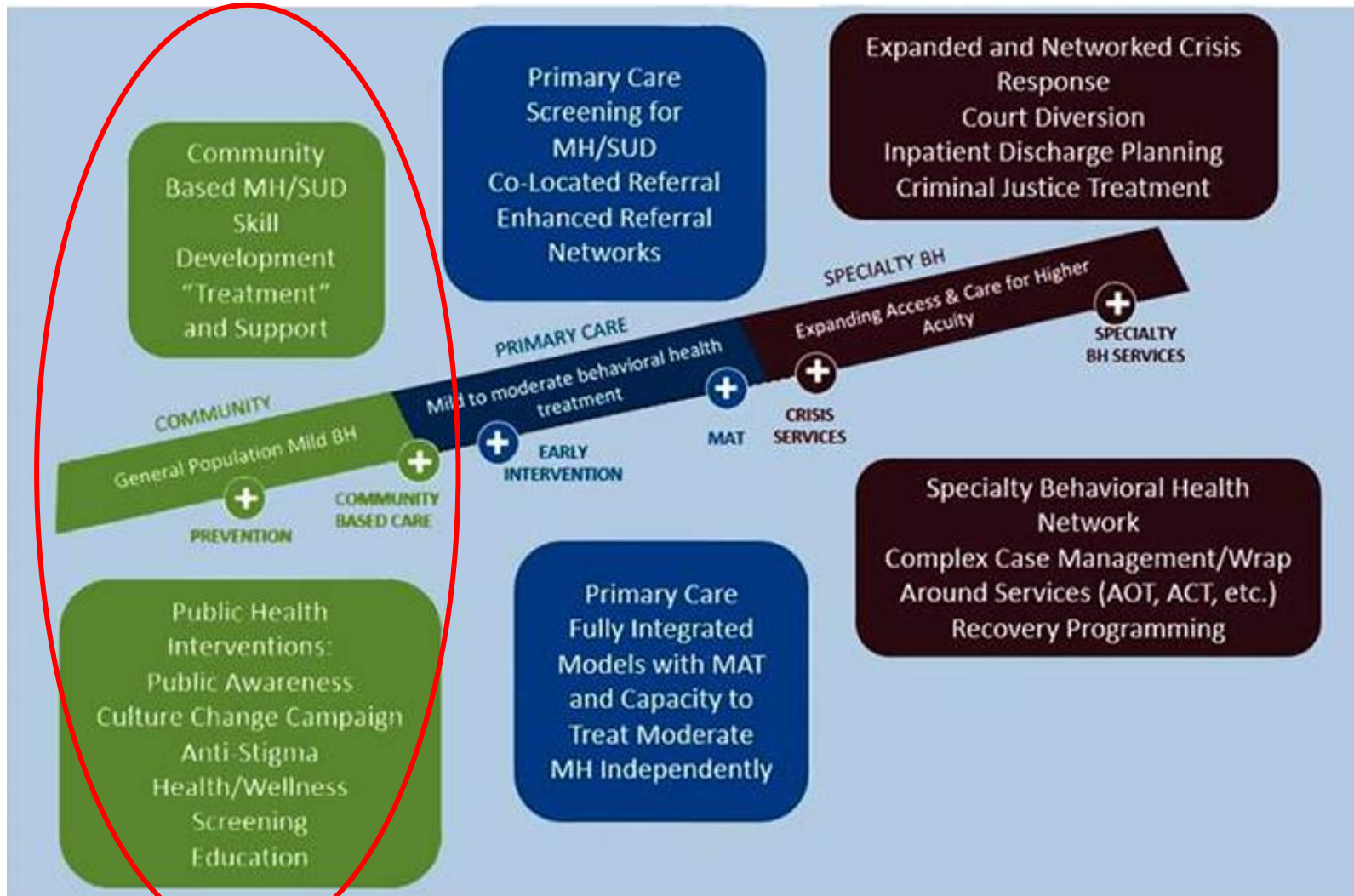
Partners

Identified strengths, opportunities,
barriers and gaps

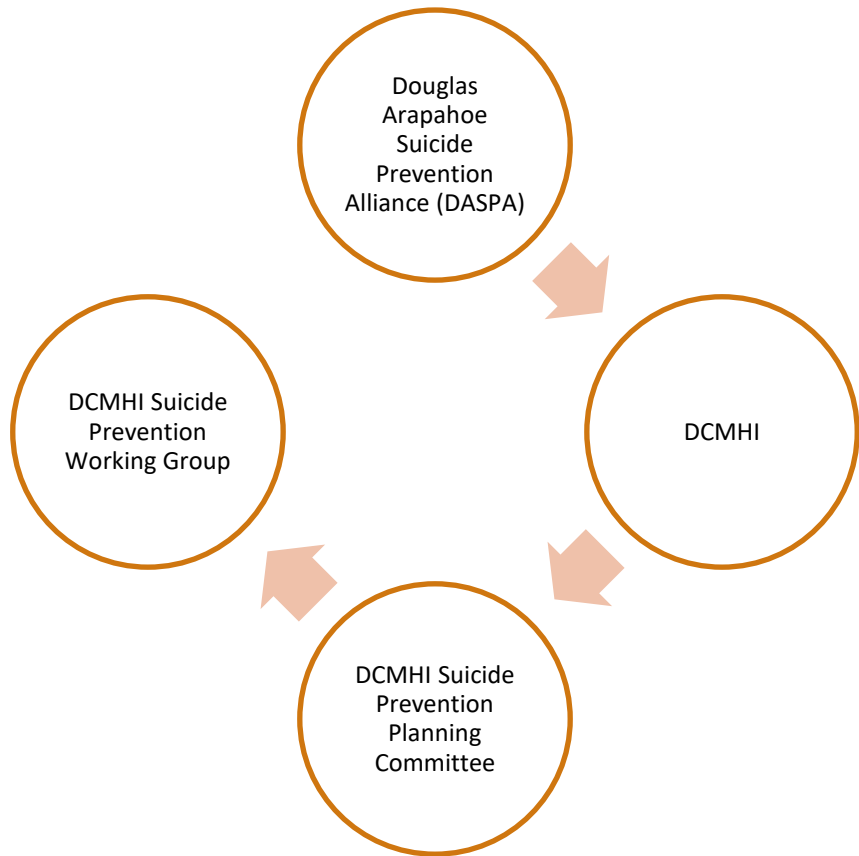
Partners

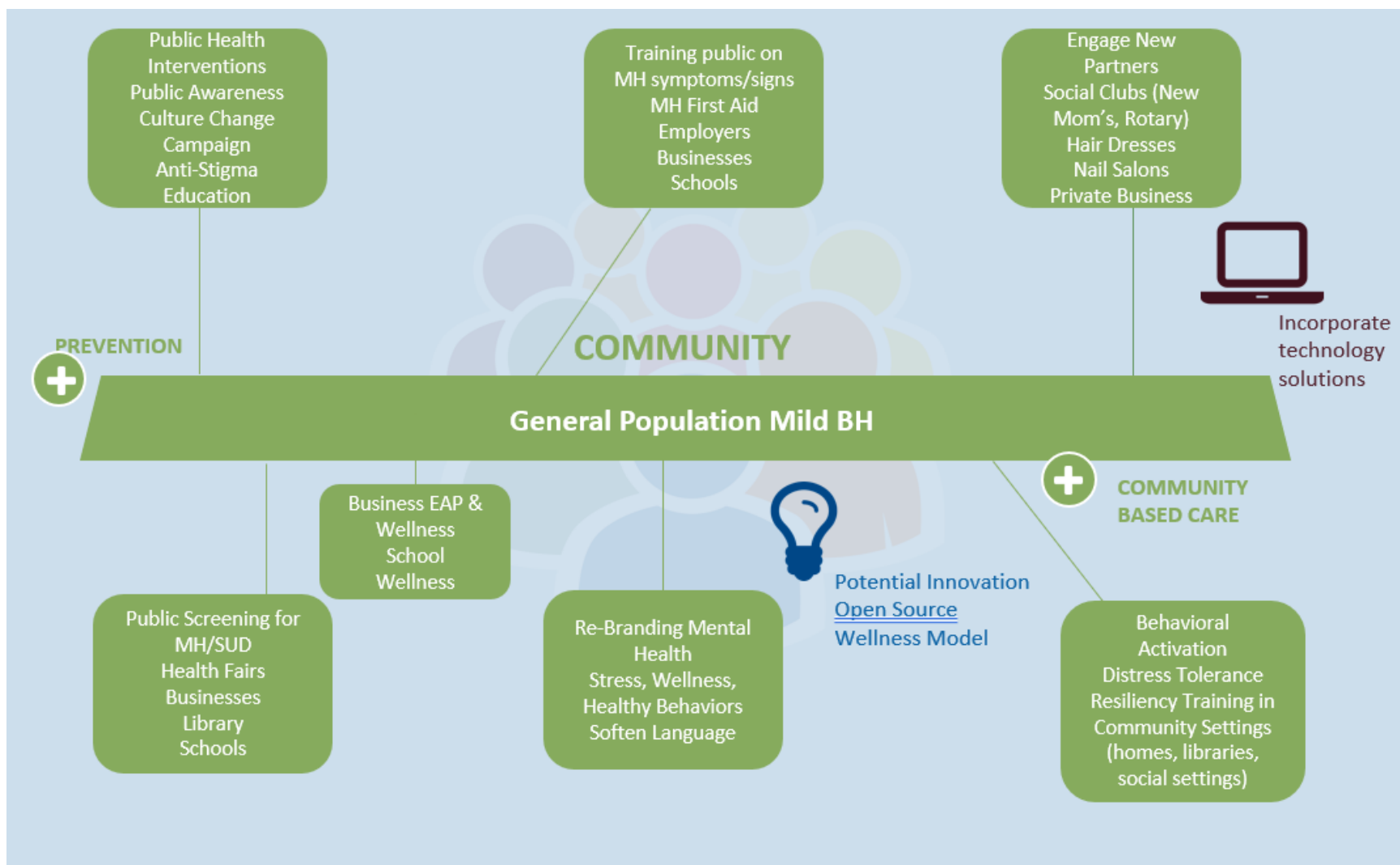


- Crisis Services
- Children and Family Services
- IDD services
- Community/News Media
- Community Members
- Hospitals
- Community Planning
- Douglas County Youth Initiative
- Local Public Health
- Vocational Rehabilitation
- Pre-trial and Probation
- Behavioral Health Care Providers (Mental health and substance use)
- Schools
- County Government
- Faith community
- Law enforcement
- Fire/EMS
- Justice/Judiciary
- District Attorney
- County Attorney
- Local Human/Community Services
- Community-based organizations and non-profits
- Regional Accountable Entity (RAE) - Medicaid



DCMHI, Suicide Prevention, Health Promotion





The Role of Public Health in Suicide Prevention

December 8, 2021

Sarah Brummett, MA JD
Director, Office of Suicide Prevention
Prevention Services Division



COLORADO
Department of Public
Health & Environment

Language Matters

- » Died of/by Suicide vs. ~~Committed Suicide~~
- » Suicide Death/Attempt vs. ~~Successful/Unsuccessful~~
- » Describe Behavior vs. ~~Manipulative/Attention Seeking~~
- » Describe Behavior vs. ~~Suicide Gesture/Cry for Help~~
- » “Diagnosed with” vs. ~~She’s a Borderline/Schizophrenic~~
- » Working with vs. ~~Dealing with Suicidal Patients~~

Suicide is a **preventable public health issue** that requires comprehensive community driven strategies.



Public Health vs. Health Care

Health is NOT the same thing as health care. Health care is responsible for only about 10% of what ultimately determines health status. **A person's community and environment are typically the largest determinants of health status. And this is where public health does much of its work.**



Office of Suicide Prevention

The mission of the Office of Suicide Prevention is to serve as the **lead entity for suicide prevention, intervention supports, and postvention efforts** in Colorado, **collaborating with communities** statewide to reduce the number of suicide deaths and attempts.

The office funds local initiatives, focusing on priority populations and highly impacted parts of the state. The office implements primary prevention strategies to reach individuals **prior to the escalation of a crisis**, trains individuals to recognize and respond to suicidal crises, and leads collaborative partnerships.



Office of Suicide Prevention

- Legislative Responsibilities:
 - Suicide Prevention Commission (SB14-88) -Advisory Board
 - Zero Suicide in statute and the Colorado Plan (SB16-147)
 - School Training Grant (SB18-272)
 - Hospital Outreach Initiative (HB12-1140)
 - Mental Health First Aid training pass through in long bill
- Additional data-driven/evidence-based strategies:
 - Comprehensive community-based prevention
 - Community grants
 - Emergency Department Follow-Up Project
 - Gun Shop Project and Lethal Means Safety
 - Youth Suicide Prevention (Ages 10-24)
 - Man Therapy www.mantherapy.org
 - Governor's Challenge to Prevent Suicide Among Service Members, Veterans, and Their Families
 - Public information and education
 - Competitive federal grant management (SAMHSA, CDC, ASTHO)
- Cross-agency Collaboration

Public Health Approach to Suicide

Comprehensive Model

- The traditional approach of just focusing on mental health treatment services has not been effective at preventing suicide at the population level.
- Coordinated and full-scale comprehensive prevention efforts are necessary to demonstrate measurable reduction in suicide rates and numbers at the population level (county and state).
- Integration and coordination across sectors and settings is critical.
- Countries such as Ireland, Australia, and New Zealand have successfully adopted a comprehensive community factor approach.



ROLES FOR LOCAL PUBLIC HEALTH

- Increasing public awareness
- Convening and collaborating to coordinate prevention efforts
- Data and evaluation
- Supporting training efforts



2012 National Strategy for Suicide Prevention: GOALS AND OBJECTIVES FOR ACTION

A report of the U.S. Surgeon General
and of the National Action Alliance for Suicide Prevention



Prepared by the Transforming Communities Priority Group
of the National Action Alliance for Suicide Prevention

TRANSFORMING COMMUNITIES

Key Elements for the Implementation
of Comprehensive Community-Based
Suicide Prevention









Preventing Suicide: A Technical Package of Policy, Programs, and Practices

National Center for Injury Prevention and Control
Division of Violence Prevention



COLORADO
Department of Public
Health & Environment

Colorado Strategies Across the Continuum

 <p>Connectedness</p>	<ul style="list-style-type: none"> • Early social-emotional health • Positive youth development • Sources of Strength • Man Therapy • Inclusive community spaces, events, and policies
 <p>Economic Stability and Supports</p>	<ul style="list-style-type: none"> • Increase awareness, access and utilization of food security initiatives • affordable housing and transportation programs • family-friendly workplace policies • Increase access to affordable, quality childcare
 <p>Improving Access to Responsive Care</p>	<ul style="list-style-type: none"> • Implementation of Zero Suicide framework within health care systems
 <p>Education and Awareness</p>	<ul style="list-style-type: none"> • Gatekeeper training • Media campaigns • Organizational policy development
 <p>Lethal Means Safety</p>	<ul style="list-style-type: none"> • Gun Shop Project • Lethal Means safety training (firearms and medications) • Prescriber training • public messaging campaigns
 <p>Postvention</p>	<ul style="list-style-type: none"> • Survivor outreach and support • Training and awareness of postvention resources • Community postvention response planning • Responsible and proactive messaging and reporting

THANKS!
www.coosp.org



COLORADO
Department of Public
Health & Environment

Substance Misuse Prevention

Ali Maffey, MSW
Violence and Injury - Mental Health Promotion Branch



COLORADO
Department of Public
Health & Environment

Center for Substance Abuse Prevention (CSAP) Strategies (misuse)

6 strategies to form a comprehensive prevention program:

1. Information Dissemination
2. Community-Based Coalitions
3. Environmental Changes (policy)
4. Prevention Education
5. Problem Identification and Referral
6. Alternative Activities

Research has shown that the most effective prevention programs present a comprehensive approach that includes all or many of CSAP strategies.



1 Information Dissemination

- **Public Awareness Campaigns**
- **Educational Materials**
- **Presentations**



MEG'S BUDTENDER TIPS

USING WEED IN PUBLIC IS ILLEGAL

Learn More >

RESPONSIBILITY
— Grows Here —

MEG'S BUDTENDER TIPS

RESPECT OUR AIR

RESPONSIBILITY
— Grows Here —

TakeMedsSeriously A RESOURCE OF THE COLORADO CONSORTIUM FOR PRESCRIPTION DRUG ABUSE PREVENTION

PRESCRIPTION DRUG SAFETY STARTS WITH YOU

The abuse of prescription medicine is the fastest growing drug problem in the United States, particularly among teens. Nearly 224,000 Coloradans misuse prescription drugs each year.

BE OPEN

SHE STOOD UP FOR ME BEFORE SHE KNEW ME

NOW SHE KNOWS I'VE GOT HER BACK

TO THE MOMENT AND CHOOSE CONNECTION

Learn how to build better friendships at ForwardTogetherCO.com

FORWARD TOGETHER

BE OPEN

WE DIDN'T LIKE EACH OTHER AT FIRST

NOW WE'RE THERE FOR EACH OTHER

TO THE MOMENT AND CHOOSE CONNECTION

Learn how to build better friendships at ForwardTogetherCO.com

FORWARD TOGETHER

FORWARD TOGETHER





Local Role



Disseminate campaign materials (many available at cohealthresources.org)

Provide community presentations, particularly about substances of concern



2

Community Collaboration

- Communities That Care
- Opioid COSSAP Grant: 4 rural communities improving access to treatment, naloxone, recovery housing, & alternatives to incarceration.
- Harm Reduction Grant Program
- OD2A



Local Role



Use existing collaboration efforts to prioritize prevention approaches

Apply for funding for community collaboration support

Identify and enhance data collection



3 Environmental Changes

- Reduce access to substances by changing:
 - Place
 - Promotion
 - Price
 - Product



Local Role



Advocate for local substance policies that

- **make price a barrier for youth access**
- **distance substance outlets from where youth are**
- **prevent normalizing use**

4 Prevention Education

- **Provider Education on opioid prescribing**
- **Life Skills Training or other evidence-based curricula in schools**
- **Parent education**



Local Role



Educate providers on opioid Rx

Free resource at

[https://registrations.publichealthpractic
e.org/Training/Detail/424](https://registrations.publichealthpractic
e.org/Training/Detail/424)

**Identify evidence-based health
education & SEL curricula**



5 Problem ID and Referral

- Harm Reduction Grants
- COSSAP Grant: Supportive Services
- Naloxone Dissemination \$ free access
- Syringe Service Programs & Care Linkage



Local Role

PRINCIPLES OF HARM REDUCTION



Improve screening efforts

Adopt Harm Reduction Approach

Apply for standing orders & free naloxone in eligible orgs

Enhance linkage to care

6 Alternatives for Youth

Protective Factors: prosocial involvement in families, schools, and community

How Iceland Got Teens to Say No to Drugs

Curfews, sports, and understanding kids' brain chemistry have all helped dramatically curb substance abuse in the country.

By Emma Young



Local Role



Enhance opportunities for after school programs (funding, increased locations, free passes, transportation, mentorship programs, etc)

Additional Work



Improve data collection -

**Enhancing the Prescription
Drug Monitoring Program.**



Resources

**Evidence-Based Strategies
for Preventing Opioid Overdose:
What's Working in the United States**

An introduction for public health, law enforcement,
local organizations, and others striving to serve their community

Authors:
Jennifer J. Carroll, PhD, MPH; Traci C. Green, PhD, MSc;
and Rita K. Noonan, PhD

CADCA Building drug-free communities.

POLICY TRAINING NEWS RESOURCES CAMPAIGNS INSTITUTE INTERNATIONAL

PREVENTION CHANGES COMMUNITIES
BECOME A MEMBER TODAY!

Become a **MEMBER** Join or Start a **COALITION** Help us Grow & **DONATE**

**COLORADO
CONSORTIUM**
for Prescription Drug Abuse Prevention



Thank you.

Ali.Maffey@state.co.us



COLORADO
Department of Public
Health & Environment



Questions or Comments?
Please place questions in
the chat.

stress, can negatively influence health. The way we respond to the stress of daily living relates to our sense of well-being and our quality of life.

30%

Public Health Improvement Plan Core Components

Our ACCESS TO QUALITY

Healthcare affects 20 percent of our health.²¹

40%

The PHYSICAL ENVIRONMENT influences 10 percent

SOCIAL SURROUNDINGS &

Core Components Of A Public Health Improvement Plan

Required by the 2008 Colorado Public Health Act:

- Assesses and sets priorities for the public health system
- Prospectively covers up to five years, and is subject to annual revisions and the implementation schedule established by the state board.
- Is made available to the governor, the general assembly, the state board, county and district public health agencies, and other partners.

Required by PHAB:

- Statewide health priorities, measurable objectives, improvement strategies, and performance measures with measurable and time-framed targets
- Policy changes needed to accomplish health objectives
- Individuals and organizations that have accepted responsibility for implementing strategies
- Measurable health outcomes or indicators to monitor progress
- Alignment between the state health improvement plan and Tribal, local and national priorities

Health Improvement Plan & Health Priority Areas

Goals

Objectives

Strategies

Intervention

Action
Plans

We will move to virtual breakout rooms to answer some exploratory questions that will inform the development of the goals and strategies.

Time to discuss Behavioral Health!

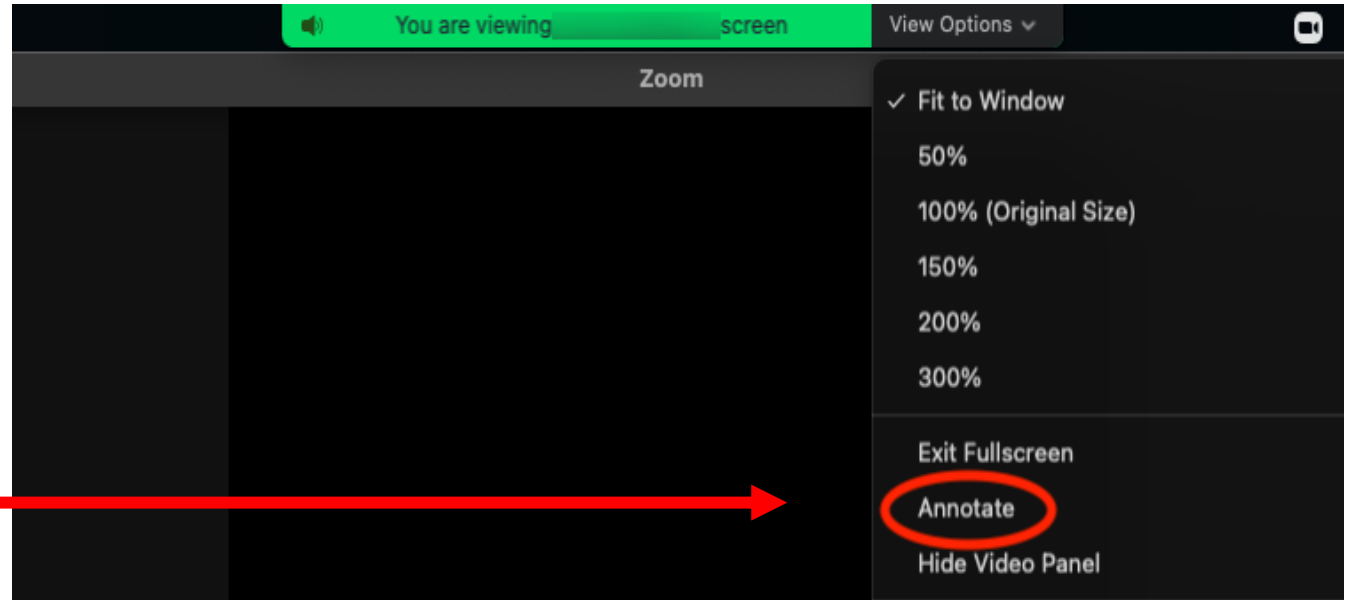


A grayscale photograph of a business meeting. Several people in professional attire are gathered around a table. One person is pointing at a tablet displaying a document with charts and text. Another person is holding a smartphone. There are coffee cups on the table. The overall scene is collaborative and professional.

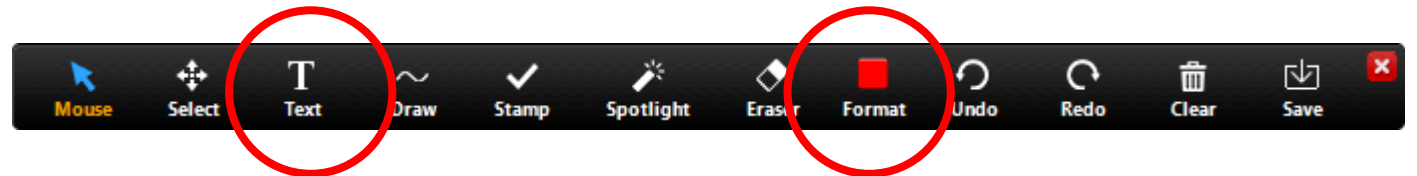
Breakout Group Instructions

Sharing Your Ideas

1. Look at your screen and find "You are viewing ____'s screen" at the top of your screen.
2. Next to that is a menu titled View Options.
3. Click on View Options and toward the bottom of the menu you will see "Annotate."
4. Click on Annotate.



- Once you select Annotate you will see this menu.
- Select TEXT. You can change the color and size of your text with the FORMAT button.



Goals



Goals are broad statements of what the County hopes to accomplish related to the priority and may include the approach or “by or through” phrase.



The goal is to (effect, e.g. improve, decrease, etc.) the (problem/need/opportunity) of (target population) by/through (x mechanism).



What do we hope to accomplish in five years? Consider the overall desired identification of high level long-term goal(s)

See a decrease in suicide rates for our youth

How do we counter the 4 P's that carry negative messaging to our youth>

reduce the stigma around mental illness

I second this!
Third this!

Expand co-responder programs

revamp the war on drugs campaign

Increase connectedness for our youth

How do we measure/evaluate connectedness for students?

Make a public communication plan our county specific suicide rates and trends

Reduce police encounters with citizens and increase mental health and paramedics for crisis intervention

Increase resources

Reduce suicide attempts and deaths by 20%

Reduce drug overdose by 30%

Increase justice diversion programs and services

Strategies

According to PHAB 5.2.2.1a, “strategies may be evidence-based, practice-based, or promising practices, or may be innovative to meet the needs of the population.”

Step 1: Identify existing initiatives and assets related to the priority area in the state.

Step 2: How will the objectives reached? Ask “what change can the strategy be expected to create?”

Example:

Potential strategies to achieve the smoke-free policy objective in Figure 6.9 might be to:

- Promote adoption of voluntary smoke-free policies in public housing.
- Promote adoption of voluntary smoke-free policies in private multi-unit residences.

What type of strategies will make us successful? Discuss how progress and success can be measured.

communication plan for awareness on the increase in suicide rates for both adults and youth

identify a list of existing services options available in Doug Co and whom its available to and who provides it. all in one place.

Community beautification successfully involve individuals in this effort

co-responder models

harm reduction models

youth groups/ways to increase connectedness for students

identify mens groups
identify womens groups

provide info where this population at risk goes to get their "news" and "facts" which is TIKTOK but it would need to be very catchy

promote awareness via use of public figures followed/respected by this population

Expand Crisis Response Team to duplicate the STARS program that currently exists in Denver and Aurora

access (financially) to recreation resources

Recognizing how economic stability impacts both increase risk of suicide and substance misuse