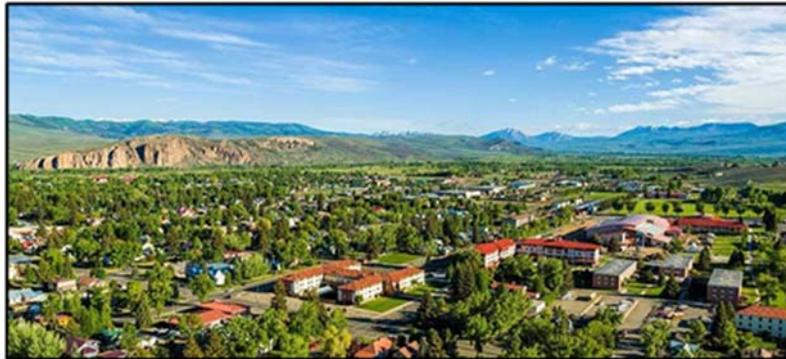


State of the Community 2022 Report

Behavioral Health Needs and Gaps Analysis for Gunnison County Executive Summary

Prepared for the Gunnison County Community Health Coalition



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March 10, 2022

ACRONYMS

Acronym	Acronym Definition
AA	Alcoholics Anonymous
ACE	adverse childhood experience
CBSOM	Crested Butte State of Mind
CDC	Centers for Disease Control and Prevention
CDPHE	Colorado Department of Public Health and Environment
CMH	Center for Mental Health
DOLA	Department of Local Affairs
ECC	Early Childhood Council
ED	emergency department
EMS	Emergency Medical Services
ER	emergency room
FARM	Free and Reduced Meals
FAST	Family Advocacy Support Team
FPL	federal poverty line
GC BHNA	Gunnison County Behavioral Health Needs Assessment
GCCHC	Gunnison County Community Health Coalition
GCSJ	Gunnison County Juvenile Services
GCSAPP	Gunnison County Substance Abuse Prevention Project
GRASP	Formally known as RCORP
GVH	Gunnison Valley Health
GVM	Gunnison Valley Mentors
GVRHA	Gunnison Valley Regional Housing Authority
GWSD	Gunnison Watershed School District
HKCS	Healthy Kids Colorado Survey
IMPLAN	impact analysis for planning
MAT	Medication-Assisted Treatment
QPR	Question, Persuade, and Refer
RCORP	Rural Communities Opioid Response Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SDOH	Social Determinants of Health
SEL	Social and Emotional Learning
SNAP	Supplemental Nutrition Assistance Program
STR	short-term rental
SUD	substance use disorders
SVI	Social Vulnerability Index
TLCC	Teaching and Learning Conditions Colorado
TPSC	Triple Point Strategic Consulting
WCPHP	West Central Public Health Partnership
WCU	Western Colorado University

1. Executive Summary

1.1 Introduction

Understanding the behavioral health of Gunnison County is a top priority for local leaders and the many organizations serving people. Like an ecosystem, where every bush, tree, rock, animal, and spring play an integral role in the health and wellness of the other, the term “Behavioral Health” attempts to encapsulate the community “ecosystem” that is layered, complex, and deeply connected.

This report defines behavioral health as how environmental factors contribute to mental and physical health outcomes. Environmental factors include, but are not limited to, housing and food insecurity, childcare, incomes, social isolation, home life, and access to and coordination of health services.

The Gunnison County Community Health Coalition (GCCHC) commissioned the Gunnison County Behavioral Health Needs Assessment (GC BHNA) to assess, interpret, and become more knowledgeable regarding the interplay between economic, cultural, and social factors in relation to behavioral health outcomes. This report will provide a foundation for insightful conversations to move the community toward placing behavioral health as a top priority in Gunnison County.

The economy drives many of the decisions that impact behavioral health outcomes in the community. The tourist base economy is one that is not easily changed; it relies heavily on the desires of those who come here to relax and recreate and this culture seeps into the everyday living of locals. Community members indicated that some people come to the Gunnison Valley to escape and to find themselves, and through that process, some get lost and cannot get connected to a greater purpose in the community.

As data will show, the community has norms favorable toward substance use, which is not a coincidence, but rather engrained with personal freedom; a party culture; and local, state, and national policies. Gunnison County behavioral health organizations are tasked with finding solutions for problems that exist in larger urban settings, yet because they exist in a rural setting, they lack the resources—time, people, funding, and space—to adequately meet the increasing demand and the growing acuity of behavioral health issues.

The GC BHNA required hundreds of hours and was conducted over 7 months, starting in July 2021. The study seeks to provide a deep understanding of the underlying influences on behavioral health in Gunnison County by analyzing quantitative and qualitative data.

Through the study, gaps and needs are also identified. Together, the qualitative and quantitative information illuminate key factors necessary to understand how aspects such as basic needs and the economy impact behavioral health outcomes. This report looks to make sense of behavioral health issues and create space for people to learn about the hidden minutia of the lives of Gunnison County residents. This report brings the voices of over 40 key informant interviews to a broader audience and aligns these narratives with quantitative data from over 50 different sources including data sets for housing, food security, mental health, substance abuse, suicide, and other related sources. This comprehensive picture helps explain how people are living, interacting, and surviving in a rural mountain area and will be the guide for a community-wide strategic plan for behavioral health.

1.2 Literature Review

A number of studies have been conducted in recent years to better understand behavioral health in the United States, Colorado, and Gunnison County. In general, these studies find that external factors have a significant impact on behavioral health and substance abuse. Quality and availability of housing, financial hardship, and a culture of substance abuse within the service and construction sectors play a large role in behavioral health.

1.2.1 Behavioral Health

State initiatives to address behavioral health are uncoordinated in their efforts to equitably address the needs in rural areas. Challenges for the state of behavioral health in Colorado include lack of shared vision for behavioral health, separate and uncoordinated prevention efforts, workforce shortages, administrative burden, lack of integration, inconsistent data, disproportionate reimbursement rates for physical health and behavioral health services, and fragmented funding. The State seeks to address these gaps and report continued efforts to support local solutions for behavioral health problems [1].

The COVID-19 pandemic has had a significant number of impacts across the socioeconomic spectrum, but disproportionately has impacted the most vulnerable people across the state of Colorado. Those with unstable housing and food insecurity experienced eight or more poor mental health days in the last month, which was three times the rate of poor mental health days compared to those with stable housing and food security. Additionally, young people's mental health did not fare well during the pandemic. Roughly 50 percent of those aged 19-29 reported having eight or more poor mental health days in the past month, which was double the state average for all age groups [2].

The Gunnison Watershed School District (GWSD) Social and Emotional Learning (SEL) Needs and Gaps Analysis 2021 found that GWSD is experiencing a wave of internal and external forces that are contributing to poor behavioral health outcomes of adults and youth [3]. For adults, the shortage of time, space, and people perpetuate challenging workplace conditions. The political and emotional stress that families are experiencing have been evident at contentious school board meetings and on social media, and is having an impact on the school day. The current climate created in part by COVID, political differences, social class differences, and economic stressors impact the school district on a systemic, adult, and youth level. The stress experienced by the system impacts the adults working in the school, which in turn impacts the youth.

For the youth, the combination of internal stress related to their personal lives compounded by the limited accessibility to reach out for help (in and out of schools) creates a pressurized environment leaving them susceptible to poor mental health outcomes and increased substance abuse rates. It is essential to work upstream to minimize the behavioral health impact on youth by understanding that adult and system challenges will continue unless addressed adequately. For example, what is defined as "manageable" behaviors in our youth now may manifest as pathology or criminology in 2-5 years if referrals go unmade, if violations go unreported/unenforced, and prevention and interventions are not utilized. As a community, these potentialities are not exclusive to the Gunnison Watershed School District; partners in prevention, intervention, assessment, screening, diversion, and law enforcement are all essential components of working toward positive behavioral health outcomes of the youth.

1.2.2 Mental Health

In the United States, the primary reason for people not seeking treatment for mental health concerns is the lack of confidence in mental health treatment (37%), followed by a lack of knowledge about what kind of help to seek (33%), preference for self-help (28%), lack of affordability and access (25%), and stigma (24%) [4]. Therefore, merely increasing the number of mental health professionals does not directly correlate to more people accessing services. Increasing the behavioral health workforce should coincide with reducing personal barriers for individuals. Creating a behavioral health system that has multiple doors to be able to access services is a more sustainable model than simply increasing the number of licensed professionals. Behavioral health efforts need to be across the lifespan in a continuum of services, from upstream prevention to diversified treatment.

National policy makers continue to operate and make policies without understanding the realities of people living in rural settings, which perpetuates single-policy solutions in rural areas. Additionally, rural communities have not had a sufficient opportunity to advocate for rural solutions that are alternatives to the urban models. Funds for behavioral health are almost always determined by the federal and state governments. This perpetuates the need to apply for grants to fund individual or organization-specific efforts instead of community-defined and collaborative solutions [5]. Gunnison County has been moving from cooperation to collaboration, yet funding streams continue to build barriers toward true collaboration.

1.2.3 Socioeconomics

The University of Washington's Center for Women's Welfare Self-Sufficiency Standard is a measure of income adequacy that is based on the costs of basic needs for working families: housing, childcare, food, health care, transportation, and miscellaneous items, as well as the cost of taxes and the impact of tax credits. The Self-Sufficiency Standard measures the income necessary to meet basic needs without public assistance. The report calculates that 27 percent of Coloradans lived below the Self-Sufficiency Standard in 2018. Estimates for Gunnison County, shown in this report, are higher than the state [6].

Housing needs are interrelated to behavioral health outcomes of local residents. The workforce shortage burdens employers as employees grapple with an affordable housing shortage. Market prices, both for renters and those looking to buy, continue to increase, which results in the lessening of opportunities for locals to live and stay in Gunnison County. These factors are leading to a significant demand for more housing units. Fostering local support to address housing concerns, especially for the community's most vulnerable, is critical to the success of this endeavor [7].

A Headwaters Economics 2018 report compared Gunnison County and Taos County because they are similar in economic and cultural backgrounds [8]. This report noted that tourist-based economies often house a broad base of jobs tethered to the service industry, which cultivates a community of people working low-wage jobs in a place with a high cost of living. The number of jobs per person is a measure that contextualizes the impact of the increased cost of living, and low and stagnant wages. According to the report, people in Gunnison County worked an average of 1.2 jobs in 2016, and increased to 1.34 jobs per person by 2019 [9].

1.2.4 Substance Abuse

A national study from New York University found that construction workers are more likely to use cocaine and nonmedical-purpose opioids in comparison to workers in all other industries in the United States. Construction workers are the second most likely to use marijuana in comparison to other occupations [10]. Their jobs are physically demanding and incur high rates of injury, making construction workers drawn to pain-relieving substances such as opioids and marijuana. As one of Gunnison County's largest employment sectors, these concerns show up across the community in several behavioral health measures as shown throughout this assessment.

In 2020, southwest Colorado was found to have the highest rate in the state of people seeking treatment for alcohol [11]. This study also found that the rate of people seeking treatment for crack and cocaine nearly doubled from 6.1 to 11.1 per 100,000 from 2019 to 2020. On average, people will abuse substances for 16 years before seeking treatment. After 16 years of enduring the physical and long-term psychological impacts of alcohol or other substance use, these psychological impacts start to become health issues rather than “problems of living.”

There are similarities between Gunnison County's and Eagle County's behavioral health needs. For instance, the Vail Health Community Health Needs Assessment found that social disparities remain for meeting the behavioral health needs (including substance abuse and mental health). These disparities exist for youth, for the Hispanic population, and elders [12].

Community survey data collected by the Juvenile Services Department of Gunnison County in 2017 and 2020 reflects a high acceptance of both alcohol and marijuana use across the county [13]. Additionally, the community has a high availability of substances, both for personal use and economic prosperity. This is seen in the number of marijuana and liquor licenses, community events, as well as individual behavior. Binge drinking rates for adults fall between 22 percent and 25 percent across the county. Substance use is normalized in a largely tourist-based economy. People come to the community to relax and party—a culture that is deeply entrenched within local spheres.

The Rural Communities Opioid Response Program (RCORP) Environmental Scan and Gaps analysis reported gaps in the realms of prevention, treatment, and recovery of substance abuse, specifically targeting opioid abuse. Informants listed the strain on the primary care practices and mental health providers when dealing with patients who have become dependent on opioids for physical and emotional pain; the impact on the hospital and emergency department (ED) treating intoxicated patients; and the financial drain on the county services, schools, and court system. The 2019 report found a need to address root-cause issues including cost of living, housing and food insecurity, and basic needs. These factors contribute to toxic stress on families, including children, who are adversely impacted socially, emotionally, and neurobiologically. Children and youth who experience ongoing toxic stress are more likely to experience poor health outcomes in adulthood, including substance use disorders [14].

1.3 Socioeconomic Conditions of Gunnison County

The socioeconomic condition of an area determines its living standards and is the foundation for behavioral health. The nexus of housing, occupation, and education are factors contributing to behavioral health outcomes. In general, a higher socioeconomic status increases the standard of living and equates to

improved health outcomes. However, financial hardship will limit opportunities to improve health and may increase stress. Both of these exist in Gunnison County, but a greater portion struggle with poor health and income predominantly in the south end of the Gunnison Valley.

1.3.1 Population Trends

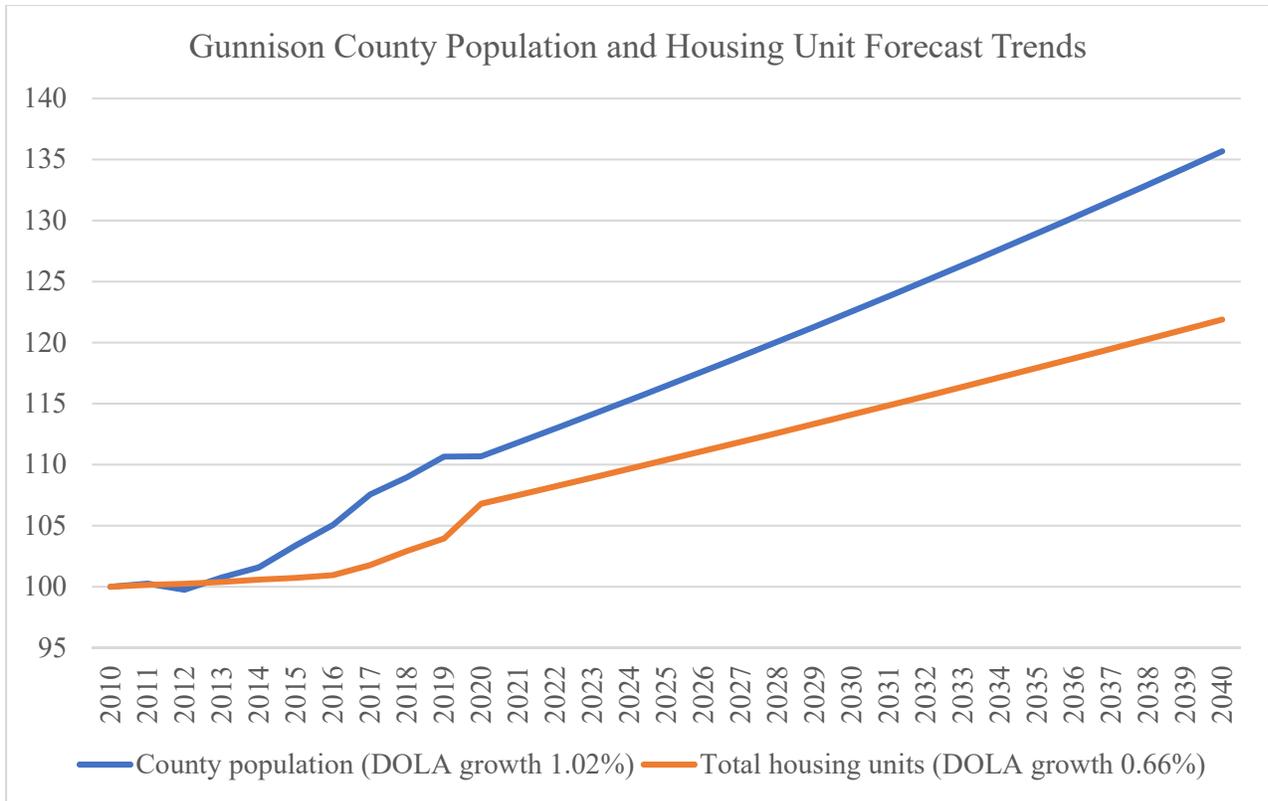
The county's population has been growing steadily at about 1 percent per year on average [15]. Growth is comprised of both natural increase (births exceeding deaths) and net migration in roughly equal proportions. Children born in the county will benefit from improving the county's behavioral health. Migrants may be retiring to the county, seeking jobs, or importing jobs, each having an impact on behavioral health. By 2050, the population will increase by as much as 37 percent, roughly 6,200 new residents. Most of the growth is occurring in unincorporated areas. The population is aging, and more seniors are living alone.

1.3.2 School Enrollment

School enrollment is an indicator of local economic prosperity. Overall, the number of students in the district is increasing at a rate of about 2 percent annually. Since the 2014-2015 school year, district-wide, elementary student enrollment has been declining at an annual average of -0.3 percent. Middle- and high-school enrollment has been increasing at 2.2 percent. Crested Butte enrollment has been growing at 2.3 percent annually, more than double the county population growth rates, while Gunnison enrollment has been growing more slowly at 0.5 percent [15].

1.3.3 Housing

Gunnison County has faced a shortage of affordable housing dating back to at least 1992 [16]. The supply of housing units has not kept up with the demand for housing, pushing prices ever higher. For the past decade, the population has grown at 1.02 percent while housing supply has only grown at 0.66 percent annually [17]. As long as demand growth continues to outpace supply, the affordable housing crisis will intensify as shown in Figure 1-1.



Source: DOLA, TPSC.

Figure 1-1. Gunnison County Population and Housing Unit Forecast Trends

Prior to 2015, no rental listing prices in the Gunnison Times exceeded \$1,500 per month [18]. Since 2015, however, 35 percent exceed \$1,500. Half of the renters in Gunnison County are cost-burdened, spending more than a third of their incomes on rent [18].

Gunnison County home values rose 20 percent in just 1 year through November 2021, consistent with Colorado as a whole, though less than some other mountain destination counties including Eagle and Routt Counties [20]. The housing unit vacancy rate exceeds 40 percent for the county overall. The north end of the Gunnison Valley has the highest vacancy rates and highest home values.

A portion of the vacation homes also serve as short-term rentals (STRs). These and other types of housing units comprise the STR supply in Gunnison County. STRs have supported an increase in tourism by lodging more visitors, which increases the demand for service workers, while at the same time contributing to a reduction in supply of workforce housing. The number of STRs is estimated to increase an average of 42 per year over the past 5 years with the majority being located in northern Gunnison County [21].

Gunnison residents disproportionately live in older housing units and mobile homes. In Gunnison County, one in twelve housing units is a mobile home, with the majority having been built before 1980 and located in the City of Gunnison. Key informant interviews conducted for this study pointed to mobile homes as a behavioral health concern. As units age and require upgraded infrastructure, parks are threatened by gentrification, and there are limited resources for housing assistance support.

Housing has been an identified need for each municipality, Gunnison Valley Health (GVH), and Western Colorado University (WCU) for at least the last few years. Furthermore, the Gunnison Valley Regional Housing Authority (GVRHA), which was established in 2012, is working to address the affordable housing shortage across the county. Community endeavors have focused on increasing the number of housing units available, providing housing for employees, students, and faculty. Efforts have been made to help residents of County Meadows to maintain their current living situations. In short, movement toward collaborative strategies to address community needs have progressed. Information from this report provides a clearer picture of the scope of the layered housing needs.

1.3.4 Employment and Income

The availability of jobs and compensation significantly impacts standard of living and behavioral health. From 2010 to 2019, the county’s labor force grew at approximately 0.8 percent per year while the number of adults not in the labor force grew at 2.6 percent per year [22]. This shows that job growth is less than population growth and is consistent with an aging community.

Tourism, government, and retirement accounted for the majority of the county’s base industries in 2020¹. With predominately service sector and retail jobs, overall incomes are relatively low. Labor income averaged \$36,678 in 2019 according to impact analysis for planning (IMPLAN) data [16]. Tourism is the predominant sector where jobs pay less than \$30,000 per year on average. Low wages require many people to work multiple jobs; a study by Headwater Economics found that people in Gunnison County work 1.34 jobs per person on average [9].

In spite of significant national economic expansion and local economic growth, the lowest-income households have not been able to increase their earnings. Labor income has remained relatively flat in Gunnison County over the past five decades and as of 2019 was only about 75 percent of the state’s median income. Labor income for health services increased the least of all sectors from 2010 to 2020, showing about 4 percent annual growth. Labor income for health services grew slower from 2017 to 2020, showing 1 percent annual growth [17]. As health care needs have grown, the health services industry has struggled to supply wages adequate enough to meet needs and incentivize a workforce.

The long-term impact of the COVID-19 pandemic on Gunnison County remains to be determined. Unemployment, food assistance, and other measures spiked in the spring of 2020. Following the spike, unemployment and other measures have returned to lower levels—but not pre-pandemic levels—and

¹ DOLA defines retiree(s) employment in this way:

Retirees: Earnings and employment associated with expenditures made by retirees on local resident services. Retiree income includes transfer payments from the federal government to individuals over age 60 and dividends, interest, and rental income earned by individuals over age 60. These consist primarily of retirement and disability insurance benefit payments, income maintenance, and Veteran’s payments. Also included are Medicare and Military medical benefits that are paid for by the Federal government for retirees.

perhaps most importantly appear to have leveled off at “new norms,” roughly twice the pre-pandemic levels [22].

Given the structure of Gunnison’s economy, household incomes are relatively low. Gunnison County’s median household income was \$56,577 in 2019 falling well below the state’s median household income level of \$72,331. From 2016, mean incomes rose at a greater rate than median, which is an indication of rising income disparity. In Gunnison County, incomes in the city of Gunnison, which encompasses a third of the population, are much less than the other areas of the county [23].

From 2010 to 2019, and likely since then, approximately 20 percent of the county’s household incomes are less than \$25,000. This share of household incomes has remained unchanged throughout the decade in spite of national and regional economic expansion. The share of households earning more than \$75,000 increased from just over 30 percent in 2010 to almost 40 percent by 2019, another sign of growing income disparity [23].

Conversations around the community are beginning to note the need for increased wages. These conversations are essential across all occupations, especially tourist-based jobs.

1.3.5 Gunnison County Tax Revenue Trends

Tax revenues are an important descriptor of an economy. Overall, the pandemic did not have a significant impact on longer-term sales tax trends. Sales tax revenues show economic expansion primarily occurring in unincorporated Gunnison County over the past 4 years. The city of Gunnison generates the most sales tax revenue, while Crested Butte and Mt. Crested Butte generate more per person as result of greater tourist spending [24].

From 2018 to 2020, accommodation revenues trended down, while marijuana trended up [25]. These divergent trends suggest more local consumption. Summer is the peak period for consumption of both accommodation and marijuana, and both tax revenue streams increased more than the overall city sales tax revenues. In 2021, accommodation tax revenue spiked while marijuana tax revenue declined [25].

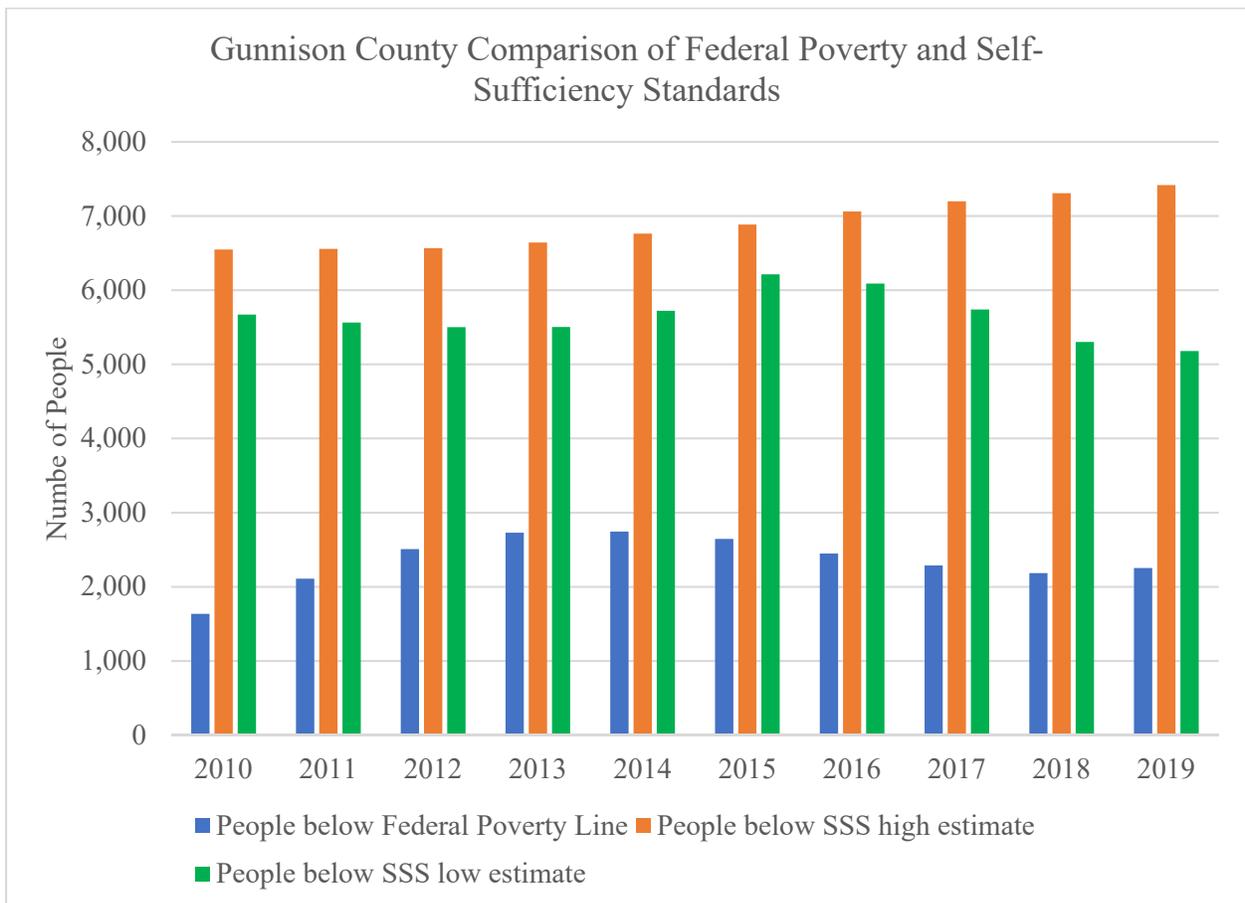
Lodging tax revenue growth suggests Gunnison County’s tourism economy is performing well [24]. Unfortunately, the nature of this economic growth is not sufficient to alleviate chronic poverty and the lack of self-sufficiency. The tourist-based industry employs many of the individuals working low-wage jobs. One explanation for this may be that upwards of 80 percent of STR permits were associated with out-of-county tax bill addresses as of 2017, which might indicate that income earned through STRs is not staying in the community [24]. Although Gunnison County depends on tourism, the city of Gunnison struggles with winter tourism. In January 2022, Gunnison reservations significantly trail the other locations within the county.

1.3.6 Prevalence of Chronic Poverty in Gunnison County

The Census Bureau determines poverty status by comparing pre-tax cash income against a threshold that is set at three times the cost of a minimum food diet in 1963 and adjusted for family size. This benchmark is widely considered to underestimate poverty [26]. Using this measure in 2019, the Census estimated 13 percent of Gunnison County (2,251 people) live below the federal poverty line (FPL). In addition to this,

the Census estimated that 2,976 county residents were living in households with incomes less than \$25,000, a Census category that approximately corresponds to the FPL. The city of Gunnison experiences a higher concentration of poverty, with 23 percent of residents living below the FPL [23].

Applying the Self-Sufficiency Standard to Gunnison County highlights the prevalence of economic and social hardships contributing to behavioral health struggles faced by local residents. Analysis conducted for this study estimates the number of people in Gunnison County living below the Self-Sufficiency Standard to be in a range from 5,180 to 7,416 or 30 to 45 percent of the county’s population. The cost of childcare is particularly burdensome on families in Gunnison County [27]. Figure 1-2 shows the range of chronic poverty in Gunnison County based on these several estimates.



Source: U.S. Census, Center for Women’s Welfare at UW, Consulting Team.

Figure 1-2. Gunnison County Comparison of Federal Poverty and Self-Sufficiency Standards

Although estimates vary, the data analyzed for this assessment show that a significant segment of the county’s population does not have the resources to afford basic needs and that they remain at this standard of living. When individuals cannot afford adequate housing, nutrition, or health care, they will suffer stress and their behavioral health will decline.

The Centers for Disease Control and Prevention (CDC) compiles the Social Vulnerability Index (SVI) to measure the resilience of a community when confronted with external stresses on human health. From

2000 to 2018, Gunnison County has become increasingly vulnerable, with the north end of the Gunnison Valley being in the least vulnerable quartile [28].

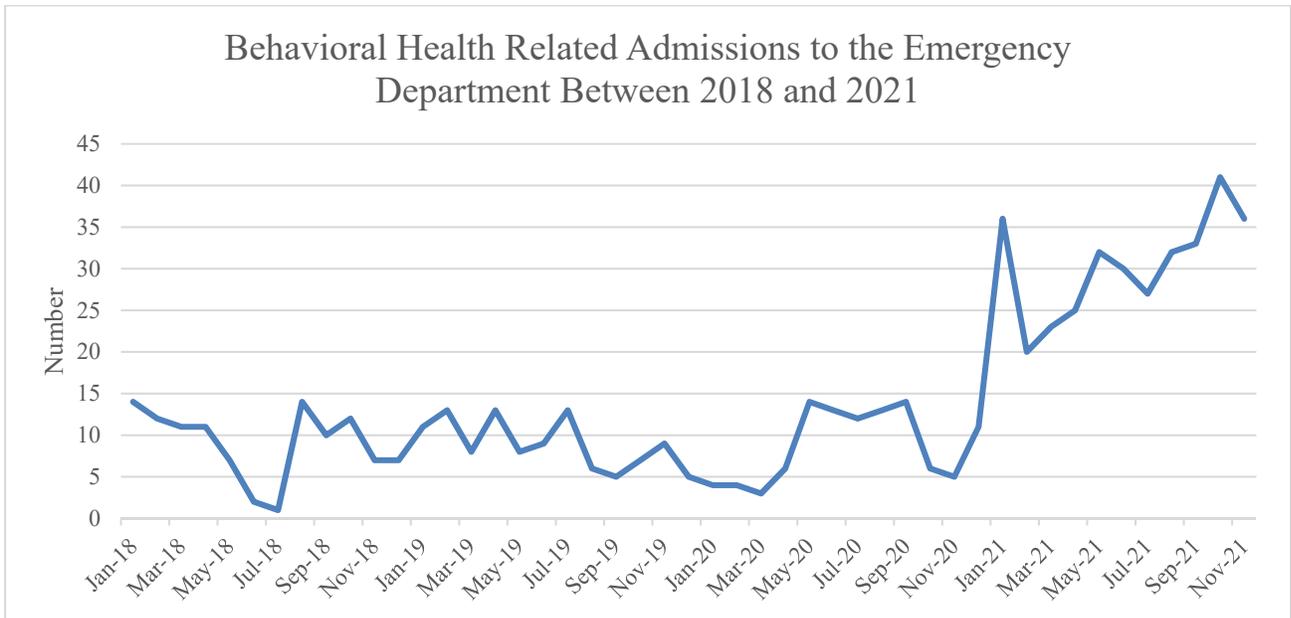
1.4 Behavioral Health in Gunnison County

Behavioral health data lays the foundation for understanding the prevalence of symptoms (e.g., mental health, substance abuse, suicide) in Gunnison County. The following behavioral health data provides insight into the outcomes of the socioeconomic hardships; community culture; and local, state, and national policies. This information is used to help behavioral health professionals make sense of the situations they see on a daily basis.

1.4.1 Gunnison Valley Health Emergency Department

According to a Behavioral Health Integration report from the Substance Abuse and Mental Health Services Administration (SAMHSA), those diagnosed with a mental illness are more likely to have chronic illnesses and utilize the ED [17]. Behavioral health visits to the ED are commonly reflective of the shortcomings of early-detection systems, absence of adequate treatment services, limited collaboration among behavioral health organizations, and other related social and economic factors [18].

Between November 2020 and November 2021, behavioral health visits at GVH’s ED increased by over 200 percent (see Figure 1-3). Admissions for mental illness and suicide ideation combined represented about 20 percent of visits, while 55 percent of the ED visits for behavioral health are attributable to substance use (e.g., withdrawal, non-fatal overdoses, intoxication) [31].



Source: GVH

Figure 1-3. Behavioral Health Related Admissions to the Emergency Department Between 2018 and 2021

GVH ED data shows a combination of factors contributing to the increase in behavioral health visits seen over the past 2 years. Factors include high-potency drugs, acute mental health crises triggered from stress, isolation, substance abuse, increased help-seeking, and GVH's increased capacity to serve behavioral health needs.

GVH has been working collaboratively across the community in grant writing to secure funding for positions and programs to address substance use disorders (SUD). The Rural Community Opioid Consortium (known as Grasp) has been successful in securing multi-year funding that will increase the capacity of GVH to serve more complex behavioral health needs. GVH has partnered with both the county jail and the Re1-J school district to embed services in those locations.

GVH has one full-time peer support specialist dedicated to the ED to provide support to medical staff with behavioral health patients. Additionally, this peer support specialist is screening for Social Determinants of Health (SDOH), which includes drug abuse and mental health. This person screens every patient who enters the ED and connects patients to community resources when necessary.

1.4.1.1 Mobile Crisis Team

In response to the increased ED visits for behavioral health incidents, GVH established a mobile crisis team to mitigate the inundation of the ED and to assist law enforcement to better ensure these behavioral health needs are treated rather than criminalized. While the mobile crisis team has been responding to calls across the community, the ED has yet to see a plateau or fall-off in the high number of behavioral health visits. The top reasons for people utilizing the mobile crisis service are suicide ideation and substance abuse. Continuing to support this initiative may help reduce the number of behavioral health admissions to the ED and decrease the number of people who are incarcerated for behavioral health issues. This service reduces barriers to treatment, especially for those who do not have transportation or have been using substances and cannot conduct themselves safely to the ED. Meeting people where they are physically will help to engage the community in meaningful ways.

The mobile crisis team exemplifies cross-sector collaboration. Partners include law enforcement, GVH, Rocky Mountain Health Plans, Colorado Crisis Services, dispatch, Emergency Medical Services (EMS), and Grasp. GVH has three mobile crisis clinicians that cover Gunnison and Hinsdale Counties, and is in the process of hiring a fourth clinician for Crested Butte and Mt. Crested Butte. GVH is expanding their outpatient services to Crested Butte in July, which means they will house two additional clinicians in Crested Butte.

1.4.2 West Central Public Health Partnership Survey

In September 2019, the West Central Public Health Partnership (WCPHP) conducted a survey to address top health needs within the WCPHP region. This survey was very thorough and probed many aspects of community health. A total of 376 responses were collected from Gunnison County. Thus, the WCPHP survey provides a strong indication of the Gunnison County's health challenges and needs just prior to the onset of the pandemic [32].

When asked about the most important characteristics of a healthy community, Gunnison County residents selected access to healthcare, followed by affordable housing, healthy behaviors, and a good economy. In

addition to this, according to the WCPHP Survey, anxiety, stress, and depression are significant issues for many in Gunnison County.

The highest-ranking health issues are the following:

- Mental health (74%)
- Suicide/suicide attempts (74%)
- Access to mental health/substance abuse services (55%)
- Lack of health insurance (53%).

The highest-ranking substance abuse issues are the following:

- Youth smoking/tobacco use/E-cigarettes/vaping (53%)
- Adult substance abuse (39%)
- Smoking/tobacco use/E-cigarettes/vaping (regardless of age) (39%)

The highest-ranking community health issues are the following:

- Poverty (39%)
- Domestic violence (19%)
- Low education levels (18%)

Respondents were asked to rate the severity of specific health issues occurring within their household during the past year. “Having a lot of anxiety and stress” scored the highest by summing “major” and “moderate” counts, followed by “experiencing depression.” Twenty percent of households include a tobacco user.

Most people (95 percent) have health coverage and prescription coverage (90 percent), but half of them claim their insurance does not cover costs well or only fairly well. Only about three-quarters of residents have vision and dental coverage.

When asked to rate their own health almost 30 percent gave themselves a “6” or “7” on a ten-point scale. When asked how community health factors had changed over the past year, there was a tendency to see their own physical health and economic situation improving, while observing “local health problems” worsening. Further investigation should seek to understand this apparent contradiction.

For almost 80 percent of respondents, childcare is either not an issue or they do not have an opinion, presumably because they do not need it.

1.4.3 Prevalence of Substance Abuse

Determining the level of substance abuse in Gunnison County over time is an important objective of this assessment. Unlike socioeconomic data, census-type data is not collected or estimated annually to measure the prevalence of substance abuse. This section draws from several different data sets in order to infer the level by type, along with trends over time. Cross-referencing various estimates provides plausible estimates with a margin of error.

Drug arrest data points to an alarming trend in drug consumption, aside from cannabis. Monthly arrests for all other drugs combined have increased from roughly one per month in 2010 to an average of three per month by 2021 [33]. Overdoses continue to be a concern for EMS. Interviewees expressed concern

regarding these incidents due to the potency of drugs such as fentanyl. Table 1 shows high and low estimates of alcohol disorder, drug abuse, and mental illness in Gunnison County.

Table 1: Alcohol Disorder, Drug Abuse and Mental Illness Estimates for Gunnison County

As of 2019	Minimum Estimate	Maximum Estimate
Alcohol Disorder	10 percent	20 percent
Drug Abuse	5 percent	15 percent
Mental Illness	15 percent	20 percent

Source: Colorado Crime Statistics, SAMHSA

In order to treat substance misuse, GVH has partnered with Front Range Clinic to offer Medication-Assisted Treatment (MAT) twice a week in the city of Gunnison. Expansion to Crested Butte is anticipated in summer of 2022.

1.4.4 Prevalence of Food Insecurity

Determining the level of food insecurity in Gunnison County over time is an important objective of this assessment and an indicator of the wellbeing of the local economy. The assessment draws from several different data sets in order to infer the level by type in addition to trends over time.

During the pandemic, the number of people served by the local food pantry increased drastically for all age groups. These numbers decreased in 2021 but remain higher than pre-pandemic levels. There is a consistent group of impoverished people living in Gunnison County who have long relied on the Supplemental Nutrition Assistance Program (SNAP). Both the number of people utilizing SNAP and the payout for SNAP remain higher than pre-pandemic levels. The number of youths qualifying for or recording need with the GWSD has been on a steady decline for Free and Reduced Meals (FARM) since 2015. Simultaneously, the number of youths utilizing the Food Pantry has been increasing, even prior to the pandemic.

The portion of the population of Gunnison County experiencing food insecurity in recent years has ranged from 10 percent to 15 percent [34]. Just as concerning is the fact that prior to the pandemic, the percent of the county’s population facing food insecurity was not in decline. Following the pandemic, the portion of the population experiencing food insecurity has increased by 20 to 60 percent compared to pre-pandemic. Whether the numbers will remain at this level or return to the pre-pandemic level is currently difficult to predict.

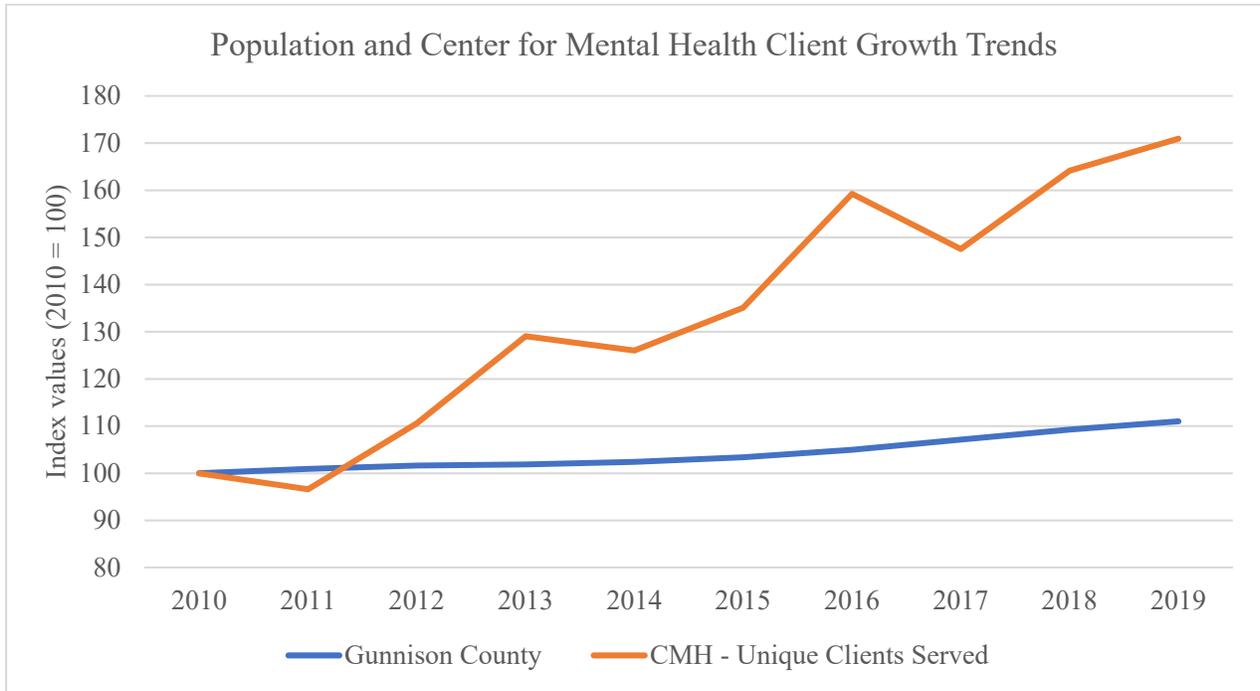
The Food Pantry is an example of an organization that is working around barriers. One example is the ice cream truck. The Pantry parks the ice cream truck in various locations around Gunnison and when children ask their parents to get ice cream, the Food Pantry staff ask if parents also need bread, milk, eggs, or other food items. One main reason the ice cream truck is successful in distributing food across the community is because it brings the service to the people. It is strategic in where it parks the truck, and

it maintains privacy. The stigma of receiving help is reduced as people are not seen entering the Food Pantry site.

The Food Pantry is expanding to a much larger location and will hopefully be opening for community members in the summer of 2022. The new location will allow the Pantry to expand services and provide more privacy for its clients.

1.4.5 The Center for Mental Health

Since 2010, the Center for Mental Health (CMH) has seen an almost 70 percent increase in unique clients served, which is nearly seven times the rate of population growth (Figure 1-4). This suggests that those already living in Gunnison County are the ones seeking mental health support, and that group has expanded. Data from CMH and interviewees expressed concerns regarding ski area closures and highlighted spring as a time when people have the most serious mental health concerns.



Source: CMH

Figure 1-4. Population and Center for Mental Health Client Growth Trends

The regional-based model of care is underserving Gunnison County residents. As of December 2020, CMH is only accepting Medicaid clients. Interviewees had trepidations regarding the efficiency of the Center to meet the increased demand of mental health needs in the county under new billing guidelines. Furthermore, interviewees voiced concerns regarding the disproportionate service delivery in more populated parts of Region 10.

1.4.6 Crested Butte State of Mind

Data from Crested Butte State of Mind (CBSOM), an organization founded in 2019 to address the high rates of suicide in Gunnison County, helps illustrate the shortcomings and limitations of regional and state behavioral health policies and inadequate insurance coverage. Of those utilizing CBSOM, 66 percent have insurance and 34 percent do not [35]. This may suggest that Gunnison County residents do not have adequate insurance to cover mental health services. Additionally, it may be easier to access a therapist through CBSOM and stigma reduction, marketing, and outreach campaigns are reaching a broader audience.

According to interviewees, the lack of diversity in the private provider workforce lessens opportunities and motivations for people to participate in therapy. The provider survey shows a lack of diversity among mental health providers. In sum, private providers in Gunnison are middle-aged, white women, who mostly speak one language, and do not frequently meet with people outside of normal business hours; we need more diverse therapists (e.g., culture, gender, language, and hours of operation). Telehealth is one avenue pursued by CBSOM to address the homogeneity of private providers, yet many clients still want to meet with their therapist in person. Expanding upon services provided by CBSOM is critical to meet the mental health needs of the under insured or uninsured people in Gunnison County.

CBSOM is taking the lead on a “Better Together” stigma-reduction campaign and the “Green Light Project,” both of which intend to inform the community of resources and promote mental health.

1.4.7 Early Childhood Council

Data from the Early Childhood Council reflects serious struggles of the population with both young children and those trying to provide childcare. The number of available childcare slots has increased by about 27 from 2018 to 2020, which still leaves roughly 371 children under 5 years without formal childcare [36]. Staff retention and parents’ inability to afford childcare is making it more difficult than ever for childcare centers to remain open and parents to access quality childcare in our community. Infant and toddler care continues to be extremely hard to find. Full-time infant/toddler care can often cost as much as a mortgage. These issues will continue to surface until a larger and more sustainable investment is made in the early childhood system.

Lack of high-quality early childhood impacts behavioral health in many ways. The high costs for families and lack of availability of services can perpetuate stressed parenting, which has an impact on families and neurobiological brain development on the child. Stressed parenting has significant impact on child development and behaviors; children with developmental disabilities are most at risk [20].

The Early Childhood Council (ECC) has been successfully educating policy makers on the importance of early childhood and how it is an upstream prevention strategy that reduces the impact of negative health outcomes.

1.4.8 Western Colorado University

Data from WCU is used to better understand behavioral health trends seen at the university. WCU students perceive that more people are using alcohol than the actual number using alcohol. A similar story

is evident for marijuana. Since the 2015-16 school year, WCU degree-seeking undergraduate enrollment has decreased by 7 percent, yet mental health visits have increased by 18 percent. These trends indicate high levels of stress, substance abuse, isolation, and insufficient services to address the symptoms and root causes of behavioral health issues.

WCU has relied on contract services through CMH to provide free, on-campus therapy to students. Unfortunately, not all students who need this service are utilizing this service. It is important to understand how many students are coming to WCU with identified mental health issues and how many students develop mental health issues later. WCU continues to have a demand for more services, evidenced by suicide rates and student accounts of accessing the on-campus Center. As more students enter the university with identified behavioral health challenges, continuity of care and connections to services will become priorities for student success.

From fall of 2018 to present, 115 WCU students withdrew from the university for “personal reasons.” Of the 115 students who withdrew from WCU, 65 cited “medical and/or mental health reasons” [21]. This equates to a roughly \$1.3 million loss for the institution.

CMH provides mental health services on WCU’s campus, where they have an on-site therapist and telehealth services. In addition to this service, in the 2021-2022 academic year WCU offered telehealth services through TimelyMD for students and faculty. WCU has identified student health and wellness and have expanded their Peer Health Educators with a total of three this academic year.

1.4.9 Behavioral Health Impacts on Youth

Behavioral health impacts on youth can be understood through the lens of adverse childhood experiences (ACEs). ACEs are potentially traumatic events that impact youth from birth to 17 that are linked to poor health outcomes for youth, such as mental illness, substance use issues, and chronic health problems. Examples of adverse experiences are violence, abuse, neglect, parental violence, parental substance abuse, housing/food insecurity, and community violence including suicide.

Many of the behavioral health challenges discussed thus far, (chronic poverty, unstable housing situations, high accessibility to substances, and food insecurity) have a transactional impact on youth in the community. Between 2019 and 2020, 90 percent of youth served by Gunnison Valley Mentors (GVM) lived at or below the FPL; that dropped to 60 percent between 2020 and 2021. Between 2020 and 2021, the most prevalent risk factor for youth served by GVM changed from poverty to violence, where 74 percent of the youths referred to GVM lived in homes where abuse or neglect, family violence, or witnessing violence in the home was a concern [39].

Project Hope of Gunnison Valley, a non-profit organization that works to “support, educate and provide confidential advocacy to individuals affected by domestic violence, sexual assault, and/or human trafficking,” saw a nearly 80 percent increase in the overall number of clients between 2015 and 2021. Of all Project Hope clientele with children in 2020, 27.3 percent of the children lived in a home with a parent having a mental health issue [42]. To adequately address the behavioral health symptom of domestic abuse, long-term affordable housing—strictly tailored for those leaving abusive situations—is needed in Gunnison County.

Substance use is a symptom of larger behavioral health challenges. Youth use rates have increased in the past 5 years. In the 2019 Healthy Kids Colorado Survey (HKCS) data showed that binge drinking rates for high-school-aged youth increased about 8 percent between 2017 and 2019 (current rate 27%) [43]. This rate is higher than the national (14%) and state (14.2%) youth binge drinking rates. HKCS also shows that there was a significant increase in access to vaping products for high school students between 2017 and 2019. In 2019, HKCS indicated there was a 10 percent increase in youth reporting having used marijuana in the past 30 days, and a slight decrease in youth reporting using marijuana by the time they turned 13 years old [43]. Qualitative data reports students noting that substances are accessible, and they are using them to cope with stress.

Youth substance abuse prevention services needs to be more upstream, which means early identification, increase in referrals to services, addressing adverse childhood experiences with cross-collaboration of community organizations, and prevention programming in kindergarten and elementary schools. Current direct prevention programming targets middle- or high-school youth with limited resources for parents and youth in elementary school.

GVM and Gunnison County Substance Abuse Prevention Project (GCSAPP) have been partnering to increase protective factors through the office of behavioral health. In-school and community-based mentoring have expanded in the past couple of years and prevention education is being delivered in middle and high school. The Re1-J school district has expanded their relationship with community partners to provide additional services to youth in school, including the youth wellness program facilitated by the Youth Subgroup of the Health Coalition and Gunnison County Juvenile Services (GCJS), which provides youth twelve and older with four free mental health sessions and allows youth to have providers come to the school. The school district has also partnered with GCJS to increase life-skills support with middle- and high-school students.

GVH has partnered with the county and school district to provide two school-based clinicians in Gunnison and Crested Butte. GVH hopes to have two more next school year.

1.4.10 Suicide

Suicide has long been identified as a problem across much of the rural Rocky Mountain region in the western United States, including Gunnison County. Suicide by industry shows that the number one industry for suicide between 2004 and 2019 is the construction industry. More recently, between 2015 and 2019, the number one occupation for suicides is accommodation and food services followed by non-paid workers or non-workers, retail trade, and health care and social assistance [41].

Alcohol is the most prevalent substance found in those who have died by suicide. Over the last 15 years, Gunnison County has also seen a high number of suicides with opiates and marijuana present in toxicology reports. Toxicology comparisons between 2015 and 2019 shows the rate of those with alcohol and opioids in their system is 9 percent higher than the state [41]. Additionally, youth who reported binge drinking during the past 30 days also reported higher rates of suicidal ideation and twice as many suicide attempts, as reported in the 2019 HKCS [42].

WCU has struggled with student suicides for the past few years. Transitional times are difficult for most, but the isolation of Gunnison—especially for students from larger cities—can be harsh. Students would benefit from navigation services that connect individuals with community resources who self-identify or are referred by faculty and staff. This would provide continuity of care.

Across industries, employers sometimes do not understand the complexities of substance abuse, addiction, and/or mental health and therefore have a difficult time supporting employees.

The suicides in Gunnison County for the past 15 years for the most part follow a pattern: white male, never married, between the ages of 20 and 34, death by firearm [41].

Suicide Prevention efforts have been occurring at the Re1-J school district, WCU, and under the Health and Wellness subgroup of the Health Coalition since 2015. CMH has been providing ongoing suicide prevention trainings including Question, Persuade, and Refer (QPR), and Mental Health First Aid. Community members have been trained in Safe Talk and Assist, which are annual suicide prevention trainings. Most recently, the GCCHC is working with Vail Resorts to provide a Mental Health First Aid and Safe Talk training to the managerial staff in April 2022.

1.5 Key Informant Interviews

The Data and Communications Coordinator for Juvenile Services conducted 43 interviews with community members to intersect stories between quantitative and qualitative data. Interviewees include hospital staff, law enforcement, jail staff, therapists, probation officers, judges, people accessing or trying to access services, various nonprofits working in behavioral health, WCU staff and students, members of diverse populations, and many more community members.

Many of the issues discussed are not easily solvable, yet interviewees are asked for recommendations on how best to continue behavioral health efforts. Some recommendations provided through interviews are frameworks that exist in parts of the community that can be applied to other facets of service. Other recommendations are from what other people have seen to be successful in other communities, and they provided ideas on how those existing programs can be applied in our communities. Other interviewees provided understanding of the overwhelming complexities that exist for accessing services, especially for those struggling with severe mental health issues like schizophrenia or prescription opioid, heroin, or meth addiction and who need long-term care and/or treatment.

For some, behavioral health services are successful in helping people out of difficult situations, whether it be housing issues, loss of a job, not being able to put food on the table, or struggling to get sober. Conversely, for other people, services have not worked and continue to prove disconnected from individuals' challenging circumstances and experiences. This section uses voices from the community to help make sense of why some services are successful in helping, and why they are not successful in helping others. Additionally, these voices from the community provide insight into the cultural nuances of interactions between different groups' thoughts on how we can not only improve upon services but work together to find targeted solutions to meet the diverse needs of people living in the Gunnison Valley.

Common Themes:

- Funding for behavioral health work

- Basic needs
- Housing/home
- Substance abuse
- Mental health
- Communication/working in silos

1.6 Challenges

An overall theme emerges from key informant interviews: people have been struggling financially in Gunnison for at least the last 10 years and services to meet their needs have not kept up with the demand. Severe financial gaps exist in the community and those with fewer resources (e.g., low wages, inadequate housing, food insecurity, substance abuse or mental health issues) are disproportionately impacted.

1.6.1 Housing

People in low-income housing units and mobile homes are vulnerable for similar reasons including the lack of power to improve living conditions, potential loss of land ownership (as seen at Country Meadows), inefficient heating systems, social connections around substance use, re-occurring interactions with law enforcement, and potential increases in rent or lot fees. One interviewee described living in a low-income housing unit in the county as “living in a house on stilts over water surrounded by sharks.” If people are financially forced to live in lower-income units—and after a stressful workday they come back to a place where substance abuse is prevalent and accessible, where relationships are built around substance abuse, and where the ability to have privacy is difficult due to the density of housing—it results in help seeming far away, trouble with the law, and ultimately, people feeling hopeless. Better understanding poverty culture, bridging positive relationships among services and those in need of services, changing the narrative around the stigma of low-income residencies, and making services more accessible by embedding them in the places where vulnerable people live moves the work toward integrated care.

1.6.2 Cost and Access to Mental Health Services

The complex and fractured healthcare system results in a delay to seek assistance for behavioral health services, or results in individuals not seeking assistance at all. Local organizations are working to panel private providers with prominent insurance companies. Medicaid services expanded under the Affordable Care Act, yet some trying to seek services continue to lack adequate insurance or not have insurance at all. According to the 2019 WCPHP survey, half of those with coverage feel that their insurance does not cover costs well or only fairly well. Non-profits, such as CBSOM, work to reduce barriers by offering scholarships, but workforce shortages and high demand leave some with delays in receiving help or receive no help at all.

The ratio of mental health providers to people has improved over the last 5 years. In 2015 the ratio of people to mental health providers in Gunnison County was 738:1, and in 2020 the ratio was 440:1. The state’s ratio is 300:1 [21]. Although the ratio of mental health providers has improved, there is an increasing demand for mental health services in Gunnison County. Therapists interviewed for this report discussed the fact that they are booked out weeks in advance. Increasing the number of therapists is needed; however, it is one piece to increasing access to services. Diversity in workforce, cultural

competency, translation services, and specialized professionals (e.g., addiction counselors) are necessary to make services accessible to a broader audience. As economic and social conditions worsen for lower-income residents, the demand for behavioral health services will grow.

1.6.3 Poor Income/Low Wages

A significant portion of county residents are one financial setback away from falling into a nearly insurmountable financial deficit. Tourist-based jobs, which encompass a significant portion of jobs in the county, do not provide necessary wages to keep up with increase costs. Data shows a persistent group of people below the FPL, which has slowly grown. Additionally, those living above the poverty line, but below the Self-Sufficiency Standard, are more likely those making trade-offs to continue to live in the area.

Frequently, poverty is seen as the condition of having limited financial ability to cover the costs of day-to-day expenses. Key to this idea is the notion that many who live paycheck to paycheck rarely perceive themselves as, or explicitly mention, struggling to make ends meet. Furthermore, poverty is less commonly identified as a limited availability than other valuable resources such as free time for friends, family, or personal interests and long-term savings. More common is people talking about their situations in terms of trade-offs, both financial and social in nature. Examples of trade-offs might include delaying a necessary surgery in order to afford rent, putting food on the table rather than making necessary repairs to a vehicle, or using alcohol and/or drugs rather than seeking a therapist. It is increasingly evident that stretching one's time and resources to be at least moderately financially comfortable coincides with poorer behavioral health outcomes brought on by stress.

1.6.4 Substance Abuse

Substance abuse trends generally coincide with increased potency, accessibility, and dissimilar tax laws for substances. Alcohol and marijuana are the community's primary drugs of choice. Gunnison County has roughly 119 liquor licenses and 11 recreational cannabis dispensaries, which is closely related to, but not limited to, the tourist-based economy [44]. The tourist-based economy caters to people on vacation and the party culture reinforces the normality of substance use and abuse, which impacts local culture. Local municipalities can control taxes on nicotine and marijuana but have no control in increasing alcohol taxes. State tax structures do not reflect the need to reduce drinking rates through policy changes. Taxing is one way to reduce risk associated with alcohol use, but there are other policy-based strategies that can be utilized (e.g., number of licenses, time of purchase, location of consumption).

Interviewees expressed concern over the increased potency of substances. Fentanyl, a drug that is becoming more prevalent in Gunnison County, is 80-100 times stronger than morphine, highly addictive, and deadly. Data collected by the Drug Enforcement Agency shows the progression of cannabis potency from around 4 percent THC in the mid-1990s to nearly 15 percent THC in 2019 [22]. This change is measured in the flower form of cannabis, but now the cannabis market offers THC concentrates that are smoked from dab rigs that have THC concentration levels of over 90 percent [23].

For at least the last 5 years, the community has not seen much of a change in adult binge drinking (about 22%–24%) as reported by the County Health Rankings supported by data from the Robert-Wood Johnson Foundation (the largest philanthropic organization dedicated to health in the U.S.) and the Community Survey [24]. Gunnison County's adult binge drinking rate is consistently 2-3 percent higher than the state rate [24]. Other estimates of adult binge drinking from the Colorado Department of Public Health and

Environment (CDPHE) report that the county’s adult binge drinking rate was 6 percent higher than the state average between 2016 and 2018. Furthermore, according to CDPHE, Gunnison County’s binge drinking rate was 25.5 percent between 2016 and 2018, which was 15 percent higher than Montrose County and 10 percent higher than Chaffee County [25].

Those with more financial resources, while not immune to substance misuse, are better situated to maintain their lifestyles and not get in trouble with the law. Individuals with financial stability may not commonly identify that they have substance misuse issues because of their financial status; similar to a student who perceives not having a problem with marijuana because he gets straight A’s. Generally, people with different financial resources use more-expensive drugs. Some who are financially stable use substances like cocaine or abuse prescription drugs without being perceived as having a problem, while those living in mobile homes or “sketchy” apartments who smoke methamphetamines are perceived as having a problem.

A few things are happening simultaneously in Gunnison County: (1) people are getting squeezed financially and some are coping with substances, (2) the accessibility and potency/addictiveness of drugs has increased, (3) a portion of people distrust “governmental” agencies that seek to help people get sober, (4) the community culture favors heavy substance use, and (5) the community lacks treatment and recovery options for substance abuse issues. The combination of risk factors disproportionately impacts lower-income demographics and youth, which fosters a cyclical pattern of those at the bottom becoming system-involved, further perpetuating distrust in systems. The community cannot expect people to get sober or change behaviors unless services are seen as a resource rather than as a safety net. It is imperative to understand that substance misuse is a symptom of greater socioecological behavioral health issues and need to be addressed clinically, not criminally.

1.6.4.1 Lack of Local Treatment Options

There are no sober-living programs, no intensive outpatient treatment facilities, and no detox centers. Thus, some people struggling with high levels of addiction who are seeking help often leave the community (by law or their own volition) for treatment options. Embedding services in places where people live, providing a bus service that delivers access to different resources in the community on a rotating basis, and integrating services across scopes of work help meet people’s needs prior to leaving the county for services.

1.6.4.2 Reintegration Needs

There is a need to implement additional protocols, strategies, and procedures for those re-entering the community from outside the county. Furthermore, creating safe places for those re-entering the county who were recently released from correctional facilities, substance abuse treatment centers, or mental health facilities assists in reducing the chance of relapse, recidivism, and additional setbacks.

Gunnison County, like other rural communities, does not have the resources to adequately address the most severe behavioral health concerns. In 2021, roughly one in five patients entering the ED with behavioral health concerns was transferred out of the community [32]. Reintegration needs reflect that behavioral health organizations cannot provide all necessary services locally, and that people returning to the community often re-enter an unstable living environment that contributed to their problems in the first place.

Behavioral health entities should focus attention on financially viable resources and further support for existing programs that can address the most common issues including prevention, treatment, and aftercare for addiction to alcohol, methamphetamines, cocaine, marijuana, and fentanyl across one's lifespan. Congruently, expanding upon Jail Based Behavioral Health Services to encapsulate a broader audience will aid in long-term positive behavioral health outcomes for those leaving the Gunnison County Jail.

Increasing opportunities for people to better themselves and their economic situations after jail, through community partnerships, is crucial for long-term positive behavioral health outcomes. Continuing to bring other organizations alongside in collaborative ways will help bolster protective factors for people leaving jail.

Services and opportunities cannot be available only for people who get in trouble with the law and end up in jail. This will continue to reinforce a reactive culture of support rather than proactive services tailored toward lifting the community.

1.6.5 Food Insecurity

Food insecurity and mental health are interconnected. Community members lacking basic needs also indicate more poor mental health days. Food insecurity is a psychosocial stressor that compounds mental illness. Treating the symptoms of mental illness or substance misuse without addressing psychosocial stressors does not equate in successful treatment.

More youth are utilizing the Food Pantry. Stigmas from parents associated with the Pantry and community outreach with the schools are likely contributors to the increase in youth accessing the service.

If individuals and families continuously worry about food, the ability to focus on all other behavioral health issues is significantly more challenging. In some ways, worrying about mental health concerns is a privilege for those who have all other basic needs met. However, that is not to say that food and mental health should be addressed separately, but rather, food security and mental health must be addressed concurrently for youth and adults. Understanding from the 2020 Health Access survey that those with food insecurity situations inordinately experience poor mental health should help drive movement toward integrated care models.

1.6.6 Barriers to Access

The theme of delaying or not seeking help, support, and/or treatment surfaced to the top in interviews. Stigma, belief systems, and lack of connection with services are barriers to not receiving higher levels of care. Stigma looks different for various groups and services in the community. What prevents someone of Hispanic descent from seeking therapy might be different than what prevents a middle-class white person from seeking therapy. Both backgrounds are prevalent in the community, but require different approaches to reduce stigmas and other barriers. The same applies to other diverse groups including the working poor, LGBTQ, Black, and other "unseen" groups.

Systemic change will remain difficult while devoid of diverse and informal peer voices. Community solutions need to involve community members. When someone from the Cora community recommends the Food Pantry to a Cora friend, when someone in recovery recommends Alcoholics Anonymous (AA) to someone struggling with alcohol abuse, when someone who has struggled with mental health reaches out to someone needing help, or when a peer support specialist recommends community services, are

powerful ways to reduce barriers to accessing services. People already embedded within social groups that want to incite change and help their fellow people are the greatest community assets for behavioral health organizations. Peers, both formal and informal, need to be supported, listened to, and enabled to continue to do the work they are already doing. This happens through relationship building, continuing to meet with them and listen to their concerns, and financially and/or emotionally compensating their efforts.

1.7 Discussion

The purpose of this section is to inform key stakeholders, elected officials, and other leaders in the community of the experiences of everyday people living in Gunnison County, what is being done about it, and what needs more attention. This is a discussion on how behavioral health entities can better understand how they are simultaneously connected and disconnected, and how they can move from cooperating to truly collaborating. Additionally, it is to discuss the cultural changes that have happened over time and to help decipher how the community got to where it is in order to actively plan for where it is headed.

People are shaped by their social environments. Social stratification in Gunnison County financially forces groups to concentrate in low-income housing units in the community. Through this process, those struggling the most are surrounded by others in similar situations. Relationships are built with neighbors, some of which are unhealthy in nature. People's capacities to leave behind tight social bonds and relationships, even if they are unhealthy, is increasingly challenging because there are no other places to go. People cannot be expected to maintain sobriety and positive mental health when they are surrounded by people with similar problems and circumstances.

The impact on the social and family environment also needs to acknowledge the impact of generational poverty and generational trauma. Inter-generational trauma helps explain years of generational challenges within families and how trauma and coping from trauma is passed down from one generation to another with specific emphasis on the impact on children. Inter-generational poverty is defined as two or more generations of poverty [26]. According to the National Center for Children in Poverty, children growing up in low-income families face many challenges that children from more advantaged families do not. The parents of these children have fewer resources to invest in them and, as a consequence, their homes have fewer cognitively stimulating materials, and their parents invest less in their education. The stress of living in poverty and struggling to meet daily needs can also impair parenting [26]. Social and economic deprivation during childhood and adolescence can have a lasting effect on individuals, making it difficult for children who grow up in low-income families to escape poverty when they become adults.

Lower-income residents are disproportionately impacted by uncertainty of living situations that are contributing to mental health and substance abuse vulnerabilities. Identifying that there is a housing crisis is important, but better understanding of what all encompasses "crisis" is even more imperative. New developments are arising around the community to meet the demand, yet building more units is not the only solution to the housing "crisis" or improving behavioral health outcomes. Two additional aspects to consider as part of the current housing situation is safe housing (physical, structural, psychological) and the opportunity for home ownership for those working and living in Gunnison County. Safe housing takes into consideration the number of people living in homes and the impact those individuals have on each other (substance use), structural safety of homes with regard to toxins, heating and adequate upkeep of

homes, and physical and psychological safety in regard to a person's ability to leave the home if they feel unsafe with their spouse or roommate. Home ownership provides opportunities to "lay down roots" and helps encourage civic engagement. Lack of home ownership contributes to transient communities, individuals and families coming for a few years and then leaving, jobs being filled and then becoming vacant, and lack of community involvement. Lack of affordable childcare, high cost of living, low incomes, and limited opportunities for purchasing a home preclude young people from starting families in Gunnison County. Long-term implications of this trend include a dwindling workforce in all sectors. The combination of factors undoubtedly contributes to individual, family, and community health.

Regarding our estimates of chronic poverty, a portion of this large segment of our population is most likely the primary demographic accessing non-profit family assistance services in the community because they are either not able to or are struggling to meet basic needs. The group already utilizing services can benefit from integrated services to streamline their experiences and tackle multiple issues simultaneously. The group not seeking services because of stigmas, distrust, and pride need peer relationships to connect them to services and reduce social barriers of accessing services. Thus, differing levels of support are needed at both the relationship and community levels on the socioecological spectrum to address behavioral health issues.

Embedding services, moving toward integrated services through collaborative methods, and bolstering peer support can help reduce barriers to behavioral health services. A point of contention, and a likely narrative against these ideas, is that some believe this enables laziness and lack of responsibility. While this might be true for some people and some services, this idea is not all encompassing of the wide variety of problems that people face including lack of transportation, having a disability, struggles connecting with services, stigma, cost, and other related issues. Providing an array of opportunities for people to participate, connect, trust, and engage with behavioral health services is a way to move the work forward.

Rather than continue the same processes that facilitate cyclical patterns, the community must pivot and use other collaborative methods to meet people where they are. Lack of collaboration further perpetuates inaction of individuals in participation with systems and can lead to placing blame of failures upon the individual. Increasing opportunities through community partnerships for people to better themselves and their economic situations before and after a crisis is crucial for long-term positive behavioral health outcomes. Lack of collaboration can contribute to people falling through systemic cracks, which might lead to recidivism, relapse, or furthering trauma. Fostering mutually beneficial relationships among law enforcement, elected officials, and behavioral health organizations to align efforts to target vulnerable populations and work to decrease risk factors is a need.

The current funding structure, which is mostly defined by organizations outside of the community, limits local organization's capacity to collaborate financially and keeps local organizations disconnected. The lack of collaboration of funding, which leaves many non-profits and governmental organizations to work in silos, creates a fractured system of care. Grant requirements limit the level of integrated care necessary for creating streamlined services that bridges the connection between basic needs and health—both physical and mental. Moving toward more collaborative and integrated funding structures and physical localities in the community reduces accessibility barriers for all community members.

The GCCHC should consider reorganizing the health coalition by needs and gaps rather than by subgroups. True collaboration means sharing common long-term goals, measuring success in relation to

the impact had on people served, pooling financial resources, creating joint strategies, and defining clear channels for interaction and communication. This is best achieved when entities are sharing responsibilities, setting long-term goals, and including diverse voices.

1.8 Conclusion

As a rural community we need to be operating using a socioecological model and lifespan perspective across all medical and therapeutic care services. This model means understanding and addressing the interplay among behavioral health issues at the individual, relationship, organizational, community, and policy level. This model means implementing services across the lifespan and with differentiated helpers. This is inclusive of addressing the needs of expecting families, early childhood, youth prevention services, early intervention, supporting parents and families, accurate mental illness diagnoses, coordinating care with psychiatrists and medical providers, providing access to other health professionals, and ensuring basic needs are met. It concurrently means helping those with identified mental illness, those involved in the criminal justice system, those with chronic illness, and those with substance misuse. Utilizing models such as peer support specialists, recovery or health navigators, and other non-professional and non-formalized positions is imperative to this model. It is a model of integrative care—moving organizations “in together” to help increase access and minimize barriers.

At the relationship level, this means supporting peers by connecting people to community services and includes supporting families and friends of individuals experiencing poor behavioral health outcomes. For behavioral health organizations, this means increasing educational and training opportunities for staff in order to maintain a high level of care, cross-sector collaboration to address needs and gaps, and reducing barriers to access for those living below the Self-Sufficiency Standard. At the community level, this means addressing toxic living and social environments and housing insecurity, and doing so in an equitable way that strategically targets the vulnerable and historically disenfranchised populations. At the policy level, this means understanding the degree and manner in which local policies impact vulnerable subpopulations or perpetuate poor behavioral health outcomes. To make progress toward these goals, voices from each level must be involved in the decision-making process.

Behavioral health initiatives and economic plans are not separate strategic plans, they are not separate statements of works, and they are not separate objectives. Economics and behavioral health are interrelated. Continuing to perceive the world in terms of “our” work and “their” work will only perpetuate siloed efforts and leave individuals and organizations coordinating rather than collaborating.

1.9 Disclaimer

The scope of this research is data analysis and interviews. This assessment relies entirely on the collection of publicly available data, privately permitted data, and a variety of assumptions. In many cases, the most recently available data still lags by 1 or 2 years. *This information was not initially gathered for this study.* Inconsistent estimates, data gaps, and other anomalies are common. However, by taking into consideration all of the available information, patterns and trends emerge. Such patterns and trends represent the basis for this analysis and the estimates derived. The estimates and conclusions have been based on a variety of assumptions that are identified in the report. Note that many figures reported are

estimates from surveys and extrapolations from the U.S. Census. Thus, federal, state, and county figures do not always match and must be “triangulated” or averaged.

No fieldwork or surveying was conducted to verify these estimates and the actual values may vary. Surveying to understand the households’ profiles represented by these data and their motivations, preferences, and intentions is beyond this study’s scope.

1.10 Acknowledgements

We want to thank everyone who was part of this process including the Gunnison County Community Health Coalition Leadership Team, those who were interviewed, and those who continue to work to address the needs of community members. Thank you to all of the organizations that provided data and insight into trends discussed in this report. This was truly a community effort.

