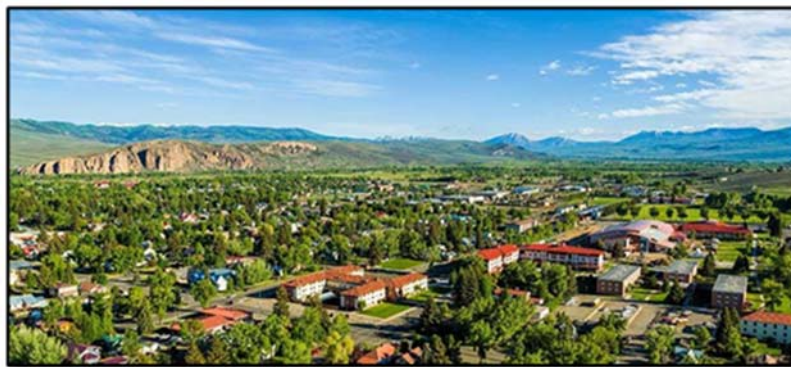


Gunnison County Behavioral Health Needs Assessment

Prepared for the Gunnison County Community Health Coalition



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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

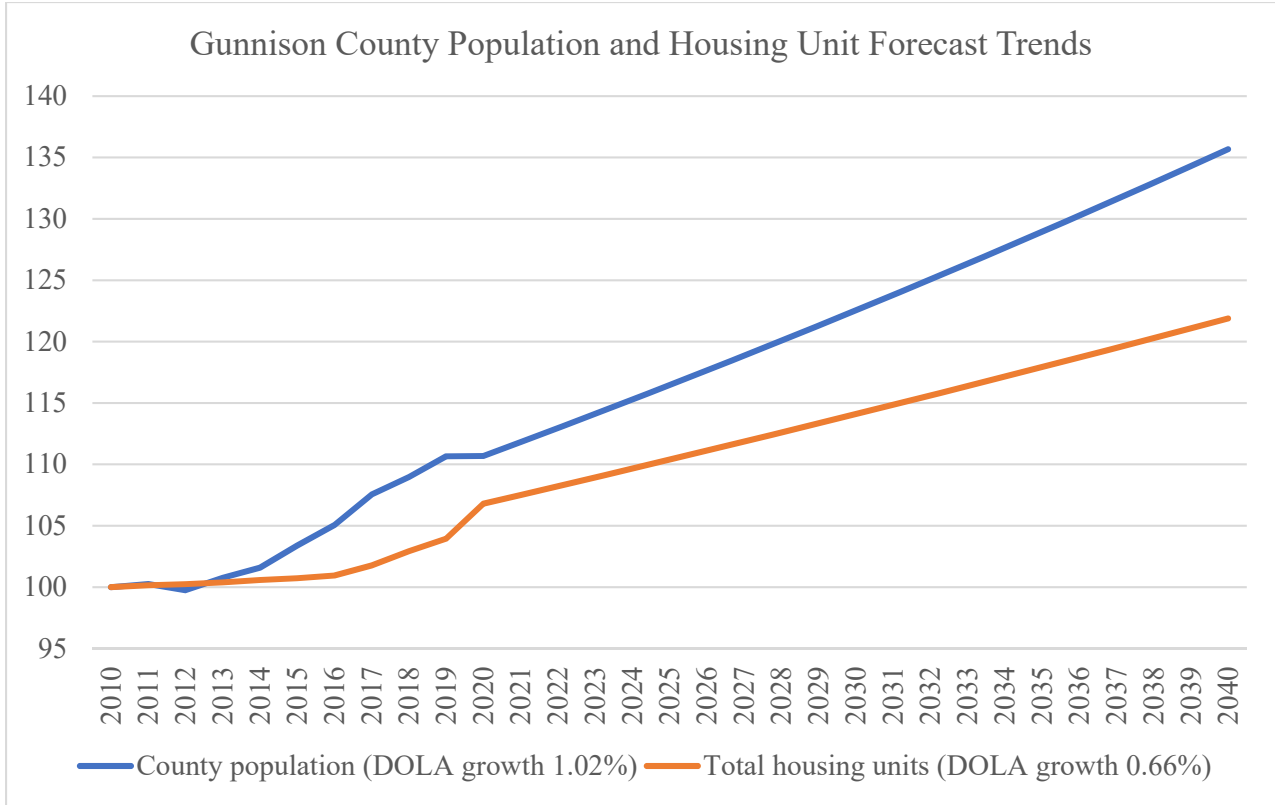
The county's population has been growing steadily at about 1 percent per year on average [15]. Growth is comprised of both natural increase (births exceeding deaths) and net migration in roughly equal proportions. Children born in the county will benefit from improving the county's behavioral health. 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].

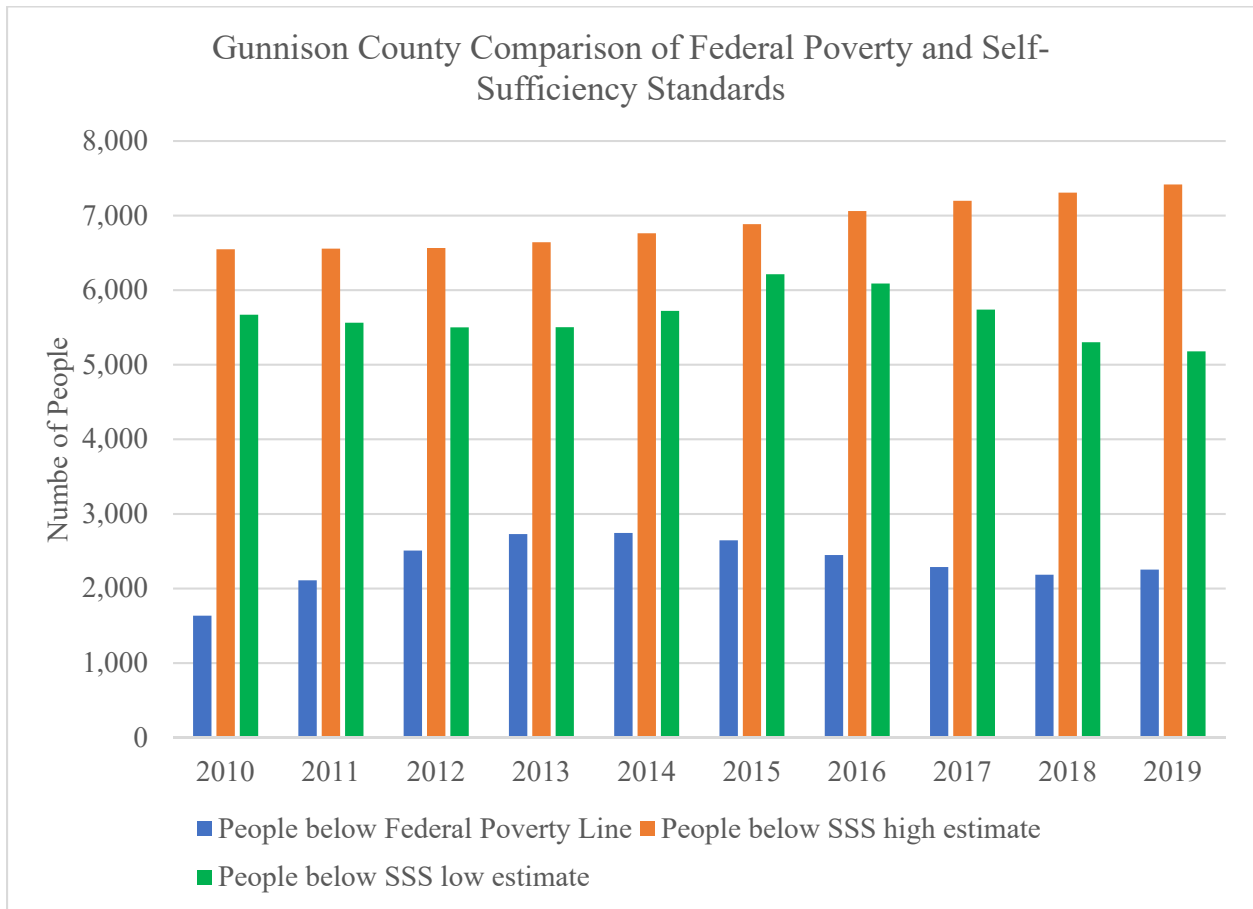
Lodging tax revenue growth suggests Gunnison County’s tourism economy is performing well [24]. Unfortunately, the nature of this economic growth is not sufficient to alleviate chronic poverty and the lack of self-sufficiency. The tourist-based industry employs many of the individuals working low-wage 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].

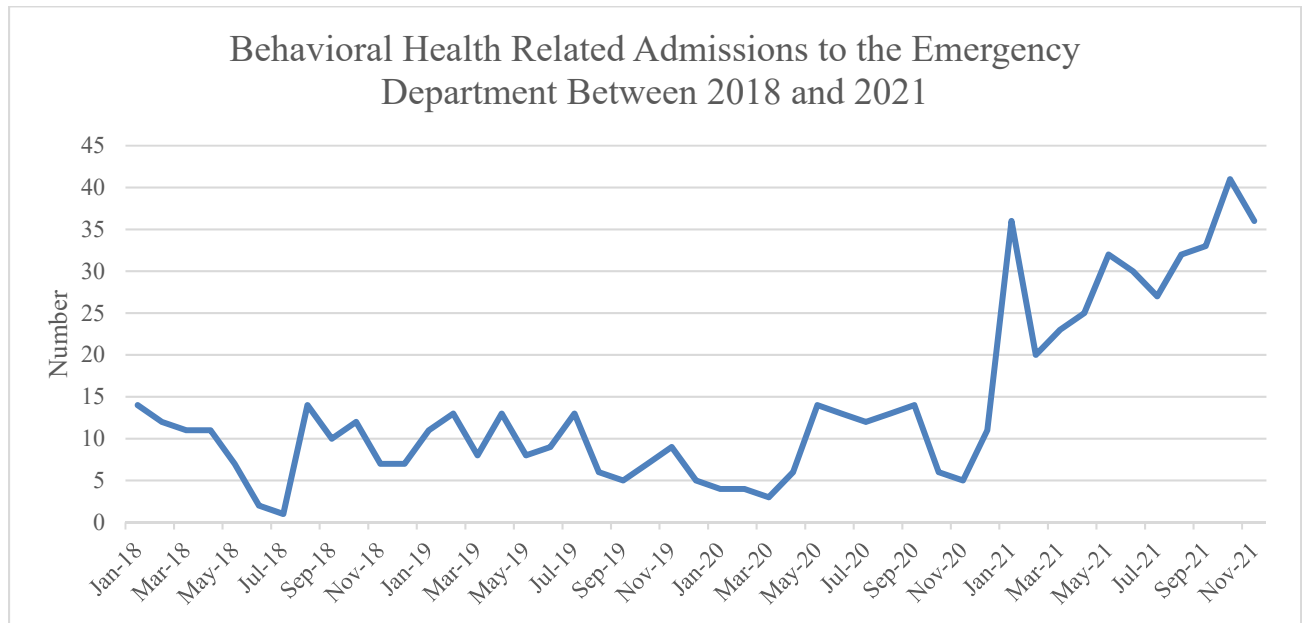
1.4 Behavioral Health in Gunnison County

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.

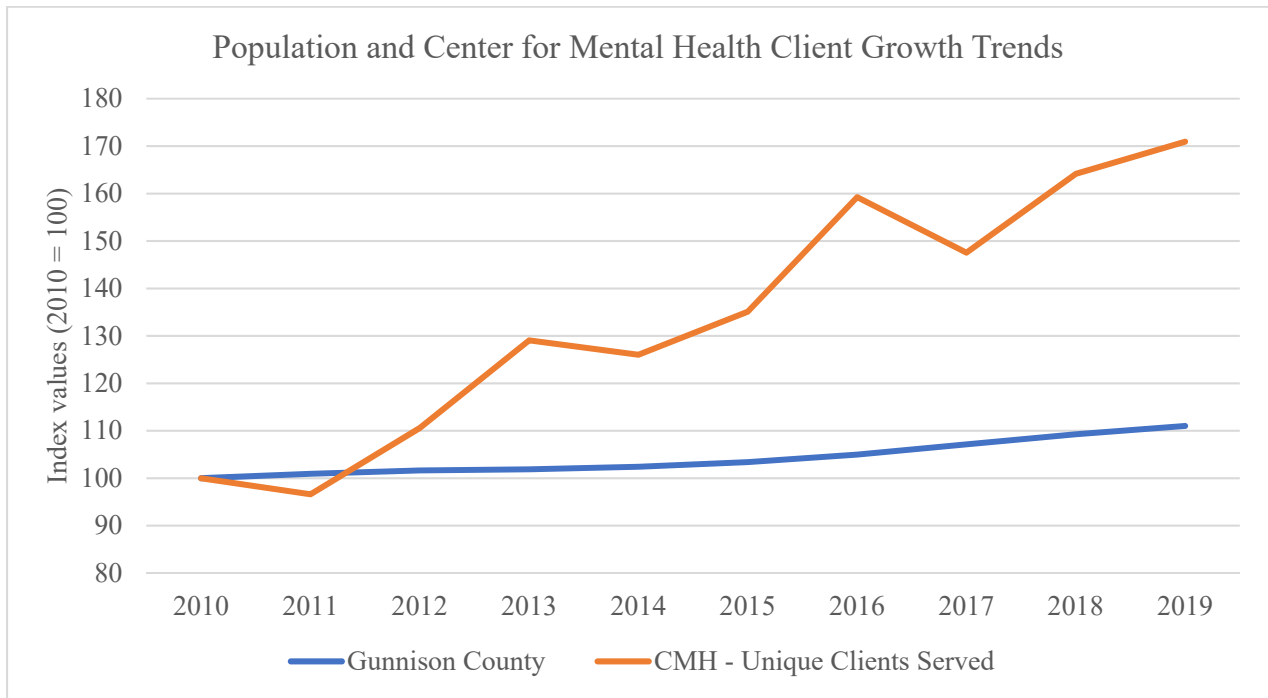
The Food Pantry is an example of an organization that is working around barriers. One example is the ice cream truck. The Pantry parks the ice cream truck in various locations around Gunnison and when children ask their parents to get ice cream, the Food Pantry staff ask if parents also need bread, milk, 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.

2. Introduction

Understanding the behavioral health of Gunnison County is a top priority for local leaders and the many organizations serving County residents. Starting in 2020 and continuing into early 2021, the Gunnison County Community Health Coalition (GCCHC) started conversations in regard to behavioral health. In early 2021, discussions heightened and grew more worrisome and intense concerning the state of affairs in Gunnison County. GCCHC leadership members felt a sense of urgency in better understanding the increase in behavioral health related Emergency Department (ED) visits at Gunnison Valley Health (GVH), the rate of death by suicide, the increase in substance abuse, the surge of domestic violence cases, and a number of similar issues. Local newspapers, for the past year and a half, have written about the severity of the housing crisis, the shortage of workers, the increase in rental prices, mental health, the health of the economy, and overall community tensions around the changes that people are experiencing. As tensions continue to rise in many arenas of public life, and as conversations turn towards divisiveness rather than cohesion and care, this report attempts to ground the conversation in data and voices from people living and working in Gunnison County.

2.1 Background

Like an ecosystem, where each bush, tree, rock, animal, and spring plays an integral role in the health and wellness of the others, the term “behavioral health” attempts to encapsulate a community “ecosystem” that is layered, complex, and deeply connected. Making sense of environmental factors and their contribution to behavior involves examining a tangled web of interactions and decisions. Several recent reports, such as the 2021 Housing Needs Assessment and the 2019 Community Needs Assessment, point to issues in the community, but in separate spheres. This report weaves together the interplay between economic, social, cultural, and political factors and behavioral health outcomes. Anything from a daily interaction with a friend to long-standing laws and norms are factors in behavioral health. Gunnison County residents’ experiences and behaviors are related to the social norms of the past, economic factors, laws, and goals for the future.

The GCCHC commissioned the report to gain knowledge about the interplay between economic, cultural, and social factors in relation to the behavioral health outcomes. While it would not be reasonable to expect to understand everything from this report, the aim is to provide a foundation for insightful conversation that will move the community towards 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. Decision-making around economic drivers is closely related to substance use and abuse. The tourist-based economy, which is not easily changed, relies heavily on the desires of those who come here to relax and recreate, and this culture seeps into the everyday living of locals. People come here to both to escape and to pursue self-discovery, and some in that process get lost and cannot get connected to a purpose in the community. As data will show, the community norms that favor substance use are not incidental but rather intrinsic to the values of personal freedom and party culture as well as engrained in local, state, and national policies. Gunnison County behavioral health organizations are tasked with finding solutions for problems that characterize larger urban settings yet exist in a rural setting, which

lacks the resources (i.e., time, people, funding, space, etc.) to adequately meet the increasing demand for behavioral health treatment and address the increasing severity of behavioral health issues.

The state trends of a shortage of behavioral health workers holds true in Gunnison County. The health services industry's growth in Gunnison County has plateaued over the last 10 years, so while the demand for mental health services is increasing, the scarcity of well-paying jobs and inadequate number of workers in health services persists.

The lack of coordination of funding, which leaves many non-profits and governmental organizations to work in silos, creates a clunky system of care. Grant requirements limit the availability of the integrated care necessary for creating streamlined services that bridge the connection between basic needs and health—both physical and mental. Moving towards more collaborative and integrated funding structures and physical facilities in the community reduces accessibility barriers for all community members. While communication among behavioral health entities and collaborative efforts have improved over the last few years, there is still room to grow and expand.

Access to affordable housing remains hugely problematic across Gunnison County, yet this report adds a perspective different from that of the mainstream rhetoric. A commonality through interviews is the idea of psychologically and physically safe places to live. This is tied to an expectation that people who have gotten into trouble with the law will get sober or make better choices when they return to poor housing situations surrounded by similar social groups. People living in higher density housing are more visible to neighbors and more likely to continuously get back in trouble with the law, while wealthier residents, who are not immune to behavioral health issues, can maintain privacy and hide problems for a longer period of time.

Certain populations in Gunnison County continue to be excluded from some behavioral health services for a wide range of reasons. Immigrant populations, the working poor, African Americans, the LGBTQ community, and other underrepresented groups remain disconnected from services created by, and generally for, middle class people with middle class problems. The lack of diversity in the behavioral health workforce reduces both opportunity and motivation for people to participate in behavioral health programs. This means the power of peer mentors and peer leaders is absolutely critical to meeting the needs of these groups.

Current research shows the dramatic impact of trauma on mental and physical health. Those with mental illness are at a higher risk of adverse physical health outcomes including asthma, diabetes, heart disease, and stroke. Additionally, people with mental illness are more likely to utilize the emergency room treatment as a viable option to deal with their health problems [17]. The impact of untreated behavioral health conditions on individuals' lives, coupled with the cost of health care delivery, is burdensome on systems. Gunnison Valley Health (GVH) saw a significant increase in the utilization of the emergency room department for behavioral health needs in 2020 and 2021. In response to the uptick of people using emergency room treatment, GVH has started a behavioral health department, but a deeper response is needed for people before they reach the point of crisis. The Center for Mental Health in Gunnison County is currently accepting only Medicaid patients leaving many residents turning to private providers on their own or through scholarships with Crested Butte State of Mind (CBSOM). Even those who are covered by these insurances have a long wait period to see a therapist. Prevention, early detection, and treatment of behavioral health conditions can lead to improved physical and community health, yet systems remain

siloed in their work. Treating mental health and substance use disorders will help improve the quality of life for individuals with behavioral health conditions. All of these components are associated with decreased use cost to other human services systems such as child welfare, criminal justice, education, and housing services [17].

2.2 Definition of Behavioral Health

Substance Abuse and Mental Health Services Administration (SAMHSA):

The term “behavioral health” in this context means the promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

From Office of Behavioral Health website:

The term “behavioral health” refers to an individual’s mental and emotional well-being, development and actions that affect their overall wellness. Behavioral health problems and disorders include mental and substance use disorders.

Gunnison County Community Health Coalition (GCCHC):

The GCCHC defines behavioral health as how actions impact health—both physical and mental—across one’s lifespan.

For the purpose of this report, and in an effort to weave the above definitions together, we will define “behavioral health” as how environmental factors (e.g. housing and food insecurity, job, childcare, access to and coordination of health services, home life, social isolation) contribute to mental and physical health outcomes. Moreover, behavioral health means building a community that supports and promotes healthy behaviors while providing opportunities for individuals, families, and the community to access and provide necessary services that perpetuate wellness. A broader understanding of how an individual interacts with those within a community is necessary to unraveling the details of how a person comes to be incarcerated or develops an addiction or untreated mental illness. Mental health and substance abuse cannot be understood without discerning a holistic picture of what contributes to health (both favorable and adverse outcomes) and what prevents people from seeking help. Mental health and substance abuse are better understood within the context of cultural norms, laws and policies, and economic factors. This report utilizes this socioecological scope to examine mental health and substance abuse data and to provide insight into people’s surrounding factors that contribute to mental health and substance abuse concerns in the community.

2.3 Objective of This Assessment

The objective of this study is to conduct a behavioral health needs assessment (BHNA) of Gunnison County. In doing so, this report analyzes gaps and needs through the use of quantitative and qualitative data. Together, the qualitative and quantitative pieces illuminate key factors for understanding in how aspects such as basic needs and the economy impact behavioral health outcomes. This report looks to illuminate 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 qualitative data in areas such as housing, food security, mental health, substance abuse, suicide, and many other related issues to help the reader better understand how people are living, interacting, and surviving in a rural mountain area.

There are many organizations across the community that seek to help people, and those organizations do their best to stay connected and updated on current affairs through meetings. Behavioral health workers can speak to the problems that they see but are often siloed in decision-making on how best to meet those needs and how to communicate that message to the community. This report is not all encompassing of the issues that people face in Gunnison County, yet this document can act as a platform for discussion and help behavioral health organizations, leaders, and community members stand on common ground, with similar understandings and with a broader definition of behavioral health. Through communication and a shared understanding, this work can move from discussion to action.

This report will serve all behavioral health professionals in making sense of the things they see on a daily basis. The key purposes of this report are as follows:

- For all behavioral health entities to better understand how they are simultaneously connected and disconnected, and how they can move from cooperating to truly collaborating.
- To inform key stakeholders, elected officials, and other leaders in the community of the experiences of everyday people living in the Gunnison County, how they are being addressed, and what needs more attention.
- To discuss the cultural changes that have happened over time and to help decipher how the community got to where it is and where it is headed.

This is for all community members who support others, and to provide a solid foundation in ways to continue this work.

Although this document includes recommendations for addressing some of these problems, ultimate solutions are out of the scope of this report. It will take the dedication of people who were interviewed for this report, community leaders, and all other residents to continue to come together to have difficult and sometimes uncomfortable conversations to move the dial towards help, care, and support. Targeted prevention efforts, with collaboration among government entities, non-profits, and community members are necessary to meet the County's behavioral health challenges. Through conversations with interviewees, it became increasingly clear that Gunnison County houses many dedicated, hardworking, and passionate people who are enthusiastic about making the community a better place for all.

3. The Gunnison County Community Health Coalition

A coalition was formed in the Fall of 2016 with community participants from the One Valley Prosperity Project (OVPP). The coalition was an outcome of the OVPP's aim to carry forward their important health and wellness work. It was a direct ask from the OVPP to have Joni Reynolds lead and continue that work. Additionally, the members of the Health and Human Services Commission were included in that coalition. The Crisis Coalition—which worked on suicide awareness and prevention—was absorbed into the and the Health and Wellness coalition in 2018. The coalition morphed again in 2019 and became the Gunnison County Community Health Coalition (GCCHC), which organizes meetings regarding behavioral health initiatives. The work of the GCCHC continues to be included in the County's strategic plan. The GCCHC is comprised of a multitude of organizations and individuals working on behavioral health initiatives across the community. This group is an example of movement towards more holistic and collaborative thinking in behavioral health.

Community health and equity was one of four pillars the OVPP identified as a source of prosperity for all community members. The OVPP gave authority for the formation of the Gunnison County Community Health Coalition (GCCHC) to carry out three goals around this pillar. The first goal is to meet the basic needs of the community (food, shelter, and safety/security). Its 20-plus members include representation from non-profits such as the local food pantry, Hispanic Affairs Project of Western Colorado, Emigrantes Unidos, the local public library, and faith communities. The second goal is to enhance and improve positive, healthy youth development opportunities for persons ages 0 to 20 years. The Youth Development subgroup focuses on healthy behaviors and development for the youth of the community and includes representatives from Gunnison County Juvenile Services, RE1-J School District, Gunnison Hinsdale Early Childhood Council, Gunnison Valley Mentors, Social Services, CBSOM, and WCU. The third goal is to meet the health and wellness (e.g., physical, mental, dental, and spiritual) needs of all residents. The Health and Wellness subgroup focuses on access to health care services and social determinants of health. Members include the Gunnison County Department of Health and Human Services (Gunnison HHS), the GVH System (EMS, hospital, long-term care, primary care, and the Gunnison Valley Health Foundation), CMH, Gunnison Valley Family Physicians (GVFP), Gunnison County Substance Abuse Prevention Project (GCSAPP), Six Points, Tri-County Health Network regional contact, Red Cross, private behavioral health providers, Gunnison County Juvenile Services, CBSOM, Project Hope, and Veterans' Services. The work the GCCHC and all of the partners are doing is aimed at addressing and implementing community-driven system change that benefits the lives of all of our community members. Successes of the GCCHC include strategic planning and shared knowledge across community partners, securing funding and staff.

The Leadership Team acts as a sounding board for the subgroups' initiatives and actions. This group meets regularly to stay updated on action items and facilitate deeper conversations for best methods to incite change. The GCCHC Leadership Team consists of the Director of Gunnison County Department of Health and Human Services (HHS), the County Health Officer, the Director of Community Impact of the Community Foundation of the Gunnison Valley, the Director of the GVH Foundation, Director of Juvenile Services, the Director of CBSOM Adult Protective Services Manager, and Gunnison Valley Family Physicians (GVFP) manager.

The GCCHC created and adopted a strategic plan in late 2019 and early 2020. The strategic plan has four main objectives in meeting the behavioral health needs across Gunnison County. Currently, various organizations are working on implementing pieces of the strategic plan. The GCCHC will use various parts of this report to inform the continuation of the implementation of the strategic plan.

4. Literature Review

Key Findings:

- The Southwest region of Colorado has the highest rate in the state of persons per 100,000 of seeking treatment for alcohol. Treatment admission rate for cocaine and crack addiction nearly doubled from 2019 to 2020, from 6.1 to 11.1 per 100,000 in the Southwest region.
- Challenges for the state of behavioral health in Colorado include fragmentation, lack of shared vision for behavioral health, separate and uncoordinated prevention efforts, workforce shortages, administrative burden, lack of integration, inconsistent data, and fragmented funding.
- Coloradans in unstable basic needs situations were three times as likely to experience eight or more poor mental health days in the past month than those whose basic needs are consistently met.
- In 2019, GVH identified three priority populations in the Gunnison County: low-income groups, residents of rural areas, and children.
- One of the most pressing concerns across the district is the lack of substitute teachers. Stress of adults working in schools impacts youth. For youth, the internal stress related to their personal lives compounded by the inability to reach out for help creates a pressurized environment, leaving youth vulnerable to poor mental health outcomes.
- State and 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 sufficiently advocated for rural solutions that are alternatives to the urban models.
- In the United States, the reasons people did not want to seek mental health services are the following:
 - Lack of confidence in mental health treatment (37%)
 - Lack of knowledge about what kind of help to seek (33%)
 - Preference for self-help (28%)
 - Lack of affordability and access (25%)
 - Stigma (24%)
- Twenty-seven percent of Coloradans live below the Self-Sufficiency Standard, defined by the Center for Women's Welfare as "a budget-based, living wage measure that defines the real cost of living for working families at a minimally adequate level." There is a significant discrepancy between those identified as "poor" according to the federal government's official poverty measure (OPM) and those living below the Self-Sufficiency Standard (working people who are functionally "poor") in Colorado.
- Employers are struggling to find employees, and employees are struggling to find housing. The COVID-19 pandemic has added momentum to trends that were already in place. The tension between housing needs and market prices has worsened. The number of housing units needed remains high. The community is in need of an increased pace in the development of local housing solutions.
- In 2016, residents of in Gunnison County were working an average of 1.2 jobs, and this increased in 2019 to 1.34 jobs.

- Community survey data indicates risk factors related to community norms that favor alcohol and marijuana use as well a high availability of alcohol and marijuana in Gunnison County.
- Insufficiencies exist in the realms of prevention of, treatment of, and recovery from of substance-abuse disorders.
- Construction workers are more likely to use cocaine and non-medical-purpose opioids in comparison with workers in all other industries in the United States. Construction workers are the second most likely to use cannabis in comparison with workers in other occupations.
- The Vail Health Community Health Needs Assessment found that social disparities remain across the community, especially for the Hispanic population, in meeting the behavioral health needs (including substance abuse and mental health) for youth and treating chronic illnesses, particularly for elders.

4.1 Behavioral Health

Gunnison Valley Health: Community Health Needs Assessment and Implementation Strategy [27]

In 2019, Gunnison Valley Health Conducted a Community Health Needs Assessment and Implementation Strategy. This assessment will be conducted at least once every three years for the purpose of keeping updated in ways to meet community health needs and, if necessary, to pivot strategies to meet those needs. Information collected for the report had to meet three minimum criteria:

- 1) Includes at least one state, local, tribal or regional governmental public health department (or equivalent department or agency) official with knowledge, information, or expertise relevant to the health needs of the community.
- 2) Includes members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations.
- 3) Includes written comments received on the hospital facility's most recently conducted Community Health Needs Assessment (CHNA) and most recently adopted implementation strategy.

People selected from the above categories were then asked to self-identify as members of one of the following groups:

- Public health departments and agencies
- Priority populations (members or leaders of medically underserved, low-income, or minority populations)
- Chronic disease groups (representative or member of a chronic disease group or organization, including mental and oral health),
- Persons who represent the broad interests or spirit of the community

Most data used for the report was information derived from online public databases. Having taken steps to identify potential community needs, the local experts then participated in a structured communication technique called the "wisdom of crowds" method. The premise of this approach relies on a panel of experts, with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

This CHNA is a foundational starting place for the current understanding of behavioral health in Gunnison County. Their analysis consisted of several key topics including social vulnerability, priority populations, and leading causes of death. Significant health needs identified in 2019 comprise the following:

- Mental health
- Affordability
- Drug/substance-abuse disorders
- Suicide prevention
- Alcohol misuse and abuse

All of these, with the exception of affordability, have been significant community needs since at least 2016 and continue to be problematic in 2021. The top three priority populations in the area are low-income groups, residents of rural areas, and children. One key finding is that in 2019 the population-to-mental health-provider ratio was 460 to 1 in comparison to the state's ratio of 300 to 1. The long-term need of rural communities across Colorado is an increase in the number of mental health providers, and Gunnison County is no exception. Although Gunnison County behavioral health professionals know that this is a need in the community, the shortage is closely tied to housing issues and wages as the reason this particular rural community cannot attract/retain an appropriate number of mental health providers compared with the population.

Another notable statistic is that 32 percent of children were living in single-parent households in 2019. This number is slightly higher than the state average of 28 percent. However, there is no discussion in the report as to the direct impacts that living in a single-parent household has on children, or how adverse childhood experiences impact long-term health outcomes. The assessment does report on another relevant statistic: in 2019, 20 percent of people living in Gunnison County were experiencing severe housing insecurity. The relationship between severe housing insecurity and behavioral health outcomes was not discussed in the report. This trend has continued since 2019 and the COVID-19 pandemic has accelerated the problems of affordable housing and housing insecurity in Gunnison County [7].

Gunnison Watershed School District Social and Emotional Needs and Gaps Analysis [28]

In order to understand its current behavioral health and social and emotional learning (SEL) needs Gunnison Watershed School District Re1J (GWSD) worked in conjunction with Juvenile Services to conduct a district-wide behavioral health and SEL needs and gaps analysis in the fall/spring of 2020–21. It is important to recognize that this assessment took place during the COVID pandemic, but many of the issues discussed existed prior to the assessment and were exacerbated during the pandemic. The needs and gaps analysis consisted of a review of quantitative data from national, state, county, and school sources as well as a collection of qualitative data from focus groups, key informant interviews, surveys, and a literature review of evidence-based practices. These sources provide insight to school culture and climate and give information pertaining to existing programs, procedures, policies and potential needs for implementing SEL across the district. The assessment is broken down into three main categories or areas of focus: systems, adults, and youth SEL needs. Below are the key points from the report for each focus area. Since the delivery of the report to the GWSD, strategic planning took place in order to allocate

resources, brainstorm ideas, and create tangible action steps. The strategic plan includes one, three, and five-year goals to complete.

Needs/deficiencies in the system: Teachers fulfill many roles and are simultaneously expected to take care of themselves. Through qualitative data, school professionals reported that the constant addition of duties, initiatives and responsibilities impact the ability to perform at a high level academically and social-emotionally. One of the most pressing concerns across the district is the shortage of substitute teachers. This assessment is supported by quantitative data for each school location, and it came up several times in the staff SEL focus groups. There is a need to work with community partners to increase the number of substitute teachers. Survey data shows that teachers do not feel the district is sufficiently staffed with substitute teachers to enable them to take sick days.

Teaching and Learning Conditions Colorado Survey (TLCC) shows Gunnison Elementary School (GES) and Gunnison High School (GHS) are having a harder time than other school localities in meeting the diverse academic needs of students. According to US Census statistics, the community of Gunnison has a more culturally and ethnically diverse population than other areas in the County and SEL teams reported higher prevalence of students with additional support needs in Gunnison; however, diverse needs are prevalent across the entire district. There is a deficiency in meeting the needs of English language learners (ELLs) at the Lake School. ELL support is one component of meeting the diverse academic needs of students within the school. Gunnison schools have a higher population of ELLs, and that presents an array of challenges. Fifteen percent of students at the high school level and 17.2 percent of students at the middle school level identify as Hispanic (according to the Healthy Kids Colorado Survey). The Lake School adult SEL team also mentioned, “More second language support is needed. We’re missing a lot of kids, and things are harder when kids are ELL.” Roughly half of the teachers in Crested Butte think that English language learners are adequately supported in their school.

Some schools are proactive in collecting as much data as possible and store it in accessible ways that make it easy to utilize the data. It is imperative to maintain organized information in order to understand how students are doing and what each school can do to improve in meeting the needs of each student.

Below is a list of identified deficiencies of across the school district:

- Time
 - Increased responsibilities/lack of self-care
 - Planning (individual and collaborative)
 - Substitute teachers
- ELLs and diverse needs
- Lack of resources
 - Space, time, staff
- Alignment of policies, protocol, and data collection

System strengths: The school district selected SEL as the number-two priority for the district. Additionally, this year each school site has created an SEL team to build connections and provide foundational education on SEL and how to support the system, adults and students. The GWSD understands that focusing on SEL competencies improves success for all students as well as staff. SEL competencies are correlated to overall mental wellness and academic success. The school district already has some SEL strengths in place that have shown effectiveness over time.

- Prioritization of SEL
- Desire to increase equity
- Collaboration with community organizations

Needs/deficiencies identified for adults: When addressing SEL of students, attention must be paid to SEL competencies, knowledge, and understanding of adults working with youth. The first step in this process is assessing adults' ability to emotionally regulate. School staff need to be able to self-regulate during the day and handle stress in order to successfully teach youth, both academically and emotionally. The second step to teaching youth SEL competencies is ensuring that teachers have knowledge of developmentally appropriate SEL competencies and have opportunities to practice those skills inside and outside the classroom. SEL is done most effectively and is more sustainable when integrated into the current classroom and curriculum rather than adding new programs or curriculums. Below is a list of identified deficiencies for adults across the school district:

- Stress/dysregulation
- Lack of SEL integration into classes

Adult strengths: At GWSD, new teachers feel that the mentorship program helps them connect to school resources and allows for consistent networking in order to build space for problem solving. Building relationships between teachers when transitioning schools or grade levels is another key component of SEL success for adults. School faculty need collaboration time to build relationships with other teachers. Below is a list of identified strengths for adults working in schools across the school district:

- Trusted adult/mentors
- Collaboration

Needs/deficiencies identified for youth: Students are highly attuned to when teachers feel overwhelmed and they reported that they feel uncomfortable reaching out to teachers who have been solid supporters in the past, this year especially. The internal stress related to their personal lives compounded by the inability to reach out for help creates a pressurized environment leaving youth vulnerable to poor mental health outcomes. In the fall of 2019, the Crested Butte Town Council asked GCSAPP for support to facilitate a youth focus group about youth nicotine use to better understand how the town could address youth vaping. Youth reported their peers were vaping to cope with overwhelming amounts of stress and cited a lack of accessible mental health supports. Focus groups specific to mental health were continued by GCSAPP staff, in which youth reported three main barriers to accessing mental health help: lack of affordability, concerns around confidentiality, and a perceived lack of youth-specific support. Among students who identified as gay/lesbian/bisexual, 13.2 percent had attempted suicide one or more times during the past 12 months, which is more than double the overall percentage for high school students.

Youth Wellness was created by a group of teens who care for the health and well-being of their peers. Youth aged 12 and older can access up to four free, confidential counseling sessions with a trained mental health professional. They can talk about anything during a wellness session including stress, anxiety, addiction, relationships, family conflicts, stress from COVID-19, emotional abuse, depression, thoughts of suicide or school struggles. Below is a list of identified deficiencies for youth across the school district:

- Understanding SEL competencies – developmentally and culturally

- Stress
- Mental health
 - Disproportionate mental health outcomes for LGBTQ youth
- Reducing substance use

Youth strengths: Ninety-three percent of high school students reported feeling safe at school, which is above the state and regional average. Another positive protective factor was that 76.2 percent of high school students participated in extracurricular activities. Participation in extracurricular activities allows for opportunities for youth to practice SEL competencies outside of the classroom, connect with peers and build relationships with adults. HKCS reports that 77.3 percent of high school youth have an adult to go to for help with a serious problem. In general, students feel supported by their teachers. There were a few teachers at each site that students reported as “rock solid.” Below is a list of identified strengths for youth across the school district:

- Feeling safe at school
- Participating in extracurricular activities
- Adult support

2020 Colorado Behavioral Health Needs Assessment [1]

The 2020 State of the State report concerning behavioral health was written to help inform a statewide strategic plan regarding behavioral health in Colorado. Much of the data reported on comes from the Colorado Health Institute, which conducted a Colorado Health Access Survey in 2019. Additionally, almost 100 stakeholders were interviewed across the state. Stakeholders included individuals with lived experience receiving services for behavioral health conditions: family members, state agency personnel, behavioral health providers, county government personnel, community-based organizations such as homeless shelters and others. Four surveys were also developed for the assessment and asked about strengths of the existing behavioral health system, challenges and gaps in care, behavioral health needs and populations who are in greater need. Quantitative data were used from several sources such as public health measures, emergency department utilization records, Colorado Health First, OBH encounter data and other relevant sources.

The report identifies several main factors contributing to behavioral health concerns such as an increase in the number of people experiencing poor mental health outcomes (both adults and youth), an increase in the number of drug overdoses, and the fact that Colorado consistently ranks among the top ten states for suicide rates. The number of Coloradans who did not get needed mental health jumped from 7.6 percent in 2017 to 13.5 percent in 2019. Gaps in the behavioral health system expressed in the report were around access to services. Barriers identified were having a hard time getting an appointment, overall cost, and lack of insurance. Even if people were insured, they were oftentimes hesitant to access help due to high deductibles.

The report expresses the importance of local solutions to solve behavioral health problems. Some key points noted by stakeholders as positive steps in the behavioral health field included access to intake, assertive community treatment, expansion of telehealth, expansion of behavioral health services in non-traditional settings, a growing focus on substance misuse and abuse, greater coordination and collaboration among sectors working with individuals who are involved in the criminal justice system along with a stronger commitment to diverting individuals with behavioral health concerns away from

jails, funding for a co-responder program, and expansion of integration between physical health and behavioral health services.

Statewide strengths:

1. Expansion of benefits
2. Provider quality and consumer satisfaction
3. Increased attention to behavioral health
4. System changes
5. Expanded and improved services

Statewide challenges:

1. Fragmentation
2. Lack of shared vision for behavioral health
3. Separate and uncoordinated prevention efforts
4. Lack of parity (Mental health and substance abuse treated, health coverage benefits, and imbursement rates are treated differently)
5. Workforce shortages (Rural and frontier areas particularly at risk)
6. Administrative burden
7. Lack of integration
8. Inconsistent data
9. Fragmented funding

Colorado Health Access Survey 2021 [2]

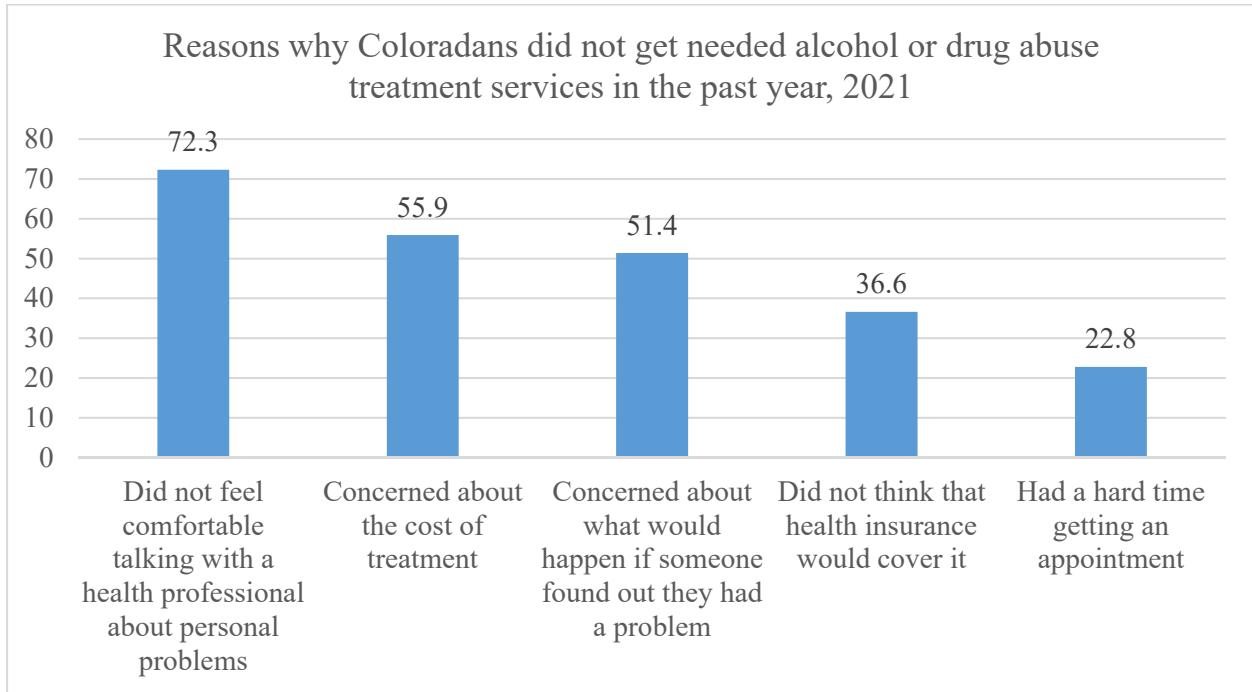
The Colorado Health Access Survey was conducted between February and June of 2021 by the Colorado Health Institute. The number of respondents exceeded 10,000 households, and it was conducted in both English and Spanish. Almost 25 percent of Coloradans said that their mental health was poor, while youth between the ages of 19 and 29 suffered the most, with over half stating their mental health was poor. The impact of COVID-19 was felt beyond the illness itself, as some people's ways of living were altered. Survey respondents reported the following experiences [2]:

- Had a person attending school remotely (30.3%)
- Had reduced hours/income (29.3%)
- Switched to working from home (29.1%)
- Struggled to pay for basic necessities (17.2%)
- Struggled to pay rent/mortgage (16.8%)
- Lost a job (11.9%)

Despite the chaotic times, the percentage of Coloradoans who lost, switched, or gained insurance coverage was less than in 2019. This is likely attributable to federal rules requiring states to keep people enrolled in Medicaid regardless of income change, which might otherwise make them ineligible. Coloradans who experienced trouble accessing basic needs (food and housing) and health insurance coverage reported worse overall health in 2021. A trend of more positive perception of health is closely related to income levels. A lesser percentage of those in higher income brackets reported fair or poor

health (9.7 percent), while more people in the lowest income brackets reported fair or poor health (21.7 percent).

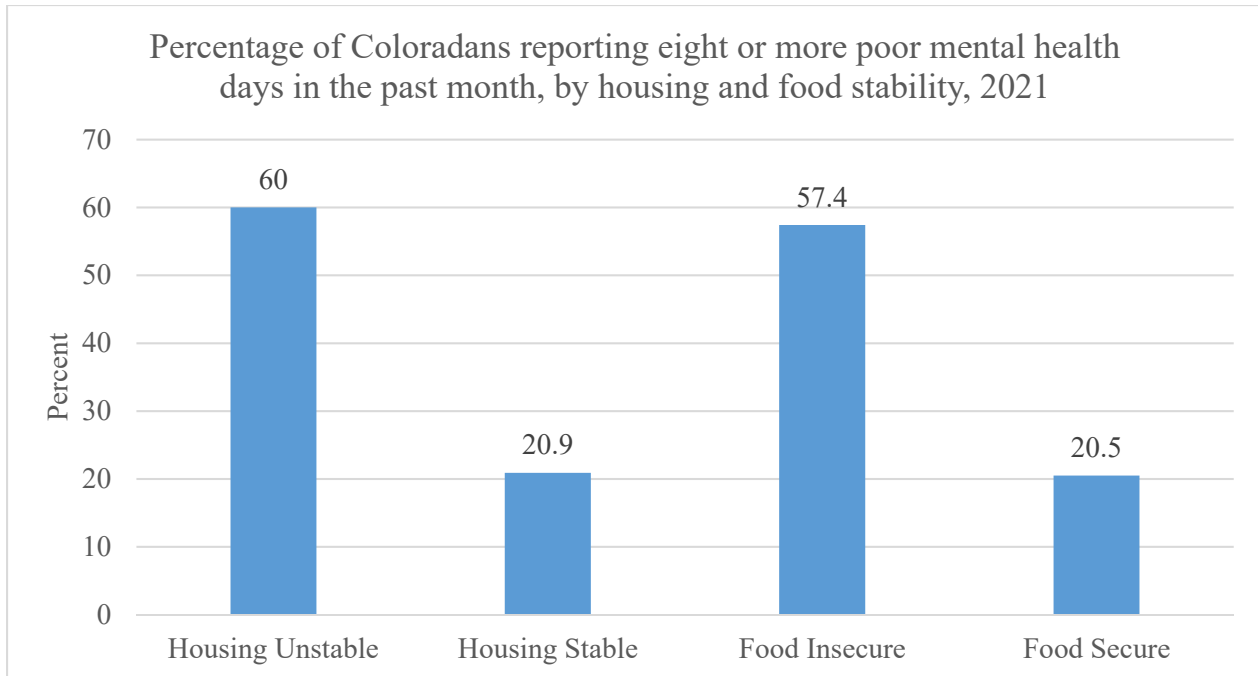
The following data from the Colorado Health Access Survey compares those in poverty to those above poverty for questions related to why people did not access mental health services.



Source: Colorado Health Access Survey 2021

Figure 4-1. Reasons Coloradans Do Not Seek Treatment

Stigma is a top reason for people not seeing treatment services for substance abuse. As discussed in section 10.2, people frequently feel as though they can solve problems under their own volition and do not perceive formal treatment options as the best way to receive help. Additionally, the cost of treatment is a significant barrier for nearly half of those who did not receive substance abuse treatment.



Source: Colorado Health Access Survey 2021

Figure 4-2. Housing and Food Insecurity in Relation to Poor Mental Health Days

Those that had stable housing and were food secure were less likely to experience poor mental health. Those in unstable basic needs situations were three times as likely to experience eight or more poor mental health days in the past month. Meeting basic needs is a foundational component to reducing poor mental health outcomes.

4.2 Mental Health

Rural and Frontier Mental and Behavioral Health Care: Barriers, Effective Policy Strategies, Best Practices (2006) [5]

The issues addressed in this report, written in 2006, parallel issues still facing rural communities today. Increasing behavioral health needs, a shortage of professional staff, and inadequate resources strain and limit accessibility to rural residents in need. Rural communities are somewhat understudied compared with urban areas, which leads to gaps in blanket state policies disproportionately impacting rural residents. Publications that would increase knowledge and understanding of rural behavioral health are lacking and ones that do exist do not cover the intricacies of rural perceptions, economies, geography, history, and policies and how they weave together to impact behaviors. State and national policy makers continue to operate and make policies without understanding the realities of people living in rural settings, which perpetuates insufficient single-policy solutions in rural areas. Additionally, rural communities have not sufficiently advocated for rural solutions that are alternatives to the urban models. This paper from 2006 breaks down rural behavioral health in to four main themes:

1. Barriers to mental and behavioral health service delivery in rural America
 - a. Stigma and cultural issues

- b. Financing and reimbursement
 - c. Structural and organizational issues
 - d. Access and workforce
2. Model programs and effective activities for rural America
 - a. Outreach
 - b. Primary care and mental health integration
 - c. Financing and system reform
 - d. Innovative community-based programs
 - e. Workforce and training
 3. Model policy strategies for rural mental and behavioral health care delivery
 - a. Financing and reimbursements
 - i. Discretionary funding streams that allow state-by-state issues to be addressed in geographic and culturally specific models, coupled with a reasonable degree of federal oversight to keep clear and appropriate outcomes
 - ii. Targeted funding that establishes culturally specific outreach programs coupled with delivery systems capable of offering broad spectrum professional care at appropriate levels
 - b. Developing rural-specific programs and services
 - i. Culturally sensitive case workers (not only ethnic and racial but situational—e.g., those familiar with farm families and their specific concerns)
 - c. Enhancing the functionality of existing services
 4. The role telehealth should play in service delivery to rural America
 - a. Expanded access to clinical services
 - b. Enhanced communication between providers
 - c. Enhanced networking opportunities for consumers
 - i. Group meetings for consumers as part of a recovery project

"Mental Health Has Bigger Challenges Than Stigma" [4]

The Mental Health Million project tracks the health and mental wellbeing of adults across 10 countries. The ongoing survey of adults captures the mental health picture for a wide range of people and deciphers reasons they choose to seek or not seek mental health services in their respective countries. Across these 10 countries, the main reason people do not seek help for clinical level mental health challenges was a preference for self-help (36%). People noted that they wanted to solve their mental health challenges independently and thought they did not need higher levels of care including treatment or therapy. The next most common reason people do not seek mental health help is a lack of knowledge about what kind of help to seek (34%). This was followed by lack of confidence in mental health treatments because people felt like it would not help (28%) though a portion were worried that they would be committed or forced to take medication (13%). Twenty-two percent did not want to seek help because of stigma and not wanting people to know, and 17 percent were deterred because of the lack of affordability. These reasons differ across counties. In the United States, the reasons people did not want to seek mental health services are the following:

- Lack of confidence in mental health treatment (37%)
- Lack of knowledge about what kind of help to seek (33%)

- Preference for self-help (28%)
- Lack of affordability and access (25%)
- Stigma (24%)

Undoubtedly, each of these play a role in people accessing services in United States and in Gunnison County. Although this survey differentiates between a lack of confidence in mental health treatment and stigma, these two notions go hand-in-hand. Discussed later in the report, residents in Gunnison County mention not seeking help because of ties to social groups who did not believe in treatment options. In short, it is hard to differentiate between each of these pieces in practice, and it is challenging to navigate the systems in which people do see value. Stigma reduction campaigns in Gunnison County, and similar efforts across the nation might contribute to a lower prevalence of this barrier to help-seeking. Although stigma reduction is an important piece, moving towards a better system of care means going beyond people just talking about their experiences. There is a high degree of trial and error for people who do seek more advanced mental health treatment, and the process can take years to get on the correct medication and dosage. Furthermore, as shown in the 2020 Mental State of the World Report, a greater number of psychiatrists per 100,000, while closely correlated to the fraction who seek help for clinical level challenges, does not ultimately have much bearing on clinical burden. That is to say that merely increasing the number of mental health professionals does not directly correlate to more people accessing services. To make progress therefore requires addressing this root challenge.

4.3 Socioeconomic Conditions and Basic Needs

“Overlooked & Undercounted 2018: Struggling to Make Ends Meet in Colorado” [29]

This report by the Colorado Center on Law and Policy (CCLP) uses the 2016 American Community Survey (ACS) 1-year estimates by the U.S. Census Bureau. This assessment presented in the report brings attention to overlooked populations in Colorado. These people are those who are not poor enough to be considered poor according to the federal poverty threshold as dictated by the federal government’s official poverty measure (OPM) but do not meet the Self-Sufficiency Standard, meaning they do not make enough money to cover basic costs without the help of public assistance [6]. The Self-Sufficiency Standard measures income adequacy based on the costs of basic needs including housing, childcare, food, health care, transportation, miscellaneous items, plus taxes and tax credits [29]. The measure assumes the full cost of each need without public subsidies (e.g., public housing assistance, Medicaid) or private assistance (e.g., unpaid babysitting by a relative food from a food pantry). The measure also includes an emergency savings amount, which is calculated separately. The 2018 Self-Sufficiency Standard for Colorado was calculated for more than 700 family types for all Colorado Counties [29].

According to the official poverty measure (OPM), 8 percent of Colorado households (excluding the elderly and disabled who are out of the labor force) are considered “poor.” The OPM, which determines

the federal poverty threshold, or federal poverty level (FPL),* was created in the 1960s and has not been appropriately adjusted since. The calculation is based on only one cost: food. To calculate the FPL, the measure considers the cost of food for the number of people in a family and then multiplies that number by three. This measure does not consider the individual expenses for other components of living. While the official poverty measure says that a household of three people making roughly \$20,000 or more is not “poor,” the Self-Sufficiency Standard shows that to cover basic needs for two adults and one child the minimum adequate income is roughly three times that set by the OPM, and even higher if two adults have more than one child. Two adults in one household making \$16,460 or more are not considered poor in according to the OPM because they do not fall below the FPL. Although the FPL has increased with inflation, that income remains insufficient for meeting basic needs for many working families. By the CCLP report’s calculations, 27 percent of Coloradans live below the Self-Sufficiency Standard. In short, there’s a significant gap between the percentage of the population that the government deems as officially “poor” and the actual number of working-poor in Colorado.

The Self-Sufficiency Standard (Standard) varies across Colorado based on geographical location, working status, education, family size, and demographics. The highest rates of income inadequacy, which range from 30 percent to 41 percent of households below the Standard, exist in rural counties. Gunnison County has an income adequacy rate greater than 35 percent. This means that more than one in three households in Gunnison County fall below the Standard. It is also important to note that 88 percent of households in Colorado below the Standard have at least one worker, and 36 percent of households have two or more workers. Furthermore, of the households living below the Self-Sufficiency Standard with one or more workers, 52 percent have at least one full-time, year-round worker. Additionally, 86 percent of people living below the Standard in Colorado have an education level of a high school diploma or higher, and 23 percent have an education level of bachelor’s degree or higher. Eighty percent of people below the Standard do not utilize SNAP benefits. Housing is unaffordable for more than two-thirds of residents in Colorado.

In 2021, this data is slightly outdated and people have lived through a global pandemic. In Gunnison County, rental rates have continued to skyrocket and nearly 50 percent of renters pay more than a third of their income to rent every month [30]. Households below the Standard with children struggle with income adequacy at nearly twice the rate of households without children. The rate of inadequacy worsens if a household has young children under the age of 5. For households below the Standard, the rate of income inadequacy for households with young children is 50 percent in Colorado. This in part has to do with the lack of affordable childcare options and other expenses related to children. Income inadequacy poses a problem for all races but is especially prevalent among non-white people. In all of these scenarios, non-

* While the term “federal poverty level” (FPL) is often used interchangeably with “federal poverty guidelines” (FPG), the two terms refer to measurements that are calculated differently and used for different purposes. FPL refers to the federal poverty threshold used by the U.S. Census Bureau to determine the portion of the population considered to be “poor.”

white people and single mothers are most vulnerable to living below the Standard and that issue gets compounded if one is both non-white and a single mother.

There are a wide range of factors that contribute to someone living below the Standard and targeted approaches to addressing these problems are necessary. Working people living below the Standard but not within state-identified poverty and are excluded from many assistance programs, resulting in a gap. One such example is work-support programs; however, people below the Standard and above the state poverty level are excluded from many other services as well. Many of the programs that exist in Gunnison County have been created and managed by people living above the Standard, who fail to consider the complexities of someone just scraping by. Below is a quote from the report to explain the gap in regards to work support programs, but it can be extrapolated to make sense of other gaps in services across the community:

The majority of families with workers are struggling to make ends meet without any help from work support programs. Whether at the individual level (such as SNAP/food stamps), or at the community level (such as Community Development Block Grants), many such programs have income eligibility limits that are pegged to the OPM or slightly above, thus leaving families without the supports they need to be able to meet the costs of their families' basic needs, even with substantial work effort. Providing access to work support programs for families in which the adults are working substantial hours requires rethinking how such services are delivered. It is difficult for workers to meet requirements such as in-person reporting or attending "workshops" during work hours. Unrealistic requirements can contribute to low rates of coverage of families in need of these supports. Indeed, until these programs are seen by low-income workers as a resource, rather than as the place one turns when all else fails, they will continue to be a system that reinforces rather than ameliorates work-based poverty.

"Gunnison Valley Housing Needs Assessment 2021" [7]

The 2021 Housing Needs Assessment commissioned by the Gunnison Valley Regional Housing Authority is an assessment of housing, economic conditions, the for-sale housing market, and the rental market. Within those categories a deep-dive analysis paints a grim picture of affordable housing with no signs of changing or slowing down anytime soon. The assessment was broken down into three main regions: North Valley, Mid-Valley, and South Valley, which are impacted differently but are deeply interconnected.

The current housing crisis in Gunnison County impacts people at both the individual and systemic levels. Businesses struggle to find workers as the workforce in Gunnison County has plateaued and slightly decreased since 2019. Many businesses, mainly in the service industry, have had to reduce hours or close all together because of the lack of available workers. Competitive wages in different economic sectors leave service industry employers without adequate staff. Increased housing costs, accelerated by the COVID-19 pandemic, are leaving many people spending a large majority of their income on rental and mortgage payments. The simultaneous factors of low wages, an increased cost of living, and a housing shortage leave many residents struggling. There remains a high demand for housing units in Gunnison County although many second homes sit empty for a significant portion of the year.

The Housing Needs Assessment does not discuss the connection between poor wages, lack of affordable housing, and the labor shortage is not discussed in relation to substance abuse or mental health outcomes. Affordable housing, the ability to make a living wage, and the chance of becoming a homebuyer in the community all contribute to positive individual, family, and community health outcomes. People who do not have access to these things have a high chance of experiencing toxic stress, lack of connection to the broader community, and dissatisfaction with and overall distrust of services and government.

Key Findings:

1. Employers are struggling to find employees, and employees are struggling to find housing.
2. The COVID-19 Pandemic has added momentum to trends that were already in place.
3. The gap between housing needs and market prices has worsened.
4. The number of housing units needed remains high.
5. The community is in need of an increased pace in developing local housing solutions.

“Economic Challenges and Opportunities in Taos County, New Mexico” [8]

This 2016 economic report for Taos County compares a variety of socioeconomic data from multiple counties including Gunnison County, Routt County, and non-metro New Mexico counties. This report compares economic conditions in Taos County to these other places because they have developed similar tourism-based economies along with historical agriculture and mining activities, in order to diversify their economies. In comparison with these other counties, Gunnison County’s population and employment have grown at a quicker pace. Taos County has a higher percentage of “non-labor” incomes, at 58 percent, in relation to other counties. Forty-three percent of incomes—the lowest in comparison to the other counties in the report—in Gunnison County come from non-labor sources such as investments, age-related payments (e.g. Social Security, Medicare), and hardship-related payments (e.g., welfare). Only 2.7 percent of all incomes in Gunnison County come from hardship-related payments, which is well below Taos County's, at 13 percent.

The report compares incomes to housing costs to better understand if earnings are keeping pace with the cost of living. One figure shows that in Gunnison County 42 percent of people have a mortgage cost greater than 30 percent of household income, and 54 percent pay rent greater than 30 percent of their household income in rent. Gunnison County has the highest rate of people paying more than 30 percent of their household income in rent in relation to the other counties. Gunnison County and Taos County have both experienced a drop in average earnings per job since 1970. The gap in the average annual wages in the travel and tourism industry in relation to overall private sector employment is significant. The average annual wage of all private sector jobs is \$33,443 compared with \$19,674 for travel and tourism related jobs. The number of jobs per person is another way to contextualize the impact of the increased cost of living in conjunction with low and stagnant wages. People in Taos County and Gunnison County both work an average of 1.2 jobs, and for Gunnison County this increased to 1.34 jobs per person in 2019.

4.4 Substance Abuse

“Community Survey Data Summary” (2017 and 2020)

The Gunnison County Substance Abuse Prevention Project (GCSAPP) conducted the Community Survey in 2017 and 2020. The 2020 data collection took place during the summer in the midst of the COVID-19

pandemic. The GCSAPP Coalition created the survey to understand community norms, accessibility of drugs and alcohol, personal use of drugs and alcohol, and toxic stress. Using a convenience sample, adults living in Gunnison County for at least two years were asked to take the survey in different locations around Gunnison and Crested Butte. Roughly 400 residents took the survey in 2017 and around 500 residents took the survey in 2020. A comparative analysis (2017 to 2020) presentation was delivered to the GCSAPP coalition in late 2020. As noted in other reports, such as the GVH Community Needs Assessment and the RCORP opioid use/misuse report, and the Community Survey Data shows risk factors related to community norms that favor drug and alcohol use and a high availability of drugs and alcohol in Gunnison County. A key point from the data is that nearly 70 percent of respondents reported that the community needs to be more involved in addressing the issues of adult drug and alcohol abuse. Additionally, the 2020 results showed that financial insecurity is the largest contributor to stress for respondents in the past 30 days, followed by social isolation and relationships with family. Some respondents continue to support healthy activities for youth as youth substance abuse rates continue to climb and youth mental health outcomes worsen. Alcohol and cannabis remain the most used substances among adults, and the data suggests that community norms favor drug and alcohol use. Addressing community norms favorable towards drug and alcohol use remains a top priority for prevention efforts in Gunnison County.

“2019 RCORP Opioid Use Assessment” [14]

This report by the Rural Communities Opioid Response Program gives a cultural narrative along with quantitative and qualitative data that looks to understand the factors leading to opioid misuse in Gunnison County. The analysis looks at existing national, state, and local data and also uses key informant interviews, focus groups, and surveys. A plethora of new data was created and gathered through this process. Questionnaires were created to target certain groups such as elder populations and college students. A total of 31 key informant interviews were conducted for this report, and 15 questions were formulated by the data subgroup of the Gunnison County Consortium. Interviewees included law enforcement, paramedics, hospital workers, prescribers, pharmacists, mental health practitioners, school district employees, WCU faculty, court system personnel, bartenders, officials at the coroner’s office, the Department of Health and Human Services, and community members in recovery. This report, as well as the Colorado State BHNA, looked at emergency department visits. This information indicates behavioral health issues re-occurring in the community. Another notable takeaway from this report is the description of the number of people with addiction who also experience a co-occurring mental health disorder. The report identifies a way to approximate the number of residents in need of treatment for substance use disorder, which is utilized in this document.

In addition to the direct impact on residents, key informants noted that opioid use disorder creates a drain on resources in the community as well. 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 room department treating intoxicated patients, and the financial drain on the county services, schools and court system.

The need to address the social determinants of poor health and the generational impact of substance misuse and abuse on families is also very prevalent in Gunnison County. Gunnison residents are experiencing an increase in cost of living, and housing and food insecurity is becoming the norm for families on the lower end of the socioeconomic spectrum. Many individuals in the middle to low

socioeconomic range are working more than one job to make ends meet. These factors contribute to toxic stress on families including on 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.

Gaps:

1. Prevention
 - a. Community-wide substance use education and awareness
 - b. Improved provider-patient communication
 - c. Mental health services (i.e., shortage of mental health workers)
 - d. Alternative programing
2. Treatment
 - a. Treatment options
 - b. Pain management
 - c. Mental health services (i.e., need for intensive outpatient programs)
 - d. In-patient facilities
 - e. Education and outreach on existing treatment
3. Recovery
 - a. Recovery services for individuals
 - i. Increase and diversify recovery efforts
 - ii. Increase sober activities that increase connectedness and belonging
 - b. Recovery services for families
 - c. Community-focused efforts
 - d. Basic needs
 - i. Lack of affordable housing and need for additional childcare slots and tuition assistance
 - ii. Need for extended food pantry hours
 - iii. Need for out-of-county transportation services

“Substance Use Disorder (SUD) Treatment: Colorado Drug Trends” [11]

Heather Tolle, from the Office of Behavioral Health in Colorado, presented data pertaining to substance use disorder (SUD) treatment and trends across the state. The presentation’s main focus was to illuminate the impact of COVID-19 on people seeking treatment for a multitude of substances. Data was collected through the Drug and Alcohol Coordinated Data System (DACODS). The analysis is based on primary drugs including alcohol, cannabis, cocaine, methamphetamine, heroin, and prescription opioids. A significant gap between those admitted to state-licensed treatment providers in 2019 and those who have an illicit drug use disorder remains. Only 16 percent of those needing treatment for an illicit drug use disorder are being addressed by the state.

The Southwest region of Colorado had the highest rate per 100,000 of seeking treatment for alcohol in the state. The rate per 100,000 decreased from 501.9 in 2019 to 428.1 in 2020. The second highest rate per 100,000 in the state was in Northeast Colorado with a rate of 314.5. The rate decreased in the one-year timespan, but is still far above the rest of the state. Also concerning is the increase in treatment admission rate for cocaine and crack use from 2019 to 2020. Rates in Southwest Colorado nearly doubled, going

from 6.1 to 11.1. Although the treatment admission rate is amongst the lowest in the state, this is the largest increase for cocaine and crack use for all regions. The key takeaways are that alcohol has the highest rate per 100,000 for treatment admission in the state, and treatment admissions are steeply increasing for cocaine and crack use in southwest Colorado. Treatment options need to be able handle all substance use disorders, multiple substance misuse and abuse, and co-occurring mental health disorders. Furthermore, Tolle's presentation shows that the average starting age of drug and alcohol use is 19 years old, and the average number of years of use before seeking treatment is 16.5. For the state of Colorado, this means that people seeking treatment are often in their mid-thirties.

“Of All Professions, Construction Workers Most Likely to Use Opioids and Cocaine” [10]

Construction workers are more likely to use cocaine and nonmedical purpose opioids in comparison to workers in all other industries in the United States. This study also shows that construction workers are the second most likely to use cannabis in comparison to other occupations. The data was collected through the National Survey on Drug Use and Health between 2005 and 2014. The construction industry substance abuse data was compared to thirteen other occupations. Construction workers operate in a labor-intensive environment that often leads to injuries or other physical ailments. With the understanding that construction jobs are physically demanding, involving physical intensity and high rates of injury, it makes sense that construction workers are drawn to pain-relieving substances such as opioids and cannabis. Additionally, absenteeism is associated with increased levels of drug use. Unstable work or missing work, whether because of injury, time off, or other reasons leads to a higher likelihood of cannabis use or misuse of prescription drugs. It is also reported that workplace drug policies and random drug testing are protective factors for decreasing substance abuse in the construction industry. According to state dashboards on suicide, Gunnison County's suicide rate per industry is highest amongst construction workers meaning there might be an association between substance abuse and occupation. Nearly 25 percent of suicides in Gunnison County between 2004 and 2019 were people working in the construction industry.

Another important aspect is looking at the number of jobs per sector in Gunnison County. Interviewees of the behavioral health needs assessment made remarks regarding methamphetamine use amongst construction workers as problematic. It remains difficult to track the level of substance abuse for specific drugs in Gunnison County's construction workforce leaving a gap in understanding. However, given the high physical demand coupled with the fact that construction is a male-dominated industry, and the fact that oftentimes substance use is highly accepted and a way to bond after work, and the lack understanding from employers around the risks associated with substance abuse and factoring in that some of these male workers are unmarried (a risk factor for substance abuse in and of itself) the industry is ripe for poor behavioral health outcomes. 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.

Vail Health: “Community Health Needs Assessment 2019” [12]

Eagle County, located along the I-70 corridor, parallels Gunnison County's behavioral health issues in many ways. Eagle County, like Gunnison County, has a well-educated population and fewer risk factors for disease while experiencing fewer chronic illnesses. Conversely, social disparities remain across the community especially for the Hispanic population, in addressing behavioral health needs for youth

(including substance abuse and mental health) and treating chronic illnesses with an emphasis on elders. Like Gunnison County, Eagle County is struggling to meet the health services workforce demands, which is likely connected to the high cost of living. Mental health indicators such as a climbing suicide rate, increased mental distress among adults and youth, and increased utilization of emergency departments for mental health-related reasons are indicative of systems underperforming. In addition to these findings, Eagle County residents are less likely to have a diagnosed depression disorder, which might raise concerns for the potential of under-diagnoses of mental illness. The West Mountain Regional Health Alliance, a coalition of leaders across three counties, screened nearly 90 percent of patients for depression, and only 67 percent received follow-up care. While they have systems in place to designate those who need help, there remains a gap in people receiving help. Adult substance abuse, particularly alcohol abuse, is on the rise as a problem in Eagle County. Between 2014 and 2018, ER visits for intoxication/alcohol rose by 381 percent. Youth binge-drinking rates are also about 10 percent higher than the state average and roughly 25 percent higher than the national average. Although improving since 2017, cost, appointment availability, and stigma are barriers to seeking behavioral health treatment.

Identified community needs and contributing factors across Eagle County

- Access to Care
 - Health disparities in the Hispanic population
 - Medicaid enrollment
 - Prenatal care (especially for Hispanic women)
 - Uninsured/under-insured residents
- Behavioral health
 - Adult alcohol use disorder
 - Behavioral health services availability
 - Mental health concerns (anxiety, depression)
 - Suicide attempts, death from suicide
 - Youth alcohol and cannabis use
- Chronic conditions
 - Obesity
 - Chronic disease comorbidities in elders
 - Youth e-cigarette/vaping use

5. Cultural Background of Gunnison County

Throughout the recent history of the Gunnison Valley, dating back roughly sixty years, there have been tensions between “us” and “them.” Although the “us” (who used to be the mine workers, ranch owners, and ranch hands who comprised the original white settlers of the area) and “them” (who used to be the young, largely transient newcomers who tended to be followers of the ‘counterculture’ movement in the late 1960s and 1970s referred to colloquially as “hippies”) have changed throughout this time, this same “locals” versus “newcomers” tension remains integral to the cultural tensions that have characterized and are still felt in Gunnison County today.

There are always competitions when you ask locals about how long one has lived here. Depending on who you ask, one might be considered a local if he has been here for thirty years or one might need be a third-generation rancher or settler in this community to wear the “local” badge. This is a larger American issue that we see playing out at the national level with immigrants crossing the border into the United States, and it is something that is deeply ingrained in the American culture and psyche beginning with the first immigrants landing on Plymouth rock formerly known as Pawtuxet Village.

The cultural, political, and social landscapes of the Gunnison Valley are in constant flux, and we see this energy changing the way that the community has looked for a long time. Locals who have lived here for long periods of time have seen the changes in this community. They have seen businesses change, an ice rink and rec center built; they have seen putt-putt golf come and go; they have seen a bowling alley come and go; City Market has had an uplift, and remarkably, so has Safeway. Skiers have seen changes to the base area under new owners of a ski area and many of the ski lifts have been removed and replaced. New housing structures to support affordable housing have popped up in empty lots around the communities, and there’s been a significant increase in second homes between Crested Butte South, Crested Butte, and Mt. Crested Butte. Locals want to protect the place and things that they think belong to them. Some say that “us” refers to working class people who have lived here, worked here, ranched here, started a business, and gone through the ReIJ school district. “Them” might refer now to incoming people with money to build second homes or work remotely. They have different values, perceptions, goals, desires, and interests that conflict with those who consider Gunnison County “theirs.”

In short, “us” refers to those who feel as though they belong, and “them” is saved for those who do not belong. In this moment in history, it is not anyone’s right to determine what belongs to whom, as the global economy directly impacts the changing cultural landscape; however, it is the goal of this assessment to come to terms with changing attitudes, beliefs, socioeconomic statuses, and local politics to consider ways that we can work together to find a common goal to meet the behavioral health needs of all people.

Recreation is a critical driver to the local economy. People are attracted to Gunnison County for its natural beauty and endless sporting opportunities. Extreme sports are a staple for a portion of the population living in the remote area, and those attracted to risk-taking behaviors in the mountains are also prone to risky behaviors in regards to substance use and abuse. Substance use and abuse is deeply engrained in Gunnison County culture. Roger Khan in his book *How Crested Butte Became a Tourist*

Town: Drugs, Sex, Sports, Arts, and Social Conflict describes a time in the 1960s and 1970s when substance abuse was also prevalent:

Recreational drug use among new townspeople clearly accompanied a lot of sexual activity, but it was hardly confined to that. It was a large part of the youthful immigrants' life style, and the town's emerging culture. The new Crested Butte locals, especially the tourist town pioneers and recreation community settlers, used them when they skied or otherwise pursued outdoor recreation activities, or partied in the bars or their homes. One pioneer described their use as "endless." Even while working, especially on construction jobs, or in bars and restaurants, pioneers and settlers used alcohol, marijuana, hashish, ecstasy, cocaine and hallucinogens, including mushrooms, peyote, mescaline, LSD and DMT. Long after she stopped using them, one tourist pioneer woman rhetorically asked, "Why wouldn't you expect recreational drug use in a recreation community?" While these illegal substances were almost never used openly on the town's streets, they were found in most pioneers' homes, in the mountain activities surrounding town, in the alleys behind bars and, especially in the case of cocaine, in most restaurant kitchens and bathrooms. Not only were recreational drugs part of the newcomers' chosen lifestyles, they were a substantial part of town's economy. Quite a few new pioneers supplemented their incomes by selling relatively small amounts to their peers.

The "hippies" might have moved into Crested Butte in the 1970s and brought a new wave of recreational substances, but alcohol has always been an important part of the diet for people in Gunnison. Substance abuse is not isolated to the north end of the valley; as those living in Gunnison can attest, substance abuse is prevalent in south end of the valley as well.

People living in rural communities share a common perception that one must be individualistic, self-reliant, hardy, and able to endure problems with one's own skill, desire, and perseverance. People did not move here to be told what to do, or how to do it. People do not want the government intervening into their business and disregard authority when it pertains to how they want to live their lives. In general, people do not want help, but rather want to figure things out on their own. We see these cultural norms played out in the lack of help-seeking behavior. The "noble" endeavor of self-reliance manifested in a rural environment with high levels of access to drugs and alcohol contributes to the perpetuation of delaying help-seeking or waiting until there is a crisis to seek help. Pride and individualism muddy already murky waters.

Many things change, and yet many things remain the same. What is happening in Gunnison County right now is eerily similar to the growing pains that Crested Butte experienced in the mid-1960s through the mid-1970s. Many of the issues considered problematic back then (individual autonomy versus how much control should the local government have; housing; substance abuse; whether should dogs be on a leash; whether snowmobilers should be allowed, whether we should hire a sheriff from out of town, etc.) are emblematic of the sentiments heard in local politics today [31]. There might always be tension between locals and newcomers. The fact is that rural gentrification is occurring in our community like it did in Jackson, Wyoming, and in Missoula, Montana, and in other rural mountain towns in the Rocky Mountains. Some people resent change while others accept and embrace change, but what we have to agree on is that change is inevitable. What is important to consider is how "we" are going to work together to make sure that 1) change does not negatively impact our most vulnerable populations, 2) we have systems and protocols in place in case change does negatively impact our most vulnerable

populations, and 3) change is directed in a way that puts people's mental and physical health at the forefront. Regardless of social or economic status, no one is immune to personal struggles. The understanding that individuals need support provides a platform for restructuring, pivoting, and expanding access to services in an effort to meet the rural behavioral health needs of all people regardless of where they come from or what their race, gender, or sexual orientation might be.

6. Socioeconomic Data of Gunnison County

Key Findings:

- By 2050, it is likely the County’s population will grow by a figure of between 3,700 and 6,200 new residents or a 22 percent to 37 percent increase.
- Looking ahead, we expect most of the future population growth to occur within the unincorporated areas of the County.
- Gunnison County’s population is aging.
- Trends imply more elders are living alone.
- While the number of older students in grades 6 through 12 has increased from about 950 to almost 1,100, the number of younger students in 5th grade or below has actually declined. This is evidence that young families are not moving to the County nor are young couples choosing to start families at rates that would increase the elementary school population.
- The total number of housing units in Gunnison County has been increasing at an average rate of roughly 0.6 percent annually, less than the rate of population growth. Gunnison County’s affordable housing shortage will further intensify if population growth and housing construction continue at similar rates into the future.
- Relatively few housing units have been built since 2010 even as the County’s population continued to grow.
- Approximately 1 in 12 or almost 1,000 housing units are mobile homes. Over two-thirds are located in the City of Gunnison with most of the remaining portion located in unincorporated areas. Just over half of the mobile homes were built prior to 1980.
- In recent years the vacancy rate declined as additional housing units were constructed. However, as of 2019, 40 percent of the housing units sat vacant and in 2020, the vacancy rate increased one point to 41 percent.
- Since 2015, 35 percent of the rental listings are for rates greater than \$1,500. Half of the renters in Gunnison County are cost-burdened meaning they spend more than a third of their incomes on rent.
- From November 2020 to November 2021, Gunnison County home values increased 20 percent, but is about 17 percent less than comparable counties.
- Long-term, local housing assistance support is minimal and not adequate to meet the needs of those living below the self-sufficiency standard.
- From 2017 to 2022, the number of short-term rentals, presumably intended as tourist accommodations, increased to 1,389 (sleeping 9,139, based on the Key Data system used by the County’s Tourism and Prosperity Partnership), an increase of 211 units, or about 42 per year, on average. It is unclear to what extent these units would otherwise be available, in the form of long-term rental units, as housing for the local workforce.
- Looking at the share of jobs by sector in 2020, government jobs account for the largest share at 20.4 percent. If we combine accommodation, food service, and arts and recreation as the “tourism sector,” this sector would represent the second largest share of jobs, at 18.3 percent. The healthcare and social assistance sector accounts for only four percent of the jobs in the County.

- During the COVID-19 recovery, the County’s unemployment rate was less than that of the metro areas but remains roughly twice the pre-pandemic level. These trends are consistent with a tourism-dependent economy that typically expands during periods of economic growth.
- Tourism is the sector in which jobs most commonly pay less than \$30,000 per year on average. Earnings for health services workers have increased the least of all sectors, increasing from 2017 to 2020 by a rate of only three percent or about one percent annually. By comparison, earnings in the arts, entertainment, and recreation sector increased by 18 percent and earnings in the accommodation and food services sector increased by 4 percent since 2017.
- In spite of significant national economic expansion and local economic growth, the lowest-income households have seen little to no increase in earnings.
- The number of County residents below the Federal Poverty Line (FPL) reached 2,744 in 2014, then decreased to 2,183 by 2018 before increasing again to 2,251 by 2019. The group whose income fell below the Self-Sufficiency Standard, *accounting for 30 percent to 45 percent of the population living in Gunnison County*, is the demographic most likely accessing non-profit family assistance services in the community because they are struggling to meet basic needs.
- Between 2010 and 2019, the number of those living in Gunnison County below the Self-Sufficiency Standard grew by about 13 percent, and those living below the federal poverty line (FPL) grew by around 37 percent.
- The cost of childcare is extremely burdensome on families in Gunnison County.
- Although the County overall has become more vulnerable according to the social vulnerability index (SVI), the north end of the Gunnison Valley (from Crested Butte South to Mt. Crested Butte) remains in the least vulnerable quartile.

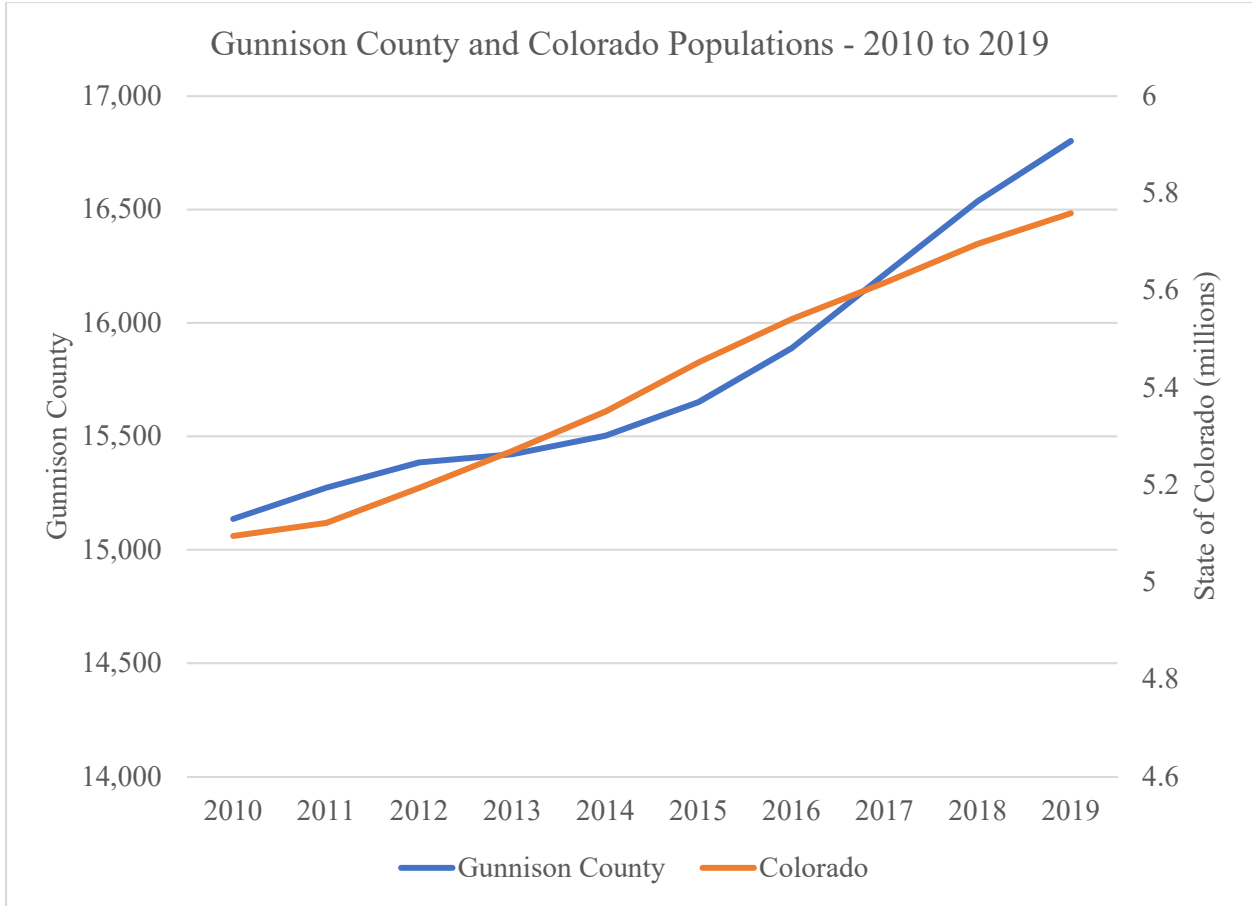
6.1 Population

The socioeconomic condition of an area determines its living standards and is the foundation for its community health. The higher the standard of living, the better the health outcomes. Financial hardship, on the other hand, will limit opportunities to improve health and increase stress.

This section assesses data regarding Gunnison County’s population, housing, economy, and costs of living. With an improved understanding of the County’s socioeconomic condition, we will then assess data pertaining to the County’s health in Section 7.

6.1.1 Recent Population Growth

Figure 6-1 shows Gunnison County’s population growth over the past decade in comparison to Colorado’s. Not surprising for a rural and tourism-dependent county, Gunnison County’s population grew at a slower rate in the wake of the Great Recession and increased at a greater rate in more recent years. Overall, Gunnison County grew at an average annual rate of 1.2 percent during this period compared to Colorado at 1.4 percent.



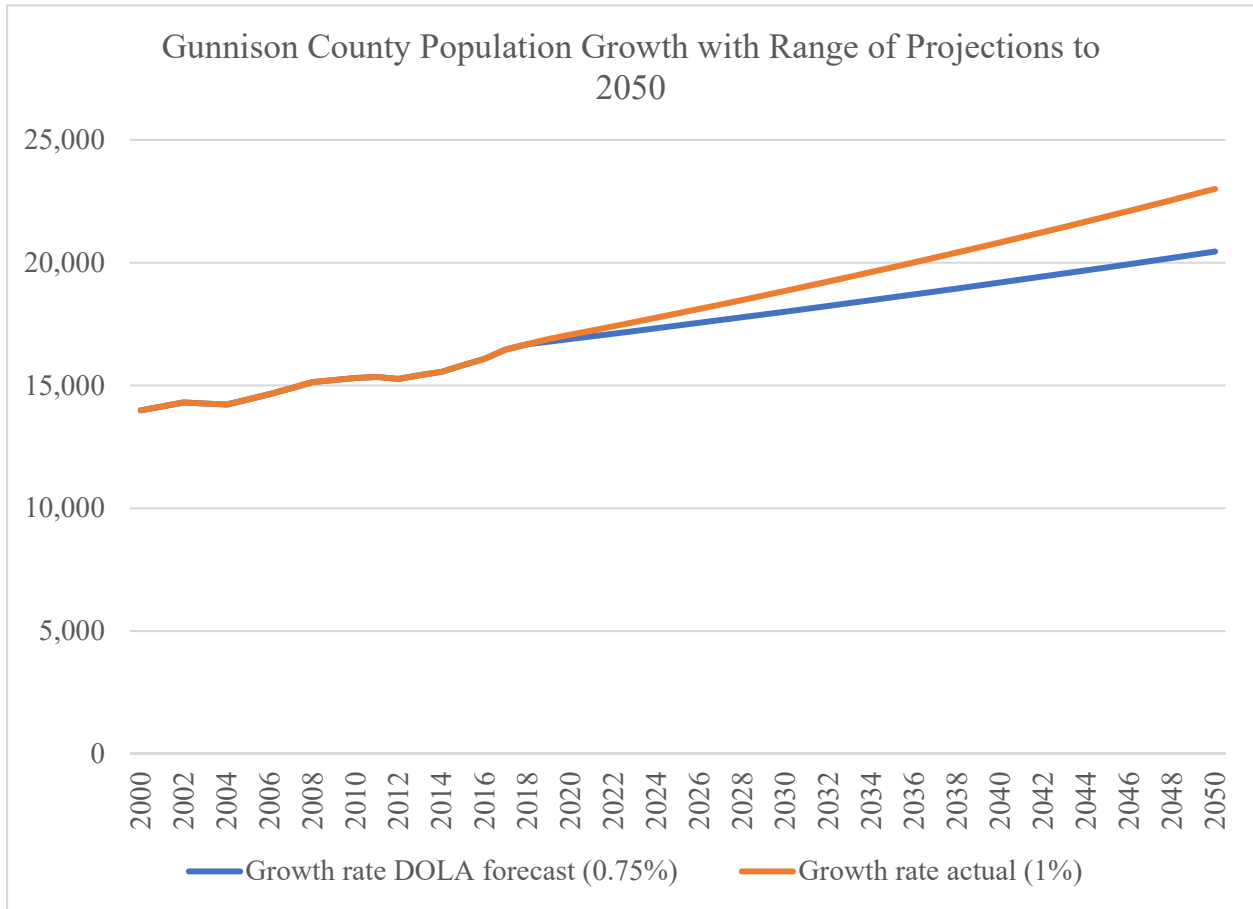
Source: U.S. Census.

Figure 6-1. Gunnison County and Colorado Population Trends

In order to plan for the future, it is important to account for continued population growth. Figure 6-2 shows a range of population growth trajectories through 2050 from 2000. The high end of the range is estimated using the actual growth from 2000 to 2019 of 1 percent. The low end of the range uses the Colorado Department of Local Affairs (DOLA)’s most recent annual average growth rate of 0.75 percent.

By 2050, it is likely the County’s population will grow by a figure of between 3,700 and 6,200 new residents, or a 22 percent to 37 percent increase.

6.1.2 Gunnison County Population Forecast

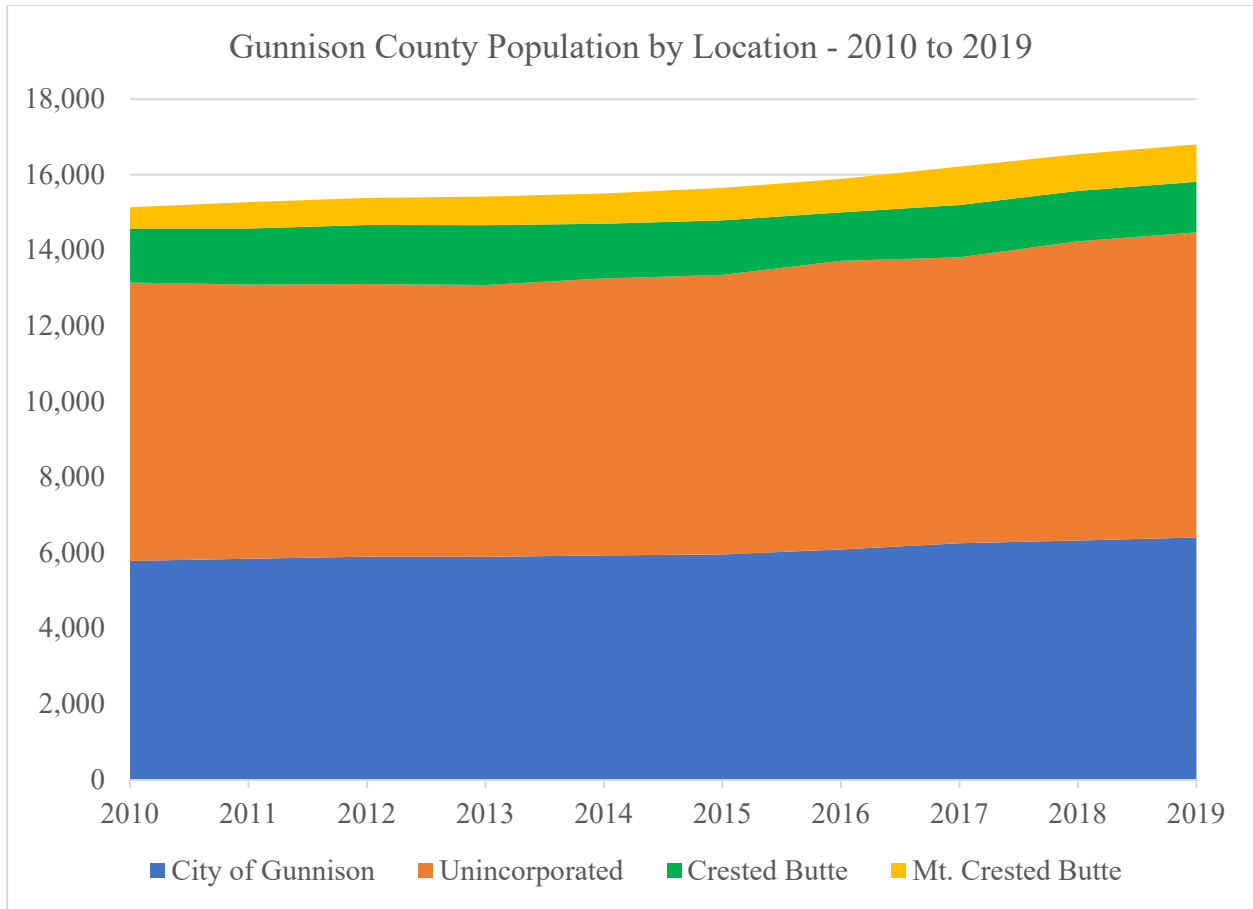


Source: DOLA, TPSC.

Figure 6-2. Gunnison County Population Growth and Forecasts

6.1.3 Population by Location

Within Gunnison County, most of the population resides in either the City of Gunnison or unincorporated Gunnison County, as shown in Figure 6-3. Additionally, those two areas account for most of the population growth. Looking ahead, we expect most of the future population growth to occur within the unincorporated areas of the County.



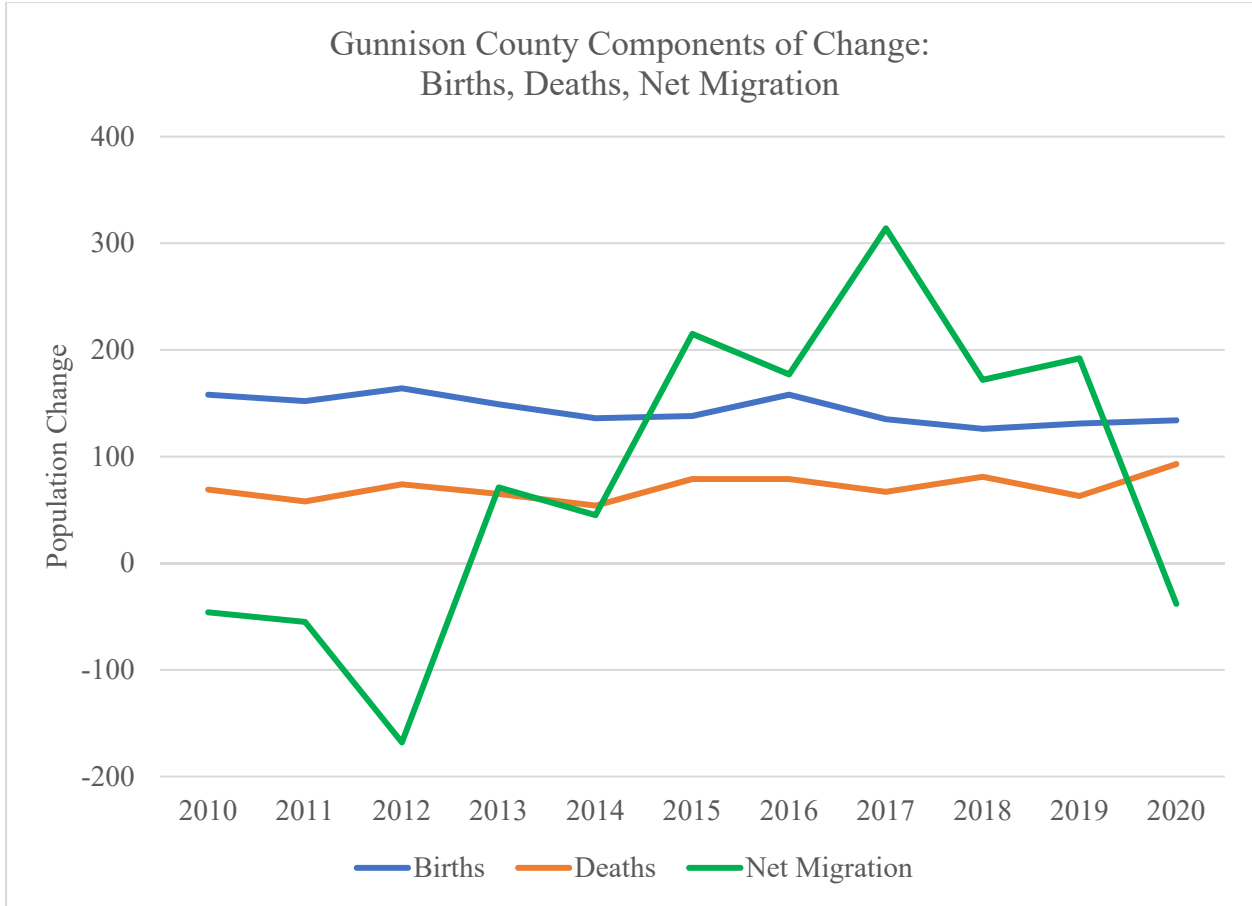
Source: U.S. Census.

Figure 6-3. Gunnison County Population by Location

6.1.4 Components of Change

From 2010 through 2020, Gunnison County population growth has been driven by a combination of natural increase and net migration, as shown in Figure 6-4. The natural increase, births in excess of deaths, has been more consistent although declining in recent years. From 2010 to 2014, natural increase accounted for an average of 88 new residents per year. From 2015 to 2020, the average annual natural increase was 60.

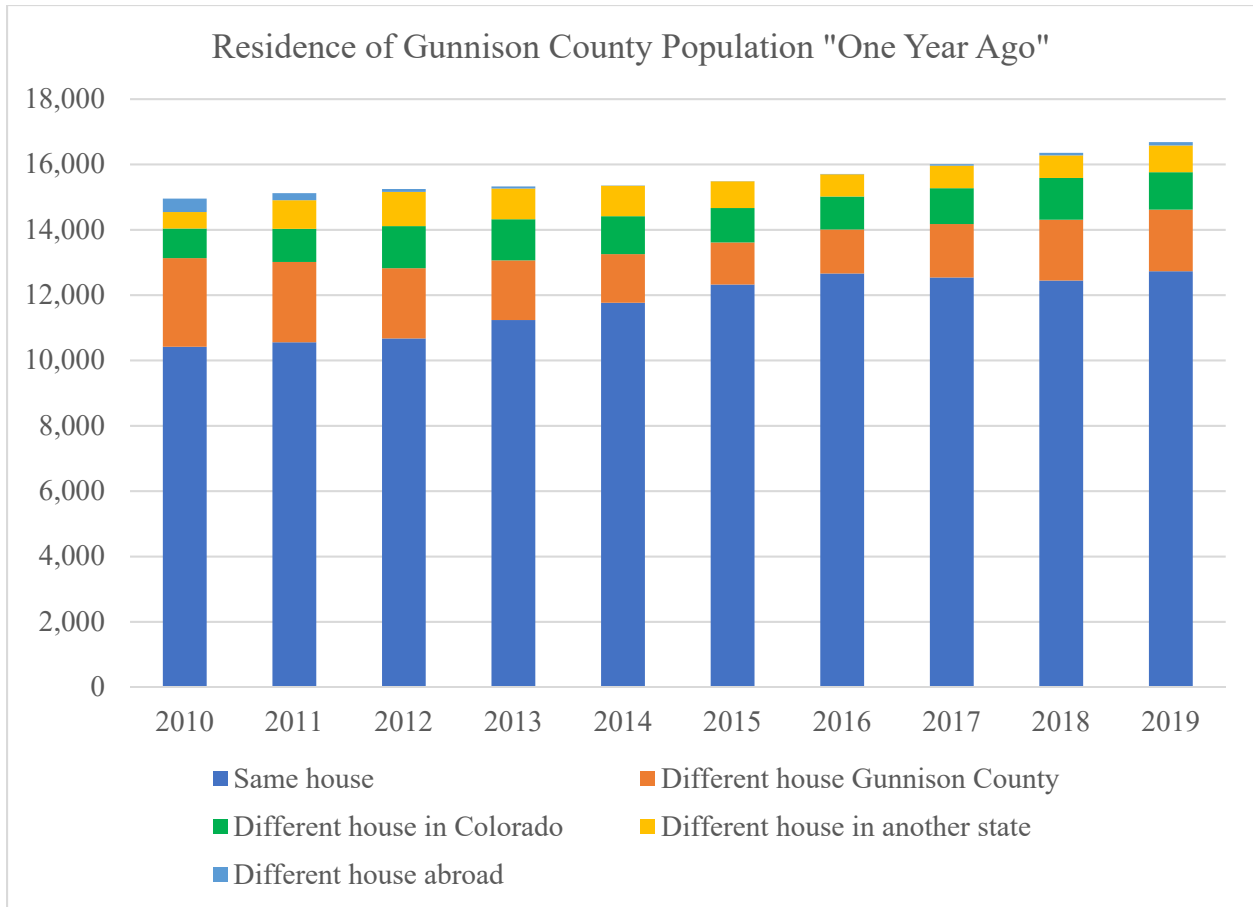
Net migration has been much more variable and likely driven by several factors, including economic activity. From 2010 to 2012, net migration was negative, meaning more people moved out of the County rather than into the County. From 2013 through 2019, net migration was positive, peaking at 314 in 2017. Over the course of the decade, net migration accounted for just over half of the population increase, 879 new residents compared to a natural increase of 799.



Source: DOLA.

Figure 6-4. Gunnison County Population Components of Change

The census also asks about the residence one year ago of persons aged one year and older. Figure 6-5 shows greater mobility at the outset of the last decade, with 30 percent of the population living in a different house the previous year. By 2016, this figure had fallen to 19 percent. The share of residents moving from other houses in Colorado and other states ranged from 9 to 14 percent, which represents a higher level of net migration than estimated by DOLA.



Source: U.S. Census.

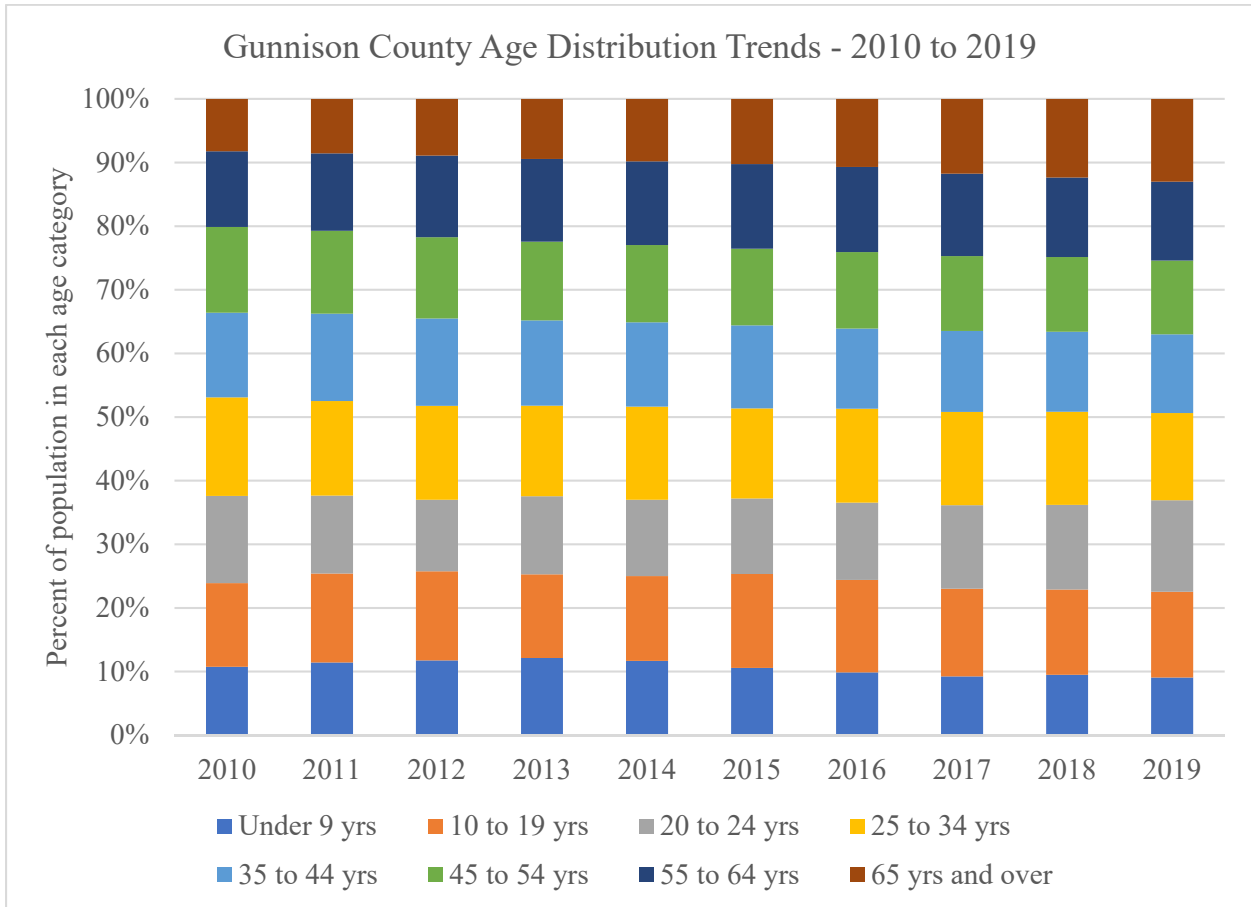
Figure 6-5. Gunnison County Population “One Year Ago”

The level net migration has implications for behavioral health. Other census data shows many of the in-state migrants moved away from the larger, metropolitan counties along the Front Range [32]. Net migration also has implications for community education, resource awareness, and access to behavioral health care. Key informants expressed concern about the changing cultural and political landscape in Gunnison County. New residents are moving in to the County to experience the rural lifestyle while bringing with them ideals, beliefs, and politics that align with their prior locales but upset existing community values and norms. Demographics of prior migrations to other rural towns, such as Missoula, Montana, in the U.S. show that many of the new residents had college degrees and made middle-class to middle-upper-class wages. A similar story is happening in the Gunnison Valley. The “Zoom Boom” prematurely accelerated housing inequities in Gunnison County as more people with college degrees and those making livable incomes (incomes above the Self-Sufficiency Standard) moved in.

Figure 6-5 is also a proxy for “housing stability” referenced elsewhere in this assessment. Individuals living in the same house in familiar neighborhoods are likely to experience more security and support, assuming the neighborhoods are safe and supportive. In Colorado, those with unstable housing situations experienced more poor mental health days than those with stability [2]. Those shown to have moved in Figure 6-5 might also be a portion of the people with mental health concerns.

6.1.5 Age Distribution

Gunnison County is steadily aging (Figure 6-6). The share of those aged over 55 years and over increased from 20 percent in 2010 to 25 percent in 2019. The shares of most of the other age categories declined slightly, with the exception of 20 to 24, which increased modestly.



Source: U.S. Census.

Figure 6-6. Gunnison County Age Distribution Trends

6.2 Household Composition

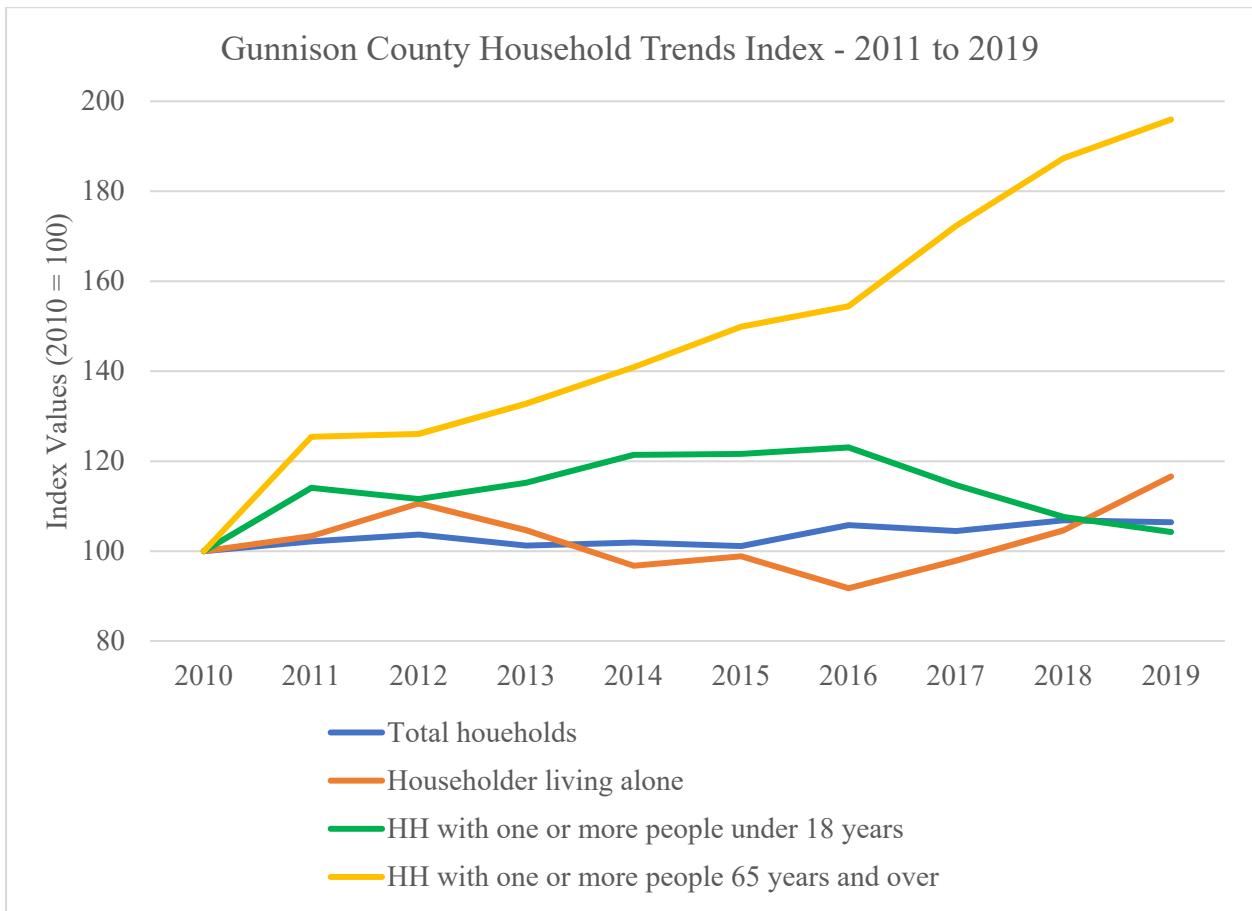
In 2020, the U.S. Census changed how households are reported. Previously, only the number of persons defined each size category (i.e., one-person, two-person). The current categories are based on the type of household, such as “families” and “householder living alone.” While not as helpful for understanding household size trends necessary for estimating housing needs, the new scheme provides a better understanding of how the County is changing demographically.

Source: U.S. Census.

Figure 6-7 shows how the community is evolving. The total number of households increased by 6 percent over the past decade. The number of households with a member under 18 years of age increased from 2010 to 2016 before declining and ending the decade only four percent above the 2010 level.

In contrast, households with at least one member older than 65 years almost doubled, increasing 96 percent. The number of householders living alone declined from 2012 before increasing from 2016, finishing the decade 17 percent above the 2010 level. These concurrent trends imply more elders are living alone.

Considering net migration, age distribution, and household composition trends together suggests people are retiring to Gunnison County.



Source: U.S. Census.

Figure 6-7. Gunnison County Household Composition Trends

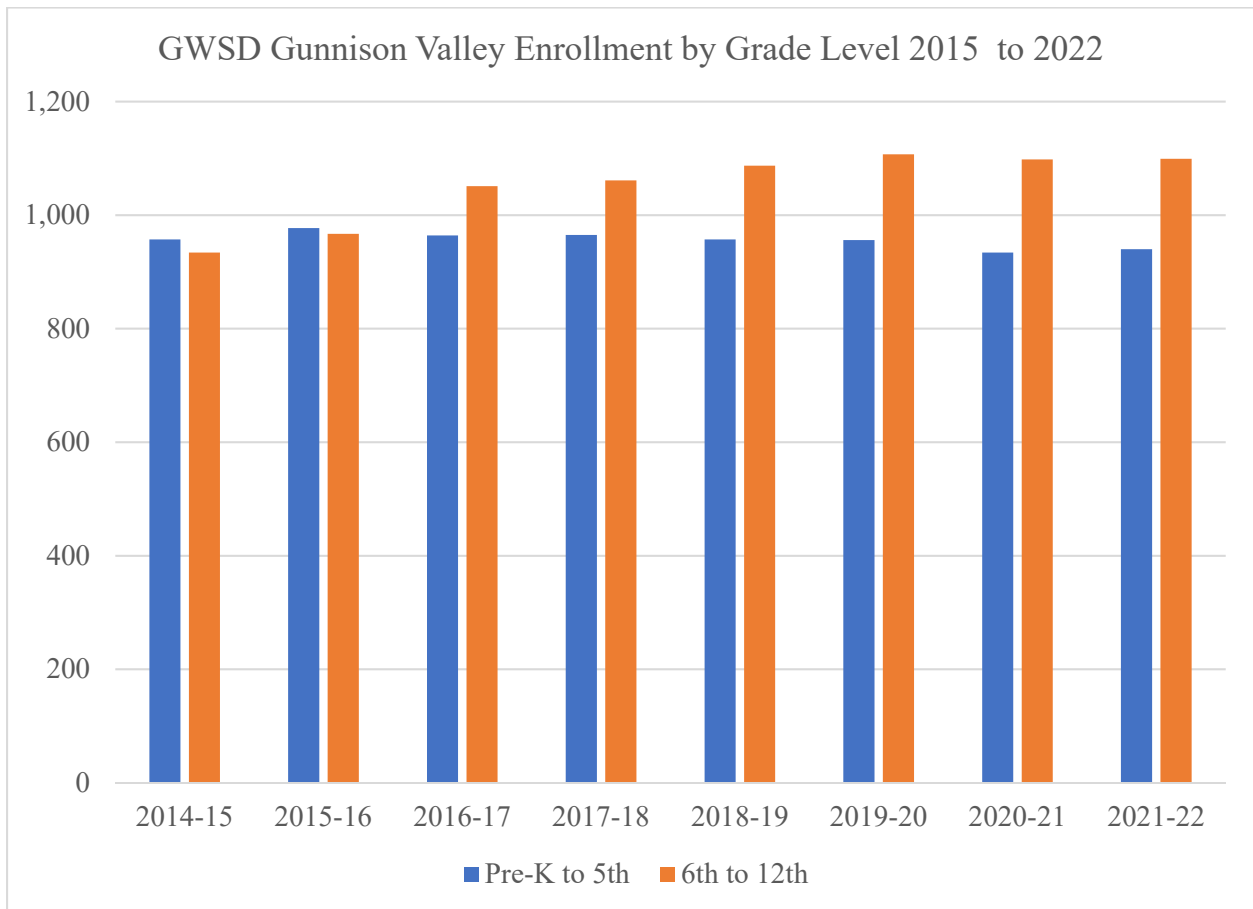
6.3 School Enrollment

Traditionally, student enrollment has been a bellwether of a local economy’s health. Parents of school age children are generally in the prime of their careers. An economy that is growing jobs will be more likely to attract families as well as give adults the economic confidence to start families. In recent years, location-neutral or remote workers have moved to places like Gunnison County for the quality of life and

other reasons. To the extent they bring families, the predictive value of student enrollment may be diminished.

Figure 6-8 shows the number of students enrolled by grade-level category over the past eight school years. While the number of older students in grades 6 through 12 has increased from about 950 to almost 1,100, the number of younger students in 5th grade or below as actually declined. This is evidence that young families are not moving to the County nor are young couples choosing to start families at rates that would increase the elementary school population.

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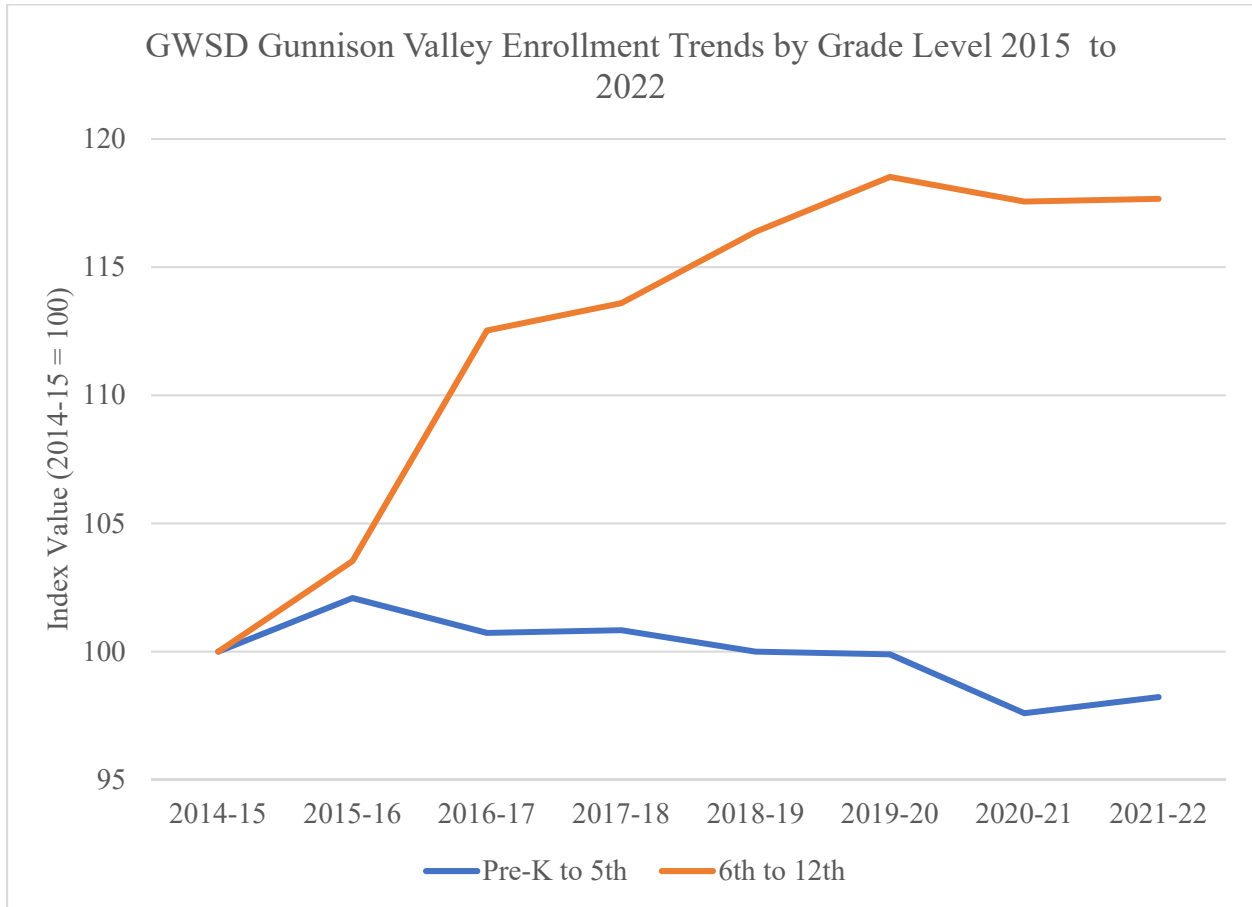


Source: GWSD.

Figure 6-8. Gunnison Valley Student Enrollment 2015 to 2022

Figure 6-8 shows these trends in terms of percentages as an index chart. The number of middle and high school students has increased almost 20 percent from 2014 to 15, evidence of in-migration of established families with older children. The elementary school enrollment declined by two percent. Substance abuse

rates for alcohol, cannabis and vaping increased from 2017 to 2019 for high school students, as reported in the Healthy Kids Colorado Survey (HKCS) data. Past thirty-day use rates sit at 42.5 percent for alcohol, 30.1 percent for cannabis, and 36.7 percent for vaping. The growth in student enrollment for students in grades 6th through 12th is not the only contributor to the increased vaping and drug and alcohol use, which is also driven by social stressors, permissive parenting, access to substances, and community acceptability of substance use.



Source: GWSD.

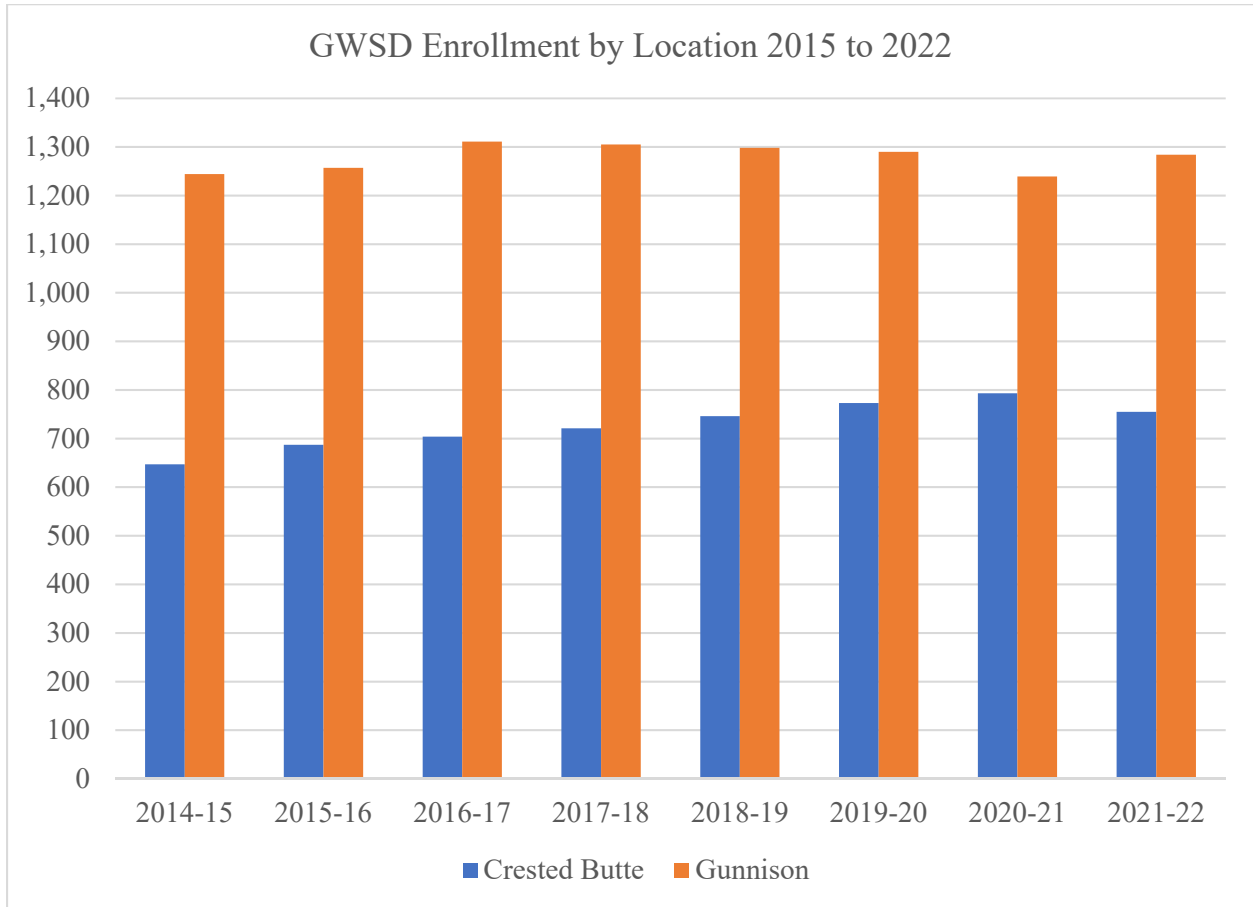
Figure 6-9. Gunnison Valley Student Enrollment Trends 2015 to 2022

School enrollment trends are different for each community. Crested Butte enrollment is increasing at an average annual growth rate of 2.4 percent, more than double the rate of the County’s population growth. Enrollment increased annually from 2015 through 2021 before declining by 4.8 percent in 2022.

Student enrollment in Gunnison has remained fairly stable, increasing at an average annual growth rate of only 0.5 percent, or about half the rate of the County’s population growth. In contrast to Crested Butte, Gunnison enrollment dipped from 2018 through 2021, to just under the 2015 level, before increasing in 2022 by 3.6 percent.

Not surprisingly, there are more students in Gunnison than Crested Butte, though the difference varies. In 2015, there were almost twice as many students enrolled in Gunnison and by 2021 there were only 56

percent more. With the changes in 2022, Gunnison currently enrolls 70 percent more students than Crested Butte.



Source: GWSD.

Figure 6-10. GWSD Enrollment by Location 2015 to 2022

6.4 Housing

Housing in Gunnison County ranks as a top behavioral health concern from the perspective of toxic stress and safety. The connection between housing and stress must be noted as a point of concern for behavioral health outcomes in the community. As the availability of affordable units is decreasing in the city of Gunnison and across the County, pockets of the County, particularly in Crested Butte and Mt. Crested Butte, have many empty vacation homes. This is not new, but as prices continue to rise in the community, people have been pushed to Gunnison to find more affordable rates. The stress of finding places to live, compounded by exorbitant rent prices, triggers poor mental health outcomes.

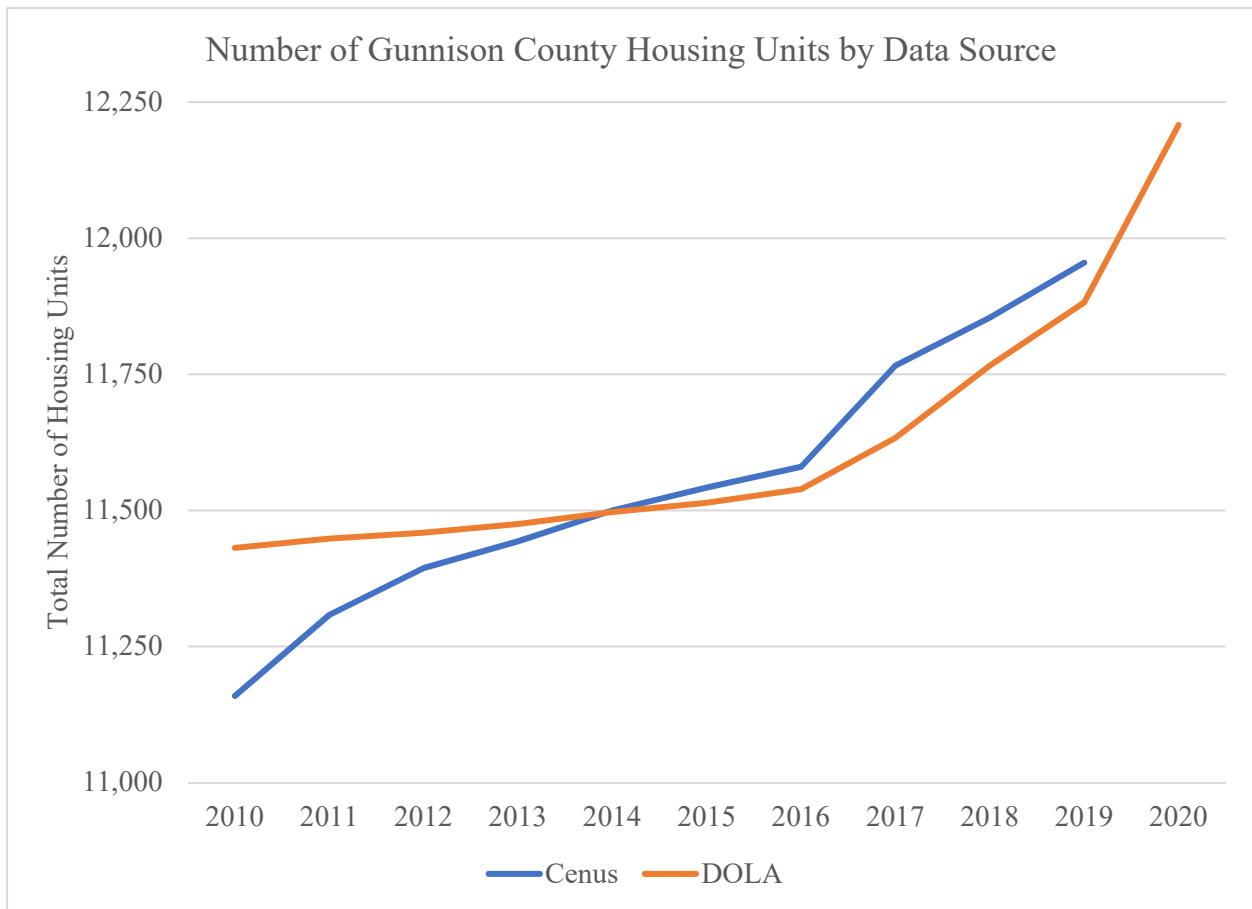
Section 6.4 details housing inventory, vacancy rates, rental pricing, prevalence of mobile homes, and other relevant issues in an attempt to quantify the scope of housing issues in relation to behavioral health. Although this report is not a housing assessment, key informant interviews illuminated critical pieces not readily discussed in current community discourse. Section 9.1 dives further into the trend of current

population growth rates in comparison to housing growth rates, showing that the gap in affordable housing is likely to continue for the foreseeable future.

6.4.1 Housing Unit Inventory

Several organizations, including the U.S. Census, DOLA, and the County Assessor’s Office, track the number of housing units in Gunnison County. Previous research by Triple Point Strategic Consulting found that the DOLA estimate is a reliable estimator of the Assessor’s inventory. Figure 6-11 shows the growth of housing units over the past decade as estimated by the U.S. Census and DOLA. According to DOLA, as of 2020, there are 12,208 housing units in Gunnison County.

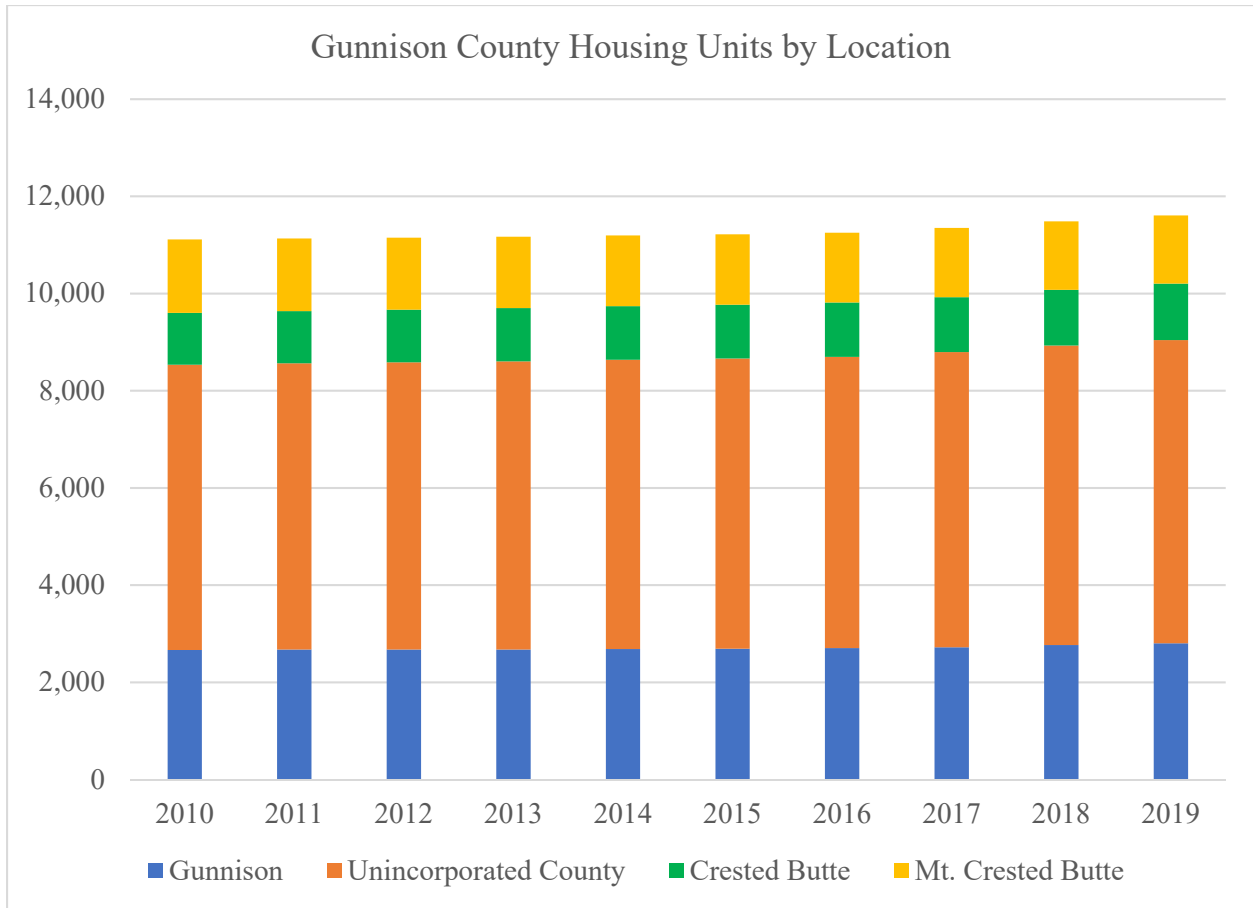
The total number of units in Gunnison County has been increasing at an average rate of roughly 0.6 percent annually, less than the rate of population growth. In the wake the Great Recession, the County added 30 to 40 units annually. From 2017, the County has added over 110 units annually.



Source: U.S. Census, DOLA.

Figure 6-11. Total Number of Gunnison County Housing Units by Data Source

Over half of the housing units are located in the unincorporated areas of Gunnison County. Over the past decade, the majority of new housing units have been constructed in unincorporated areas, with the second highest number in the city of Gunnison as shown in Figure 6-12.



Source: DOLA.

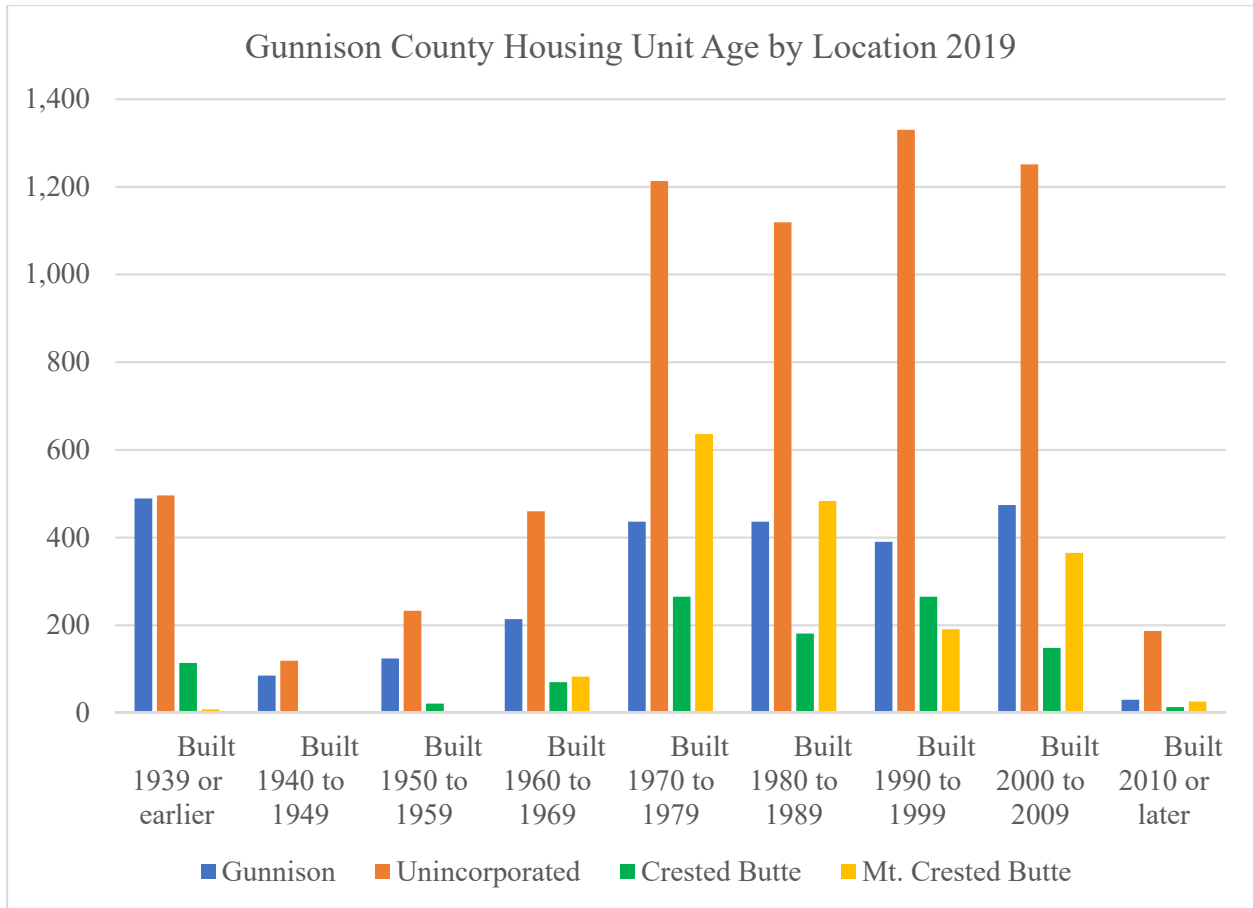
Figure 6-12. Gunnison County Housing Unit Inventory by Location

The growth in housing inventory for the City of Gunnison has remained mostly flat, while housing inventory in unincorporated Gunnison County continues to grow.

6.4.2 Age of Housing Inventory

Much of Gunnison County’s housing inventory has been constructed since 1970, corresponding with the establishment of Crested Butte Mountain Resort. Figure 6-13 shows that relatively few housing units have been built since 2010 even as the County’s population has continued to grow. Roughly ten percent of the County’s homes pre-date World War II and may need significant repair or upgrades. Key informant interviews expressed concern about asking for upgrades from landlords, evident more so with people from the Hispanic community. People living in old rental units often lack power to demand upgrades. One interviewee explained that he had a leaky roof, and when he asked the landlord to fix the roof the landlord explained that the rent was kept cheap so that she did not have to make upgrades. Often, people in these situations must fix the problem themselves (if they have the ability to do so) or wait a week to get

it repaired by a professional. Helping people understand their legal rights in regards to upgrades is a need for some people living in mobile homes. Even if people understand their rights, they might not have the desire to settle problems through the judicial system for lack of financial resources.

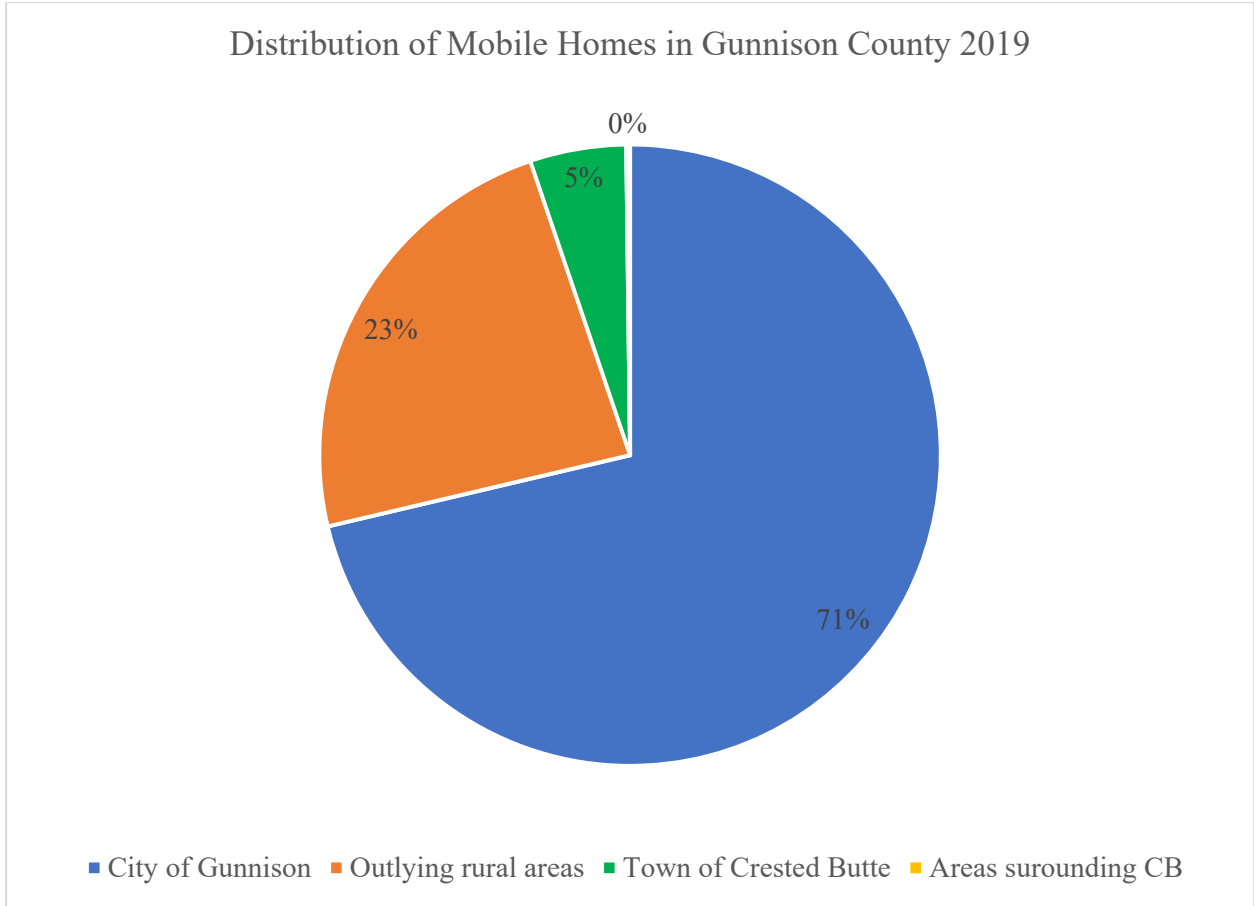


Source: U.S. Census.

Figure 6-13. Gunnison County Housing Unit Age by Location 2019

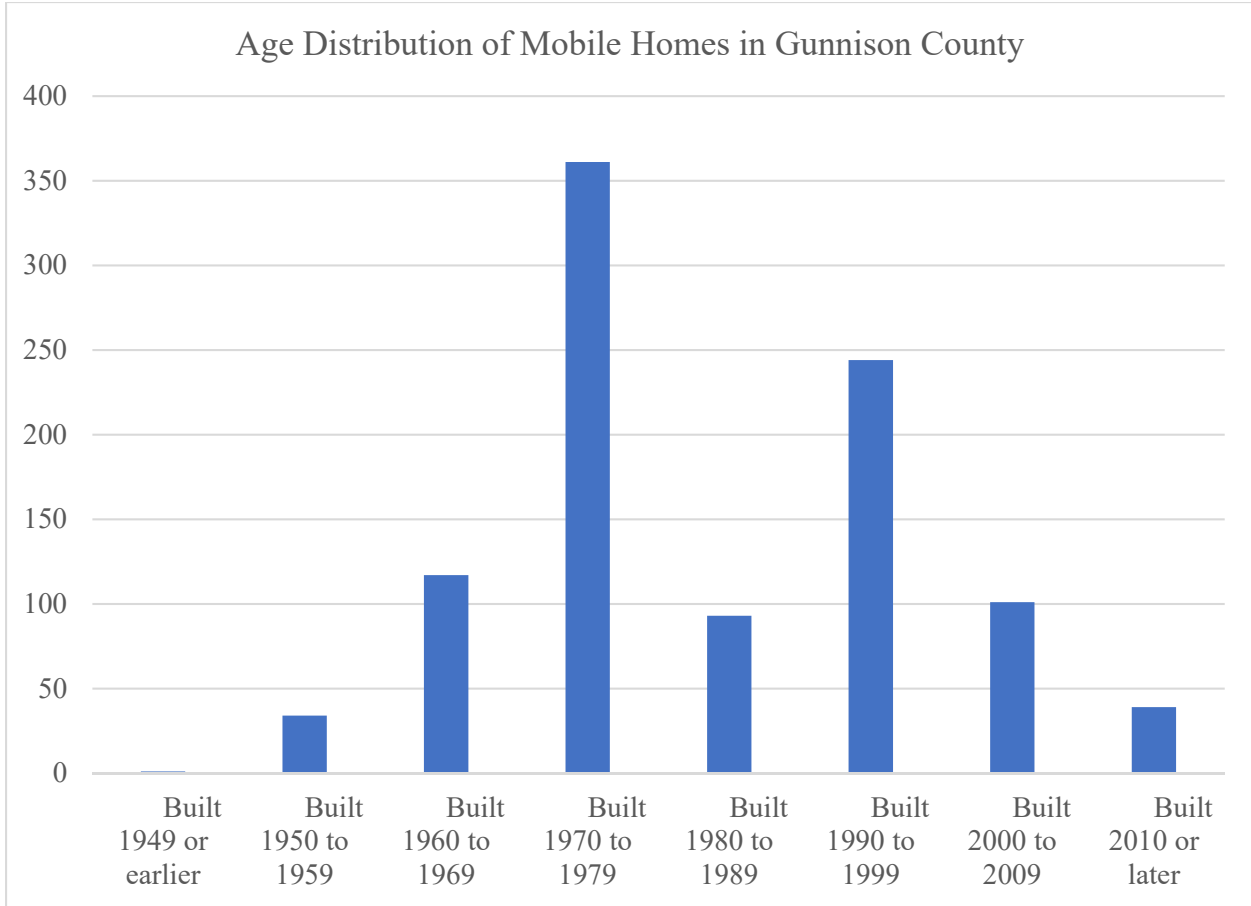
6.4.3 Mobile Homes

Mobile homes comprise a significant portion of the County’s housing inventory. Approximately 1 in 12, or almost 1,000, housing units are mobile homes. Over two-thirds of these mobile homes are located in the City of Gunnison, with most of the remaining portion located in unincorporated areas (Figure 6-14). Just over half of the mobile homes were built prior to 1980.



Source: Gunnison County Assessor.

Figure 6-14. Distribution of Mobile Homes in Gunnison County 2019



Source: Gunnison County Assessor.

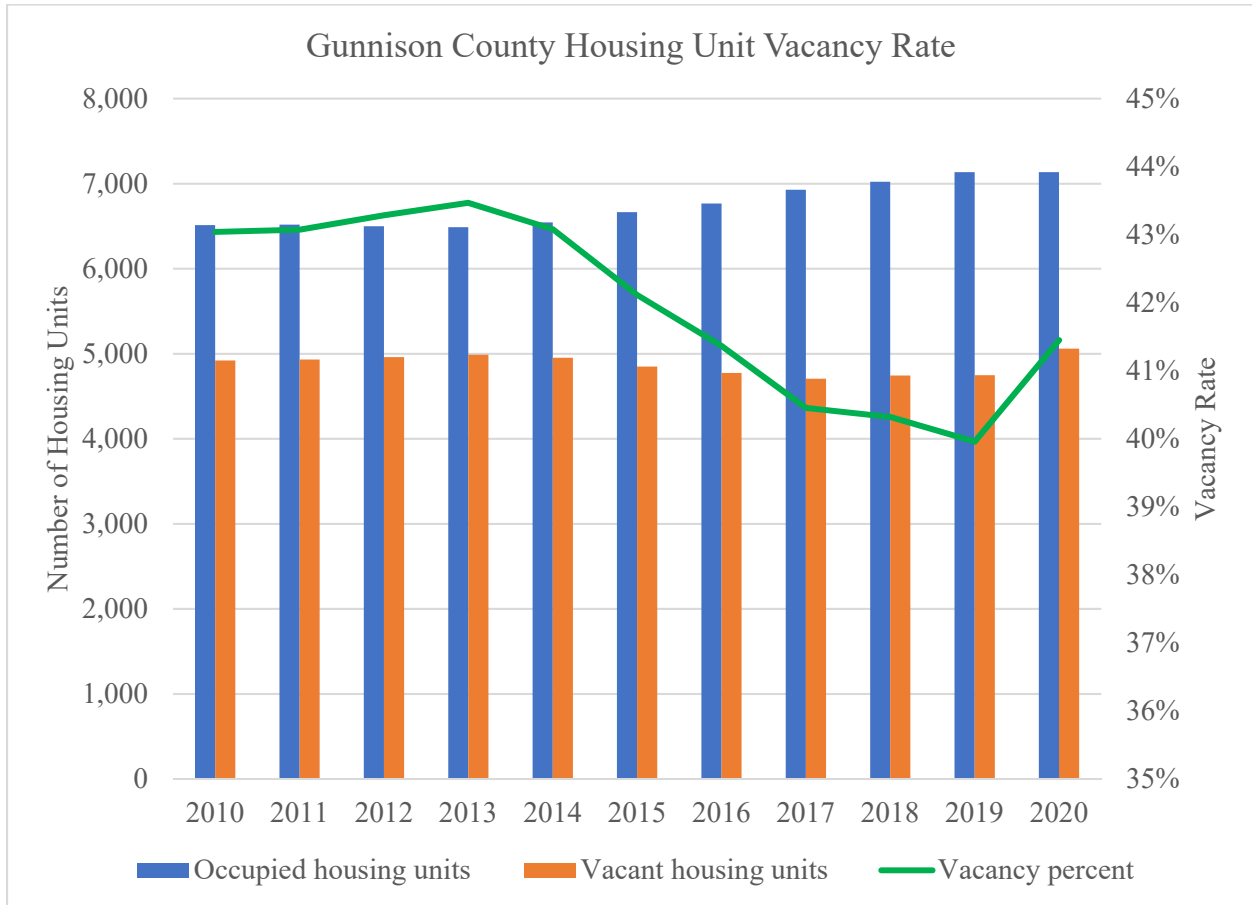
Figure 6-15. Age Distribution of Mobile Homes in Gunnison County

The largest portion of mobile home units in the County are sited in the City of Gunnison, and many of those are outdated, old, and in disrepair. Figure 6-15 shows that many of the mobile homes in Gunnison County were built prior to 1980. This raises concerns about the conditions and the energy efficiency of the homes. Older mobile homes tend not to be energy efficient, meaning people living in them end up spending more money trying to heat them. GV Heat is a county organization trying to help people make energy upgrades to their homes, yet these solutions are often temporary stopgap measures for older units. Motivating landlords to upgrade units or helping people living in mobile home parks buy their property so they feel incentivized to upgrade their homes, will be needed to combat behavioral health issues.

6.4.4 Vacancy Rates

The rate of increase in the housing supply is not keeping up with the rate of population growth. At the same time, many of the homes in Gunnison County are vacation homes and are considered vacant. The U.S. Census defines a *vacant housing unit* as follows: “A housing unit is vacant if no one is living in it at the time of the interview unless its occupants are only temporarily absent.” In addition, “a vacant unit may be one which is entirely occupied by persons who have a usual residence elsewhere.”

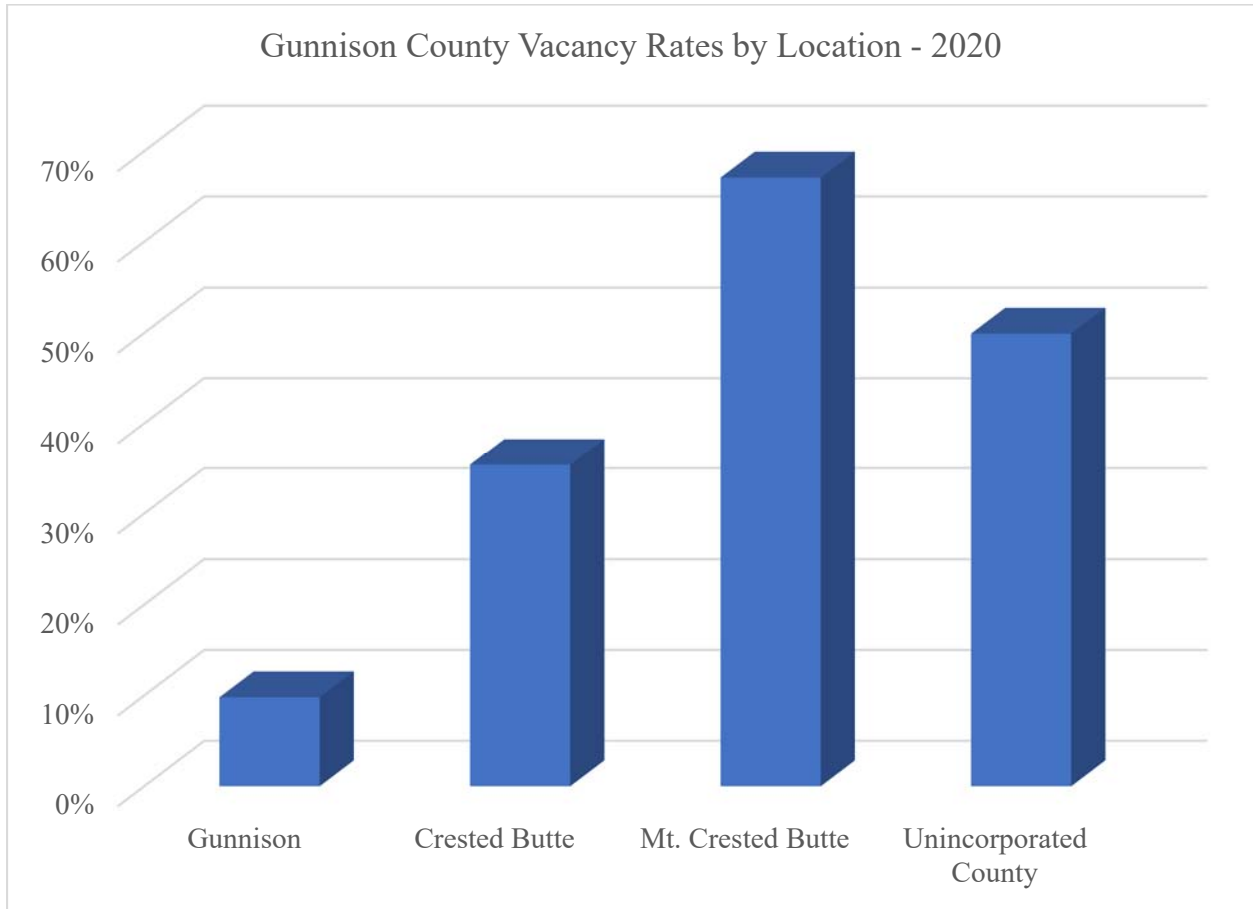
Figure 6-16 shows that, in recent years, the vacancy rate declined as additional housing units were constructed. However, as of 2019, 40 percent of the housing units sat vacant, and in 2020, the vacancy rate increased 1 point to 41 percent.



Source: DOLA.

Figure 6-16. Gunnison County Housing Unit Vacancy Rate

Figure 6-16 shows the distribution of vacant homes by location within the County. Mt. Crested Butte has the highest rate, at 67 percent. This may not be a surprise to those familiar with the area. What is more significant in terms of the total number of vacant units is the fact that half of the homes in unincorporated Gunnison County are vacant, and those are roughly half of the homes in the County (see Figure 6-12).

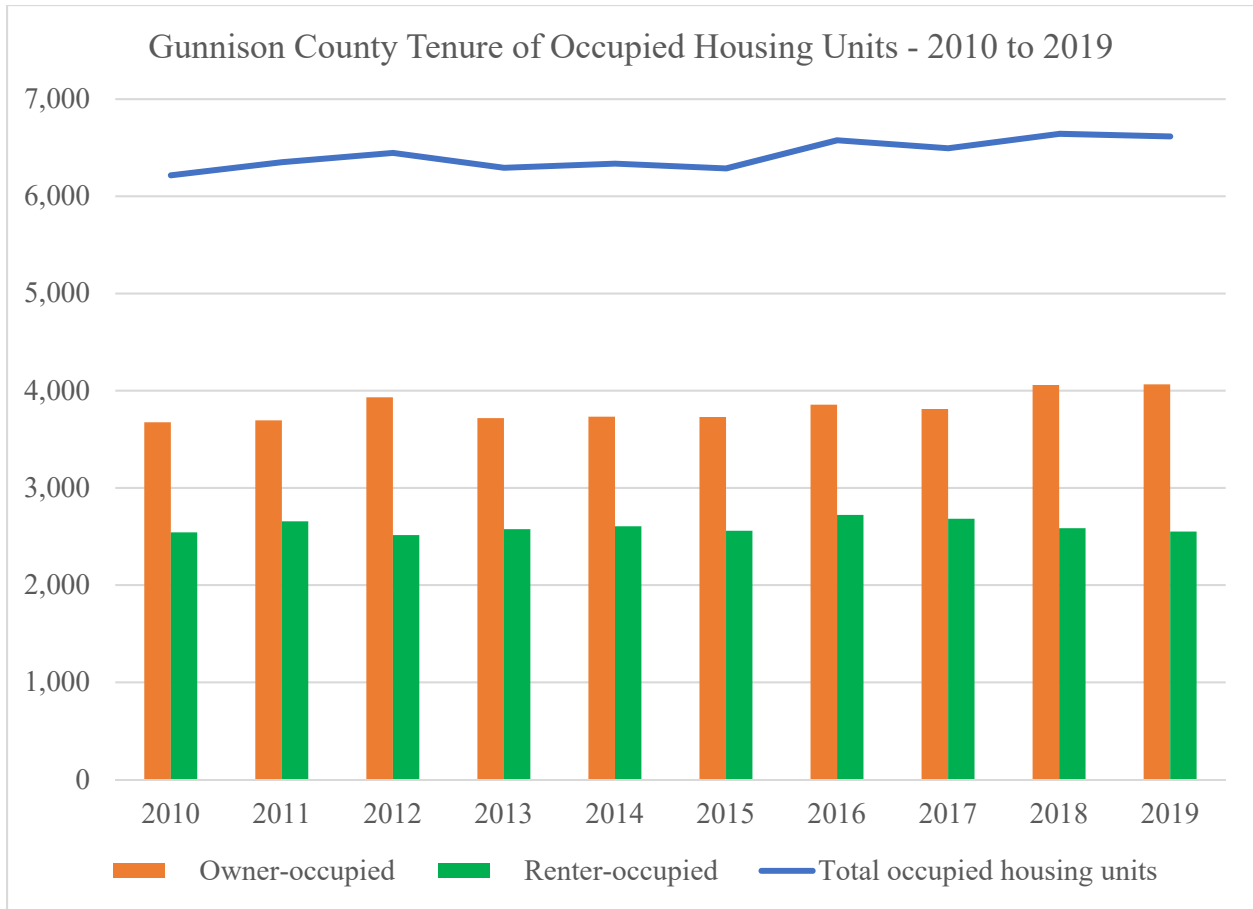


Source: DOLA.

Figure 6-17. Gunnison County Vacancy Rates by Location 2019

6.4.5 Housing Tenure

Figure 6-18 shows the evolution of housing tenure in Gunnison County from 2010. The number of renter-occupied units has remained relatively flat at about 2,500 units, and the number of owner-occupied units has trended up in recent years. Retirees and remote workers moving into Gunnison may be more able and likely to purchase their homes. Further research would be needed to confirm the nature of these trends.

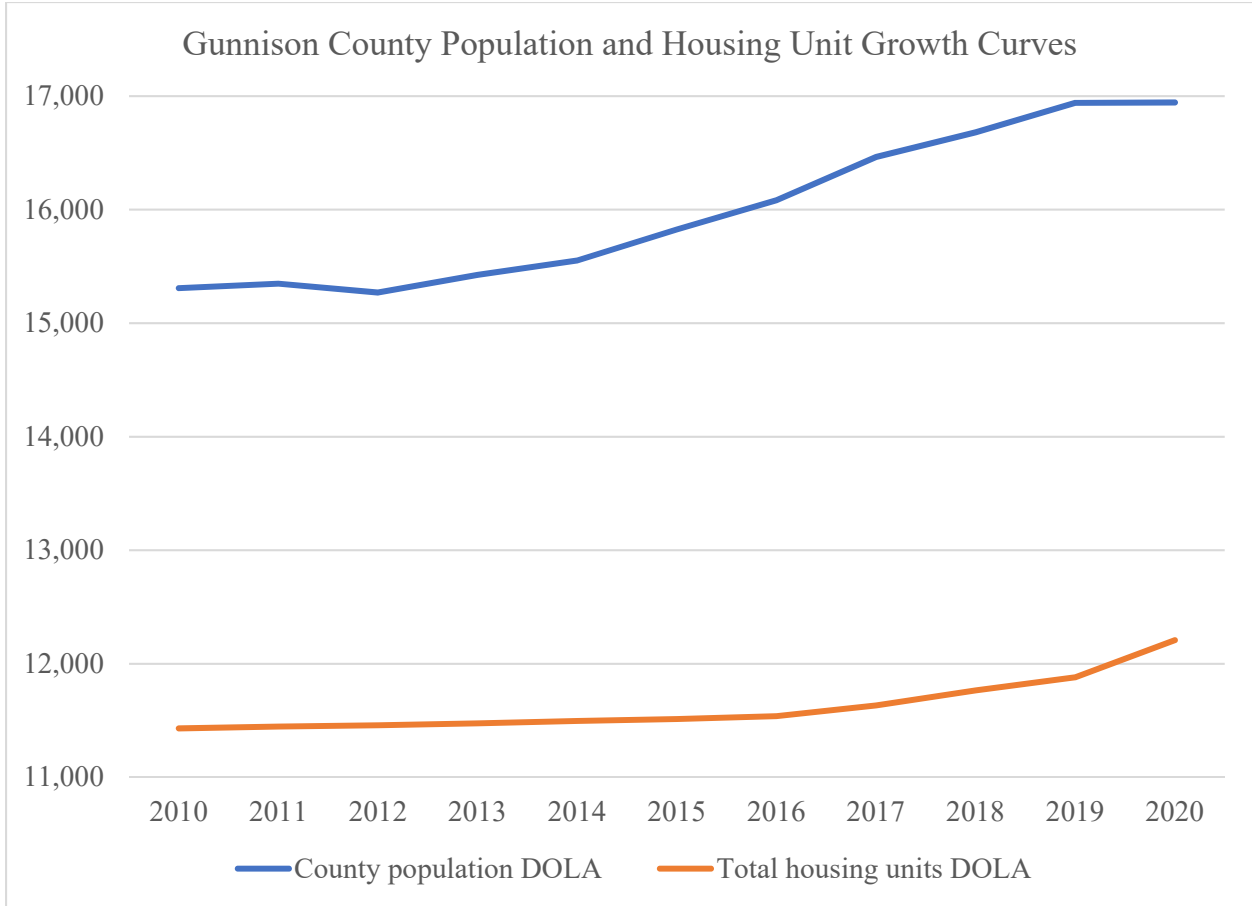


Source: U.S. Census.

Figure 6-18. Gunnison County Tenure of Occupied Housing Units

6.4.6 Housing Supply and Demand Imbalance

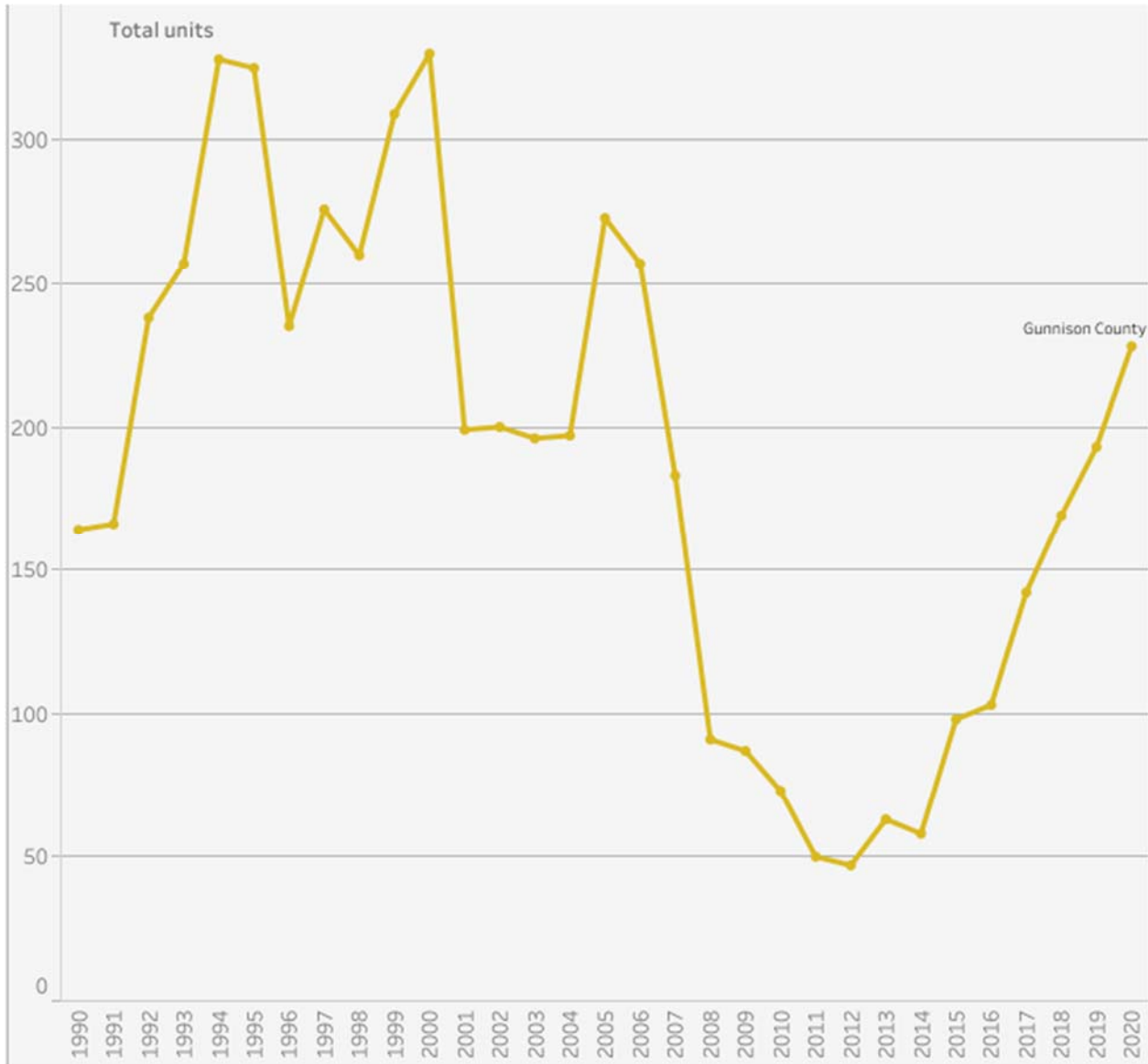
From 2012, the County population has grown at a greater rate than the inventory of housing units. In 2020, according to DOLA, the number of housing units increased by 326, but the number of occupied housing units did not, which explains the increase in vacancy in 2020 (see Figure 6-16). According to DOLA, from 2010 to 2020, the County added 1,635 new residents but only 623 occupied housing units. At that rate, new residents are living 2.62 people to a unit. However, the average household size in 2019 was 2.23.



Source: DOLA.

Figure 6-19. Gunnison County Population and Housing Unit Growth Curves

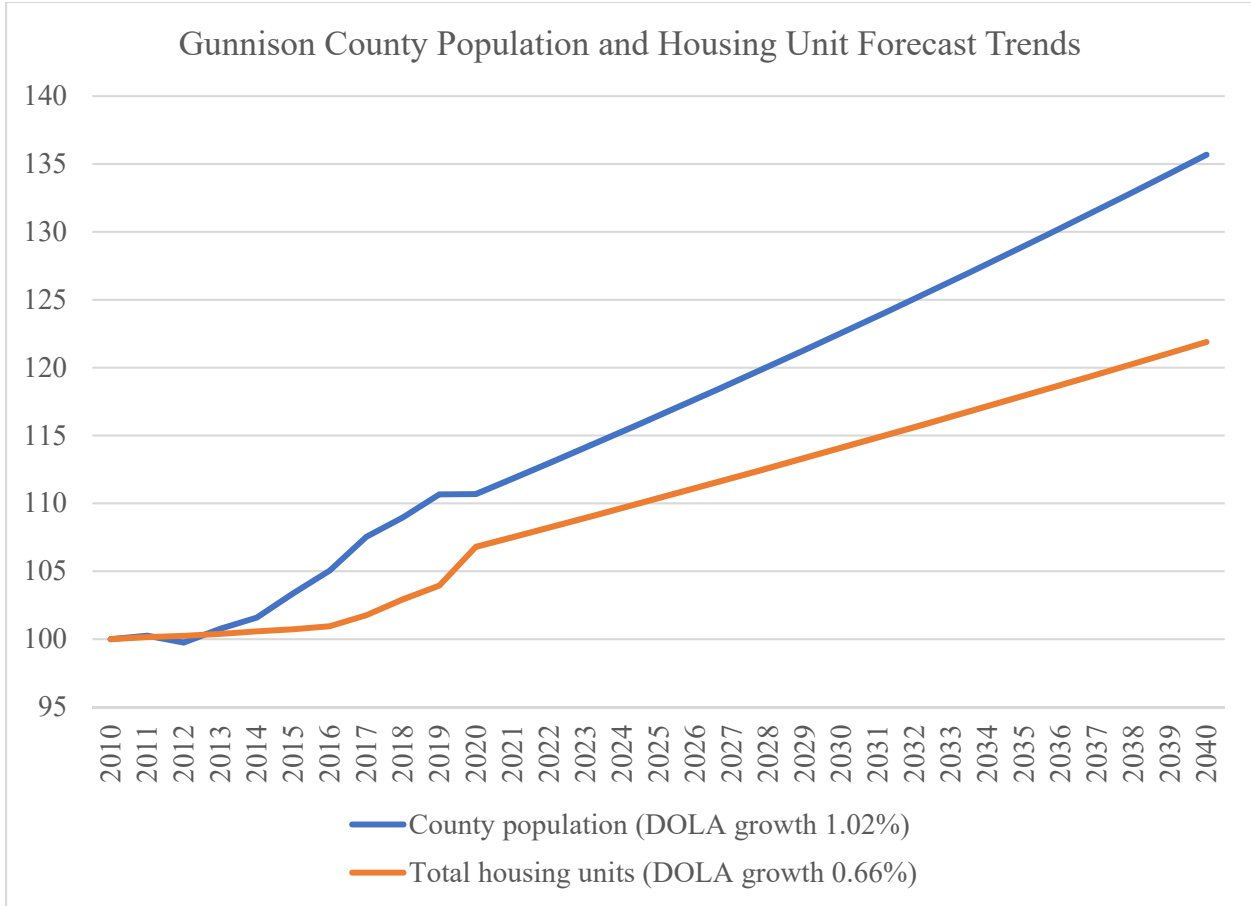
Gunnison County Housing Needs Assessments have found supply and demand imbalances at least as far back as 1992 [15]. A contributing factor to the worsening situation over the past decade is the dearth of construction in the wake of the Great Recession. Figure 6-20 shows that from 2008 to 2016 the number of building permits was far less than the average for the previous 28 years.



Source: U.S. Census Building Permits Survey

Figure 6-20. New Privately Owned Housing Unit Authorizations in Gunnison County

Gunnison County’s affordable housing shortage will further intensify if population growth and housing construction continue at similar rates into the future. Figure 6-21 shows these past rates of growth as index values and carries them forward through 2040. The actual future trajectories will almost certainly exhibit the variation of the past. However, the point of Figure 6-21 is to show that if past average annual growth rates continue, the imbalance between housing supply and demand will worsen. Housing supply should be developed at a rate consistent with population growth over time.



Source: DOLA, TPSC.

Figure 6-21. Gunnison County Population and Housing Unit Forecast Trends

The 2016 and 2021 Gunnison County Housing Needs Assessments each found a need for 960 additional housing units in the near future. This implies that the growth rates of housing supply and demand were equivalent over the five-year period. To put this another way, housing supply did some “catching up,” so that after these five years the need had not increased, yet housing supply did not increase at a rate sufficient to reduce the need.

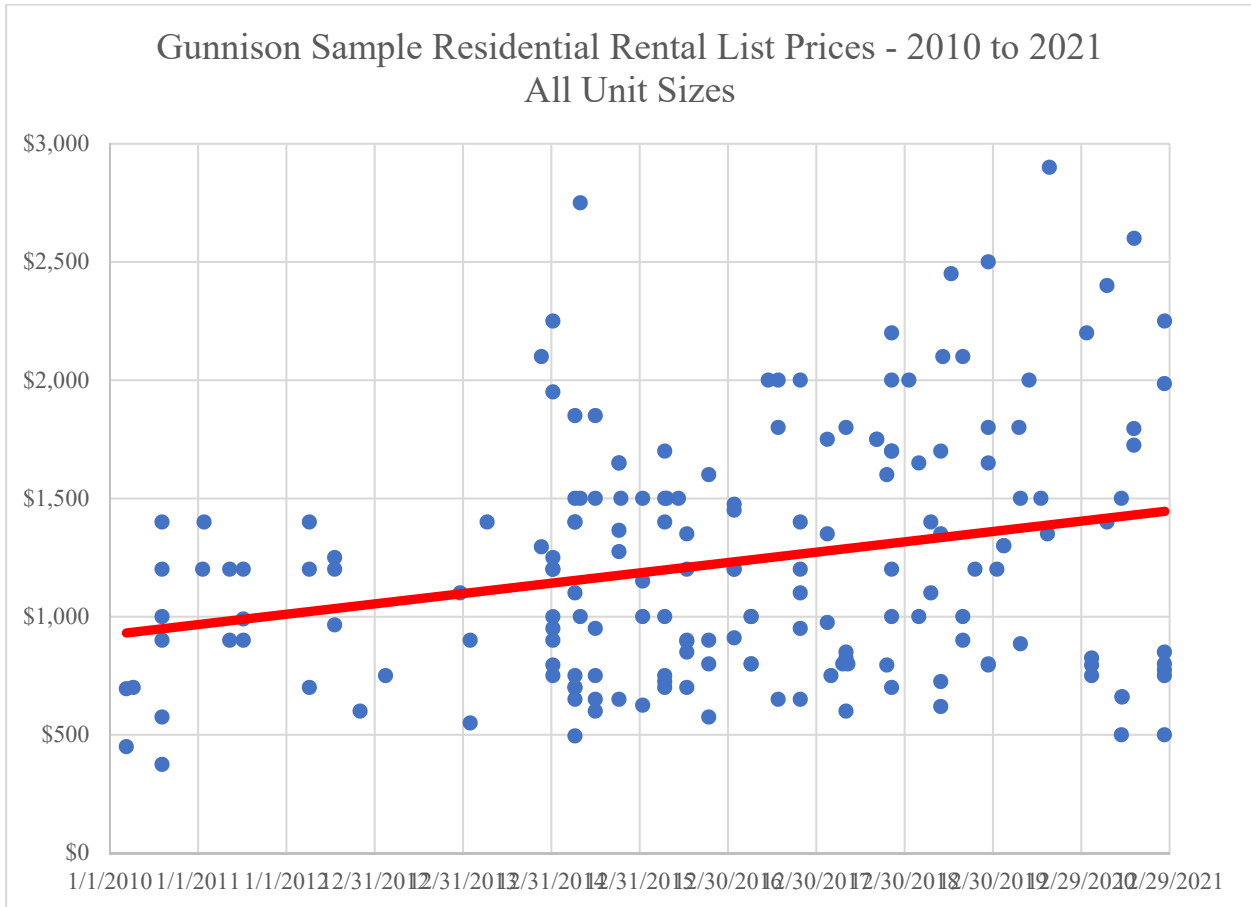
Planning for future population growth is critical to the health of the community. Figure 6-19 the population growth rate and housing unit rates diverging into the future. If this trend continues, health disparities will become more prevalent and pervasive.

6.4.7 Rental Pricing

The shortage of housing has been driving up the cost of housing. Prior to 2015, rental rates in the City of Gunnison did not exceed \$1,500. Since 2015, 35 percent of the rental listing are for rates greater than \$1,500. On average rents have been increasing at an annual average rate of 8 percent in the City. As rental prices climb, inequities will deepen, and young people will not be able or willing to start families in the community. As noted in section 6.81, roughly 30 to 45 percent of Gunnison County residents are living

below the Self-Sufficiency Standard. Increasing rental prices will place more people below the Self-Sufficiency Standard and make people choose between paying rent and buying groceries.

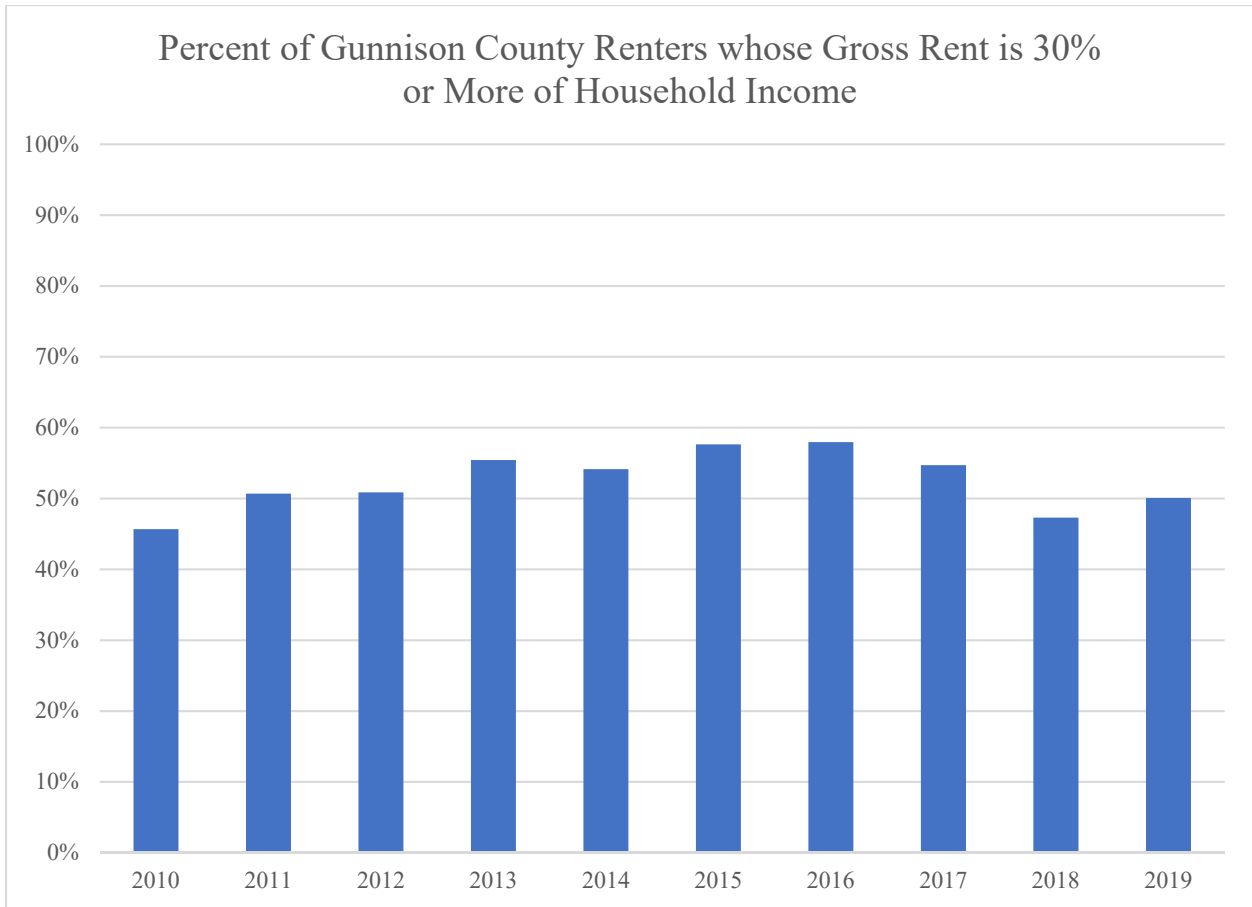
The price variation appearing in Figure 6-22 is indicative of the variation in unit size, quality, and location. Future research should quantify the availability of rental units by price, size, and quality.



Source: Gunnison Country Times.

Figure 6-22. City of Gunnison Sample Residential Rental List Prices

The U.S. Census provides another view of rental pricing relative to household income. Figure 6-23 shows the percentage of renters paying more than 30 percent of household income for rent for the entire county. Over the last decade, the estimate ranged from 47 to 58 percent and stood at 50 percent in 2019, the year before the pandemic accelerated housing cost inflation in Gunnison County.



Source: U.S. Census.

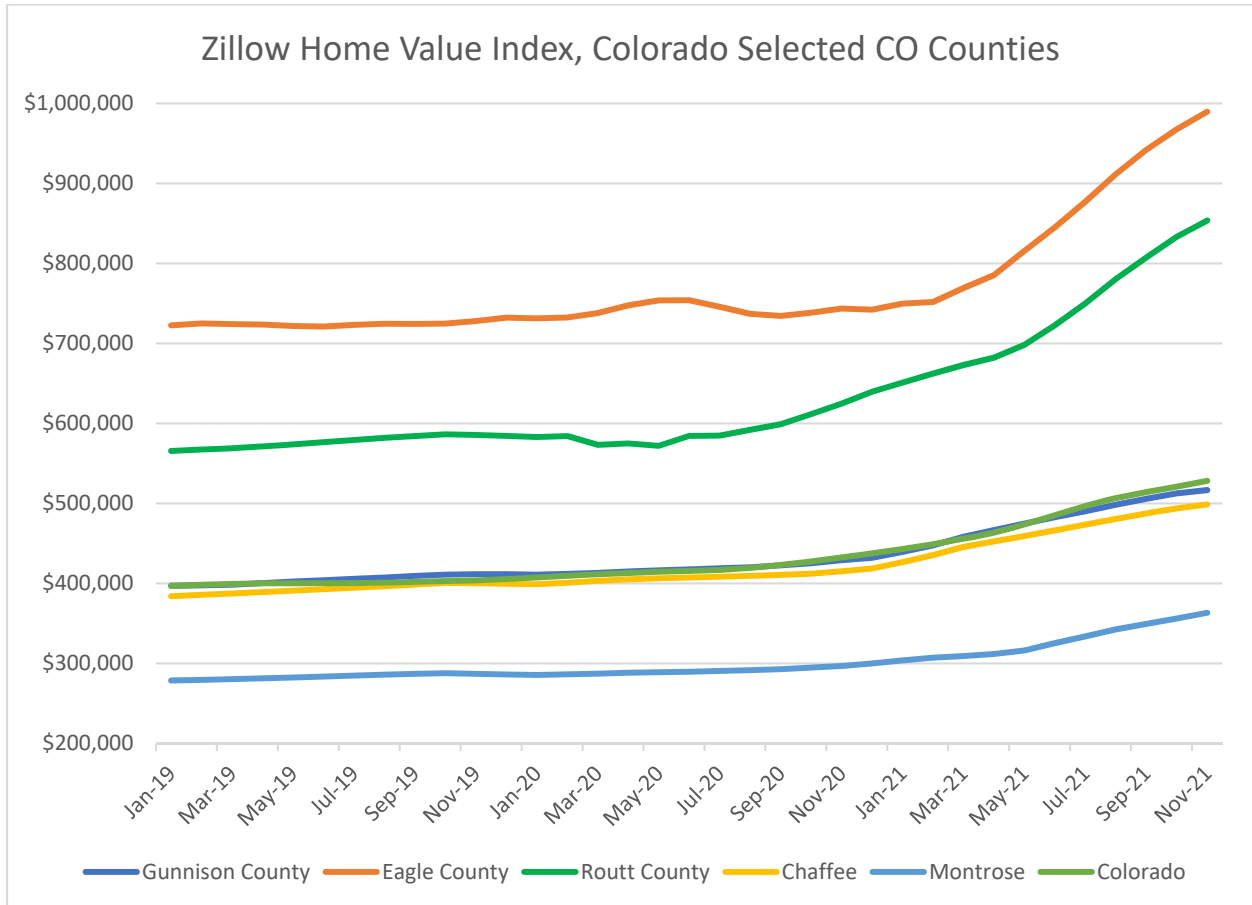
Figure 6-23. Percent of Gunnison County Renters whose Gross Rent is 30% or More of HH Income

According to recent studies, Coloradans must make \$27.50 per hour to afford a two-bedroom unit at fair market value without paying more than a third of their income on rent [33]. The Department of Housing and Urban Development defines “cost burdened” as renters paying more than a third of their income on rent [33]. Therefore, Figure 6-23 suggests that half of the renters in Gunnison County are cost burdened. Estimates show that those making less than \$45,000 per year are running out of options when it comes to places to live [33]. Table 6-2 shows that three-quarters of the jobs in Gunnison County pay less than \$45,000 per year, with about a 70 percent of jobs paying less than \$30,000 per year. Section 6.5.4 reports that thirty-four percent of the population is working more than one job to be able to live in the County. In short, incomes are inadequate to live in the community leading to increased financial stress on renters.

6.4.8 Home Value Trends

Prior to the pandemic, home values across Colorado were rising steadily. In the past year, home values have risen much more rapidly. From November 2020 to November 2021, Gunnison County home values increased 20 percent. Though this is significant a significant increase, by comparison, Eagle County home values rose 33 percent and Routt County home values rose 37 percent. This leads us to ask why Gunnison

County values have not risen as much as these resort county peers. Gunnison County home values and recent rate of increase are equivalent to those in Chaffee County as well as the average for the state of Colorado.



Source: Zillow.

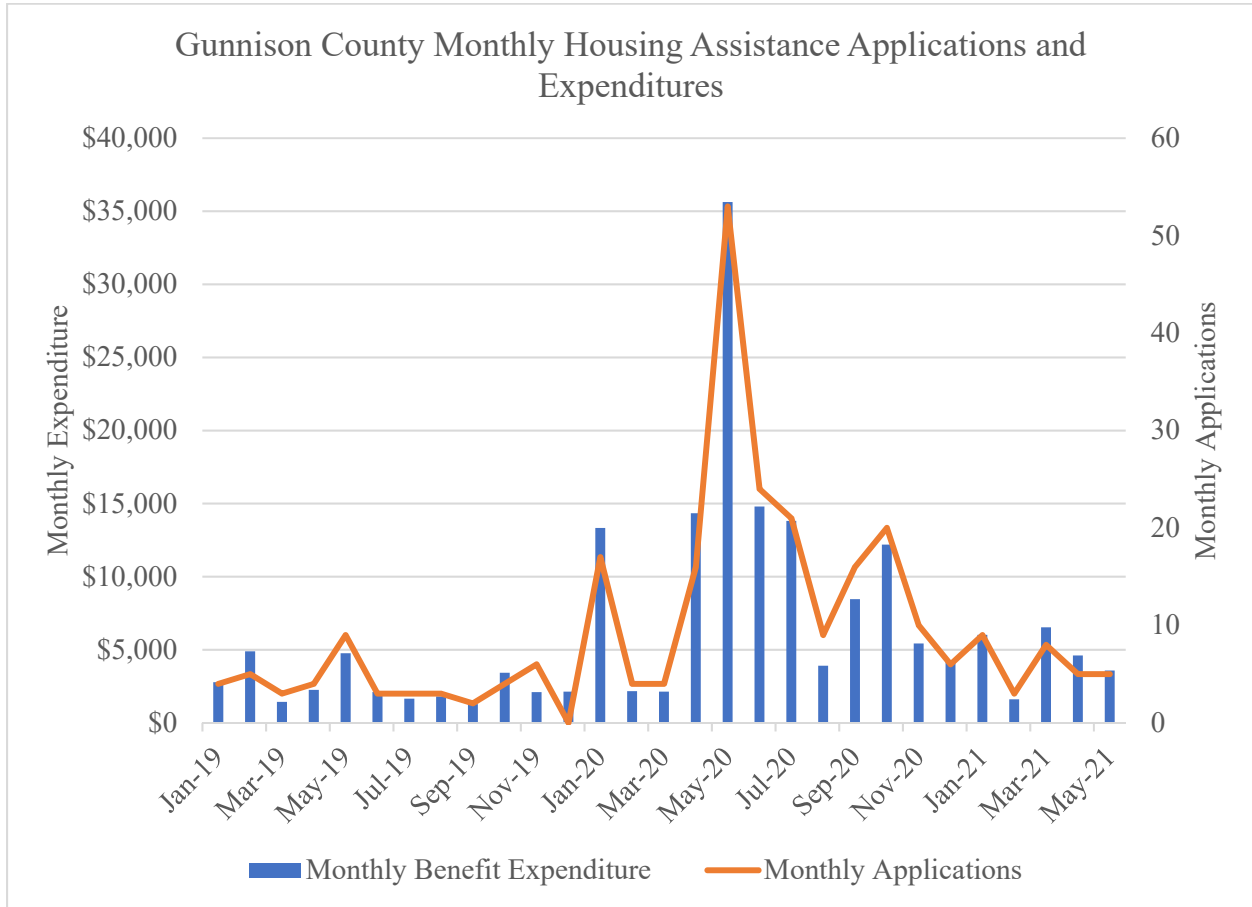
Figure 6-24. Zillow Home Value Index

As housing prices rise, people working moderately well-paying jobs are unable to afford property unless helped by family or friend resources. The inability to purchase property in one’s chosen place of living has unintended consequences for building community connections. Those who cannot enter the home ownership market are likely to feel disconnected and might feel the need to leave the community for better housing opportunities.

6.4.9 Housing Assistance

Long-term, local housing assistance support is minimal and not adequate to meeting the needs of those living below the Self-Sufficiency Standard. If people need housing assistance, they can reach out to DHHS for a one-time payment to help cover mortgage, rent, or other things related to housing, but this is mainly reserved for those who experience some kind of setback.

Figure 6-25 shows the volume of assistance provided by Gunnison County DHHS. Prior to 2020, there were roughly five or fewer applications per month. Following the peak of the pandemic, the monthly number has returned to a lower level but still remains above the 2019 level. This program is not intended for people needing long-term housing assistance, as beneficiaries are only able to receive one payment per year.



Source: Gunnison County DHHS.

Figure 6-25. Gunnison County Monthly Housing Assistance Applications and Expenditures

6.4.10 Short-Term Rentals

Short-term rentals (STRs) are conventionally thought of as contributing to the residential housing shortage and, thus, the more recent employee shortage. This section attempts to understand the impacts that STRs have on the supply and demand for housing. Other benefits and negative impacts of STRs, including increased tourist spending, job creation, individual incomes, neighborhood nuisances, demand for emergency services, and increased competition in the lodging sector are beyond the scope of this report.

STRs support an increase in visitors by increasing the supply of transient lodging inventory, This both increases the demand for service workers while at the same time may be reducing long-term housing for service workers, thus leading to a shortage of service workers. In this scenario, the increase in the

workforce housing supply may not keep up with the increase in demand brought on by the increase in visitors.

Short-term rentals may also decrease the number of employees if they reduce the number of housing units that would be available as long-term residences for worker housing.

As of 2017, there were 1,178 short-term rental units north of Round Mountain, based on data taken from the County’s compliance tracking software. If we assume an average capacity of 6.6 people per unit (taken from the current Key Data system used by the County’s Tourism and Prosperity Partnership), the total capacity would have been 7,751 at that time.

From 2017 to 2022, the number of short-term rentals north of Round Mountain increased to 1,389, sleeping 9,139 based on the Key Data system. Over this five-year period, the number of units increased by 211, or about 42 per year on average. It should also be noted that some units counted by Key Data are conventional motel/hotel rooms and thus would not be incrementally impacting the housing and employment.

Overall, as of 2022, there are 1,671 STRs in Gunnison County, with a total capacity of 10,866, as shown in Table 6-1.

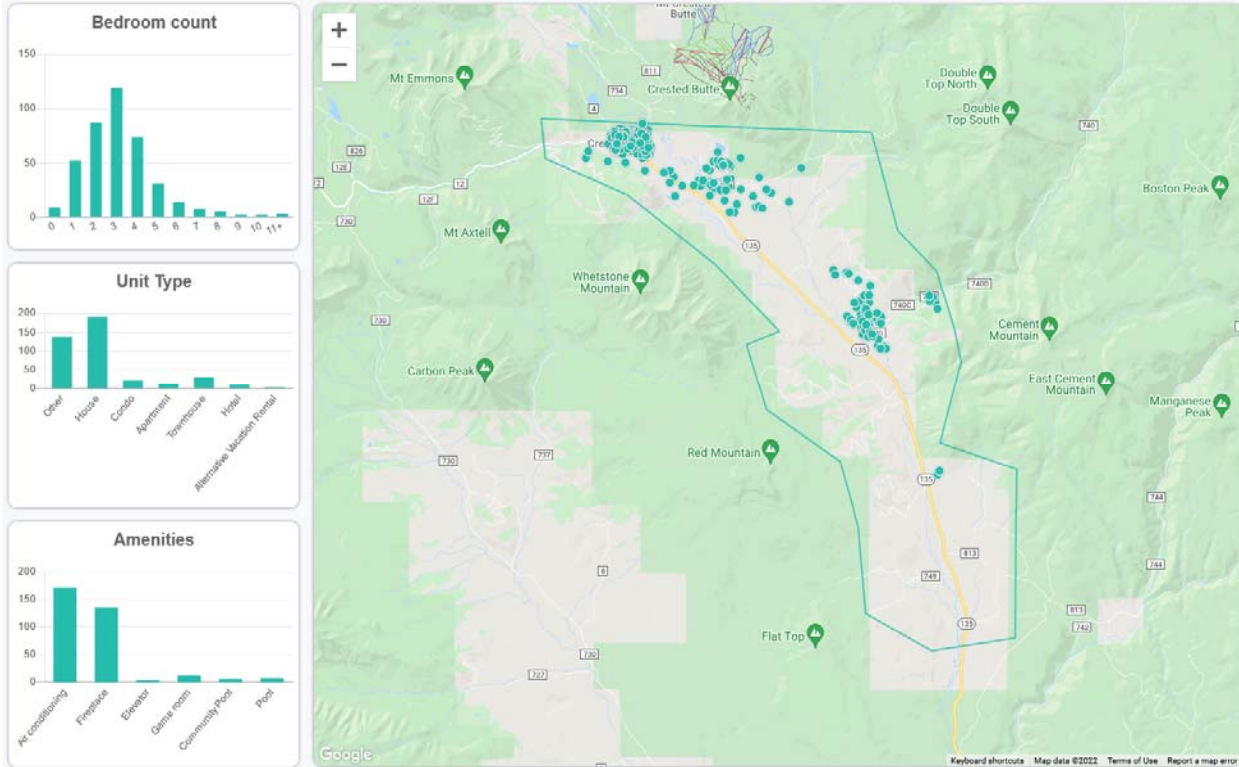
Table 6-1. Gunnison County Short-Term Rental Inventory as of January 2022

	Units/Rooms	Sleeps
Mt. Crested Butte/Meridian Lake	984	6,410
Crested Butte/CB South	405	2,729
City of Gunnison	97	421
Other	185	1,306
Gunnison County total	1,671	10,866

Source: Key Data

STR inventory does not tell us about usage, and we do not have data on the occupancy rates in 2017. For that, we will consider lodging tax revenue in Section 6.7.3. More importantly, we do not know to what extent these units would otherwise be available for the local workforce. Key Data shows some inventory from individual motel rooms and single bedrooms in residential homes to a 3,000 square-foot-house on the Gunnison River (averaging \$448 per night) to a five-bedroom, ski-in/ski-out house in Mt. Crested Butte (listing for \$2,600 per night).

Figure 6-26 shows Key Data’s map of listings in the Crested Butte area as of January 2022. Note the concentrations throughout the Town of Crested Butte, the vacation home areas around the golf course, and in the residential area of Crested Butte South. The majority of listings have three bedrooms and are houses. While some of these units may have been previously rented long-term, its very likely that many, even most were not.



Source: Key Data.

Figure 6-26. STR Listings in Crested Butte Area, January 2022.

The important question for policy makers is how many of the STRs have been transferred from long-term residential housing to short-term transient lodging. The answer to that question is beyond the scope of this assessment and may require a census-type survey. Clearly, the figure will be less than 1,671 and probably much less. Regardless of the actual figure, any increase in demand and/or decrease in supply in a short-supply market will have negative impacts. We see a nexus between STRs and those without “homes” at the margin vis a vis a domino effect whereby a house converts to STR, leaves the former tenant with fewer options. This may lead to even fewer, if any, options for persons reintegrating back into the community.

Many communities across Colorado, including Crested Butte and Mt. Crested Butte, have begun both to limit STR permits and additionally tax their operations to mitigate impacts. According to the Denver Business Journal, “In unincorporated Summit County, where local officials estimate that one-third of the available housing units are now short-term rentals, the county is offering incentives of as much as \$24,000 to property owners who convert into 6- or 12-month leases [34]. Voters in the town of Avon approved an excise tax on the leasing of short-term rentals to fund community housing. In Ouray, voters approved a similar tax to fund both housing programs and upgrades to its water and sewer treatment plants. Leadville passed an accommodations tax on the leasing of short-term rentals to pay for affordable-housing efforts, and Crested Butte increased its excise tax on vacation rentals.”

6.5 Employment

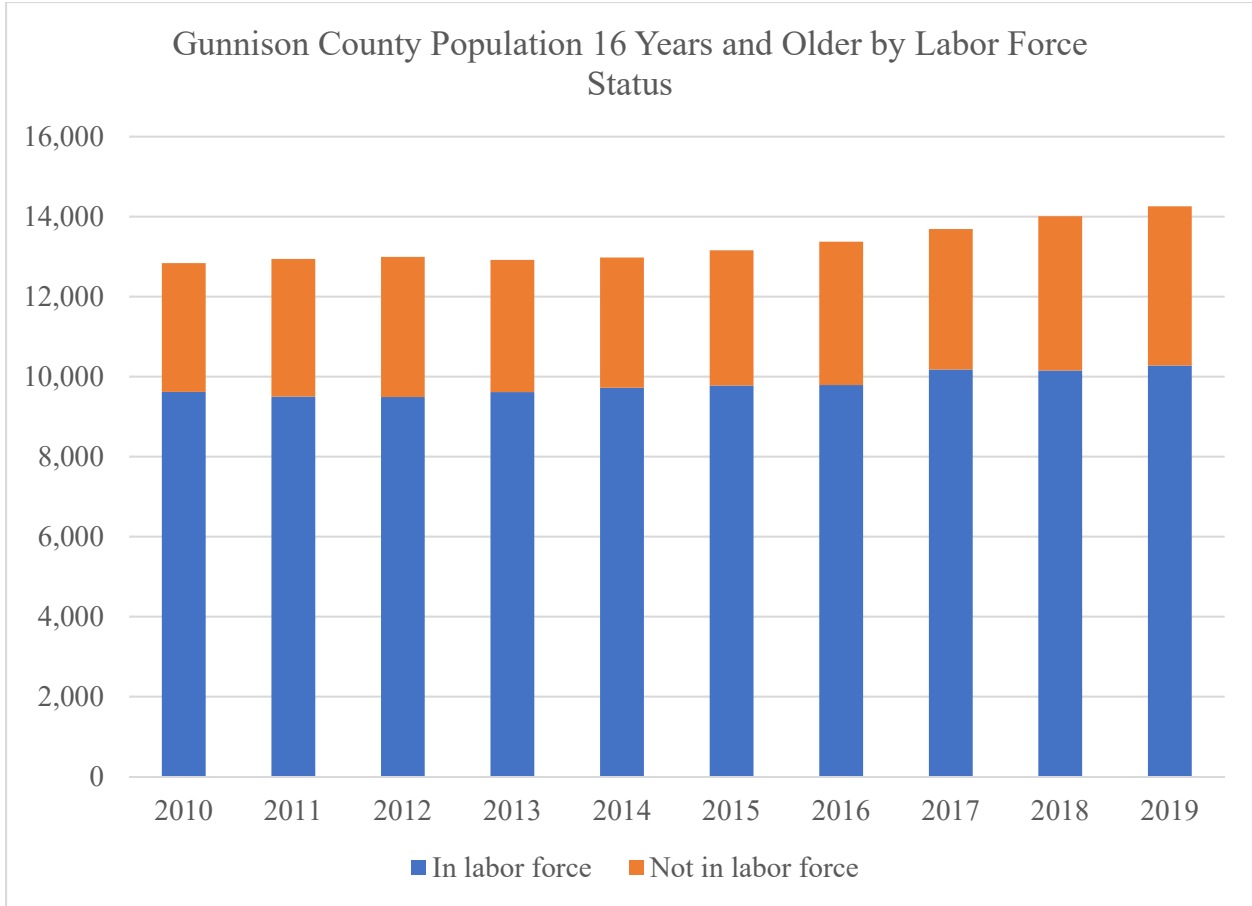
The type of employment available and associated incomes will have a significant impact on the standard of living, and thus the behavioral health, of a region. This section presents various data sets that estimate the number of jobs and compensation in Gunnison County.

Location-neutral workers moving to Gunnison County to work remotely have received a lot of attention, especially in the wake of the pandemic. Effectively, these jobs are increasing independently of Gunnison's economy, and yet these workers and their families incrementally increase the demand for housing in a market in which supply has not kept pace with demand. While it is beyond the scope of this assessment to quantify this incremental housing demand, the trend is likely influencing the cost of housing across the County. We do note that that 879 people moved to the County between 2010 and 2019 and that the number of jobs during that time increased by a figure between 600 to 1,100. So, the number of remote workers is most likely some fraction of that number.

6.5.1 Labor Force

We can learn a lot about Gunnison County's economy by looking at employment trends over time and the relative size of each economic sector. This section presents data from the U.S. Census, DOLA, and IMPLAN (Impact analysis for planning) to describe the economy. IMPLAN is a commercial economic impact model that uses data from the Bureau of Economic Analysis, Bureau of Labor Statistics, and other similar sources.

According to the U.S. Census, from 2010 to 2019, the size of the labor force in Gunnison County grew from 9,614 to 10,273, or at an annual average growth rate of approximately 0.8 percent. In contrast, in the same timespan the number of people 16 years and older not in the labor force grew from 3,220 to 3,984, or at an annual average growth rate of about 2.6 percent. These trends are shown in Figure 6-27. Given the population is growing at 1.2 percent, the data in Figure 6-27 shows us that job growth is not keeping pace with population growth.



Source: U.S. Census.

Figure 6-27. Gunnison County Population 16 Years and Older by Labor Force Status

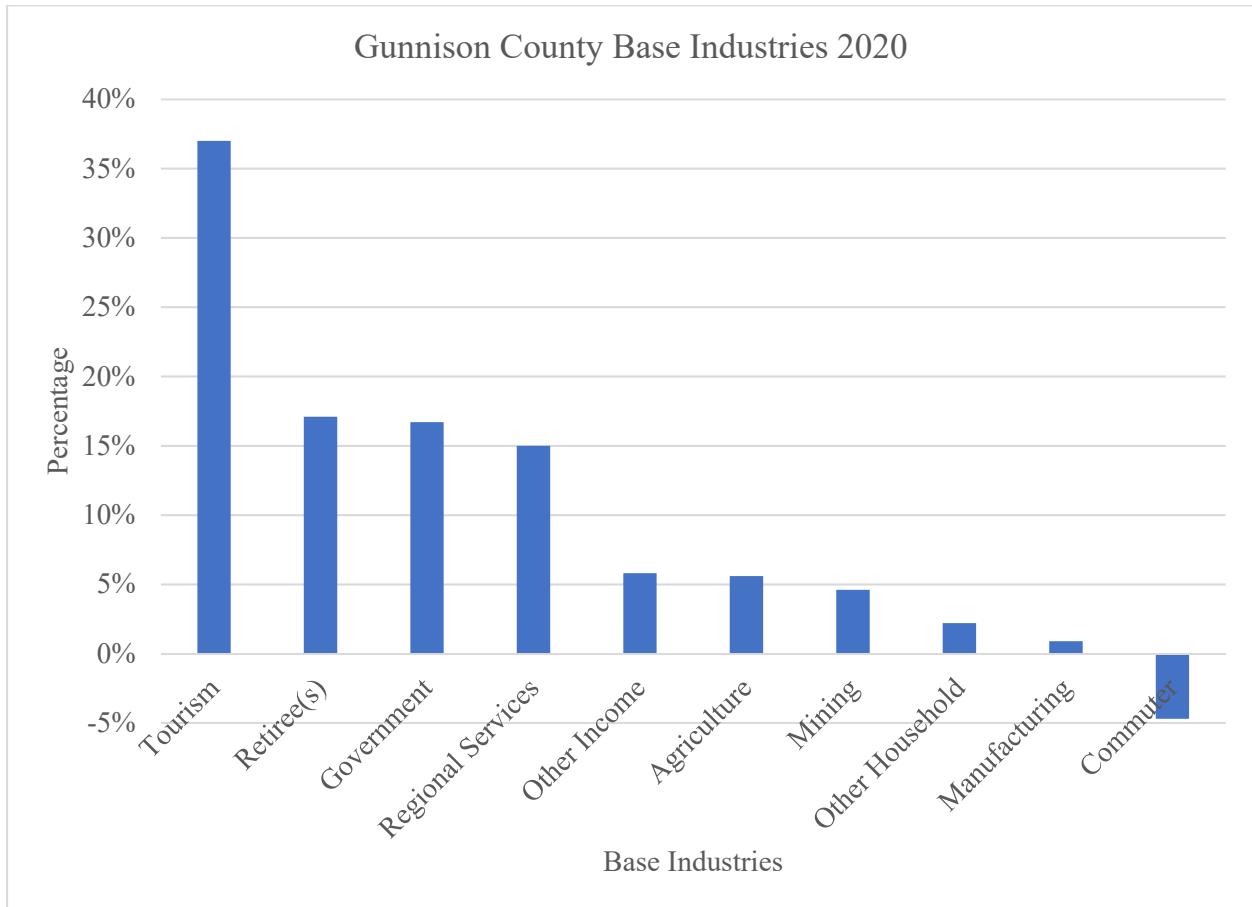
6.5.2 Economic Sectors and Employment

According to DOLA, retirement accounted for 17 percent of the County’s base industry income² in 2020, bringing dollars into the local economy. Retirement is the second largest base industry behind tourism. In

² 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.

contrast, the manufacturing industry, most likely to add value to the economy through exporting products, only accounts for less than one percent of base industry income. Regional Services is a diverse base industry that encompasses all services and goods that a region sells to those in surrounding areas; examples include specialized health care, construction, air or rail transportation.



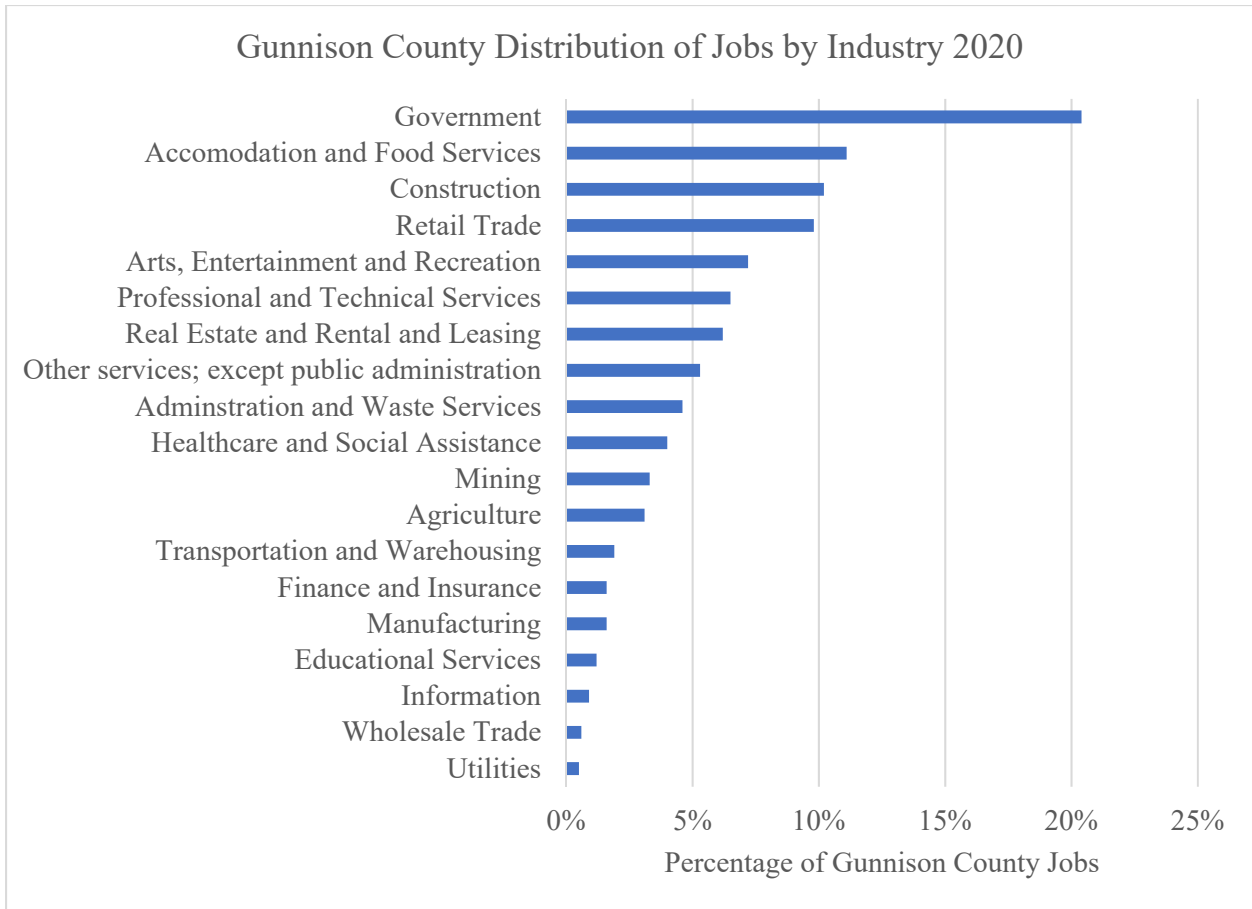
Source: DOLA.

Figure 6-28. Gunnison County Base Industries in 2020

Looking at the share of jobs by industry in 2020 (see Source: DOLA.

Figure 6-29), government jobs account for the largest share, at 20.4 percent. If we combine accommodation, food service, arts and recreation as “tourism,” this sector would have the second largest share of jobs, at 18.3 percent. Healthcare and social assistance account for only 4 percent of the jobs in the County. Very few jobs are export-oriented.

The seasonal nature and sometimes part-time nature of tourism jobs presents a challenge for estimating the number of jobs in the Gunnison economy.

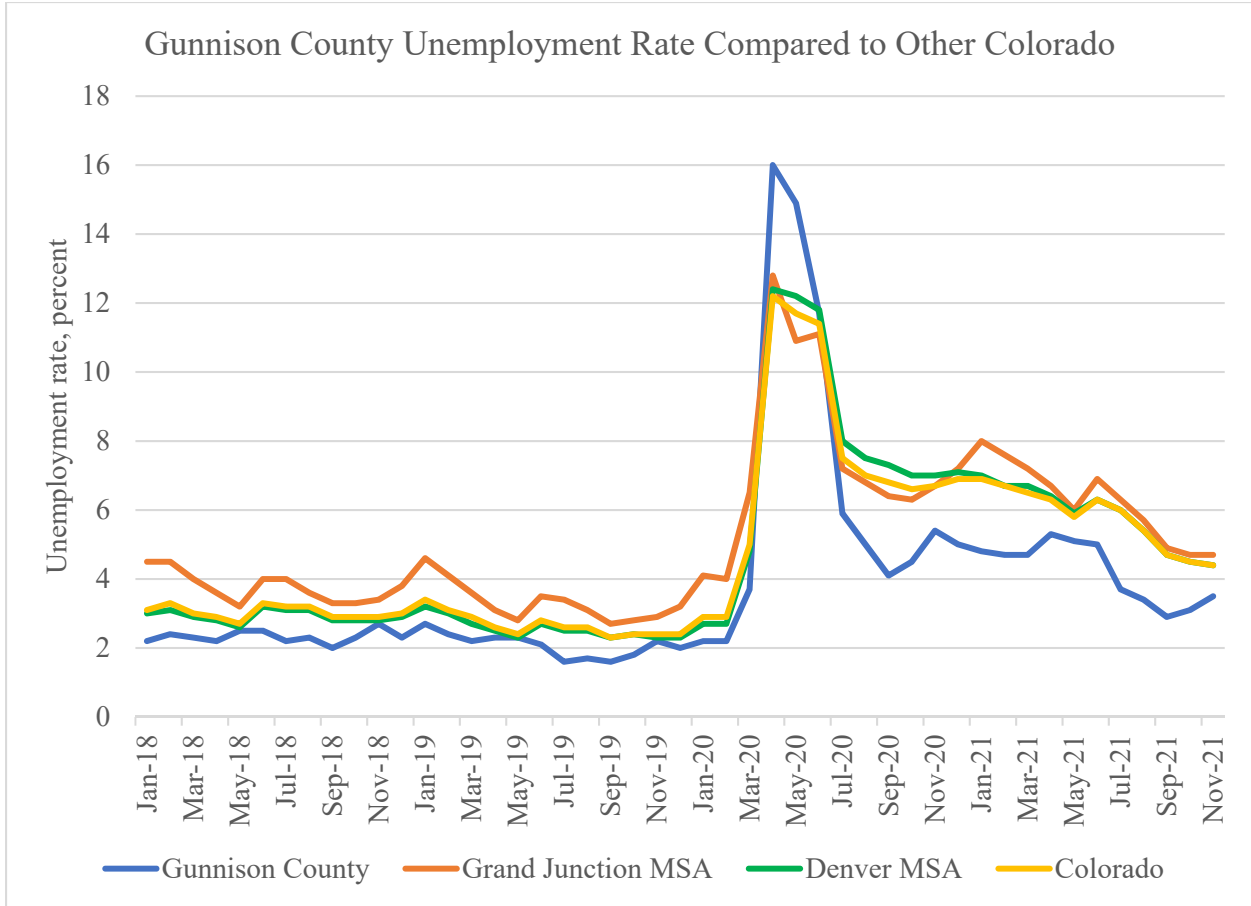


Source: DOLA.

Figure 6-29. Gunnison County Share of Jobs by Industry in 2020

6.5.3 Unemployment

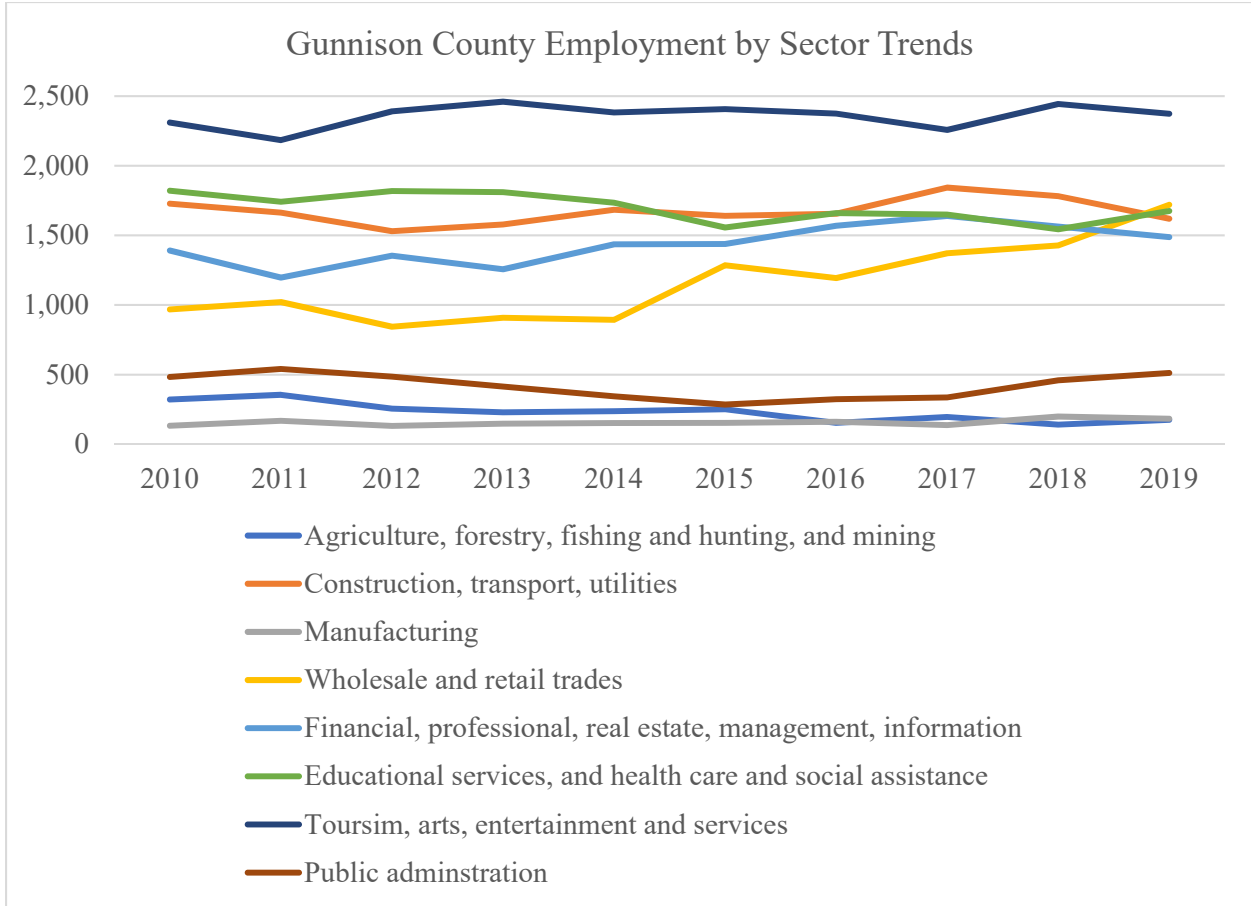
Prior to the pandemic, unemployment in Gunnison County was rather low, at around 2 percent (Figure 6-30). The pandemic caused Gunnison County’s unemployment rate to spike higher than that of the state’s metro areas as well as Colorado as a whole. During the recovery, the County’s unemployment rate has dropped faster than that of the metro areas but remains roughly twice the pre-pandemic level. These trends are consistent with a tourism-dependent economy that outperforms during periods of economic growth but was hit relatively hard by the pandemic.



Source: BLS.

Figure 6-30. Gunnison County Unemployment Rate Compared to Other Places in Colorado

Over the past decade, the number of employees in each sector has generally remained stable, albeit with some variation (Figure 6-31). Wholesale and retail trades have grown the most, predominately in retail, in which jobs are generally at the lower end of the County’s compensation distribution. The number of jobs in the education, health care and social services sectors declined by 8 percent even as student enrollment has increased and the population has aged.



Source: U.S. Census.

Figure 6-31. Gunnison County Employment by Sector Trends

6.5.4 Labor Income

Many of the jobs in Gunnison County are relatively lower paying. Table 6-2 ranks jobs by sector in terms of average labor income per year. Mining and utilities are at the top of the list but account for less than 4 percent of the jobs. Tourism is the sector where jobs most predominantly pay less than \$30,000 per year on average. Low wages require many people to work multiple jobs in order to afford basic needs. Using a report from Headwaters Economics, we calculate an average of 1.34 jobs per person in the workforce [9]. Anecdotes include teachers waiting tables, lift operators washing dishes, and retail employees driving buses.

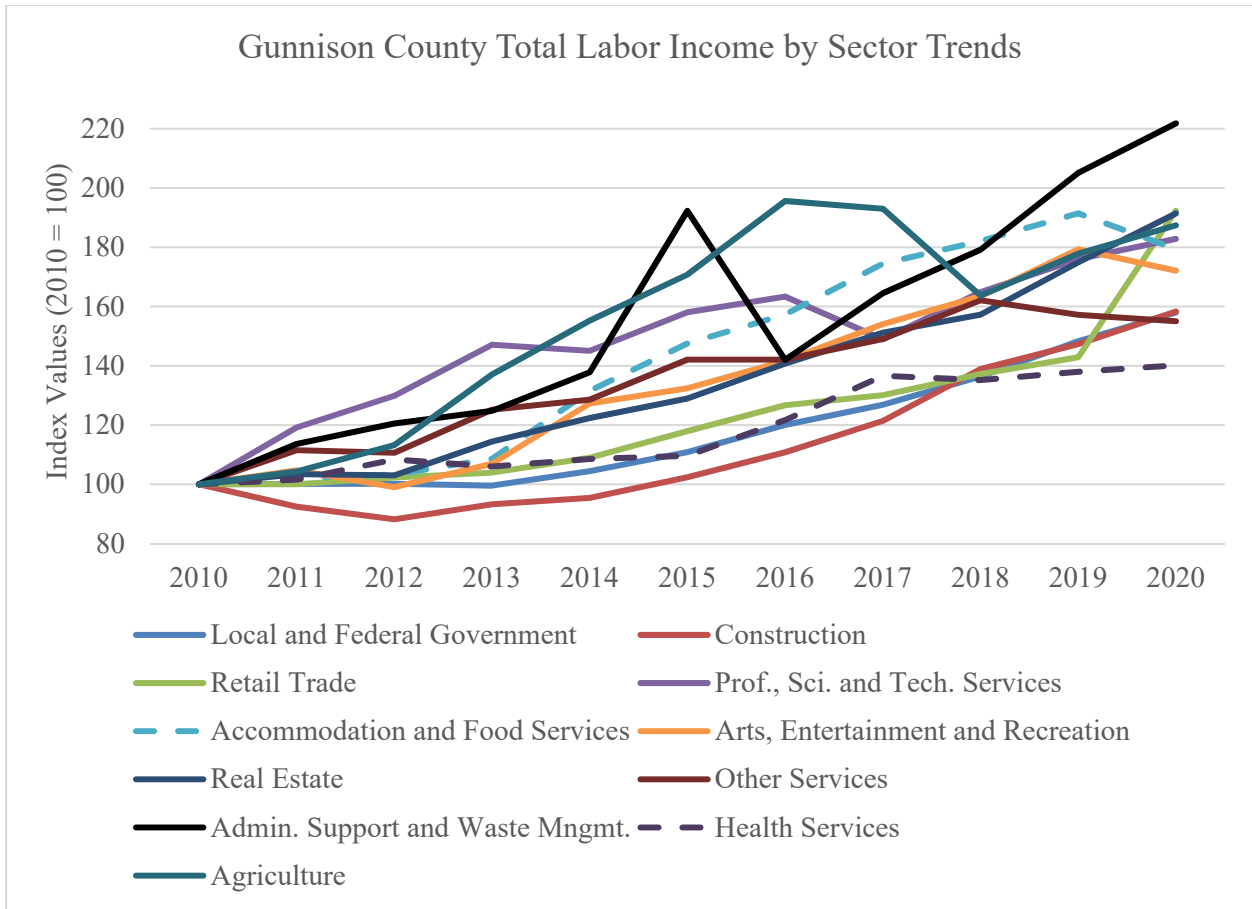
Table 6-2. Gunnison County Employment and Output by Sector, 2019

Sector	Jobs	Labor Income	Total Output	Avg LI/job
Mining, oil/gas, support svcs.	462	\$41,246,000	\$212,756,500	\$89,277
Utilities	77	\$6,024,664	\$67,015,041	\$78,242
Government	967	\$61,334,215	\$85,301,079	\$63,418

Health care	654	\$33,611,319	\$50,834,176	\$51,414
Construction	1,213	\$58,001,392	\$151,243,294	\$47,820
Education	1,001	\$43,256,902	\$52,913,264	\$43,221
Air transportation	22	\$936,809	\$5,960,651	\$41,780
Tourism and recreation	2,244	\$65,000,000	\$158,000,000	\$28,966
Brewery and distillery	59	\$1,600,000	\$36,000,000	\$27,119
Finance and insurance	422	\$11,000,000	\$80,000,000	\$26,066
Childcare and family svcs.	194	\$4,972,207	\$7,787,252	\$25,575
Maintenance	596	\$15,203,918	\$45,736,123	\$25,511
Retail incl. grocery	957	\$24,000,000	\$70,000,000	\$25,078
Real estate	1,133	\$13,500,000	\$273,000,000	\$11,915
Ranching, farm, forestry	351	\$3,600,000	\$45,000,000	\$10,256
Other (approx. 150 others)	3,622	\$129,250,762	\$375,329,311	\$35,689
Total	13,974	\$512,538,190	\$1,716,876,690	\$36,678

Source: IMPLAN

Over the past decade, labor incomes have generally risen for all sectors of the economy (Figure 6-32). Construction is the most cyclical, with incomes falling in the wake of the Great Recession. Tourism income, though relatively low, was rising at a relatively high rate prior to the pandemic. For the purpose of this report, we point out that labor income for health services workers has increased the least among all sectors, increasing by only three percent 2017 to 2020, or by about one percent annually.

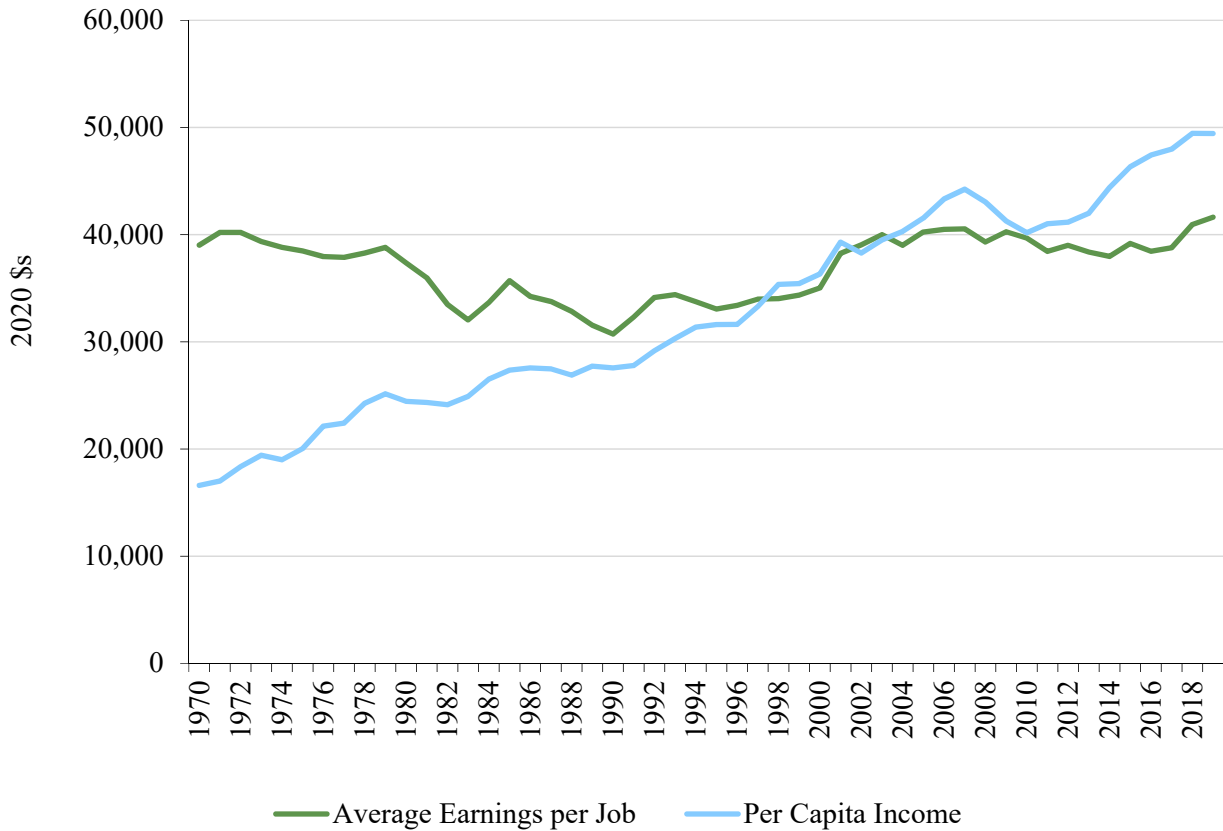


Source: DOLA.

Figure 6-32. Gunnison County Total Labor Income by Sector Trends

Figure 6-33 shows very modest growth in average earnings per job over the past half-century. In terms of 2020 dollars, the average earnings grew from \$39,013 in 1970 to \$41,631 by 2019. In contrast, per capita income, which considers investment and retirement income, has growth at a steady rate from \$16,604 in 1970 to \$49,439 by 2019.

Average Earnings per Job & Per Capita Income, Gunnison County, CO



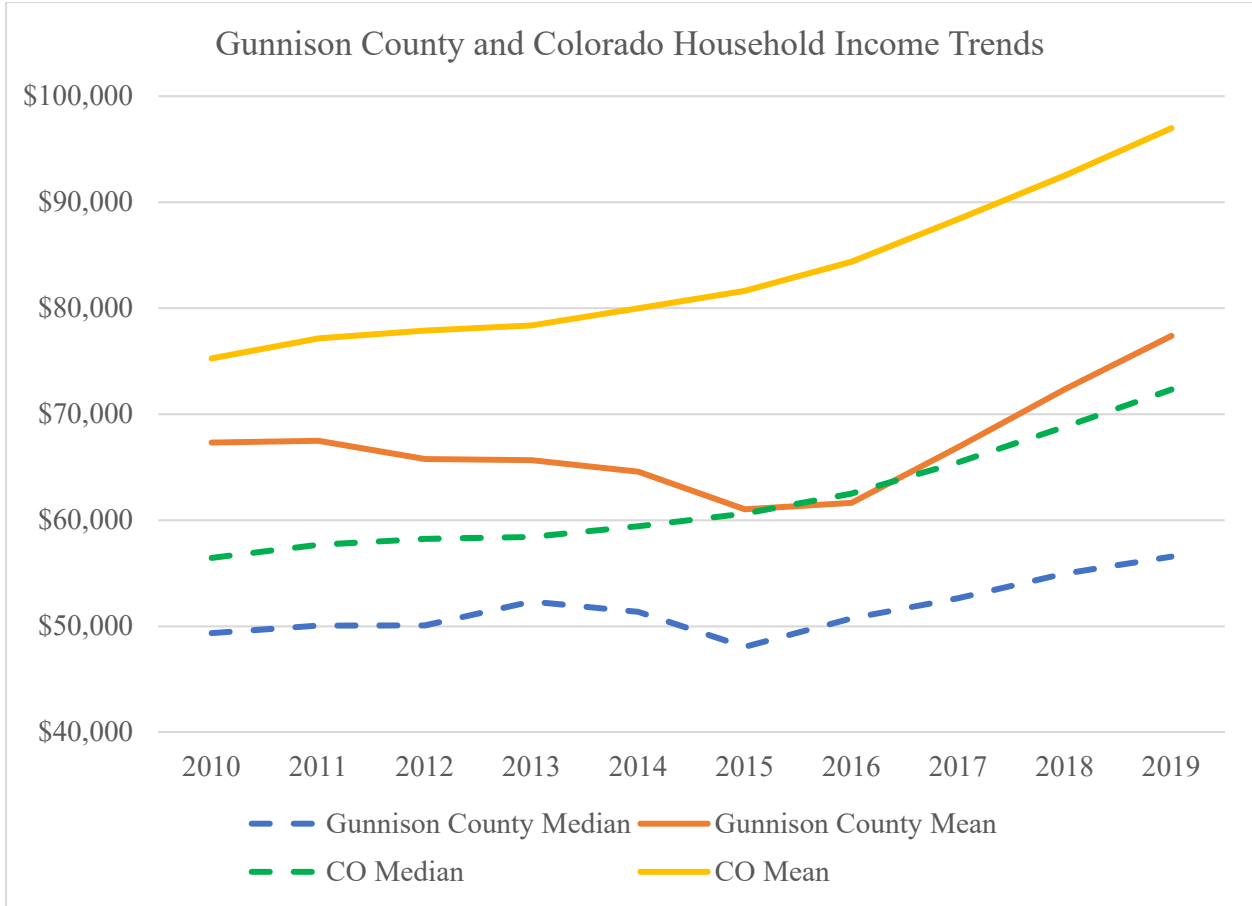
Source: Headwaters Economics.

Figure 6-33. Average Earnings Per Job and Per Capita Income from 1970

6.6 Household Incomes

Although household incomes in Gunnison County have risen over the past decade, they have not kept up with rising income trends at the state level. In 2010, the median income in Gunnison County was 87 percent of Colorado’s median. By 2019, the County’s median income stood at 78 percent of Colorado’s as a whole.

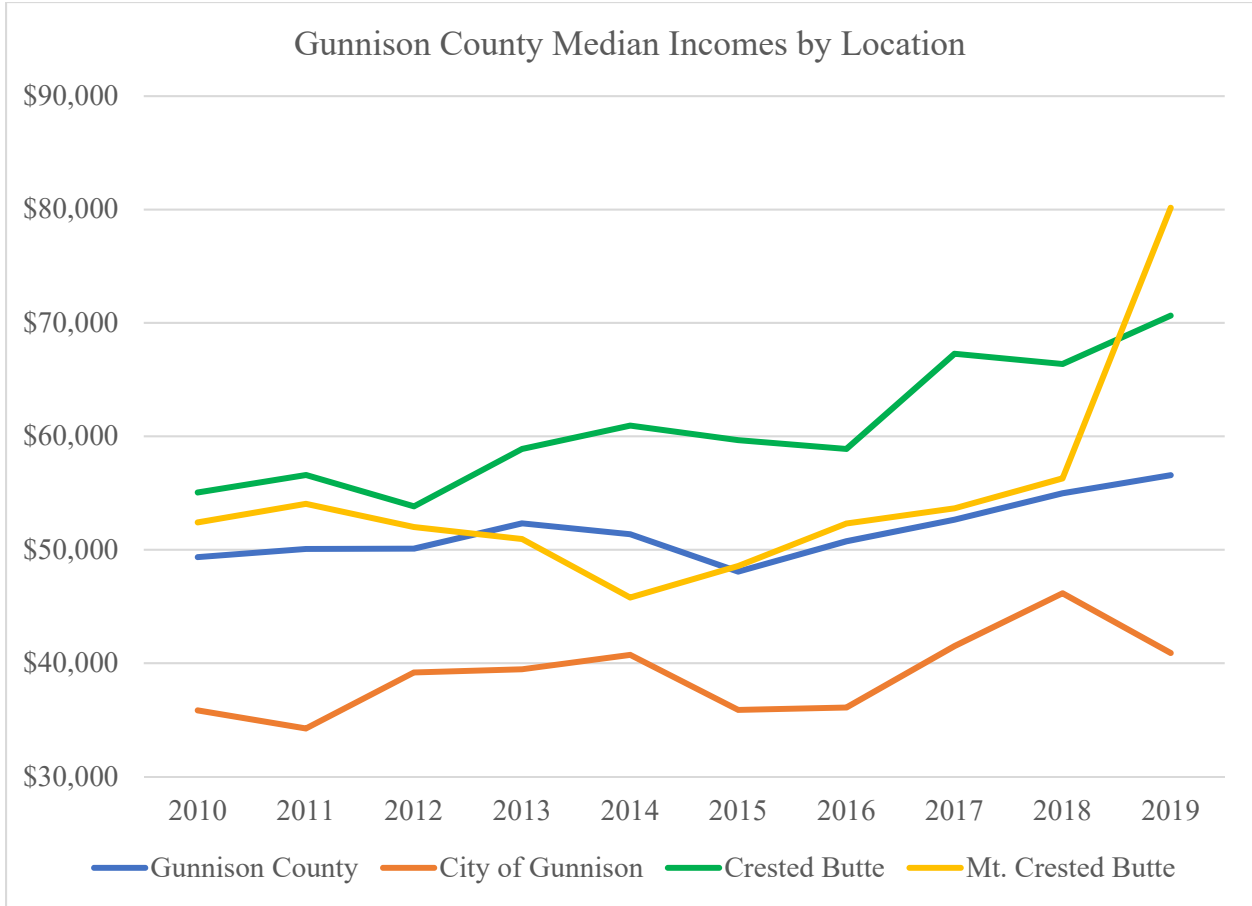
Gunnison County’s median income growth relative to mean income growth is a mixed story. From 2010 to 2016, the median income increased at a greater rate, reaching 82 percent of the mean income. However, from 2016 to 2019, the growth of the mean income outpaced the median. When the median income growth fails to keep pace with mean income growth, income disparity increases as lower-income household incomes are not growing as fast as higher-income household incomes.



Source: U.S. Census.

Figure 6-34. Gunnison County and Colorado Household Income Trends

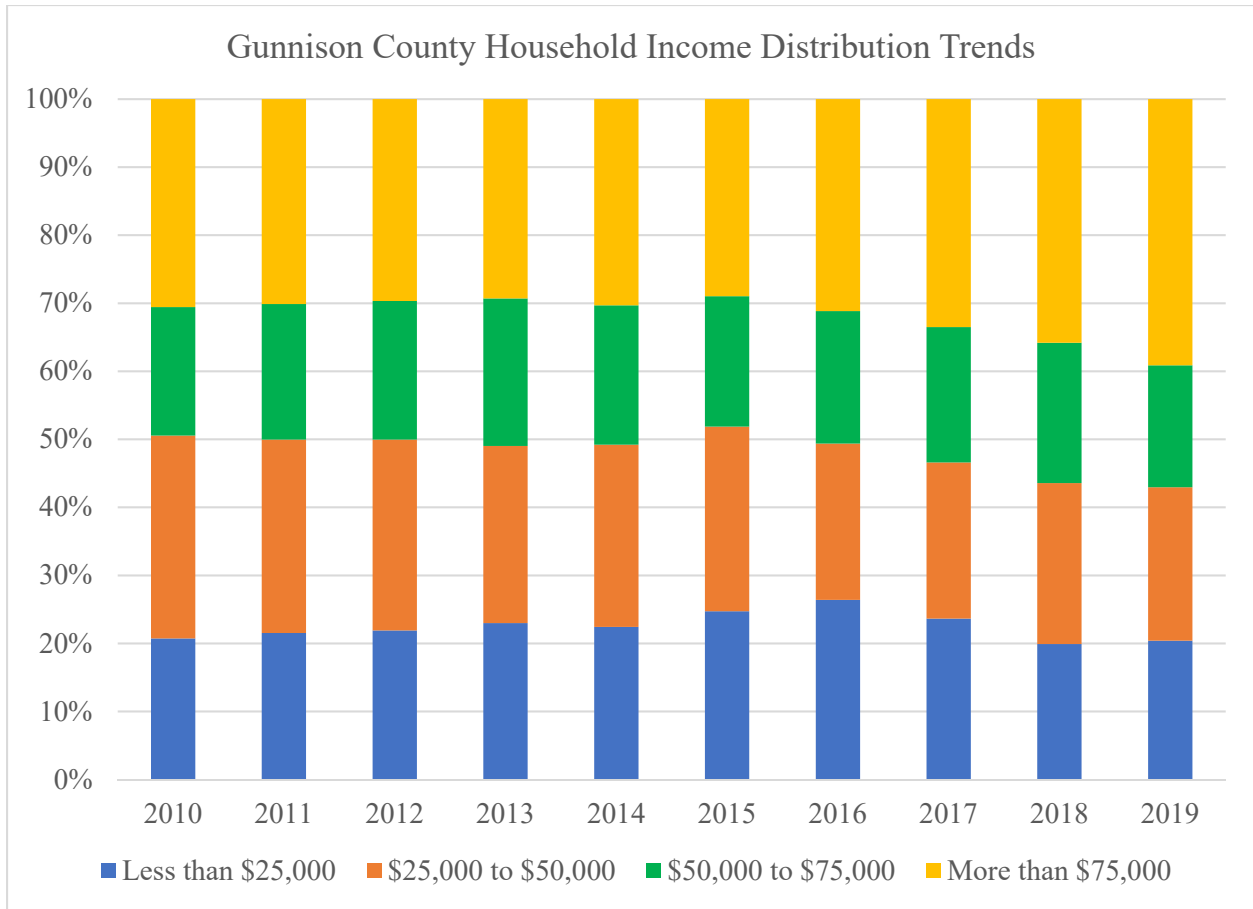
Within Gunnison County, median incomes in Crested Butte and Mt. Crested Butte exceed Gunnison’s, thus the County median income generally falls between the levels found in the north and south ends of the County (see Figure 6-35).



Source: U.S. Census.

Figure 6-35. Gunnison County Median Incomes by Location

Looking at the distribution of income categories over time, in Figure 6-36, shows the portion of households earning \$25,000 or less has remained relatively unchanged over the past decade, at about 20 percent. In spite of significant national economic expansion and local economic growth, the lowest income households have not been able to increase their earnings. In contrast, at the outset of the decade, 31 percent of household incomes exceeded \$75,000, and by 2019 that share had increased to 38 percent.



Source: U.S. Census.

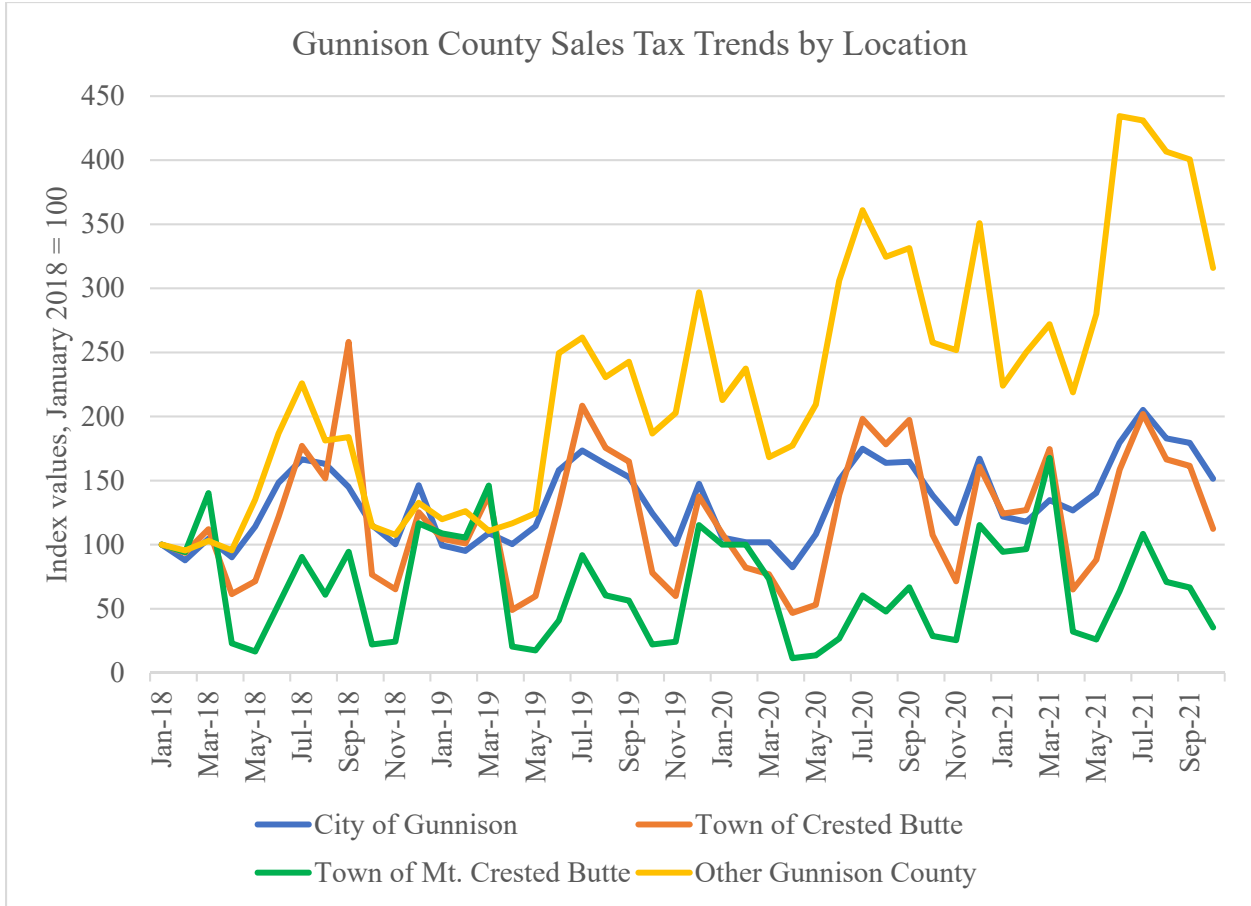
Figure 6-36. Gunnison County Income Distribution Trend

6.7 Sales and Lodging Tax Trends

Tax revenues are an important descriptor of an economy. This section presents a comparison of sales tax trends for each of the locations within the county, sales tax by type of goods for the City of Gunnison, and County lodging tax trends, which all serve as a measure of the County’s tourism economy.

6.7.1 Sales Tax Trends by Location

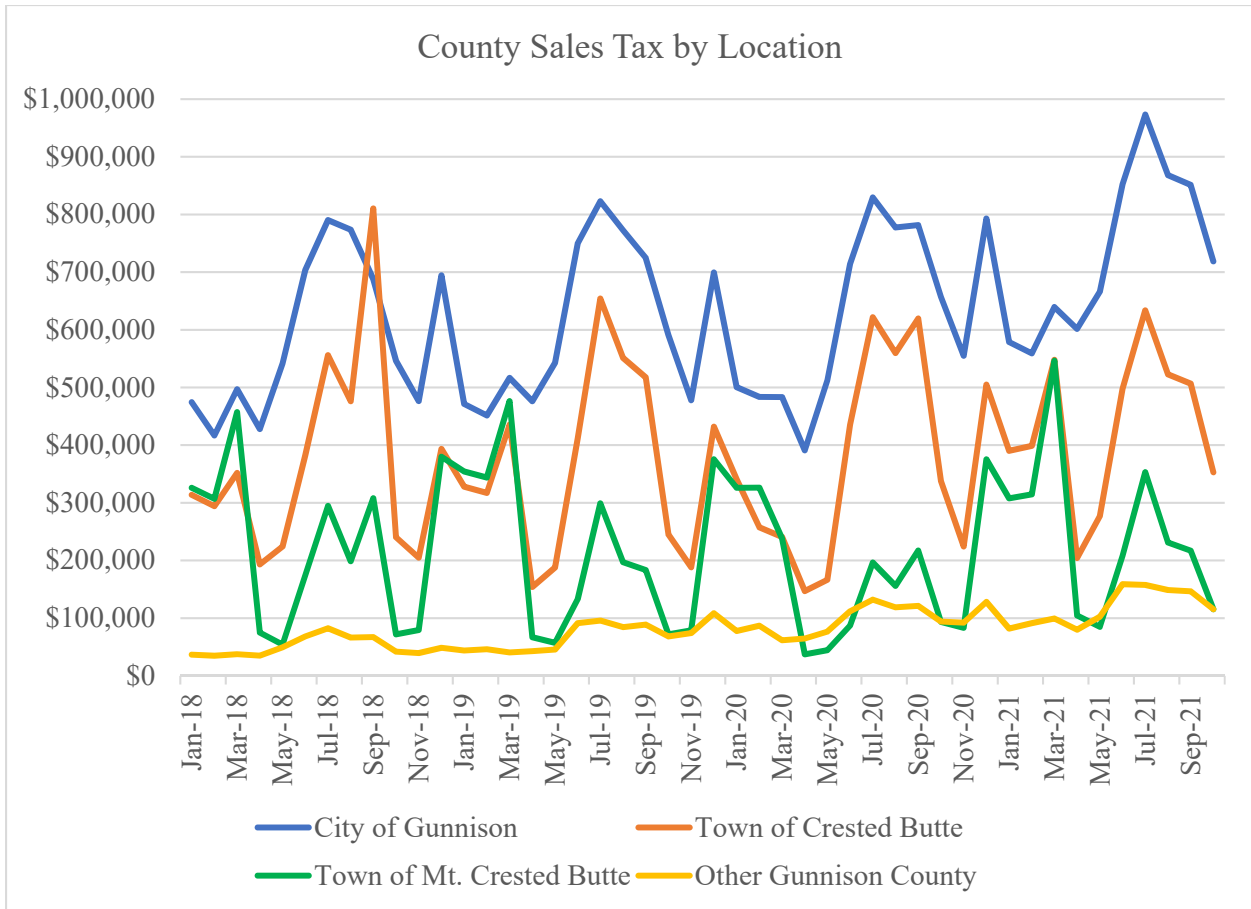
The County collects a one-percent sales tax throughout its area. While the absolute amounts vary by location, we gain insight into how the County is evolving economically by comparing rates of change over time by location. Figure 6-37 shows economic expansion primarily occurred in unincorporated Gunnison County though the City of Gunnison and Town of Crested Butte grew modestly. Sales tax revenues from the town of Mt. Crested Butte declined over this period.



Source: Gunnison County Finance Department.

Figure 6-37. Gunnison County Sales Tax Trends by Location

In absolute terms, the City of Gunnison generates the most sales tax for the County, followed by the town of Crested Butte, as shown in Figure 6-38. Relative to population, Gunnison generates less sales tax revenue per person, which is explained by the larger number of tourists spending in Crested Butte.



Source: Gunnison County Finance Department.

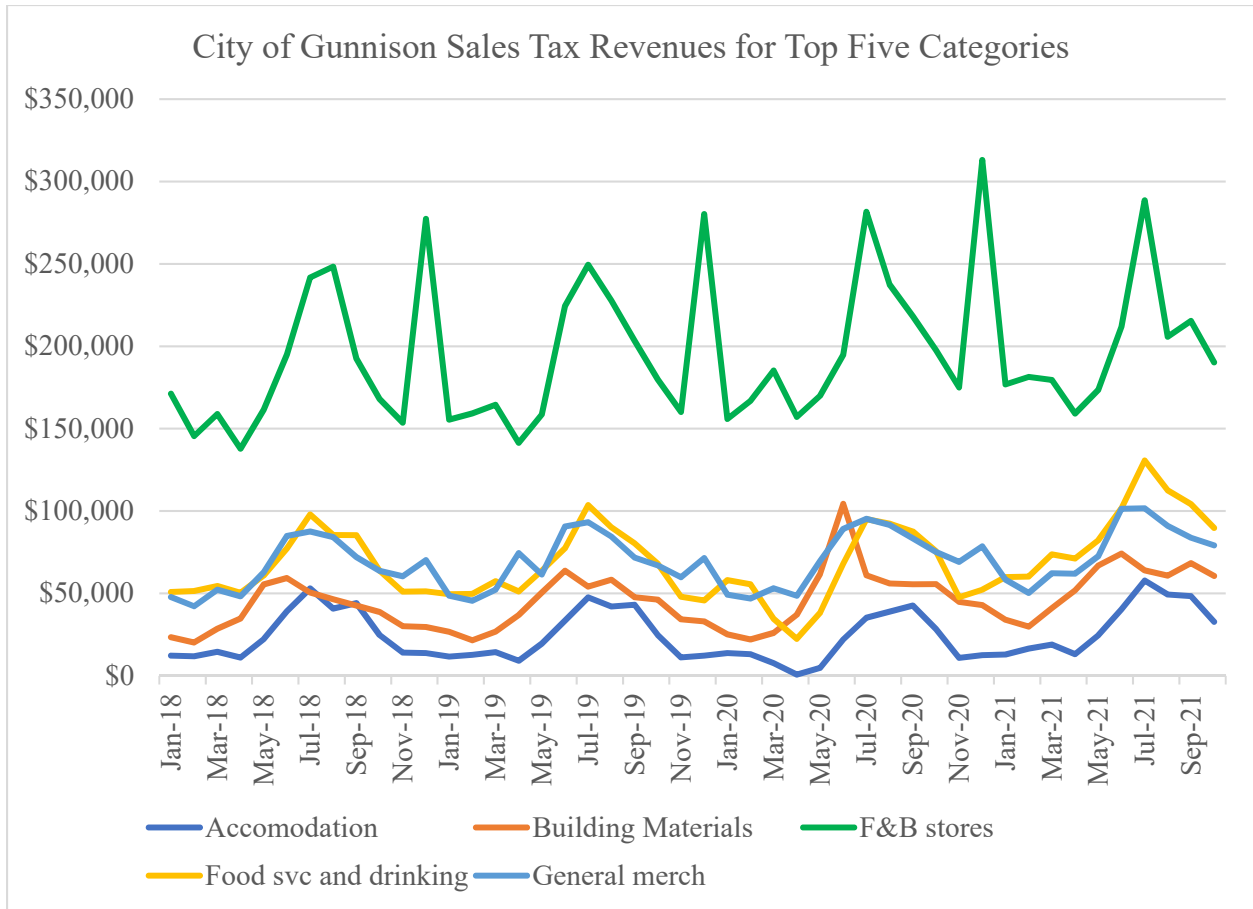
Figure 6-38. County Sales Tax by Location

Both of these figures show that the pandemic had a limited impact on overall economic activity.

6.7.2 City of Gunnison Sales Tax

The City of Gunnison reports its sales tax revenue in terms of many categories. This is helpful for understanding the type of economic activity occurring in this area, especially given that the City has the largest sales volume. Food and groceries account for the most sales tax revenue in Gunnison. The record level of sales tax generated during the summer of 2021 was led by new peaks in restaurant and general merchandise sales. Note that rising prices factor into increasing tax revenues in addition to greater consumption.

Gunnison’s sales tax on cannabis may provide some insight for better understanding substance abuse trends. Changes in pricing and visitor consumption introduce variation.

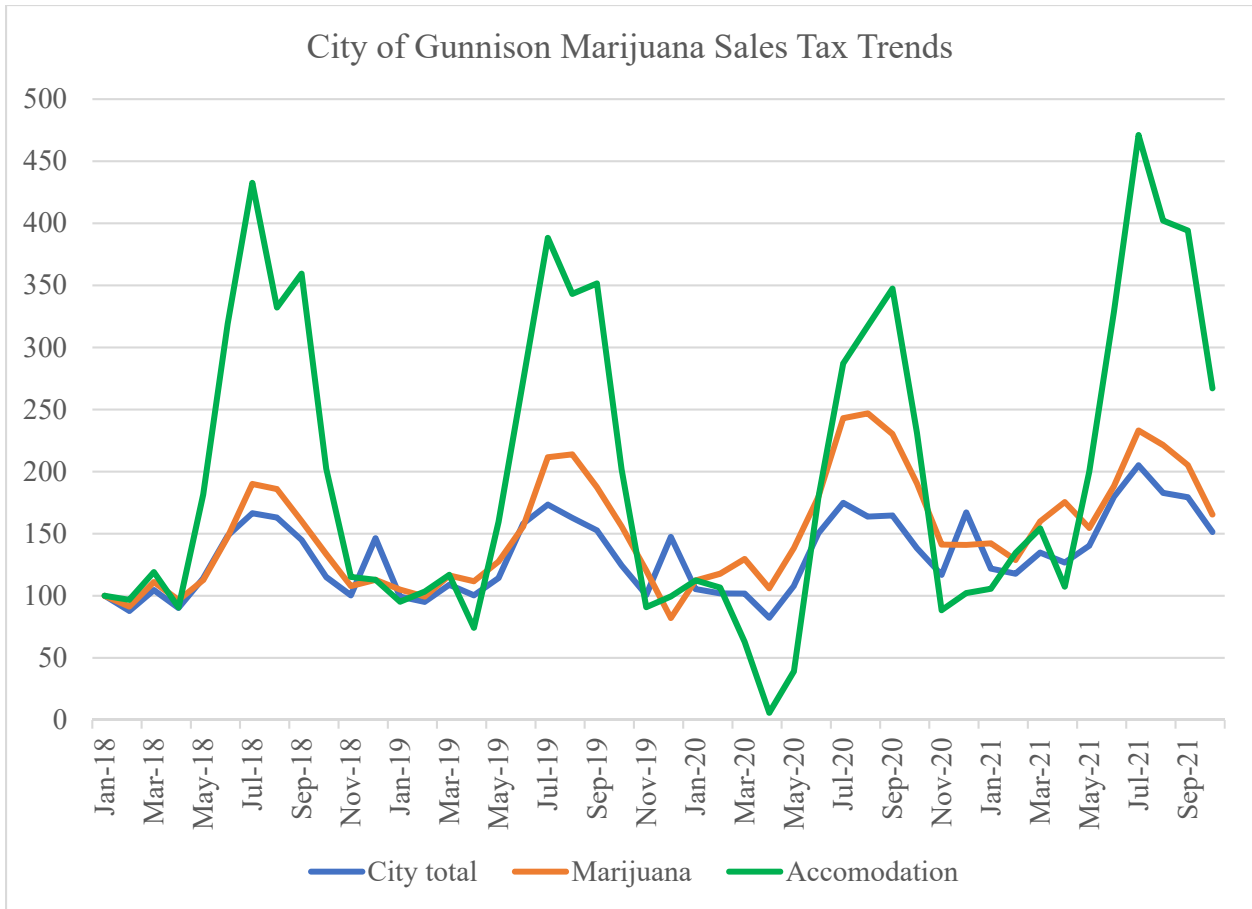


Source: City of Gunnison.

Figure 6-39. City of Gunnison Sales Tax Revenues for Top Five Categories

Source: City of Gunnison.

Figure 6-40 shows that from 2018 to 2020, accommodation revenues trended down while cannabis trended up. These divergent trends suggest more local consumption. Summer is the peak period for consumption of both accommodation and cannabis, and both tax revenue streams increased more than the overall city sales tax revenues. In 2021, accommodation revenues spiked while cannabis revenues declined.



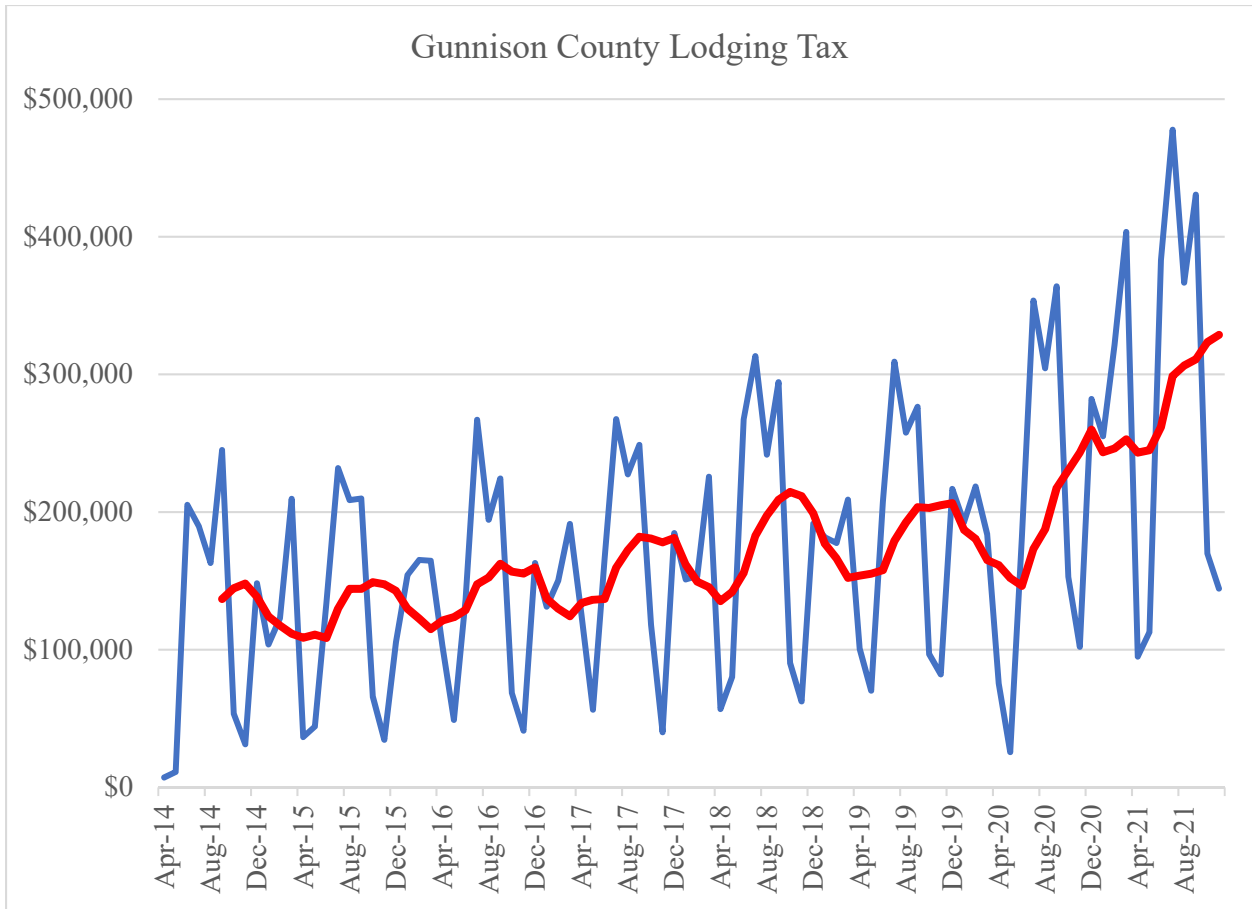
Source: City of Gunnison.

Figure 6-40. City of Gunnison Marijuana Sales Tax Trends

6.7.3 County Lodging Tax

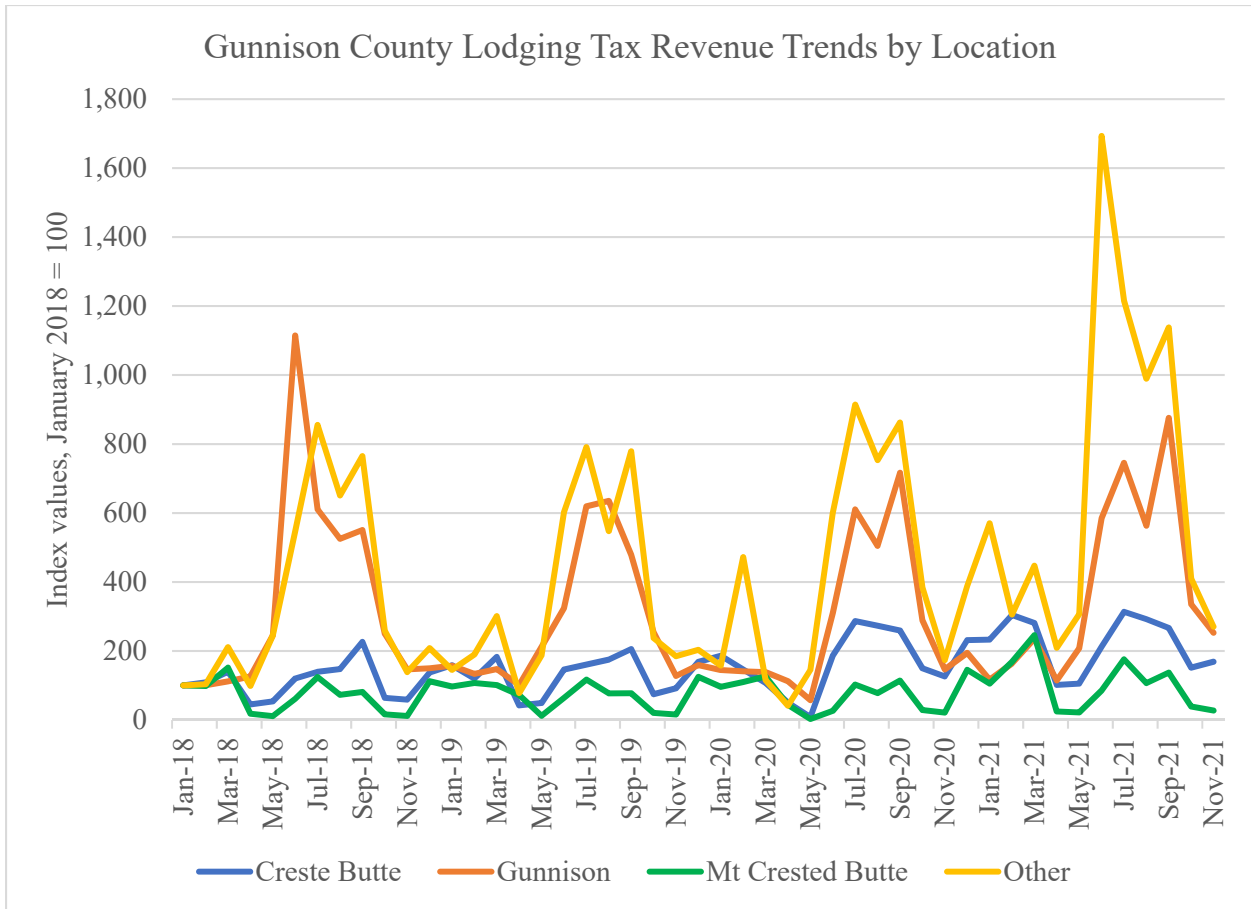
Gunnison County levies a 4-percent lodging tax from a local market district (LMD) that generally corresponds to the county boundary. This revenue stream is one measure of the County’s tourism economy. Lodging tax revenues trended up from 2014 to 2020 and have risen rapidly over the past two years, as shown in Figure 6-41.

As discussed in Section 6.4.10, the increasing use of short-term rental accommodation, especially of properties that rent for hundreds and thousands of dollars per night, is likely a contributing factor to the rise in lodging tax revenues and may be the most significant factor. The growth in lodging tax revenue from the unincorporated areas of Gunnison County, which is presented in Figure 6-42, provides evidence of an increased use of short-term rentals in that area.



Source: Gunnison County Finance Department.

Figure 6-41. Gunnison County Lodging Tax.



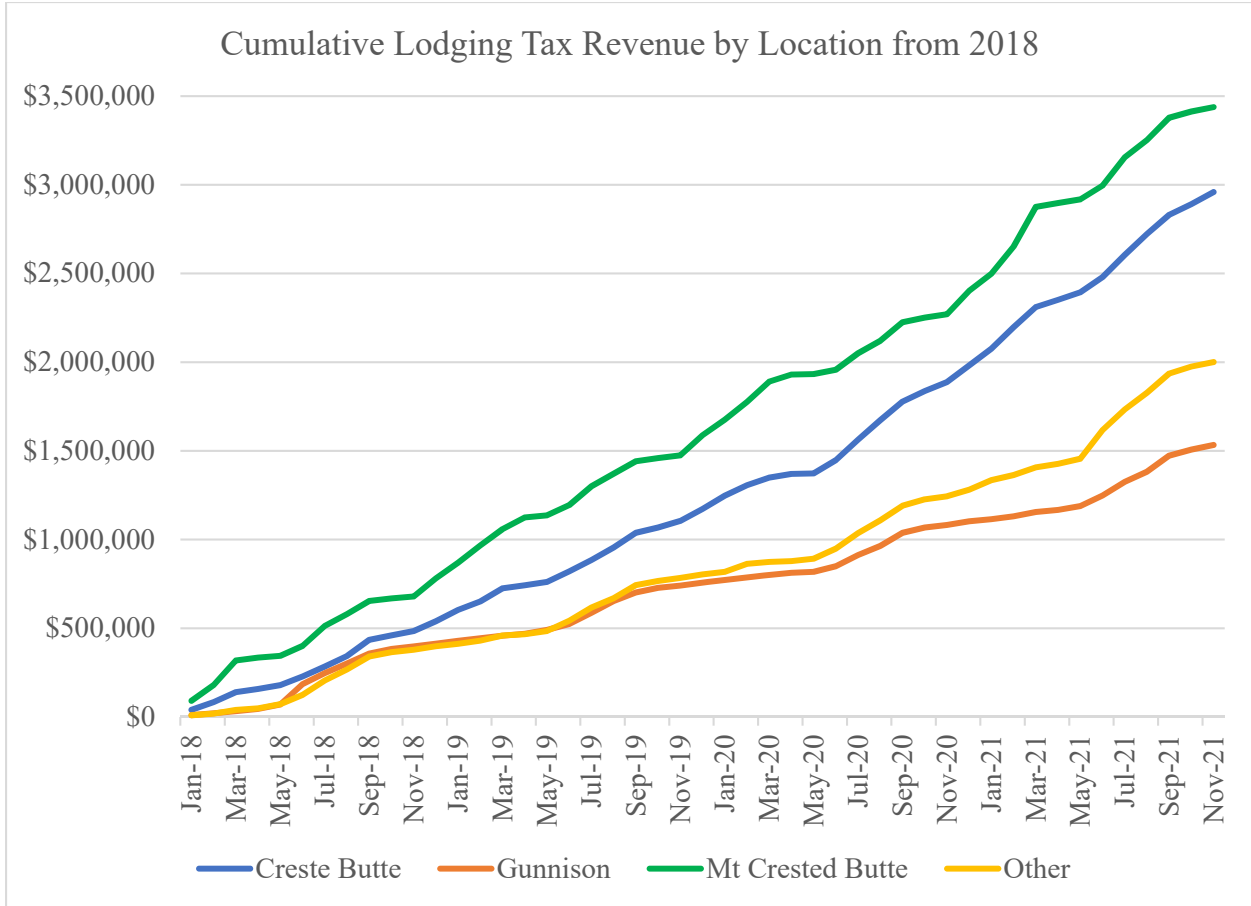
Source: Gunnison County Finance Department.

Figure 6-42. Gunnison County Lodging Tax Revenue Trends by Location

Lodging tax revenue growth suggests Gunnison County’s tourism economy is performing well. Unfortunately, this economic growth does not appear to be sufficient or has not yet been able to alleviate chronic poverty and the lack of self-sufficiency. Explanations for this and the relationship between socioeconomic conditions and behavioral health are a theme of this assessment.

Although lodging revenues have grown, only a share of the revenue impacts the County. In the case of STRs, the analysis of 2017 STR permits and assessor data showed 80 percent of the permits were associated with out-of-county tax bill addresses. Indeed, a portion of this revenue will be spent locally to maintain and operate the STRs, but the remaining portion is not likely to impact the County’s economy, at least directly.

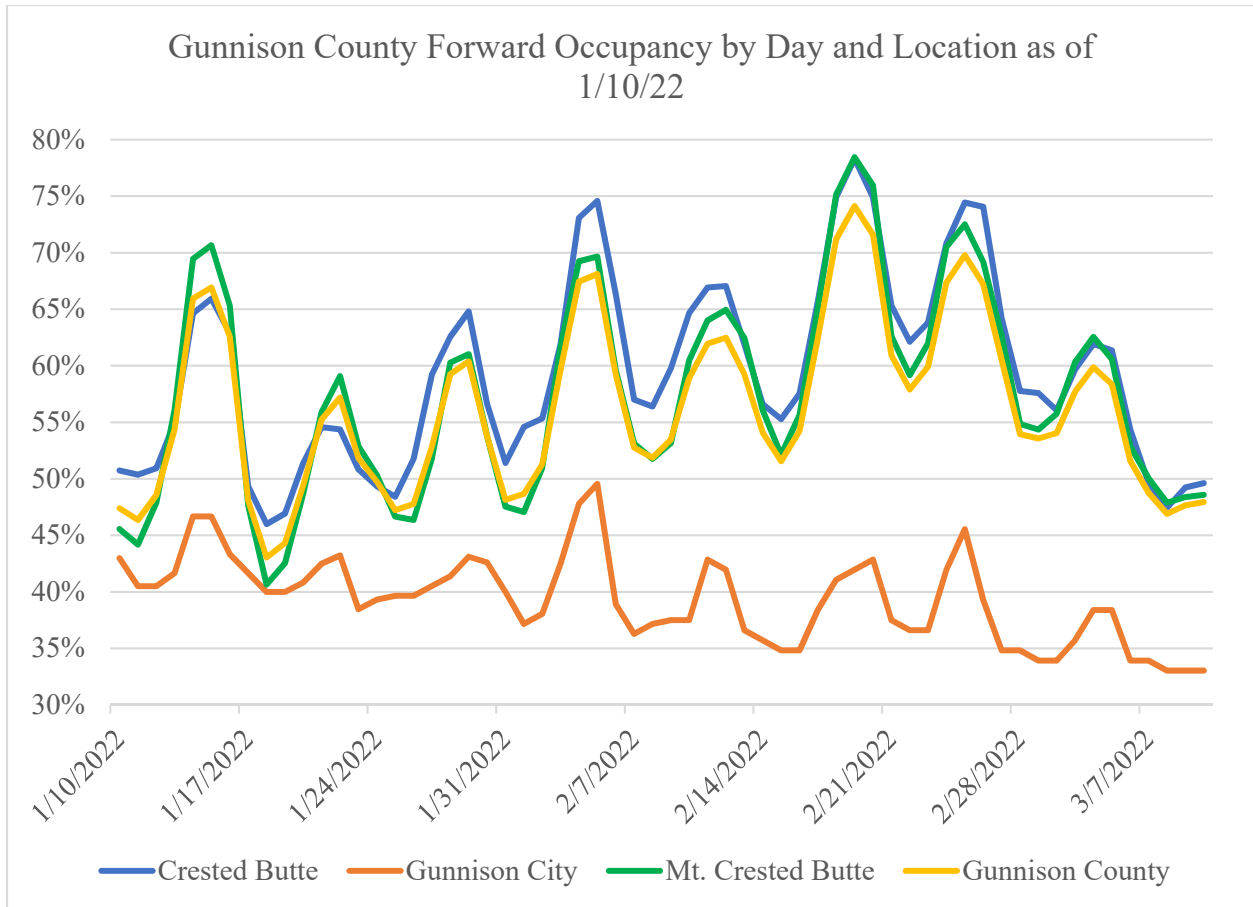
Although lodging tax revenue generated in unincorporated County areas has grown at the fastest rate, compared with other areas, since 2018, the majority of lodging tax revenue has still been generated in Crested Butte and Mt. Crested Butte (see Figure 6-43). In turn, this tax revenue is allocated to benefit the entire County’s tourism economy as well as broader economic development.



Source: Gunnison County Finance Department.

Figure 6-43. Cumulative Lodging Tax Revenue by Location from 2018

The City of Gunnison struggles with winter tourism. Figure 6-44 shows the advance bookings of lodging properties in terms of percentage booked or occupied as of the time of this writing in January 2022. Gunnison reservations significantly trail the other locations within the County.



Source: Key Data.

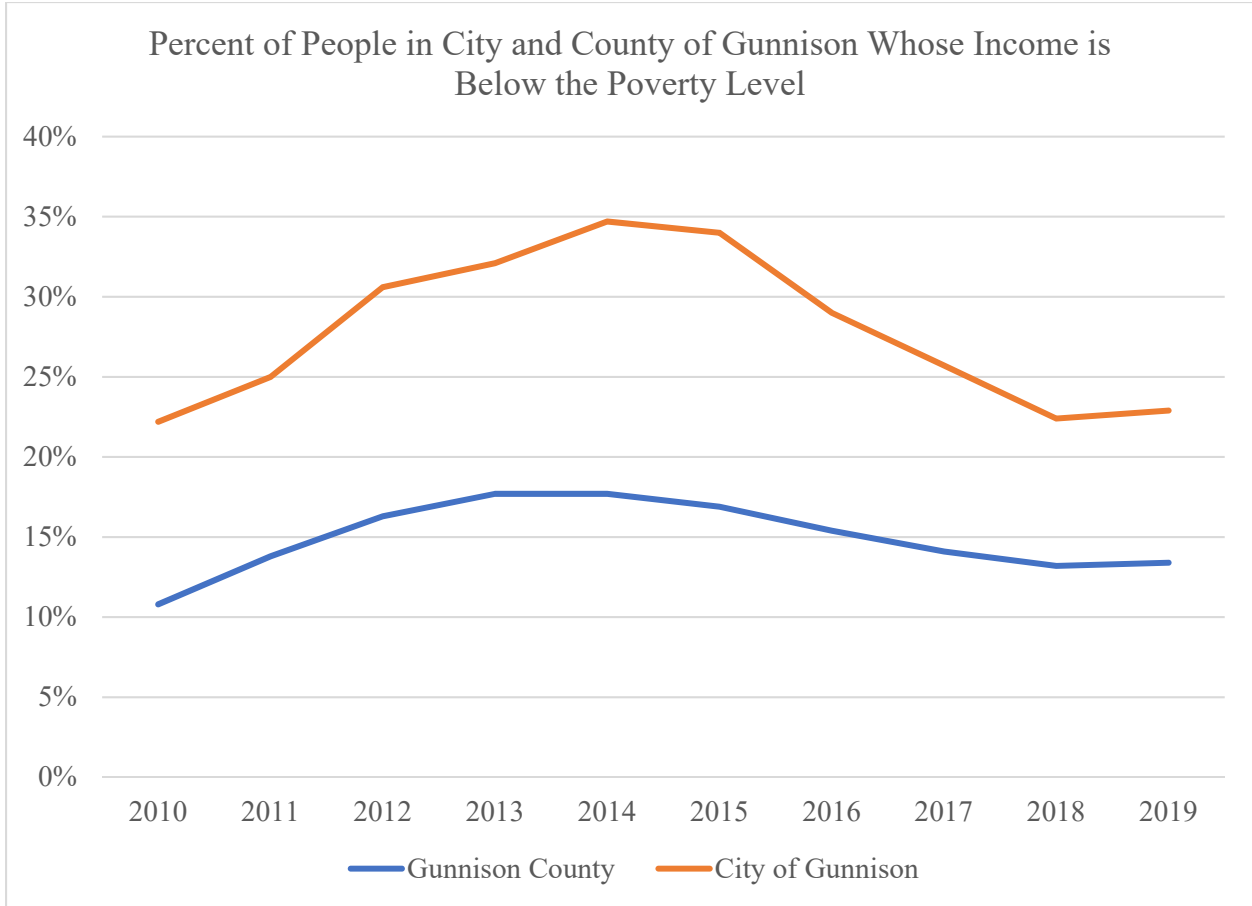
Figure 6-44. Gunnison County Forward Occupancy by Day and Location

6.8 Federal Poverty Level

The U.S. Census Bureau uses the [official poverty measure \(OPM\)](#) to determine poverty status in the United States. The OPM compares 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. The Census reports the percentage of families and people whose income in the past 12 months is below the poverty level on the basis of comparing OPM to incomes by family size.

Figure 6-45 shows the percent of the populations of Gunnison County and the city of Gunnison who are considered living in poverty based on the U.S. Census method. From 2010 to 2014, poverty increased, reaching 18 percent across the County and 35 percent in the city of Gunnison. By 2019, these percentages had fallen to 13 percent of the County and 23 percent of the city of Gunnison.

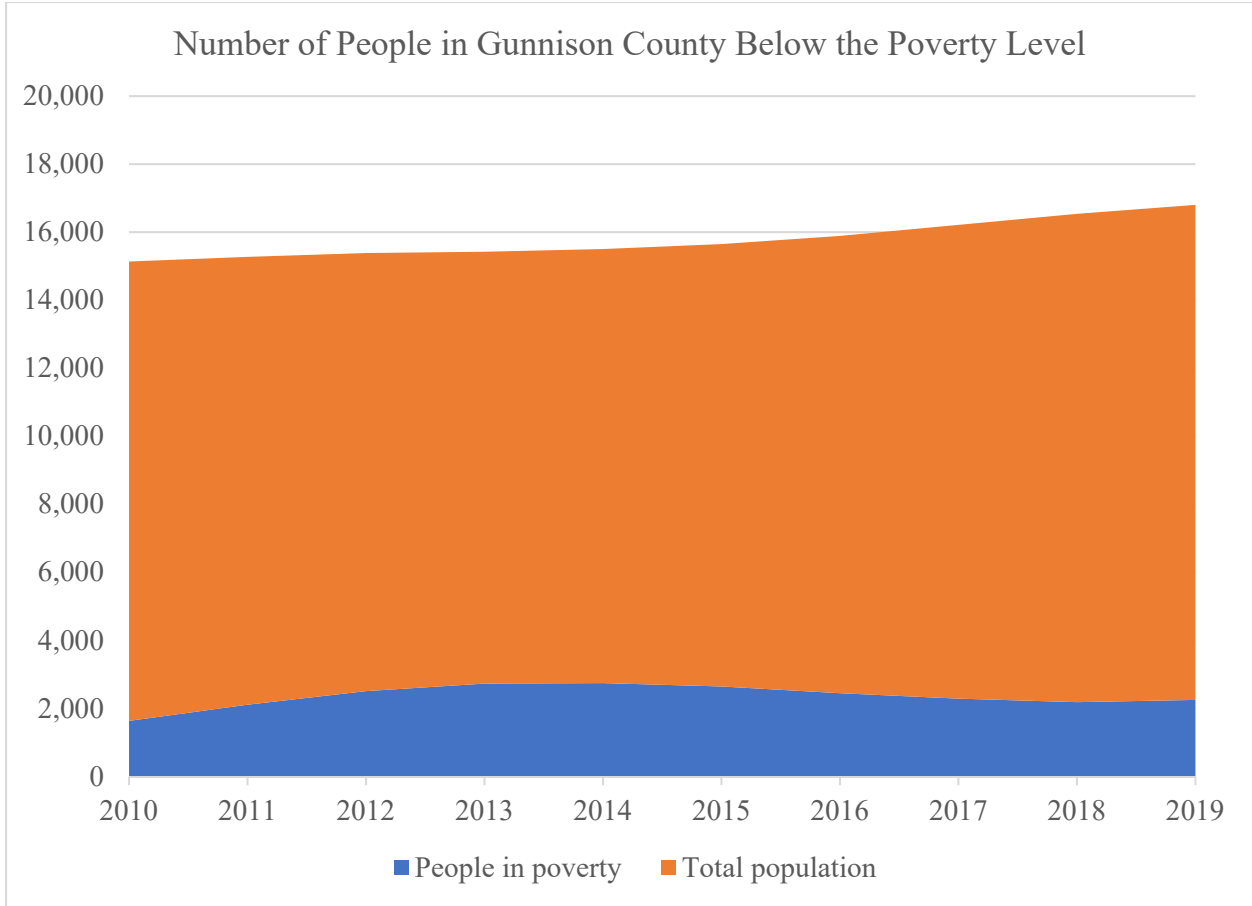
Later in the report, we reference a survey which found 39 percent of Gunnison County residents considered poverty to be a major community health issue and the top issue in the community health category (see Figure 7-9).



Source: U.S. Census.

Figure 6-45. People in City and County of Gunnison Whose Income is Below the Poverty Level

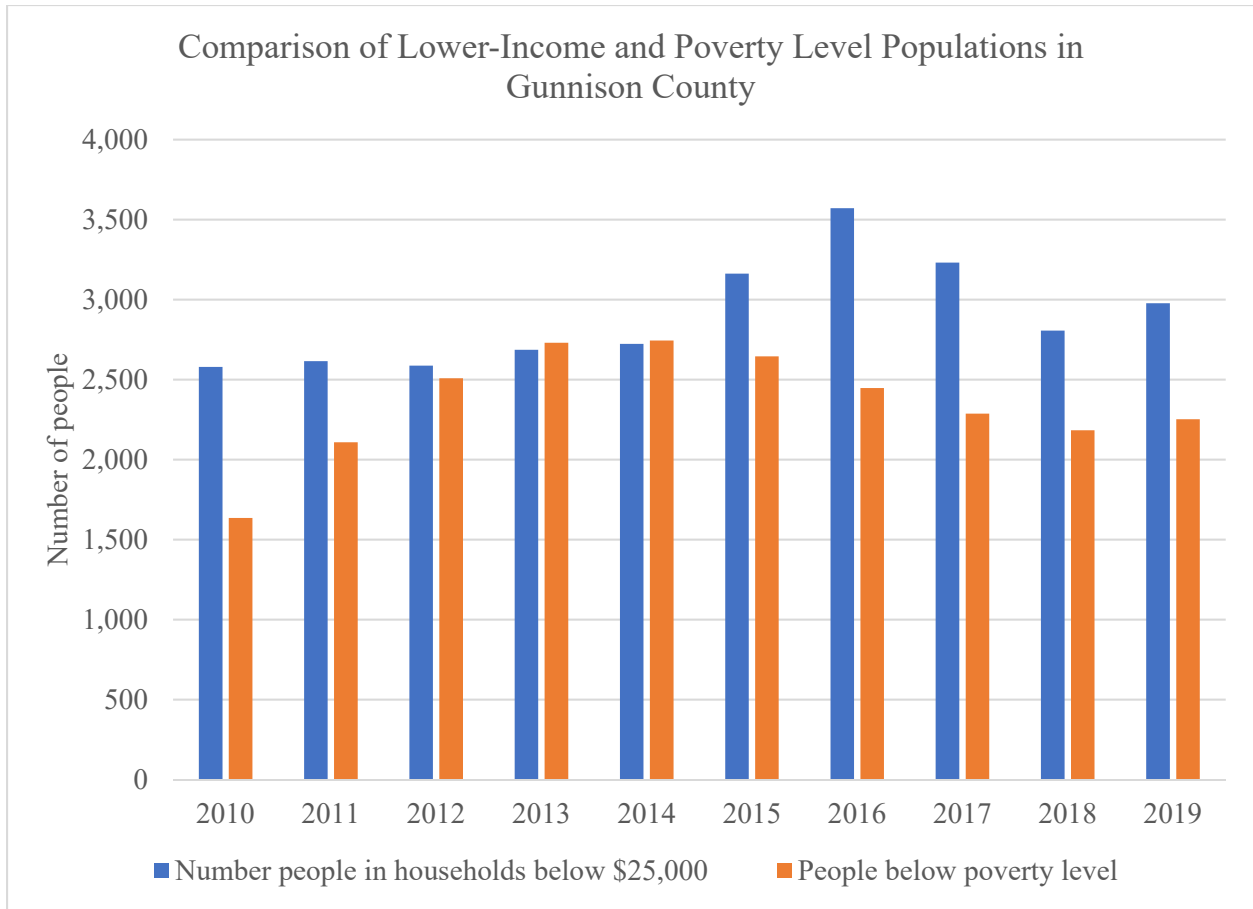
Applying these percentages to the total populations provides estimates of the number of people living in poverty, based on the federal poverty level (FPL). Figure 6-46 shows that the number of County residents in poverty reached 2,744 in 2014 before decreasing to 2,183 by 2018 and turning up again to 2,251 by 2019.



Source: U.S. Census.

Figure 6-46. Number of People in Gunnison County Below the Poverty Level

As expected, the residents living below the poverty level are also in the lowest income brackets. Figure 6-47 compares the number of people living in households with incomes less than \$25,000 to the number of people considered living below the federal poverty level. In 2013 and 2014, the size of each population was almost the same, at about 2,700 people, with a very likely high degree of overlap. Note that the U.S. Census actually reports three income categories earning less than \$25,000, and for ease of comparison they have been combined in Figure 6-47.



Source: U.S. Census.

Figure 6-47. Comparison of Lower-income and Poverty Level Populations in Gunnison County

6.9 Self-Sufficiency Standard

The University of Washington’s Center for Women’s Welfare Self-Sufficiency Standard (Standard) “defines the income working families need to meet a minimum yet adequate level, considering family composition, ages of children, and geographic differences in costs. The Standard is an affordability and living wage economic security measure that provides an alternative to the official poverty measure” [26].

6.9.1 Self-Sufficiency in Gunnison County

In this section, we estimate the number people in living in households earning less than the Self-Sufficiency Standard in order to compare to U.S. Census estimates of poverty. According to the University of Washington’s Center for Women’s Welfare,

“The Self-Sufficiency Standard is a measure that describes how much income families of various sizes and compositions need to make ends meet without public or private assistance in each county in Colorado. It 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” [29].

The website for the Center for Women’s Welfare also notes, “The official poverty measure, developed half a century ago, is now methodologically out of date and no longer accurately measures the ability to provide for oneself and one’s family—at best it measures ‘deprivation.’”

Dr. Diana Perce, who developed the Self-Sufficiency Standard in the mid-1990s, writes,

“Throughout Colorado, the Self-Sufficiency Standard shows that incomes well above the official federal poverty thresholds are nevertheless far below what is necessary to meet families’ basic needs. Note that these budgets are ‘bare bones,’ with just enough allotted to meet basic needs, but no extras. Thus, the food budget is only for groceries. It does not allow for any takeout or restaurant food, not even a pizza or an ice cream” [29].

Table 6-3 compares a range of estimates of Self-Sufficiency costs in Gunnison County to median incomes by location as well as area median income (AMI) levels for a range of household sizes over time. The Self-Sufficiency Standard is calculated for 70 household structures. We show Adult, Adult + Preschooler, and 2 Adults + Preschooler + School Age as they tend to represent the widest range over time. For households in which the householder is not living alone, we consider the Adult + Preschooler and 2 Adults + Preschooler + School Age standards to bound the “self-sufficiency” range for Gunnison County, shaded light red in Table 6-3.

Table 6-3. Gunnison County Self-Sufficiency Standards and Median Incomes

Self-Sufficiency for Gunnison County	2011	2015	2018	2019	2020
Adult	\$19,759	\$21,382	\$23,046	\$23,402	\$23,157
Adult + Preschooler	\$40,851	\$47,651	\$46,814	\$47,984	\$47,758
2 Adults + Preschool + school	\$54,746	\$61,315	\$63,001	\$64,201	\$64,772
AMI - 1 person	\$45,200	\$50,200	\$48,500	\$49,700	\$52,800
AMI - 2 person	\$51,600	\$57,400	\$55,400	\$56,800	\$60,400
AMI - 3 person	\$58,100	\$64,600	\$62,300	\$63,900	\$67,900
AMI - 4 person	\$64,500	\$71,700	\$69,200	\$71,000	\$75,400
Median HH income (Census)	2011	2015	2018	2019	
Gunnison County	\$50,073	\$48,071	\$54,979	\$56,577	
Gunnison City	\$34,237	\$35,871	\$46,161	\$40,893	
Crested Butte	\$56,583	\$59,659	\$66,375	\$70,644	
Mt. Crested Butte	\$54,044	\$48,563	\$56,293	\$80,156	

The median income for Gunnison County falls within the Self-Sufficiency range, as does AMI for 1- and 2-person households. Figure 6-48 shows the County and City of Gunnison median incomes compared to the Self-Sufficiency range. The City’s median household income falls below the range.

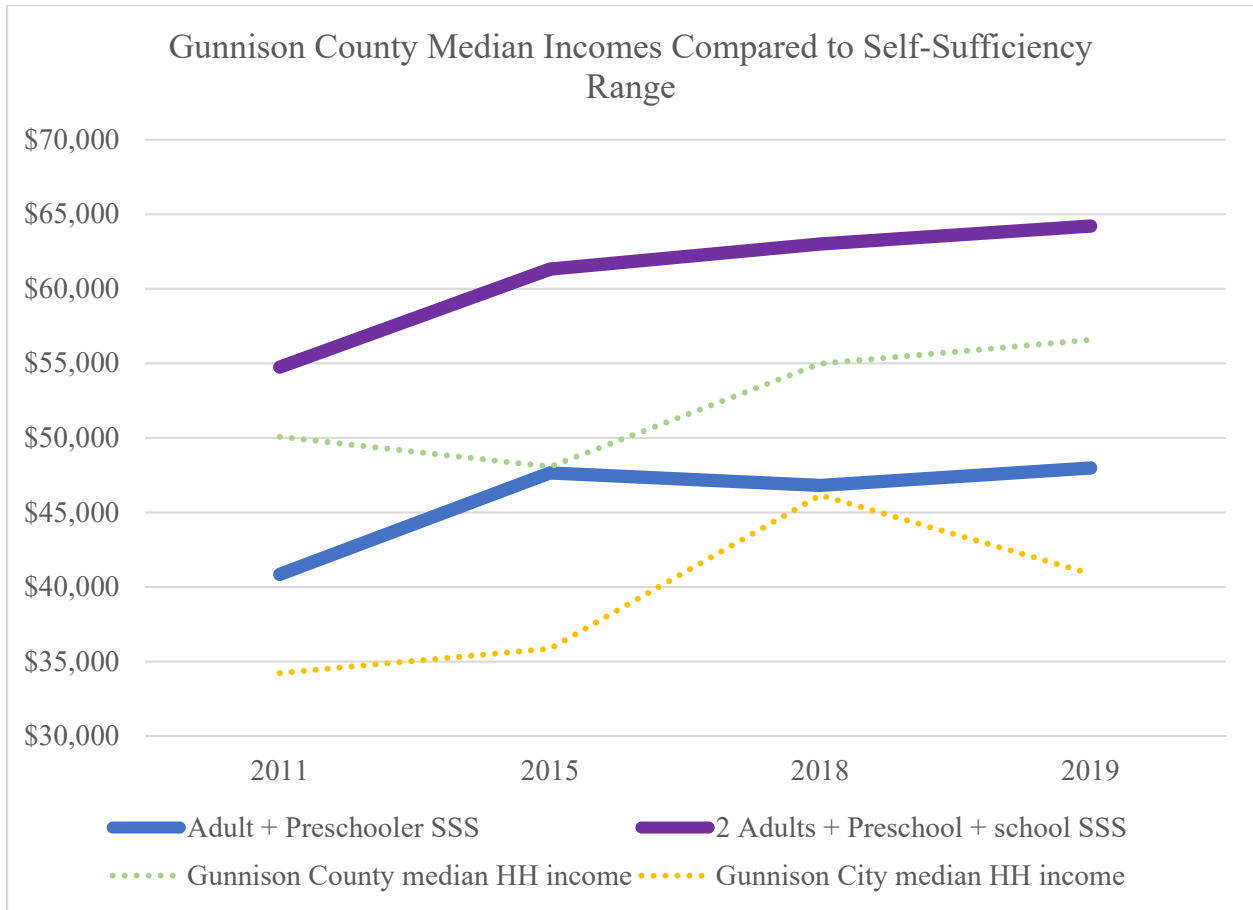


Figure 6-48. Gunnison County Median Incomes Compared to Self-Sufficiency Range

In using median as a statistic, it is important to note that it is a midpoint. In the case of household incomes, half of the household incomes are greater than the median and half are less. By assuming that the County’s median household income is the also the median of the Self-Sufficiency range of multiple-person households, and further assuming that the incomes of householders living alone are evenly distributed across the income range, we can estimate the number people in multiple-person households living below the Self-Sufficiency Standard. Referring back to Table 6-3, we note that the Self-Sufficiency Standard is lower for single adults and further assume that a quarter of the householder-living-alone population is below the Standard. Thus, in 2019, we estimate the total population of Gunnison County living in households earning less than the Self-Sufficiency Standard is 7,416.

Table 6-4. Gunnison County Household Income Distributions, Select Years

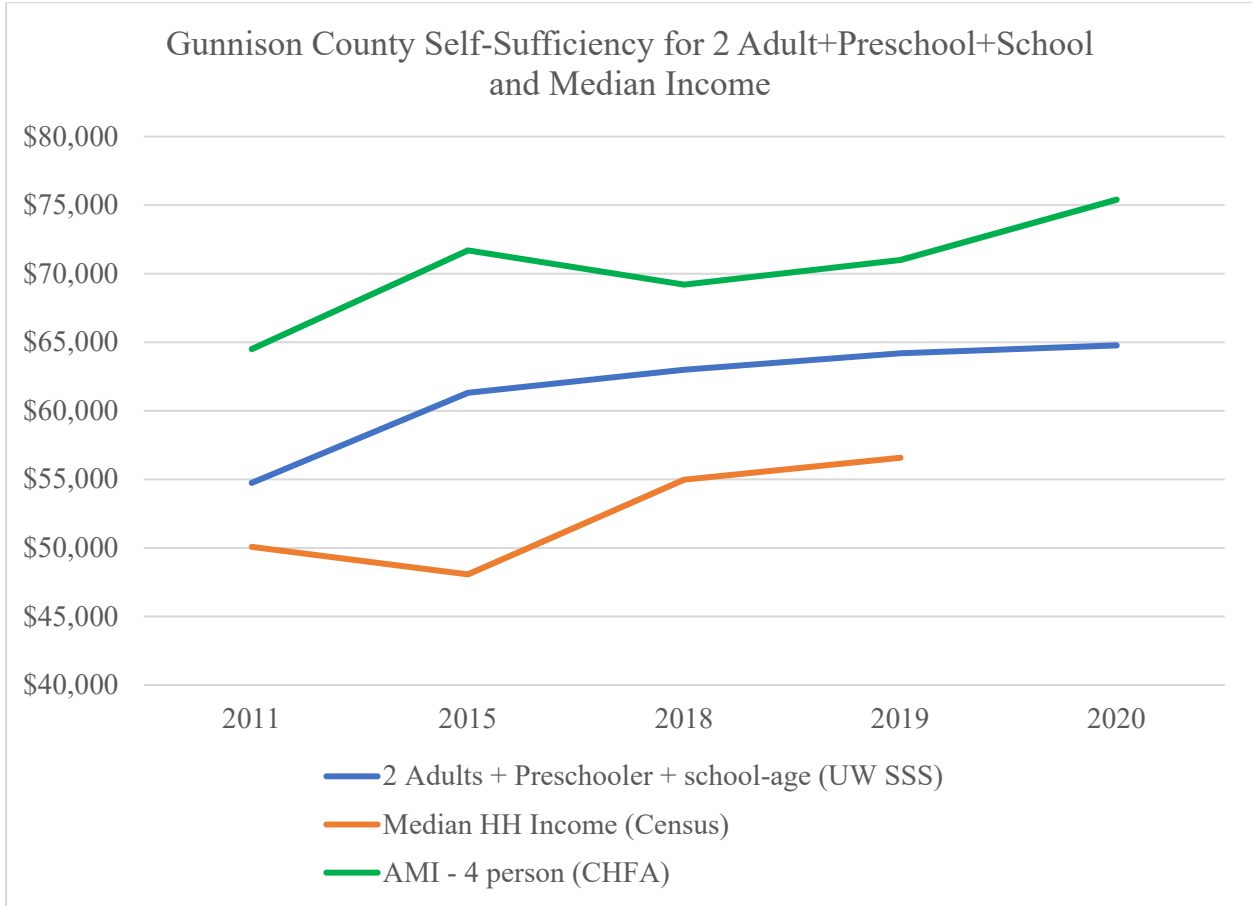
Gunnison County HH Incomes	2011	2015	2018	2019
Less than \$10,000	417	450	276	285

\$10,000 to \$14,999	329	286	372	334
\$15,000 to \$24,999	621	819	674	731
\$25,000 to \$34,999	821	582	581	564
\$35,000 to \$49,999	984	1,123	990	928
\$50,000 to \$74,999	1,266	1,206	1,370	1,185
\$75,000 to \$99,999	887	853	785	709
\$100,000 to \$149,999	560	716	1,029	1,197
\$150,000 to \$199,999	165	143	290	320
\$200,000 or more	301	109	276	363
Total households	6,351	6,287	6,643	6,616

Source: U.S. Census.

Table 6-4 offers another way to approach this estimate. If we assume that there are 2,842 households earning less than \$50,000, and the Census estimates there are 2.41 people per household in the County in 2019, we have 6,850 people in households below \$50,000. If we subtract 75 percent of the householders living alone, we arrive at 5,180 people living in households below the Self-Sufficiency Standard.

Looking ahead, the University of Washington’s Center for Women’s Welfare is currently working on a study with the (Colorado Center on Law and Policy) CCLP to more accurately estimate this population, and results will be publicly available upon completion, likely in early 2022.

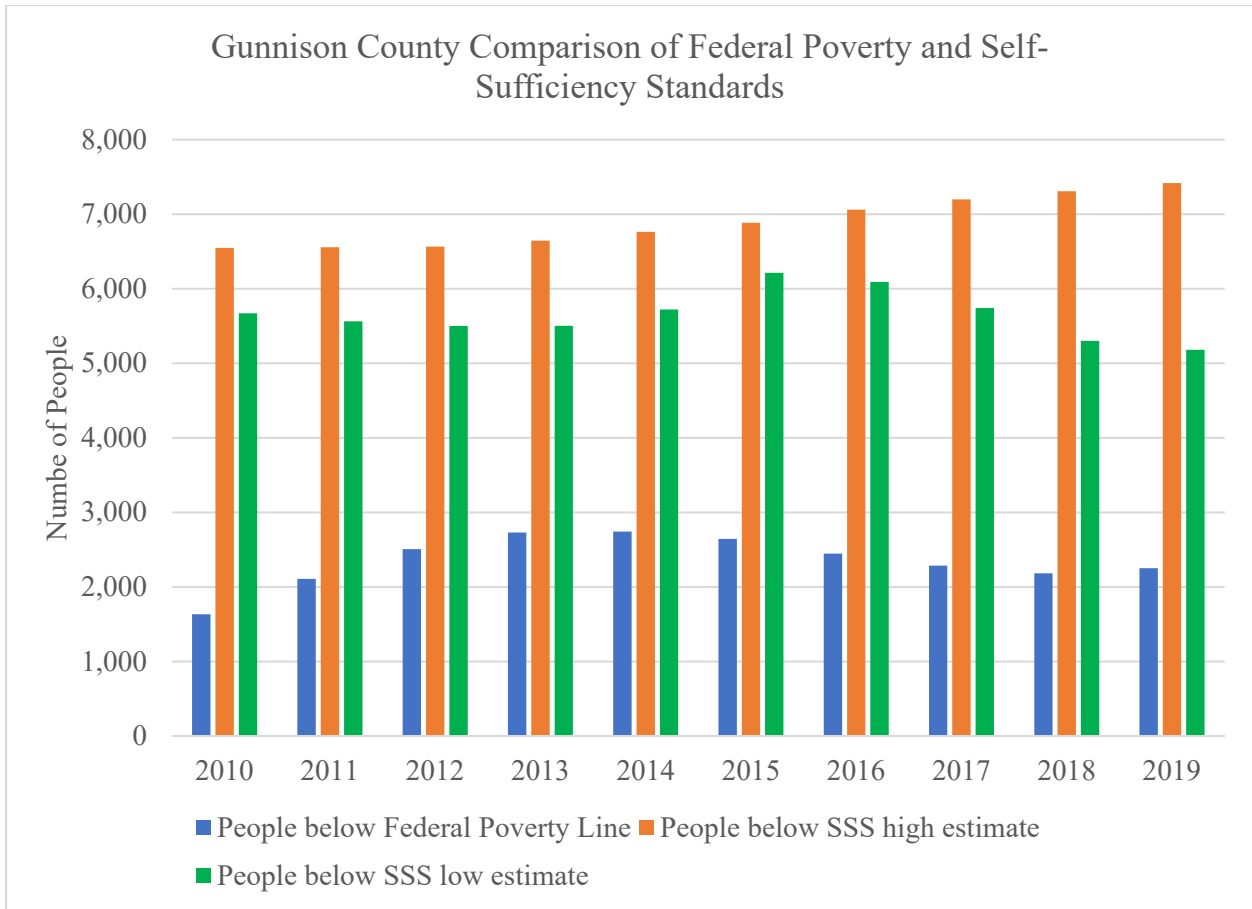


Source: UW, Census, CHFA.

Figure 6-49. Gunnison County Self-Sufficiency for 2 Adult+Preschool+School and Median Income

6.9.2 Chronic Poverty

As a tourist-based economy, the local economy does not foster the creation of jobs paying wages higher than the Self-Sufficiency Standard of the County, leaving many with economic insecurity. Between 2010 and 2019, the number off County residents living below the Standard has grown by about 13 percent, and the number living below the FPL has grown by around 37 percent. As a greater share of households with incomes over \$75,000 per year live the community, the cost of living grows in parallel, further squeezing those working service jobs. Similar to what is occurring in Taos County, wealth and poverty are becoming more concentrated in separate parts of the County [8]. Parts of the County are becoming unaffordable for average residents who are renting or seeking to buy homes. Exacerbated inequality will continue to impact small business who cannot find adequate labor as middle-income residents get displaced to other areas or out of the County.



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

Figure 6-50. Gunnison County Comparison of Federal Poverty and Self-Sufficiency Standards

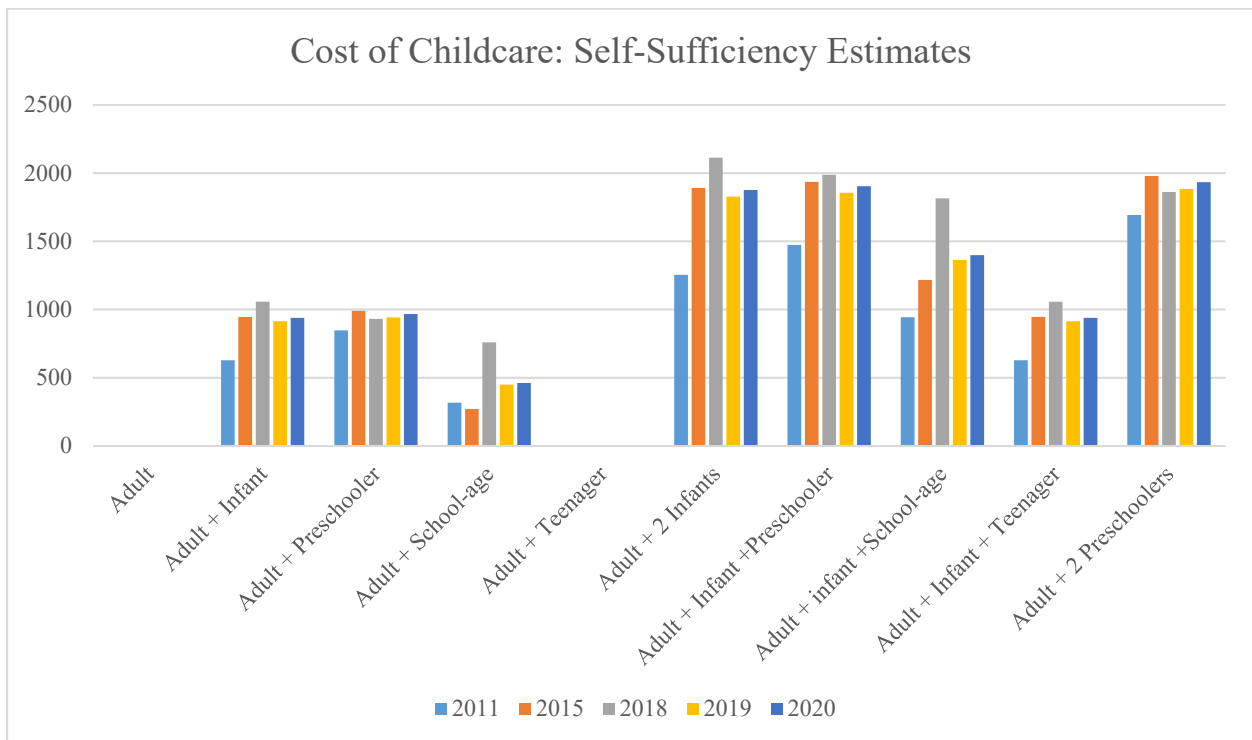
Figure 6-50 is one of the most foundational graphs of this report. In 2019, the Census reported 13 percent or 2,251 of County residents were living below the FPL. However, we estimate that between 5,180 and 7,416 people or 31 to 44 percent of the County’s population is living below the SSS.

The 2,251 people below the FPG qualify for federal and state programs such as SNAP, Medicaid, and other public assistance.

Thus, a significant number of people in Gunnison County live between the federal poverty line (FPL) and the Self-Sufficiency Standard. The number of these people is estimated to be from 2,928 to 5,164 or 17 to 31 percent of the County’s population. These are the people who make enough to be ineligible for most benefits and are struggling financially. This is the demographic likely accessing non-profit services in the community because they are struggling to meet basic needs without public assistance. This form of chronic poverty is an identified risk factor in the community and is a significant contributor to poor behavioral health outcomes.

6.9.3 Child Care in Gunnison County

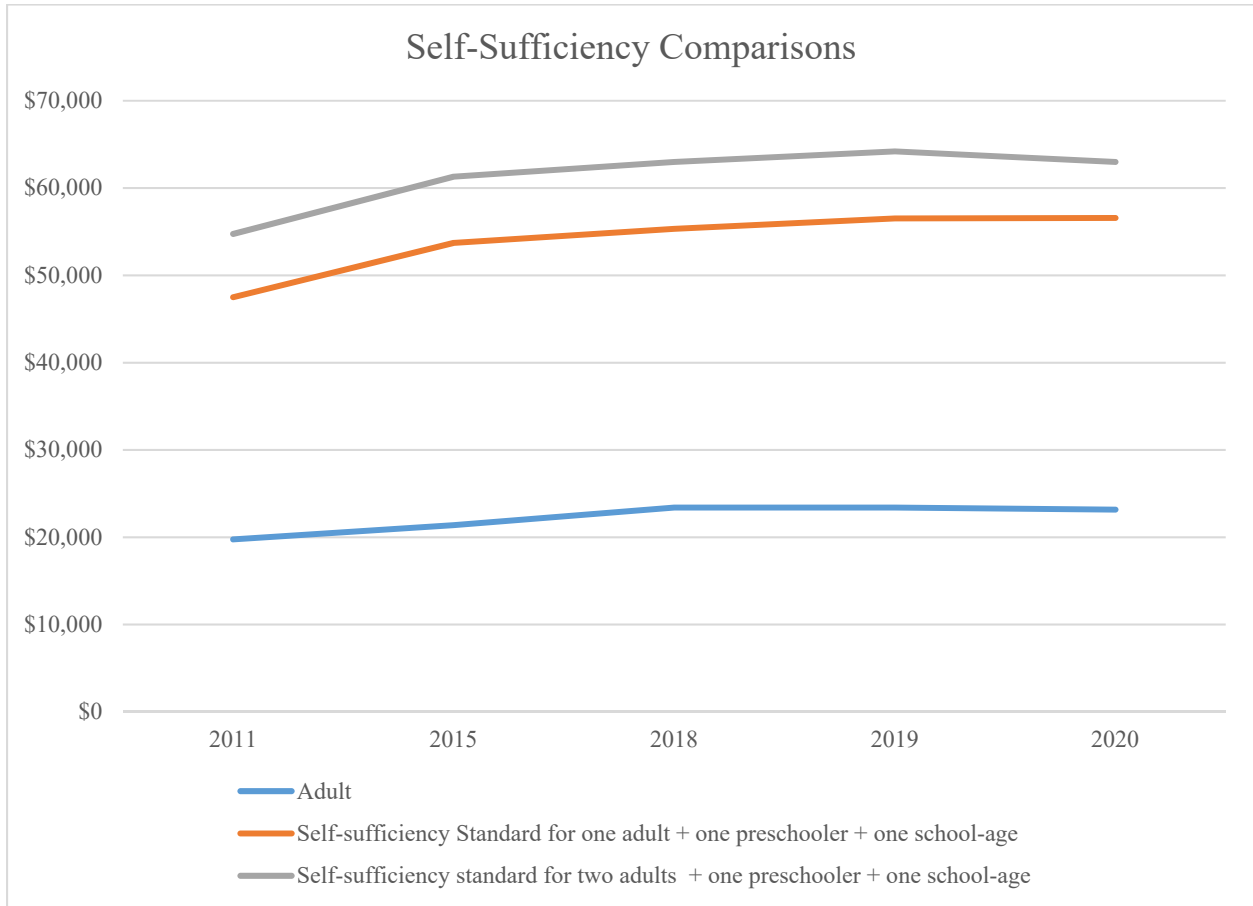
There is a long history of underfunding early childcare in America and using free-market models that work better in large cities but fail to meet the need of rural communities. The cost of childcare is extremely burdensome on families in Gunnison County. For a single or two-parent family with a preschooler and a school-aged child, the cost of living is nearly double that of a single adult. For a family with an infant and a preschooler, the cost of childcare would be around \$1,904 dollars per month, or \$22,848 per year. In one of the costliest scenarios—a family with two preschoolers—they would pay \$1,933 per month, or \$23,196 per year. For a two-person household with two preschool aged children, this is roughly 41 percent AMI. For people who do not make a decent wage and have young kids in the community, there are not many options to receive financial support through government programs or scholarships. Colorado Childcare Assistance Program (CCAP), according to key-informant interviews, has run out of money in the last year. Although the state of Colorado sees the problem and is now trying to increase funding for childcare, the money is not coming until January 2022 and will only be available through nine months of 2022. This \$275-million-dollar grant will go towards childcare expenses and the support and retention of the early childhood workforce [35]. This huge dump of financial resources into the childcare systems will provide short-term relief but likely leave families and childcare centers frantic when the money goes away in late 2022.



Source: Self-Sufficiency Standard

Figure 6-51. Child Care – Cost by Family Type

The figure above only shows households with one adult, but the cost of childcare does not fluctuate with the number of adults in the household. Childcare costs, especially for infants, have grown significantly since 2011.



Source:

Figure 6-52. Self-Sufficiency Comparisons: Adult, Adult(s) with Children

The figure above shows the drastic increase in cost of living between a single adult, a single parent with two young children, and two adults with two young children. It is evident that parents with two young children more than double their cost of living in Gunnison County. Housing and childcare are the most expensive costs for families in Gunnison County.

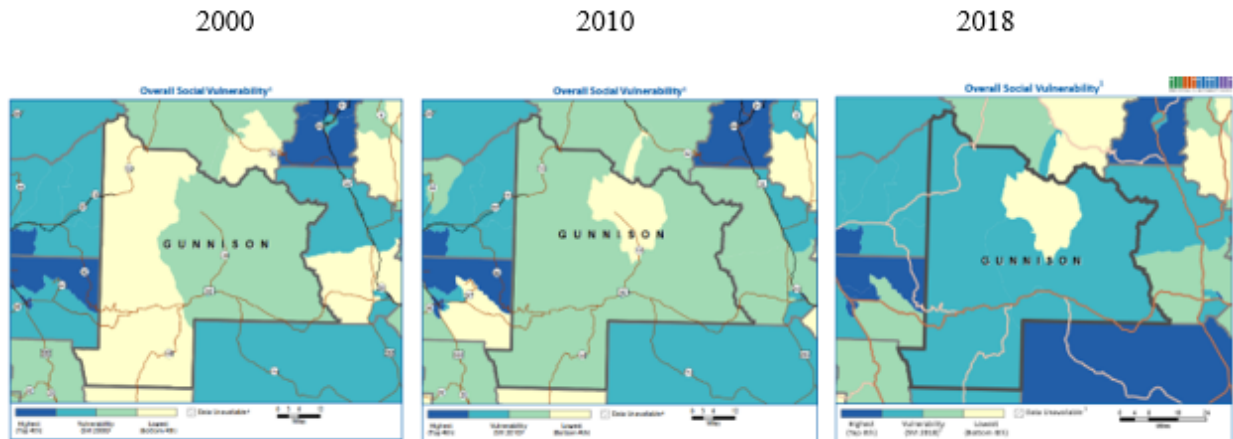
6.10 Social Vulnerability Index

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) compile the Social Vulnerability Index (SVI) for every U.S. Census tract in the country based on census data. The SVI measures “the resilience of communities (ability to survive and thrive) when confronted with external stresses on human health.” Examples include major wildfires, chemical spills, and disease outbreaks. The CDC/ATSDR defines socially vulnerable populations as “those who have special needs, such as, but not limited to, people without vehicles, people with disabilities, older adults, and people with limited English proficiency.” Poverty, lack of access to transportation, and crowded housing can weaken a community’s ability to withstand such hazardous events.

The SVI ranks each census tract according to four different themes and an overall ranking. The four themes are as follows:

- Socioeconomic status (below poverty, unemployed, income, no high school diploma)
- Household composition & disability (aged 65 or older, aged 17 or younger, older than age 5 with a disability, single-parent households)
- Minority status & language (minority, speak English “less than well”)
- Housing type & transportation (multi-unit structures, mobile homes, crowding, no vehicle, group quarters)

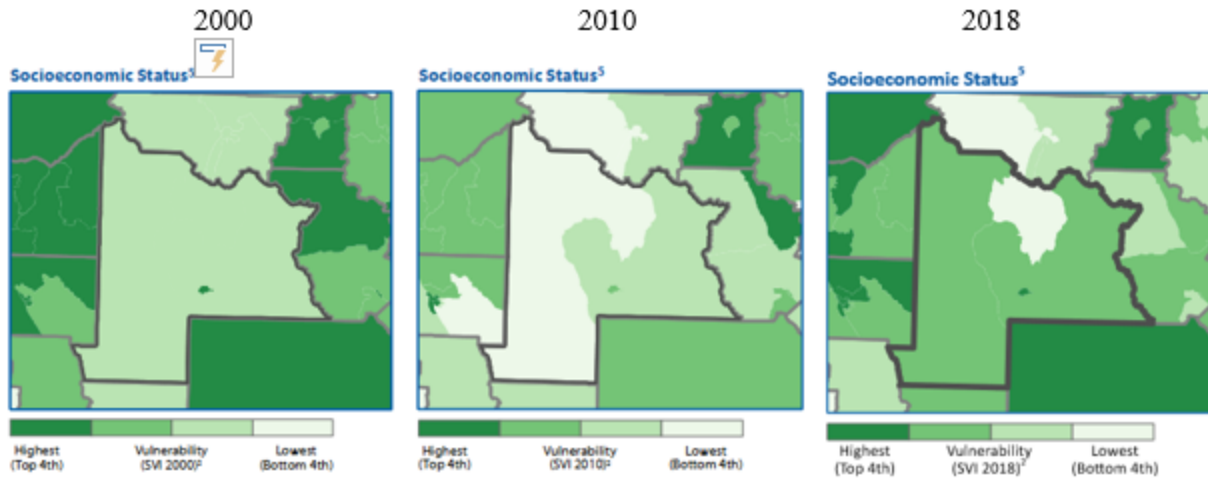
Figure 6-53 depicts how the County’s overall social vulnerability has evolved over the past two decades by census tract. Although the County overall has become more socially vulnerable, the north end of the Gunnison Valley from Crested Butte South to Mt. Crested Butte remains in the lowest quartile for social vulnerability.



Source: CDC/ATSDR.

Figure 6-53. Gunnison County Overall SVI by Census Tract Over Time

In terms of the socioeconomic theme, the County was more vulnerable in 2018 than in 2010 (Figure 6-54). As with overall vulnerability, the north end of the Gunnison Valley from Crest Butte South to Mt. Crested Butte remains in the lower quartile for social vulnerability. In contrast, the City of Gunnison was in the highest quartile for social vulnerability in 2000, improved in 2010, and returned to the highest quartile in 2018.



Source: CDC/ATSDR.

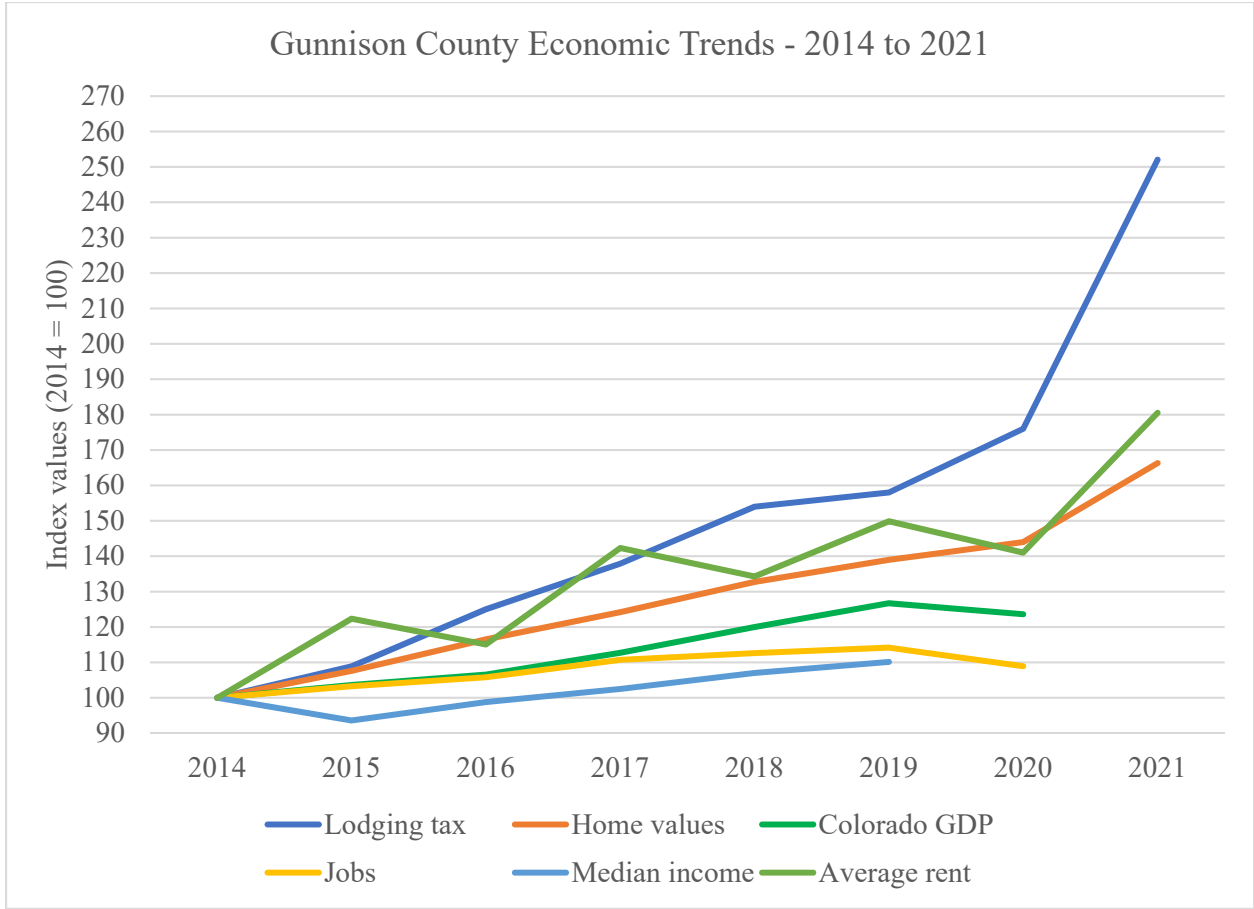
Figure 6-54. Gunnison County Overall SVI by Census Tract Over Time

6.11 Comparison of Key Socioeconomic Indicators

Figure 6-55 summarizes the socioeconomic development of Gunnison County in recent years. Fortunately for a tourism-dependent economy, tourism is thriving, as indicated by a 76-percent increase in lodging tax revenues from 2014 to 2020. Home values have been driven up 44 percent as demand growth outpaced supply growth for several reasons, including natural population growth, in-migration of new residents, and the conversion of residential rental housing to STRs.

At the state level, over the past 10 years Colorado added from 1.2 to 2 jobs for every housing unit constructed, depending on counting method [36].

From 2014 to 2019, the number of jobs increased 14 percent before declining by 5 percentage points in 2020. Median incomes grew more slowly than jobs, up only 10 percent through 2019. As a result, the cost of living in Gunnison County has been growing faster than incomes.



Source: Gunnison County, Zillow, Federal Reserve, DOLA, U.S. Census.

Figure 6-55. Gunnison County Economic Trends - 2014 to 2021

7. Health Data of Gunnison County

Key Findings:

- From 2020 to 2021, Gunnison Valley Hospital saw a 213% increase in admissions to the Emergency Department (ED) for behavioral health issue.
- In 2021, from January through November, admissions for mental health and suicide ideation combined comprised around 20 percent of the cases while 55 percent of the ED visits for behavioral health were attributable to substance abuse (e.g., withdrawal, overdose, intoxication).
- Most of the mobile crisis calls have occurred in the city of Gunnison or surrounding areas.
- Roughly 18 percent of the ED visits for behavioral health related concerns were removed from the community.
- The top reasons for people utilizing the mobile crisis service was suicide ideation and substance abuse.
- The top four highest-ranking concerns reported in the WCPHP survey were the following:
 - Mental health (74%)
 - Suicide/suicide attempts (74%)
 - Access to mental health/substance abuse services (55%)
 - Lack of health insurance (53%)
- The top three highest-ranking substance abuse concerns reported in the WCPHP survey were the following:
 - Youth smoking/tobacco use/E-cigarettes/vaping (53%)
 - Adult substance abuse (39%)
 - Smoking/tobacco use/E-cigarettes/vaping (regardless of age) (39%)
- Among other community issues that may impact health, the top three highest-ranking concerns reported in the WCPHP Survey are the following:
 - Poverty (39%)
 - Domestic violence (19%)
 - Low education levels (18%)
- When asked to select the three most important characteristics of a healthy community, Gunnison County residents selected access to healthcare most often, followed by affordable housing, healthy behaviors, and a good economy.
- According to the WCPHP Survey, anxiety, stress, and depression are significant issues for many in Gunnison County as well.
- Half of those with medical insurance coverage feel that their insurance does not cover costs well or only fairly well.
- In the case of the physical and economic health factors, generally, one of every two respondents felt that conditions had changed for the better at a rate of two to one compared to those who didn't. In contrast, those feeling local health problems had become worse outnumbered those feeling conditions were better by three to one. Further investigation should seek to understand this apparent contradiction.

- For almost 80 percent of respondents, either childcare is either not an issue or they do not have an opinion, presumably because they do not need it.
- Assuming one percent of users are arrested, this data implies 3,600 people using drugs other than cannabis in 2021, assuming no two arrests in same year.
- Overdoses continue to be a concern for EMS. One interviewee expressed a concern regarding these incidents because of the potency of drugs such as fentanyl.
- The number of people in Gunnison County suffering from alcohol abuse likely ranges from 10 percent to 20 percent of the County population across all ages. The number of people experiencing drug abuse may fall in a range from 5 percent to 15 percent. The percentage experiencing mental illness likely ranges from 15 percent to 20 percent
- During the pandemic, the number of people served by the local food pantry increased drastically for all age groups during the pandemic. These numbers decreased in 2021 but remain higher than pre-pandemic levels.
- Both the number of people utilizing SNAP and the payout for SNAP remain higher than pre-pandemic levels.
- The number of those qualifying for Free and Reduced Meals (FARM) has been on a steady decline since 2015. Children in grades Pre-K through 5th have consistently been the ones most utilizing FARM.
- There is a consistent group of impoverished people living in Gunnison County who have long relied on the SNAP program.
- In total, the U.S. Census estimates 1,087 SNAP clients in 2019, or 6.5 percent of the County's population. As with other data presented in this study, the U.S. Census estimates show a rather constant number of SNAP recipients from 2013 despite significant economic expansion.
- The portion of the population of Gunnison County experiencing food insecurity in recent years has ranged from 10 percent to 15 percent. 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 with prior to the pandemic. Whether the numbers will remain at this level or return to the pre-pandemic level is currently difficult to predict.
- Since 2010, the Center for Mental Health (CMH) has seen an almost 70% increase in unique clients served.
- Sixty-six percent of those utilizing CBSOM have insurance and thirty-four percent of people do not have insurance. This may suggest that Gunnison County residents do not have adequate insurance to cover mental health services.
- Neglect is the predominant maltreatment. Physical and sexual abuse also occur consistently.
- Staff retention and parents' inability to afford childcare is making it more difficult than ever for programs to remain open and parents to access good-quality options for childcare in our community.
- Gunnison Watershed School District (GWSD) truancy report reflects a need for increased community and family support.
- In 2019, nearly 43 percent of youth had used alcohol in the past 30 days, which is the highest rate seen in the last ten years. Binge drinking rates also increased about 8 percent between 2017 and 2019.

- The Healthy Kids Colorado Survey (HKCS) shows that there was a significant increase in access to vaping products between 2017 and 2019. Students noted that vaping products are readily accessible and that they are using them to cope with stress.
- In 2019, there was a nearly 10 percent increase in high school youth reporting using cannabis in their lifetime. There was a 10 percent increase in youth reporting having used cannabis in the past 30 days, and a slight decrease in youth reporting using cannabis by the time they turned 13 years old.
- There has not been an obvious trend in divorces over the last five years.
- Western Colorado University (WCU) students perceive that more people are using alcohol than the actual number using alcohol. A similar story is evident for cannabis.
- WCU has seen about a 28 percent growth in undergraduate enrollment between the fall of 2015 and fall of 2019, and about a 17 percent growth in unique clients served by the university’s counseling center in the same period.
- Between 2019 and 2020, 90 percent of youth served by Gunnison Valley Mentors (GVM) lived at or below the federal poverty line, and between 2020 and 2021 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. Between 2020 and 2021, 60 percent of youths served by GVM lived at or below the poverty line. Between 2020 and 2021, the most prevalent risk factor for youth served by GVM changed from poverty to violence.
- Project Hope, 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. 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.
- Suicide numbers by industry shows that the number-one industry for suicide between 2004 and 2019 was the construction industry. More recently, between 2015 and 2019, the number one occupation for suicides was accommodation and food services, followed by non-paid workers or non-workers, retail trade, and health care and social assistance. Alcohol is the most prevalent substance found in those who have completed suicide. Over the last 15 years, Gunnison County has also seen a high number of suicides with opiates, and cannabis present.

To better quantify behavioral health issues in Gunnison County, section 7 draws from a plethora of local, state, and national sources. Much of the data in section 7 originates from behavioral health organizations and was analyzed in ways to understand longitudinal trends over the last 10 years. Section 7.1 details data from Gunnison Valley Health in attempts to understand the drastic increase in behavioral health related visits to the ED and teases out pertinent variables contributing to the rise. Non-coincidentally, much of the rise in admissions to the ED coincide with the COVID-19 pandemic, not directly because of COVID-19, but rather because of the external factors people have faced during tumultuous times.

Section 7.2 details the West Central Public Health Partnership survey (WCPHP) conducted in 2019. Although this survey collected information across multiple counties, only responses from Gunnison County were analyzed for this report. The WCPHP survey highlights the perceptions of the community regarding the most pressing issues: thoughts concerning access to health services, health insurance coverage, childcare, substance abuse, and other related issues.

Section 7.3 dives into prevalence of substance abuse issues in Gunnison County. Law enforcement data, drug court data, emergency response information, and predictive modeling help to home in on the most prevalent drugs and most common abuse substances. Section 7.4 aims to provide a better understanding the prevalence of food insecurity through data from local sources including GWSD, the Free and Reduced Meals (FARM) program, the Gunnison County Food Pantry, and SNAP. An overall theme is that numbers spiked during 2020, as people were laid off and without a job, but have not resettled to pre-pandemic levels in 2021. Mental health organizations such as CMH and CBSOM are discussed in section 7.6 and section 7.7, respectively. These organizations' efforts parallel one another, and the data points to deeper state policies and local nuances impacting access to services.

Section 7.8 uses state data to draw inferences about behavioral health through child maltreatment data. Section 7.9 points to massive challenges facing the Early Childhood Council and the ensuing issues during the pandemic. Analyses and discussions regarding community norms, adult binge drinking, and the most common stressors are discussed in section 7.10. Section 7.11 aims to provide understanding of behavioral health symptoms and outcomes by focusing on the substance abuse and mental health trends of youth in the GWSD. Discussions regarding intersection between the behavioral health of adults and its impacts on youth comprise section 7.14. Poverty, substance abuse, and violence have severe implications with respect to youth risk factors. Local support organizations are working to mitigate the outcomes poverty, to dampen the severity of violence in the home, and to bring about constructive family change. Suicide is a problem across much of the Rocky Mountain region in the U.S. County data reported and key informant responses in section 7.15 attempt to unravel the complexities of suicide through a socioecological lens: community norms, industry, isolation, and substance abuse.

7.1 Gunnison Valley Health

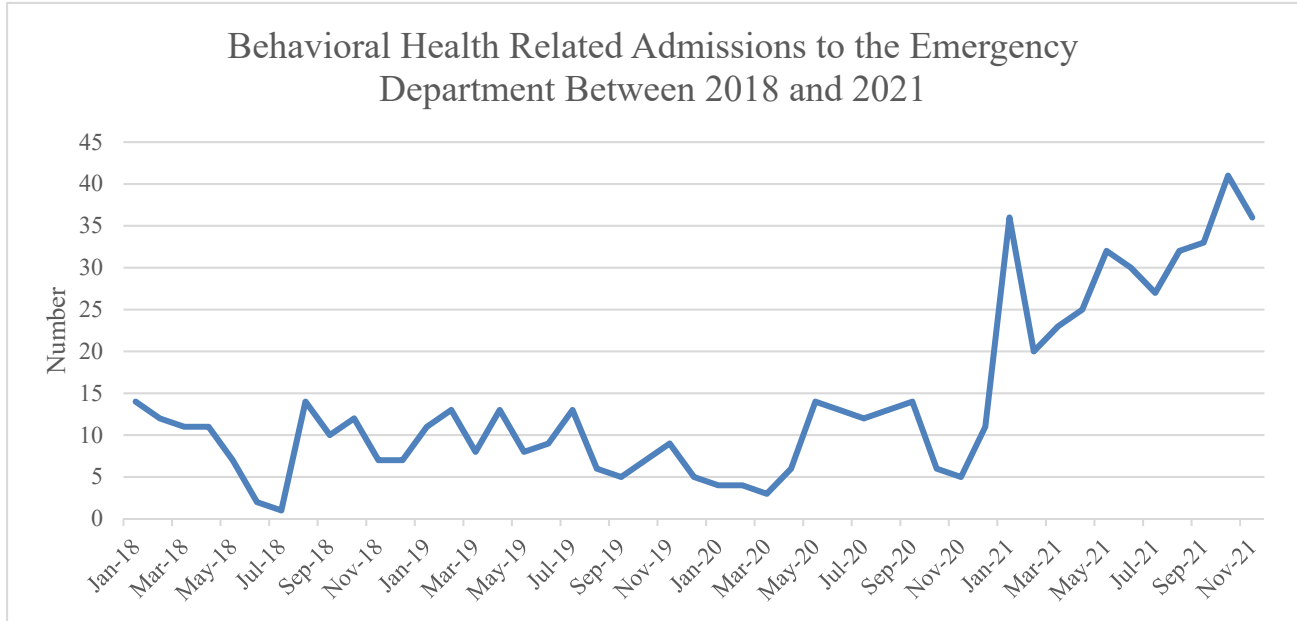
Gunnison Valley Health (GVH) started a Behavioral Health Department in 2021. This department includes a mobile crisis unit, a psychiatric nurse, therapists, and Jail Based Behavioral Health Services (JBBS). The creation of this department is due in part to the increase in ED visits for behavioral health reasons, including suicide ideation, mental health, and substance abuse related problems. The following data illuminates the ED data, and mobile crisis data.

Only within the last year has GVH tracked in detail the reasons for ED visits related to behavioral health concerns. In the coming years, a better picture of behavioral health visits will come into focus as time will bring the issues into focus. The mobile crisis team, which responds to people in crisis at their location, is one solution to decrease ED visits for behavioral health reasons. Even with the implementation of this program, ED visits have not decreased. Part of the reason for this report is to address the upward trend in behavioral health related visits to the ED. Reasons are tied to a string of environmental, economic, and social factors that have worsened in the last two years.

The COVID-19 pandemic proved worrisome in Gunnison County as the Gunnison Valley Hospital saw a 213 percent increase in admissions to the ER for behavioral health issues for adults from 2020 to 2021 (see Figure 7-1). The primary diagnosis seen in ED visits included the following: anxiety, suicide attempt or death, alcohol and opioid non-fatal overdose, depression, and hallucinations/bizarre behavior. In 2021, excluding December, roughly 55 percent of ED visits were substance related and 20 percent were mental

health related. Until root causes are addressed, it is likely that GVH will continue to see a rise in ED visits for behavioral health, even with the mobile crisis team.

7.1.1 Emergency Department



Source: GVH

Figure 7-1. Behavioral Health Related Admissions to the Emergency Department Between 2018 and 2021

Similarly, to trends in Eagle County and other places in Colorado, ED admissions for behavioral health related events such as mental health, suicidal ideation, intoxication, overdoses, and more continue to rise at Gunnison Valley Health. The combination of being underserved through the regional model of care and increased economic and social stresses caused by the pandemic are contributing to the rise. The impact of COVID-19 cannot be dismissed in regard to the increase of ED admissions. People experienced the pandemic in many different aspects, and new rules and regulations, stigma reduction campaigns, relationships with peer support specialists all factor into this increase in ED admissions for behavioral health. During the pandemic, as noted by one County employee, people were not held to the highest standard of accountability and were able to slip back into old patterns of substance abuse. Social stressors can exacerbate existing problems, and COVID-19 was a significant social stressor [37]. People have been more isolated and disconnected from one another, which means those with existing drug and alcohol abuse or mental health problems were removed from support systems. Whether or not people were impacted financially due to the pandemic, interpersonal relationships were strained. The nature of drug and alcohol use changed as alcohol restrictions lessened, people were able to take to-go drinks from restaurants, and drug and alcohol use became more of an at-home activity. As the pandemic continued, problems with substance abuse and mental health problems became more acute due to increased isolation.

There was an over 200 percent increase in behavioral health admissions to GVH in from 2020 to 2021. Even with the creation of the mobile crisis unit, people continue to go to the ED for help. Gunnison

County has historically been underserved in regard to crisis units, which are located in Montrose and usually require someone driving from Montrose to pick up a person in crisis in Gunnison County, or vice versa. People have been trained to call 911 or go to the emergency room when in a state of crisis, and it takes time to build community understanding of other available resources. The lack of knowledge about the mobile crisis unit, inadequate prevention and intervention services, stigma-reduction campaigns, relationships with peer support specialists, and rising stress continues to push behavioral health visits to the ED higher [18].

2021 Behavioral Health Related Admissions to the Emergency Department

ED admissions for behavioral health fall into two main categories: mental health and substance abuse. In 2021, from January through November, admissions for mental health and suicide ideation combined was around 20 percent of the cases while 55 percent of the ED visits for behavioral health were attributable to substances (e.g., withdrawal, overdose, intoxication). Of the 55 percent of visits for substance related events, 26.7 percent of those were strictly alcohol related.

The work done by non-profits and other organizations around stigma-reduction might be working to encourage people to seek help. CBSOM has been working on campaigns to destigmatize mental health help and the available resources. During the pandemic, people might have been more likely to seek help through multiple avenues (e.g., ED, mobile crisis, private therapists) because of social media outreach and community events. The ED visit numbers are increasing, which looks like high demand, but as more people are aware of the service, they are likelier there are to utilize those services. Through CBSOM's efforts, decreasing stigma around mental health might be motivating people to get help even if that means going to the ED.

As people become more familiar with peer support specialists, that program is likely to be utilized more. GVH now houses three peer support specialists, one of which is in the ED. If a person ends up in the ED and they meet a peer support specialist, they are more likely to trust the ED if they did not before.

Housing might also be a contributing factor to people ending up in the ED. Some of the reoccurring patients are people who do not live here, do not have a place to stay, and end up in the ED. The common story through interviews is that some of these people are using drugs or alcohol and then get picked up by police and the only safe place to take them is the ED. When there is a lack of available places for people to stay, the ED is the only viable option.

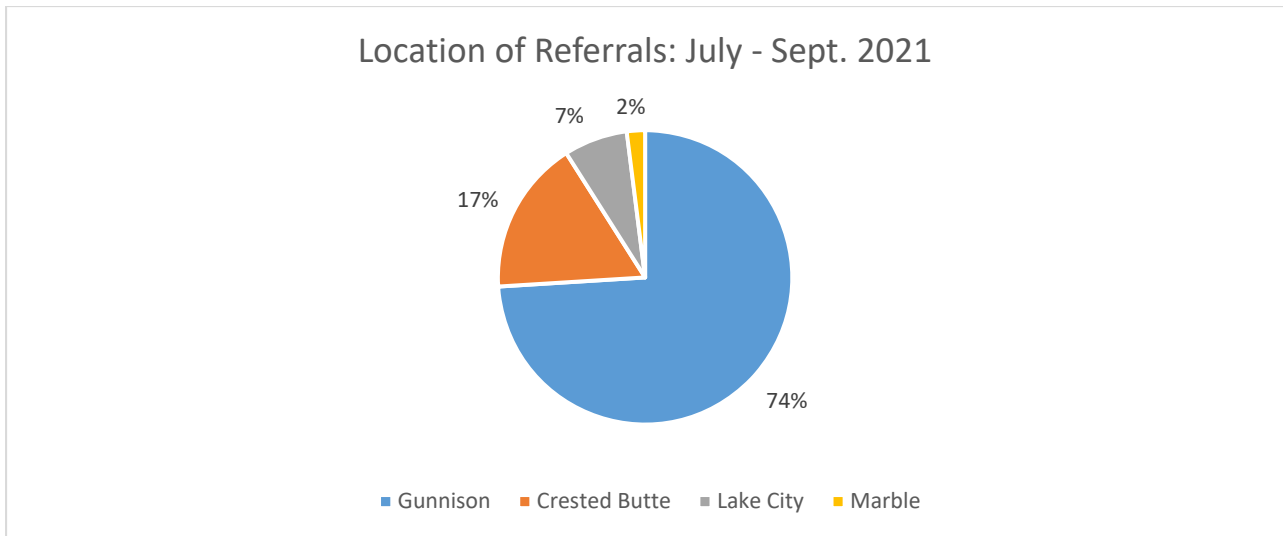
7.1.2 Discharge locations

Roughly 18 percent of those making ED visits for behavioral health related concerns were removed from the community. That means about 1 in 5 people must leave the community for higher levels of care, whether for mental health or substance abuse. Gunnison County does not have all of the health services that larger cities have available. It is unlikely that Gunnison County will ever have the access to care that cities do; however, considering upstream prevention efforts that target struggling populations might help alleviate the crisis-level burden now experienced at GVH. As the population continues to grow, the need for more services will also increase, but for now the community struggles to deal with the problems that already exist.

The lack of available workforce at the prevention and intervention levels is a barrier to people not seeking help until it reaches crisis level. When people have to wait weeks to get an appointment to see a counselor or have to leave the community to receive higher levels of care, it is more likely that a problem will go undiagnosed until there is a significant event that changes the trajectory a person’s health outcomes.

7.1.3 Mobile Crisis Team

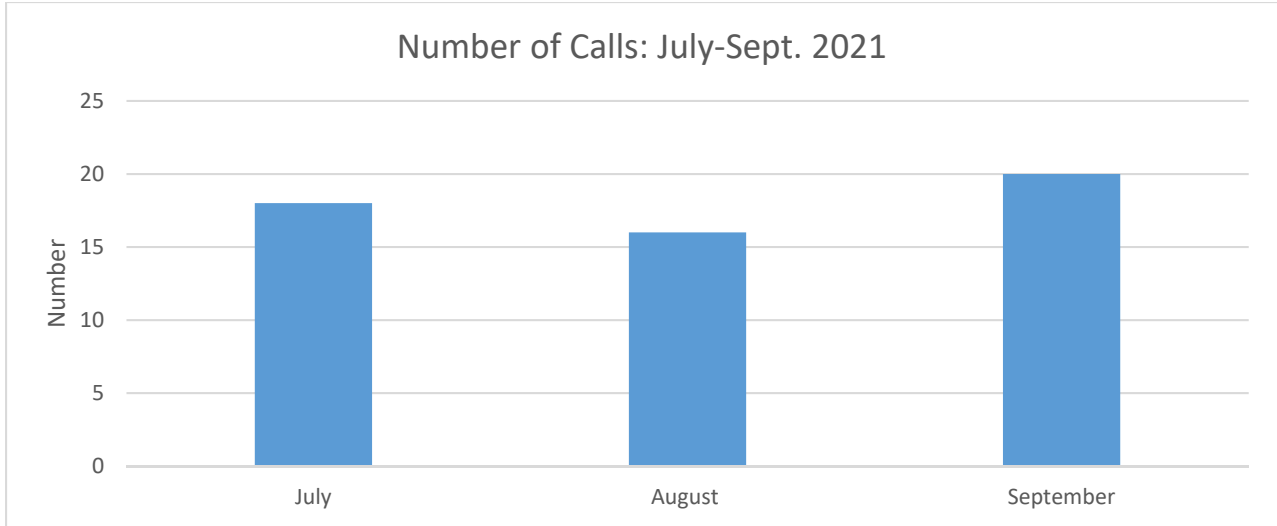
In response to the increased ED visits for behavioral health incidents, GVH established a mobile crisis team to mitigate inundation of the ED, and to assist law enforcement to better ensure these behavioral health needs are treated rather than criminalized. While the mobile crisis team has been responding 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.



Source: GVH Behavioral Health Department

Figure 7-2. Location of Referrals for Mobile Crisis

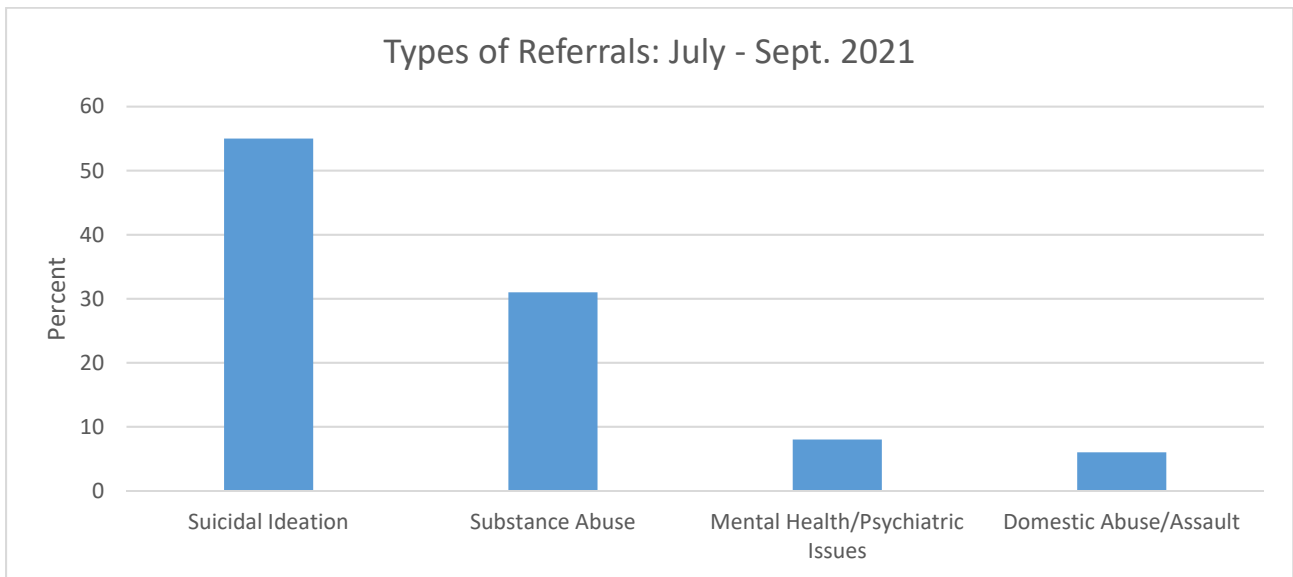
Most of the mobile crisis calls have been in the city of Gunnison or surrounding areas. The population differences between locations might be one reason that Gunnison is seeing more people utilize the service. Although the program is still in its infancy, worsening social and economic factors that are more likely to be experienced in Gunnison might contribute to those residents seeking the services more often than other locations.



Source: GVH Behavioral Health Department

Figure 7-3. Number of Calls to Mobile Crisis Unit by Month

The number of calls to the mobile crisis unit averaged 18 calls per month. Anecdotally, October was a busy month for the mobile crisis team, who received more calls than the previous three-month average. It is still unclear if the numbers increased because more people were aware of the service or because there was a greater need, or maybe a bit of both. As the word spreads about the efficacy of the service, GVH is likely to need more mobile crisis unit personnel.

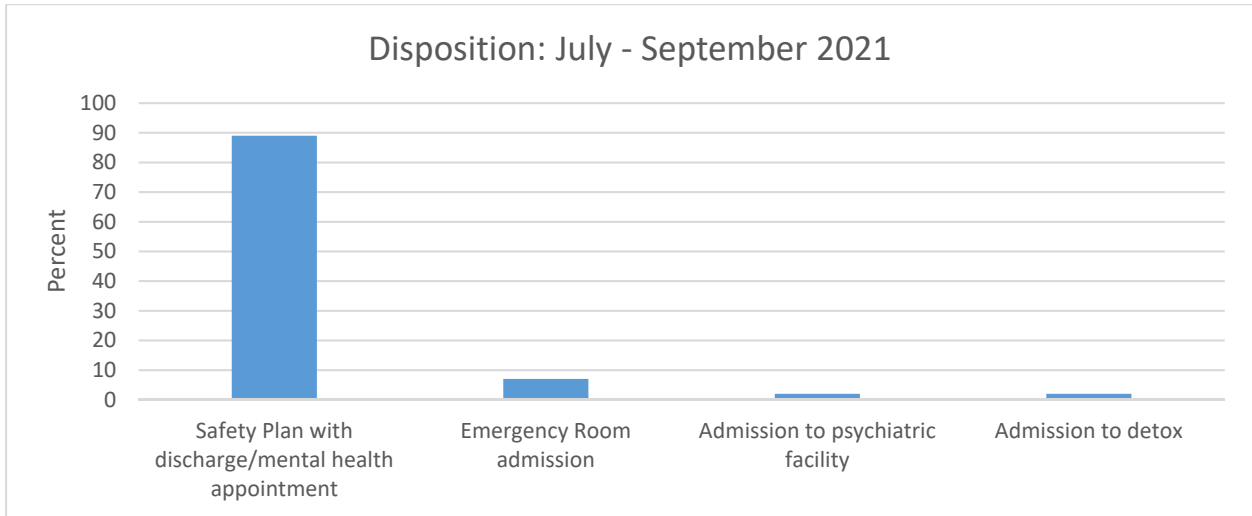


Source: GVH Behavioral Health Department

Figure 7-4. Types of Referrals for Mobile Crisis Unit

The top reasons for people utilizing the mobile crisis service are suicidal ideation and substance abuse. More than half of the calls are for people with suicidal ideation. Suicide rates in Gunnison County

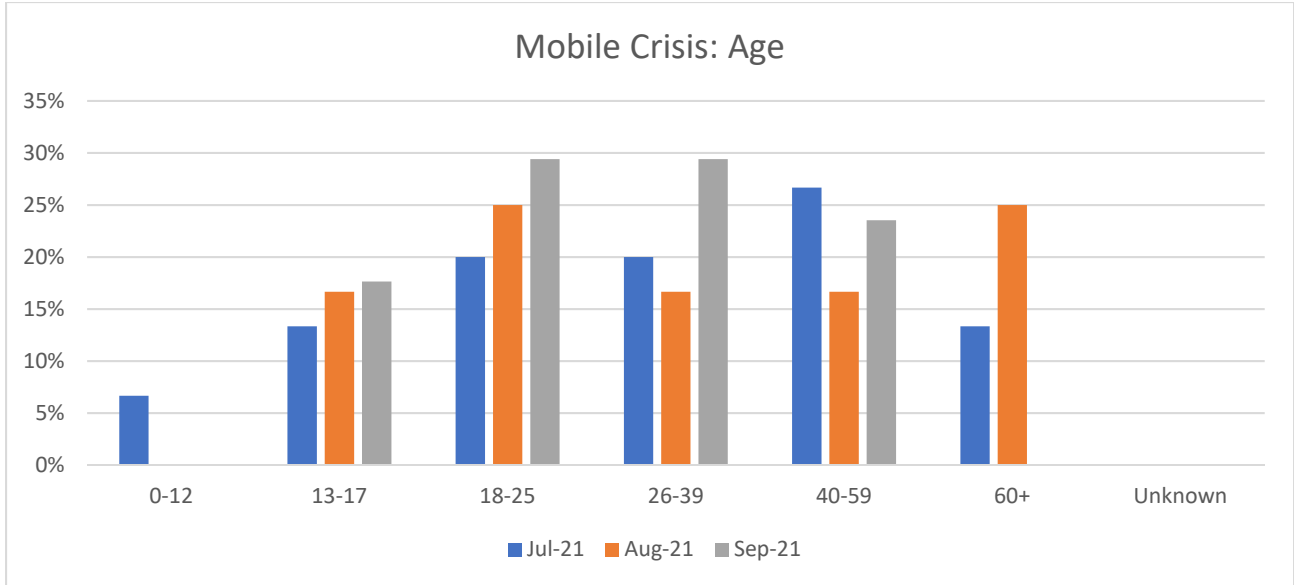
decreased in 2020 and 2021. Although the mobile crisis team did not exist prior to the second half of 2021, knowing that this service is available will continue to help reduce suicide in Gunnison County. It is important to note that the mobile crisis team is also serving WCU students who call the number. It is critically important that residents have 24/7 access to a team that will meet them at their location.



Source: GVH Behavioral Health Department

Figure 7-5. Disposition: Mobile Crisis

Nearly 90 percent of the calls to the mobile crisis unit end with a safety plan with discharge and a mental health appointment. The dual processes of meeting people and then getting them connected to a service in the community has a far reach in supporting the health and wellbeing of all community members. There is still a small percentage that require moving to the ED, but the program is keeping a large portion out of the ED. If people need to get admitted to a psychiatric facility or to detox, it is likely that these require placement outside of Gunnison County. Although the percentage of people who need these services is less than 5 percent combined, it is still something that the mobile crisis team faces. Another point to make is that the options above are limited, and two require movement out of the community. If more prevention, intervention, and aftercare options were available (e.g., intensive outpatient, sober living) to help people before or after crisis, the number on a safety plan with discharge might decrease as people could be moved to intermediate care options.



Source: Behavioral Health Department - GVH

Figure 7-6. Age Distribution of Mobile Crisis Clientele

As data in Section 7.3.3 will show, those below the age of 35 are generally the ones struggling the most with substance abuse (according to DUI and drug-related arrest records) in the community. Figure 7-6 shows that 18- to 29-year-olds are the age group trending upwards in mobile crisis contacts. For the 18- to 25-year-olds, the steep increase is likely among the college student population. Also discussed later is the lack of continuity of care. College students move here, their medications run out or they stop taking their medications, they are not connected to a local mental health provider, and they are isolated because they have not yet made deep connections. This is a similar story for post-college students moving west for the Colorado experience. This group, aged 23-35, move to Gunnison County and work restaurant or construction jobs, where substance abuse is prevalent. These people also might stop taking or run out of medication and are not connected to local therapists. In addition to these demographics, local people with long-standing substance abuse or mental health issues have had their problems exacerbated by isolation as well as economic and social stressors, leading to more acute problems.

7.2 West Central Public Health Partnership Research

In September 2019, the West Central Public Health Partnership (WCPHP) and Quorum Health Resources 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 453 surveys were collected, and 376 of those were from Gunnison County. This sample size and the thoroughness of the WCPHP survey provides a strong indication of the Gunnison County’s health challenges and needs just prior to the onset of the pandemic.

7.2.1 Health and Mental Health Issues

Respondents were asked their opinion about health and mental health issues by ranking each in terms of the scale below:

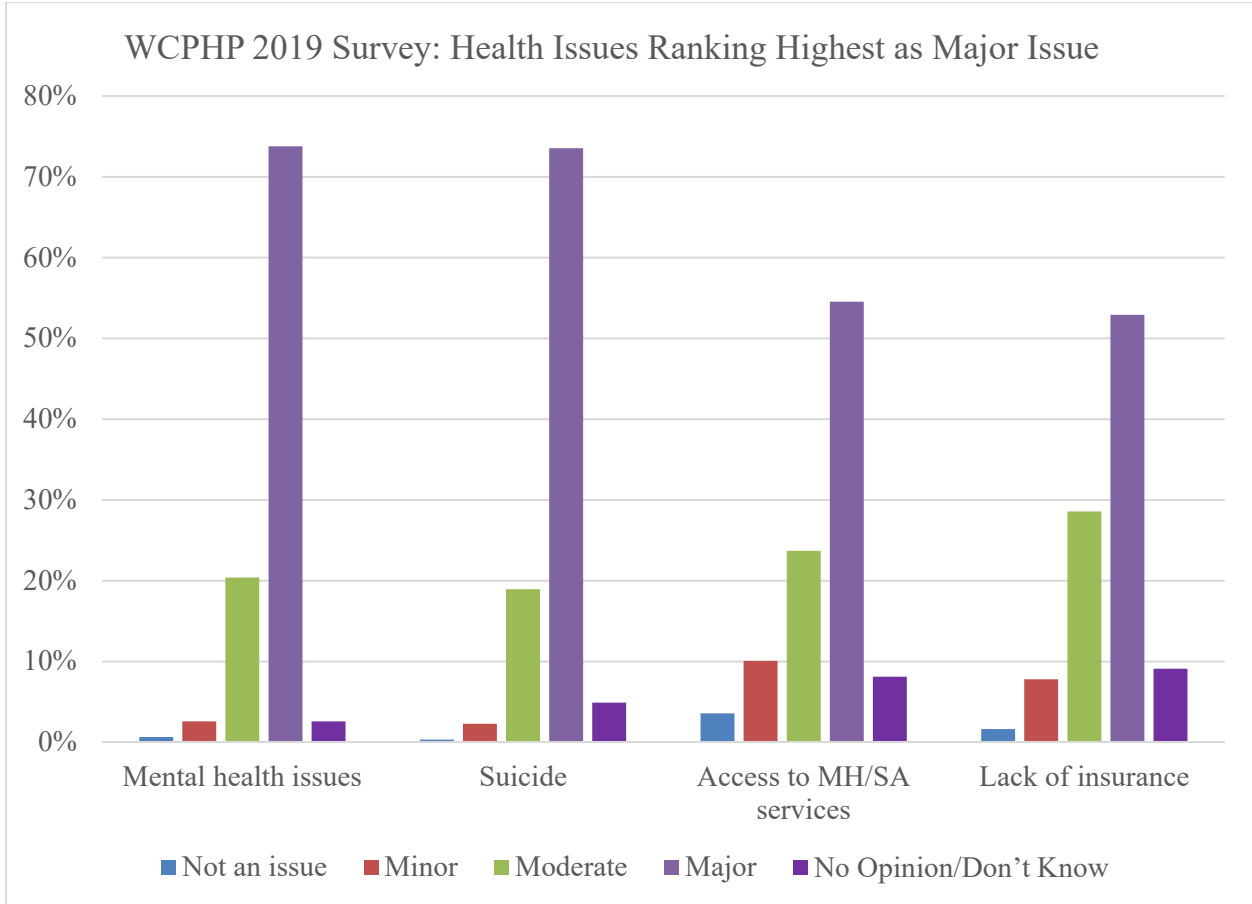
- Not an Issue
- Minor issue
- Moderate issue
- Major issue
- No opinion/don't know

The list of health and mental health issues to rank included:

- Childhood vaccinations (e.g., flu, whooping cough)
- Sexually transmitted diseases (education and testing services)
- Teen birth rates/teen pregnancy
- Mental health issues (e.g., depression, anxiety, grief, stress with divorce and custody issues, bipolar disorder)
- Suicide/suicide attempts
- People making unhealthy food choices/obesity
- Eating disorders
- Lack of health insurance
- Heart disease
- Diabetes
- Cancer
- Flu/pneumonia
- Primary care services/access
- Infant mortality
- Access to mental health/substance abuse services

The four highest-ranking issues in terms of being a major concern were:

- *Mental health issues – 74%*
- *Suicide/suicide attempts – 74%*
- *Access to mental health/substance abuse services – 55%*
- *Lack of health insurance – 53%*



Source: WCPHP, Consulting Team.

Figure 7-7. WCPHP survey top ranking health issues

The WCPHP survey asked the open-ended question, “In your own words, what do you believe is the most important health or medical issue facing the residents of your county?” Frequently recurring topics include the following:

- Mental health
- Access
- Insurance
- Affordability
- Cost

7.2.2 Drug and Substance Abuse Issues

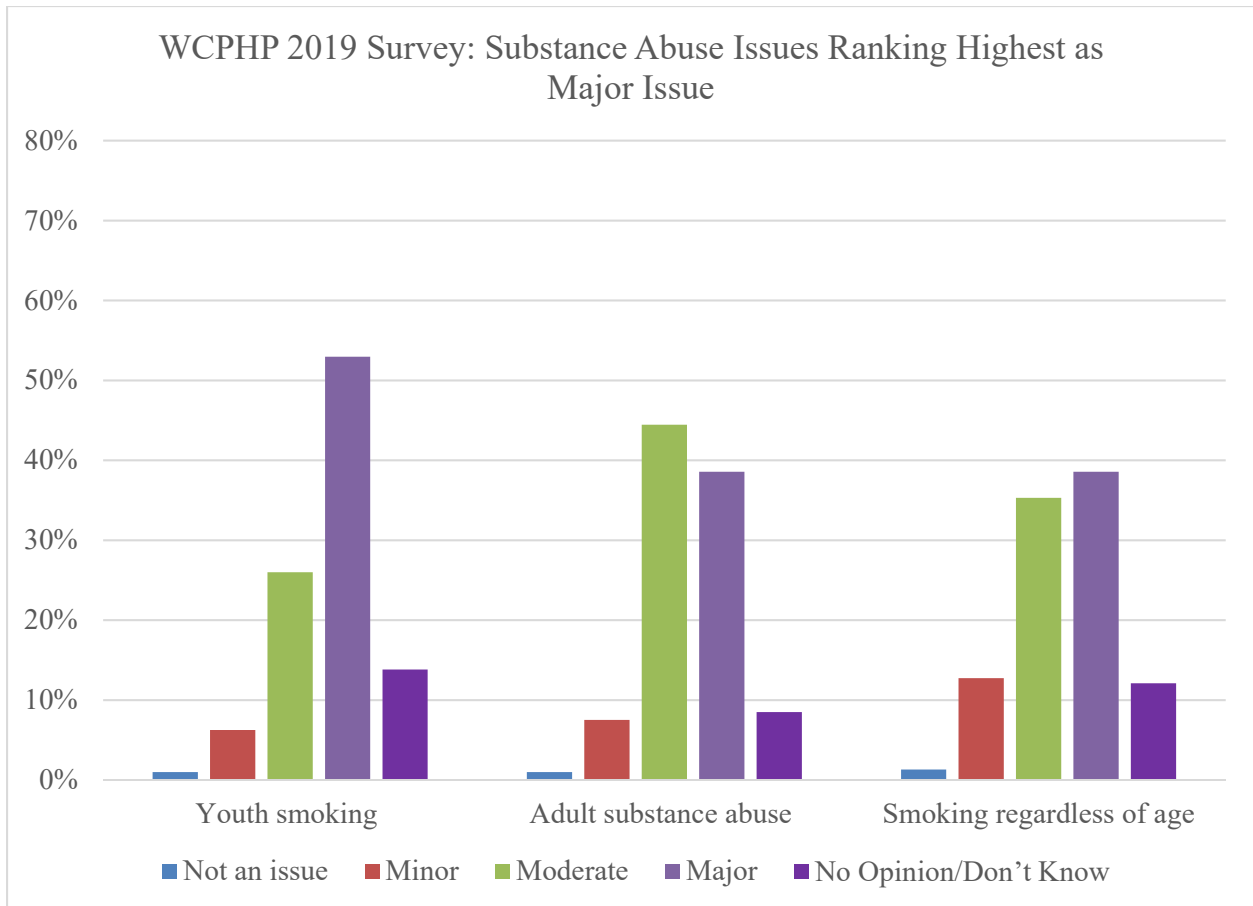
WCPHP respondents were asked to rank their opinions about drug and other substance abuse issues in the community, including the following:

- Youth prescription drug use
- Youth alcohol use
- Youth drug use

- Youth smoking/tobacco use/e-cigarettes/vaping
- Adult (18 to 64) substance abuse (e.g., alcohol, prescription or non-prescription drugs)
- Elderly substance abuse (prescription or non-prescription drugs)
- Prescription drug abuse (regardless of age)
- Smoking/tobacco use/e-cigarettes/vaping (regardless of age)

Figure 7-8 below shows the responses to the top three substance abuse issues. The three highest-ranking issues in terms of being a major concern were:

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



Source: WCPHP, Consulting Team.

Figure 7-8. WCPHP survey top ranking substance abuse issues

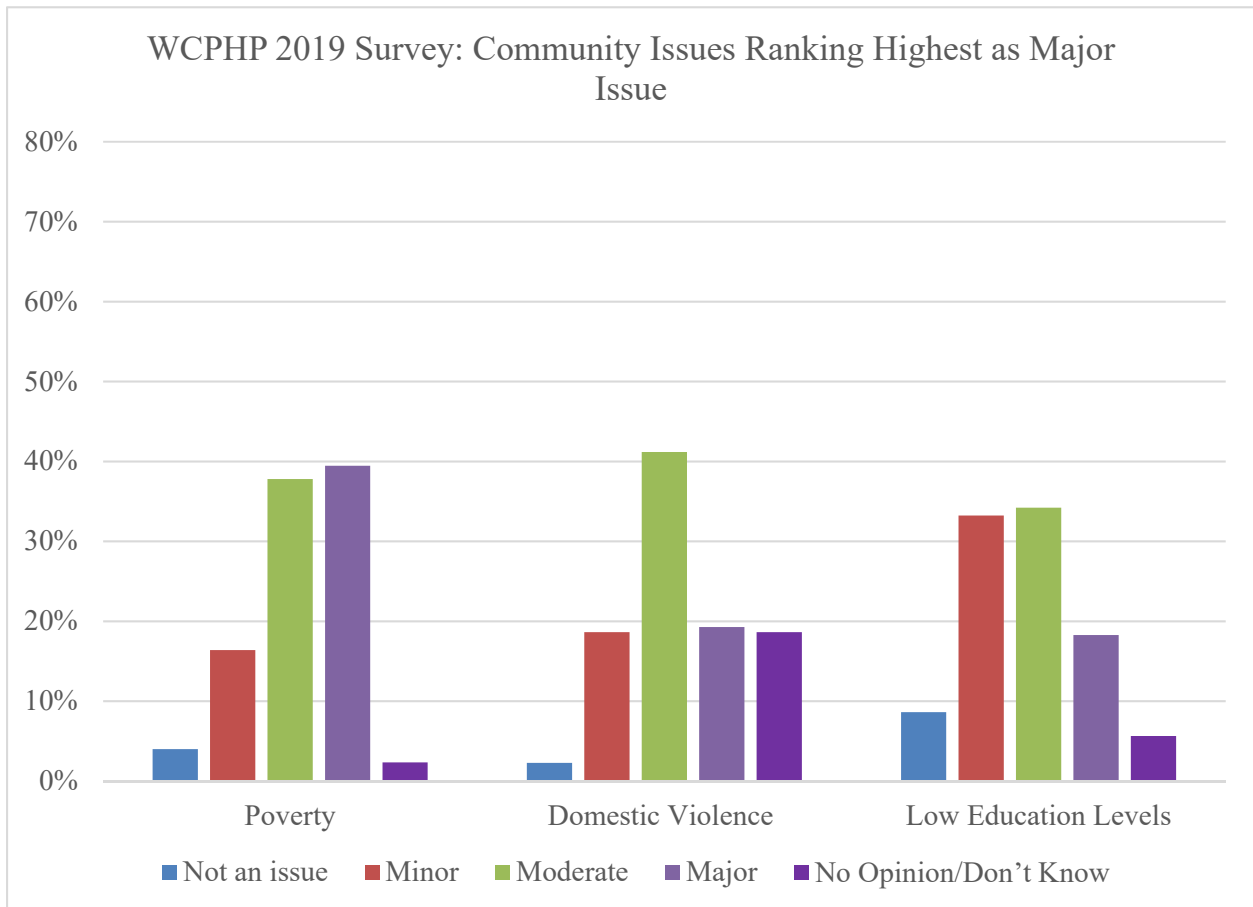
7.2.3 Community Health Issues

WCPHP respondents were asked to rank their opinions about other possible community issues that may impact health in the community, including the following:

- Poverty
- Low education levels
- Motor vehicle accidents
- Meth lab site clean-up
- Availability of exercise resources or fitness opportunities
- Domestic violence
- Sexual violence
- Presence of radon
- Water pollution
- Air pollution
- Access to healthy foods
- Transportation for healthcare purposes

Figure 7-9 shows the responses to the top three other community issues that may impact health. *The three highest-ranking issues in terms of being a major concern were:*

- *Poverty – 39%*
- *Domestic violence – 19%*
- *Low education levels – 18%*



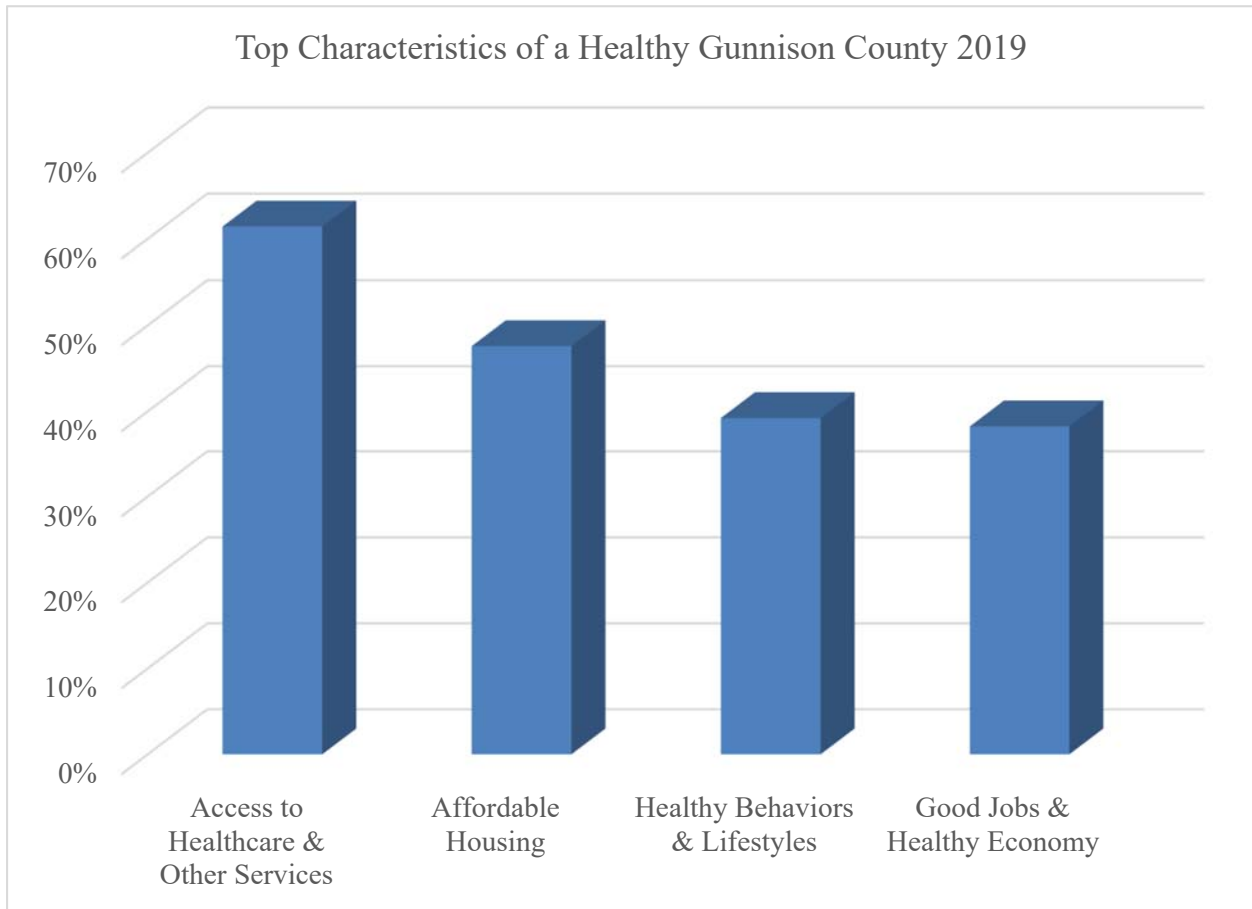
Source: WCPHP, Consulting Team.

Figure 7-9. WCPHP survey top ranking community health issues

7.2.4 Most Important for a Healthy Community

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

When asked to rate the severity of various housing issues, 20 percent responded that “lack of money to pay for housing” was either a moderate or major issue, and 13 percent described “living in housing that needs major repairs” to be either moderate or major issue. Seven percent said “not having enough room for the people who live there” was either moderate or major issue.



Source: WCPHP, Consulting Team.

Figure 7-10. Top Characteristics of a Healthy Community for Gunnison County Residents.

7.2.5 Health Issues Occurring Over the Previous 12 Months

Respondents were asked to describe a variety of health issues occurring within their household over the previous 12 months. Table 7-1 shows the number of respondents claiming the condition to be either a moderate or major issue.

Anxiety, stress, and depression are significant issues for many in Gunnison County. Given the distribution of the other health issues, there are a variety of causes, depending on each household’s situation.

Table 7-1. Household Health Issues in the Past 12 Months

Household Health Issues in the Past 12 Months	% Moderate or major issue
Household health issues – having a lot of anxiety and stress	57%
Experiencing depression	40%
Not being able to access affordable dental care	31%
Unable to find/afford childcare (0–5 years old)	20%
Unable to find childcare	20%
Adults being overweight or obese in your household	17%
Lack of money to pay for housing	17%
Experiencing an alcohol and/or drug issue	16%
Unable to find in-home care for person 65+	14%
Not being able to access care for a person with a serious physical illness	14%
Support services – lack of activities for school-aged children and teens	13%
Thoughts about suicide	11%
Living in housing that needs major repairs	10%
Not knowing how to access services or info	10%
Unable to find crisis intervention resource	9%
No transportation disabled 65+ person	7%
Unable to use public transportation to get to job or appt.	7%
Housing issues – not having enough room for the people who live there	7%
Experiencing a mold or mildew problem in your house	5%
Not having a working vehicle	4%
Children being overweight or obese in your household	3%
Breathing problems from heating with wood	3%
Violence within the household	1%

Source: WCPHP, Consulting Team.

7.2.6 Household Tobacco Use

In regard to tobacco use, the survey found that one in every five Gunnison County households has a smoker, though not likely to smoke in the house and/or car. Forty percent of households have conversations with children about the harmful effects of tobacco, alcohol, and drugs.

Table 7-2. Household Tobacco Use in Gunnison County, 2019.

Household Tobacco Use	% Yes
Does anyone in household use tobacco?	20%
Someone smokes in house and/or car	3%
Conversation w/ child about effects of tobacco, alcohol, and drugs	40%
Do you think it is okay if your child uses alcohol as long as he/she does not use other drugs?	4%
Is anyone pregnant and smoking in your household?	2%

Source: WCPHP, Consulting Team.

7.2.7 Health Insurance Coverage

Looking at insurance coverage, most residents have some type of health coverage, as shown in Table 7-3. Employer sponsored insurance covers 62 percent. More than a quarter of residents have neither dental nor vision coverage, and 10 percent do not have coverage for prescriptions.

Table 7-3. Gunnison County Insurance Coverage 2019

Insurance coverage	Health	Dental	Vision	Rx
Employer-sponsored	62%	52%	47%	59%
Private	16%	11%	10%	14%
Medicaid	4%	2%	1%	2%
Medicare	13%	2%	4%	8%
Do not have insurance	5%	26%	28%	10%

Source: WCPHP, Consulting Team.

Among the reasons given for not having insurance, “cannot afford to pay for insurance” was the primary reason given.

Further, the WCPHP survey asked, “How well do you feel your health insurance covers your healthcare costs?” Half of those with coverage responded that they felt that their insurance does not cover costs well or only fairly well, as shown in Table 7-4. This points to the issue of “underinsurance,” in which households may have some form of coverage but remained burdened by the cost of health care.

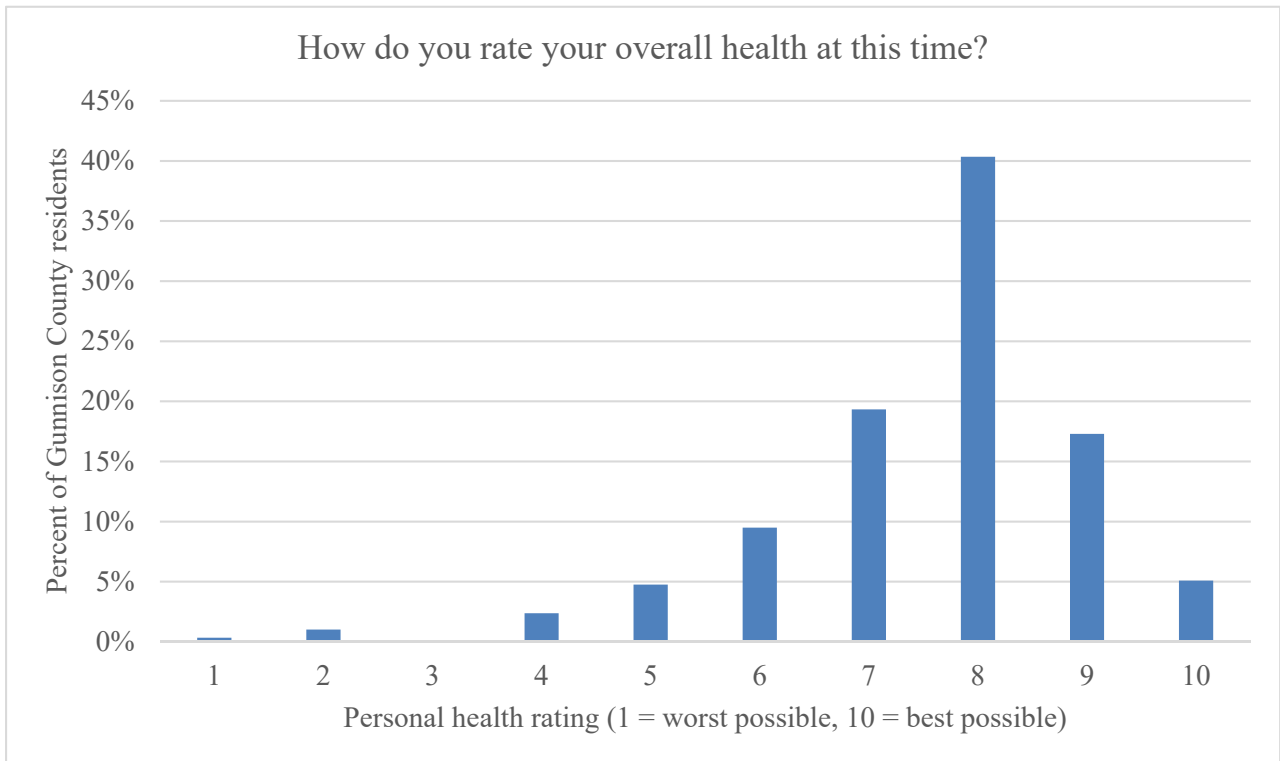
Table 7-4. How Well Insurance Covers Health Care Costs in Gunnison County 2019

How well does insurance cover costs?	Response
Very well	22%
Well	29%
Fairly well	31%
Not well	19%

Source: WCPHP, Consulting Team.

7.2.8 Personal Health Ratings

The WCPHP survey also asked respondents to rate their overall health at the time of the survey in September 2019. Less than two-thirds (63 percent) rated themselves in good health with a rating of eight or above as shown in Figure 7-11. Twenty-nine percent gave themselves a rating of six or seven, almost a third of the population. We consider this segment of the population to be marginal health, not poor and not good either. Only eight percent rated themselves in poor health, with a rating of five or less.



Source: WCPHP, Consulting Team.

Figure 7-11. Personal Health Ratings of Gunnison County Residents, 2019.

7.2.9 Change in Health over the Past Year

The survey asked respondents for a general feeling of how various community health factors had changed over the past year. For each factor, the majority of respondents cited no change. In the case of the physical and economic health factors, generally, one of every two respondents felt that conditions had changed for the better at a rate of two to one compared with those who didn't. By contrast, those feeling local health problems had become worse outnumbered those feeling conditions were better by three to one. Further investigation should seek to understand this apparent contradiction.

Table 7-5. Community Health Changes over the Past Year, 2019

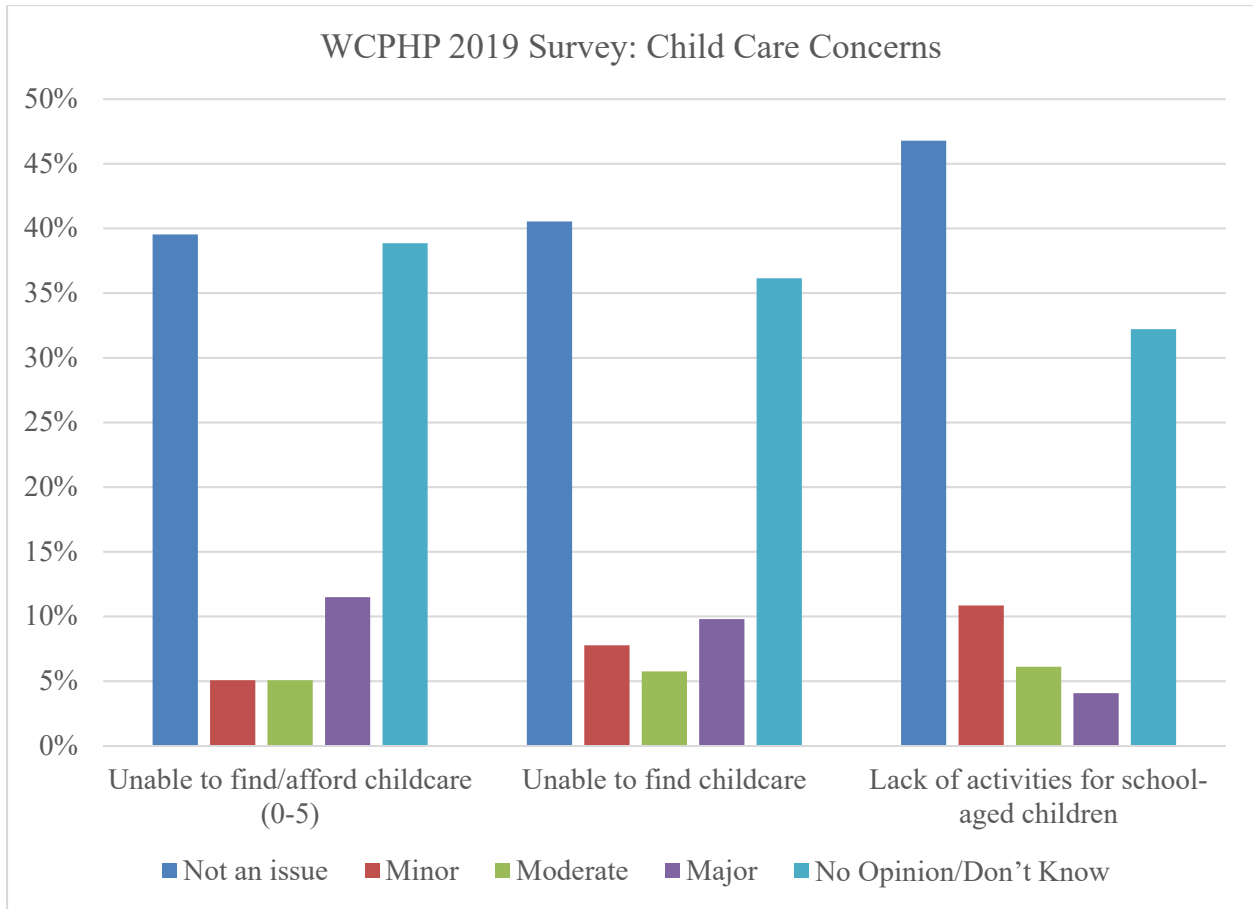
Compared to a year ago...	Worse	No Change	Better
My physical health	17%	50%	33%
Physical fitness level/behaviors	21%	46%	34%
Financial situation	18%	54%	28%
Employment/income	9%	62%	30%
Local economy	24%	50%	26%
Local health problems	22%	71%	8%

Source: WCPHP, Consulting Team.

7.2.10 Child Care

The WCPHP survey asked several questions on the topic of childcare. An inability to find or afford childcare for children ages zero to five years old was a major issue for 11 percent of the residents, as shown in Figure 7-12. According to the 2019 Census, children aged zero to five years old comprise 4.4 percent of the population. Given the margins of error of each survey, we believe these results are consistent and point to the fact that access to child-care is an issue for most, if not all, families with young children in Gunnison County.

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



Source: WCPHP, Consulting Team.

Figure 7-12. Child Care Concerns in Gunnison County 2019.

7.3 Prevalence of Substance Abuse and Mental Health Treatment

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. The 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.

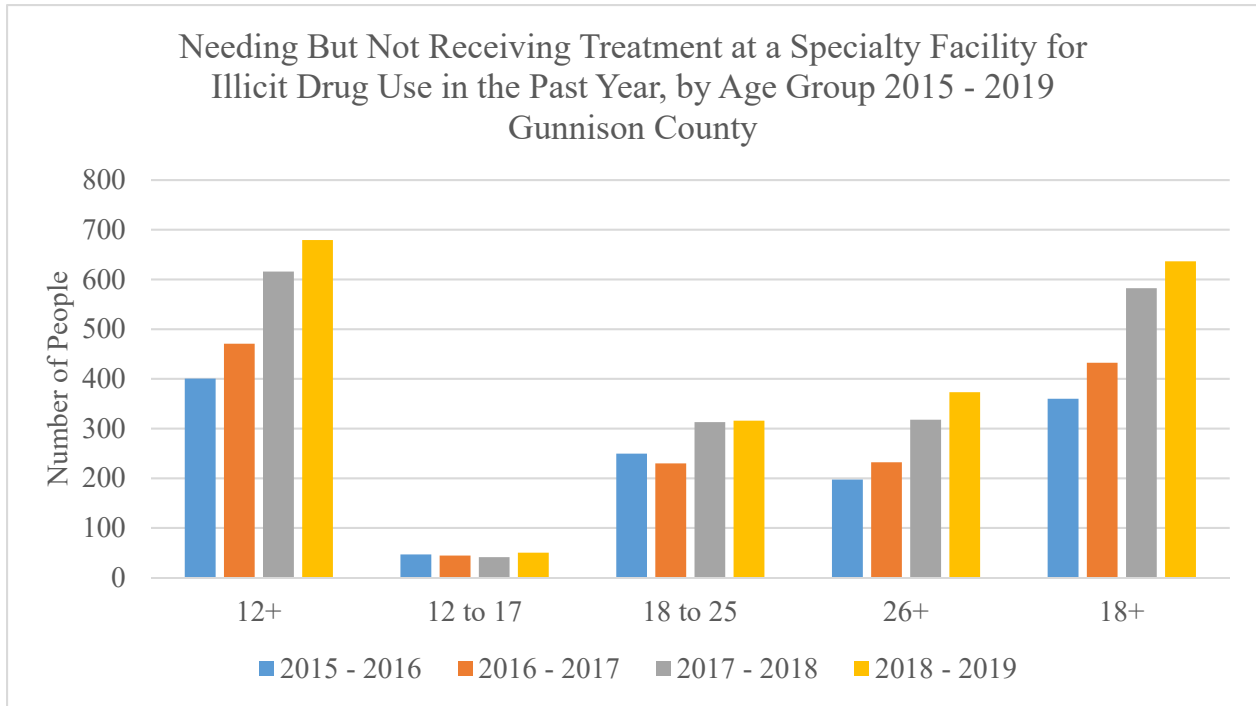
7.3.1 The SAMHSA and Census Method

Estimating the prevalence of those in need of treatment options for both substance abuse and mental health is another way to approximate the number of residents in need of treatment. The method of extrapolation described in this section is useful for small, rural communities that do not have access to county-level prevalence data.

The method below is credited to JBS International, a technical support consultant for the Health Resources and Services Administration (HRS) and follows these steps:

1. Identify statewide prevalence rate – SAMHSA 2016–2017 state data tables and reports from NSDUH <https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2017>.
2. Identify target population using census data – United States Census Bureau Fact Finder https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.
3. Multiply prevalence rate by target population.

Figure 7-13 shows an estimated prevalence of people needing but not receiving treatment at a special facility for illicit drug use between 2015 and 2019. The number, which was around 400 for people aged 12 or older from 2015 to 2016, has increased by about 70 percent, to 679 people now needing treatment in Gunnison County. This cannot be solely attributed to population growth, as the population of Gunnison has grown only 5.7 percent over the same four-year time span. As discussed in Section 9.4 substance abuse is becoming more acute and problematic. These people might not be seeking treatment because of the lack of treatment options available in Gunnison County.

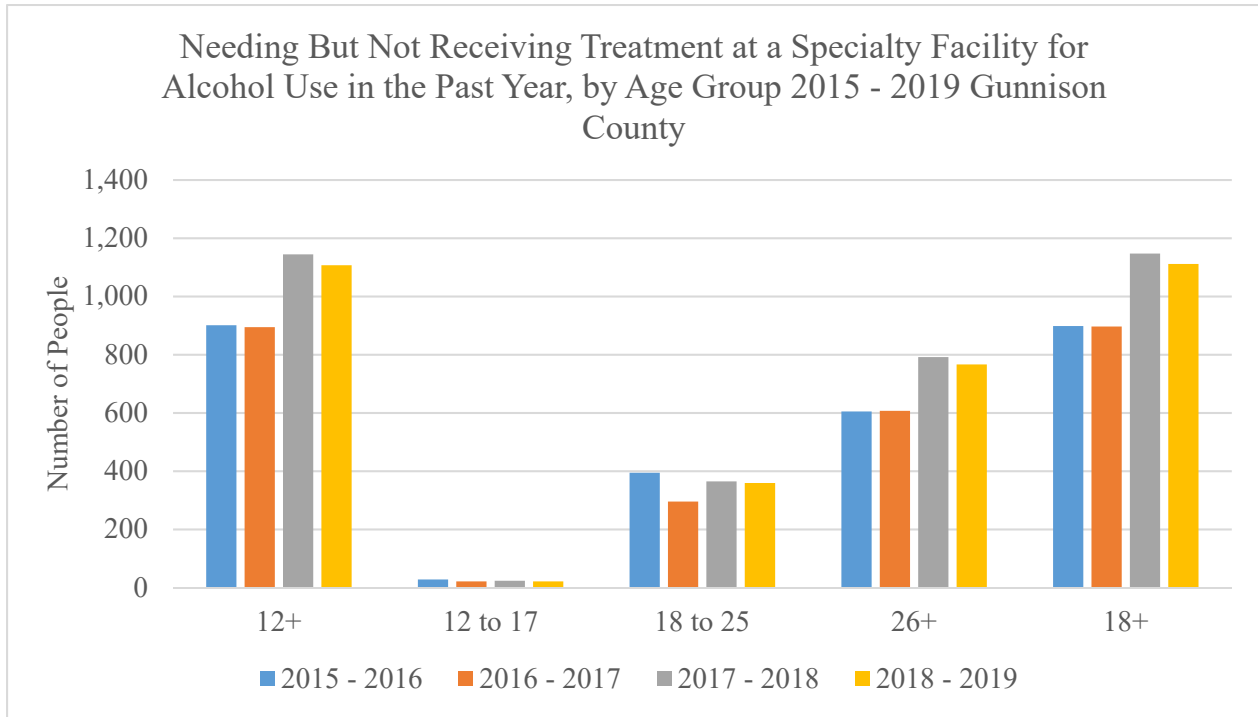


Source: US Census, SAMHSA

Figure 7-13. Estimated Prevalence of those Needing but not Receiving Treatment for Illicit Drug Use in the Past Year

Figure 7-13 shows an estimated prevalence of people needing but not receiving treatment at a special facility for drug use disorders between 2015 and 2019. The number, which was around 400 for people aged 12 or older in 2015 to 2016, has increased by about 70 percent, to around 670 people now needing treatment in Gunnison County. This cannot be solely attributed to population growth, as the population of Gunnison has grown by about 11 percent in the last ten years. As discussed in section 8.2.2, substance abuse is becoming more acute and problematic. These people might not be seeking treatment because of the lack of treatment options available in Gunnison County. This group might decrease with the

introduction of MAT services; however, other barriers including stigma, rejecting help, not thinking they have a problem, lack of access to other intermediate care are contributing to people not receiving treatment.

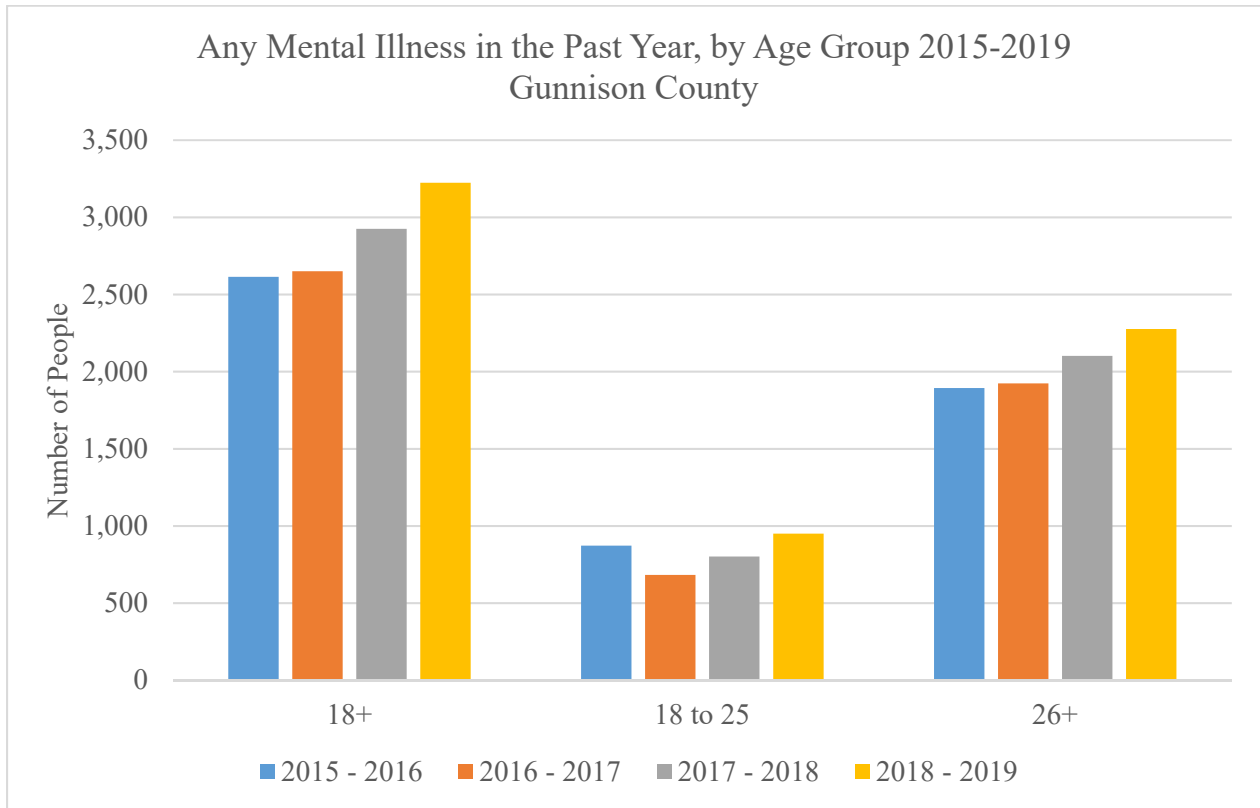


Source: US Census, SAMHSA

Figure 7-14. Estimated Prevalence of those Needing but not Receiving Treatment for Alcohol Use in the Past Year

Figure 7-14 shows that the estimated number of people needing but not seeking treatment at a specialty facility for alcohol is approximately 1,100, after increasing by roughly 200 from the 2015 to 2017 period to the 2017 to 2019 period. About 420 more people are needing but not receiving treatment for alcohol use disorders than those with drug use disorders. As discussed in the literature review, Tolle’s report shows that Southwest Colorado remains high above the rest of the state for those seeking treatment for alcohol use disorders [11]. In 2019, the Southwest region had more people seeking treatment for alcohol than any other region, at 501.9 per 100,000, or 0.5 percent; however, by estimates in Figure 7-14, 6.6 percent of people 18 and older needed but did not receive treatment for alcohol use disorders in 2019 in Gunnison County [11]. Approximately 1,024 people needed but did not receive treatment for alcohol use disorders in a special facility in Gunnison County in 2019. Those struggling with alcohol abuse find themselves with minimal options for support other than Alcoholics Anonymous (AA) and Celebrate Recovery. There are no special facilities for either drug use disorders or alcohol use disorders in the County other than MAT services. Addressing economic and social factors in ways such as improving

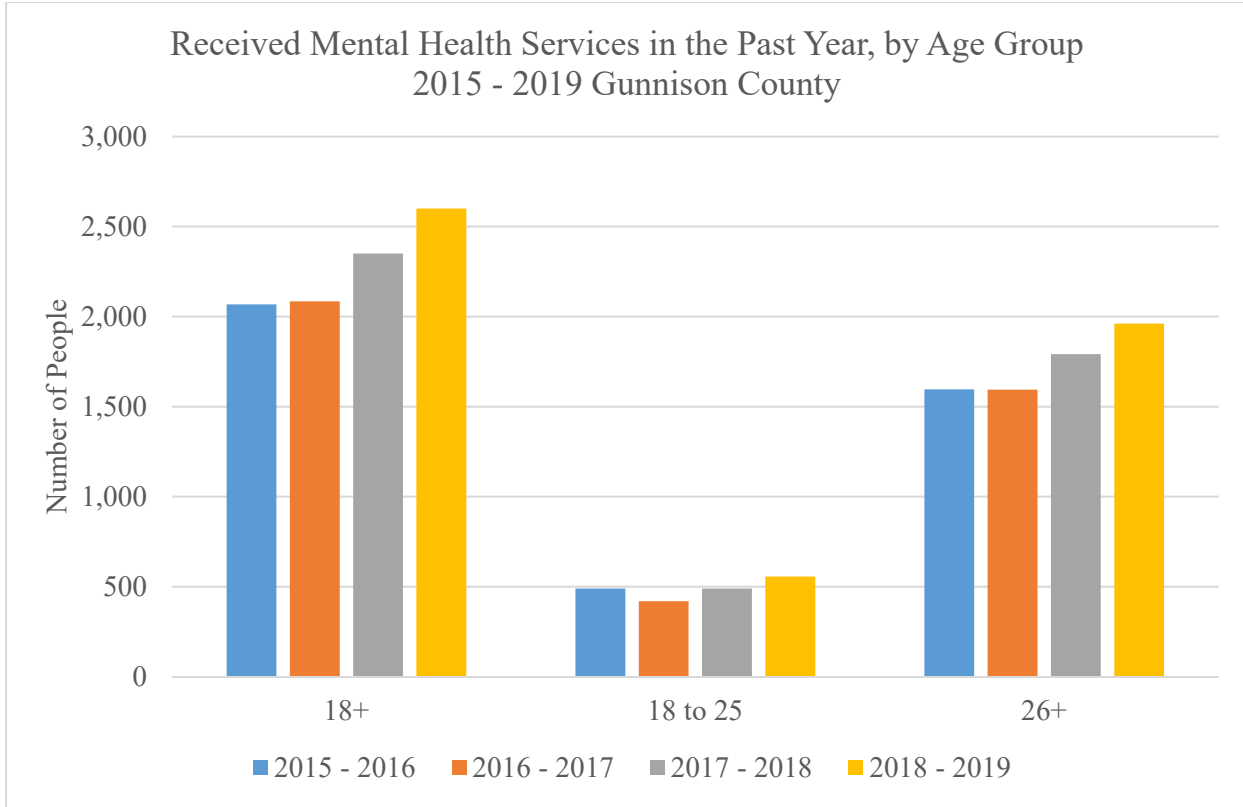
housing conditions, increasing incomes, and expanding behavioral health programs can mitigate the struggles of this population.



Source: US Census, SAMHSA

Figure 7-15. Prevalence of Mental Illness in the Past Year

Figure 7-15 shows that the estimated number of people 18 or older with any mental illness in the past year has grown by 23 percent, to 3,223, from 2016 to 2019. It is important to differentiate between mental health and mental illness, as mental health refers to a person’s ability to function over time, and mental illness is characterized by frequent and significant distress as well as a lack of control over one’s life [38]. The growth in number for those experiencing mental illness in the past year was roughly 4.5 times faster than the population growth in between 2015 and 2019. Mental illness was on the rise prior to the pandemic and is not getting better nearly two years after the lockdown began.



Source: US Census, SAMHSA

Figure 7-16. Estimations of the Number of People who Received Mental Health Services in the Past Year

Although there is a difference between mental health and mental illness, as described above, this analysis shows that there still exists a gap between those who are experiencing mental illness and those seeking help. Figure 7-15 shows that about 3,200 people in 2018 to 19 experienced a mental illness, yet Figure 7-16 shows that only 2,600 people received mental health services. Section 9.6 synthesizes more granular details about people not seeking mental health and mental illness treatment.

Summarizing this section, we applied a method for estimating the prevalence of substance abuse and mental health treatment in Gunnison County. Table 7-6 summarizes the prevalence estimates for Gunnison County in 2018 to 2019.

Table 7-6. Prevalence of Substance Abuse and Mental Illness by SAMHSA Method

Gunnison County residents	2018 –2019	Percent of Population
Illicit drug use	679	4%
Alcohol abuse	1,107	7%
Mental illness	3,223	19%

Mental illness treatment	2,600	15%
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Source: US Census, SAMHSA

7.3.2 WCPHP and Census Method

Another method for estimating the prevalence of substance abuse is to apply the WCPHP 2019 survey results to U.S. Census data. Specifically, we apply the percentage of respondents ranking various substance abuse issues as “major issues” to the corresponding County sub-population. Table 7-7 presents these estimates for various substance abuse categories. The perceived number of adults experiencing substance abuse is 4,314. Given that this method queries opinions, we expect it may overestimate the actual number of individuals in each category. However, these estimates do serve as an upper boundary, supporting the validation of the estimates shown in Table 7-6.

Table 7-7. Prevalence of Substance Abuse by WCPHP Method

What is your opinion about the following drug and other substance abuse issues in your community?	Major	Major + Moderate	Population 2019	Definition	Estimate (major)
Adult (18 to 64) substance abuse (alcohol, prescription or non-prescription drugs)	39%	83%	11,186	ages 18–64	4,314
Elderly substance abuse	8%	36%	2,186	ages 65+	185
Prescription drug abuse (regardless of age)	22%	59%	15,282	ages 10+	3,418
Smoking/tobacco use/e-cigarettes/vaping (regardless of age)	39%	74%	15,282	ages 10+	5,893
Youth alcohol use	27%	64%	2,266	ages 10–19	603
Youth drug use	29%	67%	2,266	ages 10–19	668
Youth prescription drug use	13%	42%	2,266	ages 10–19	302
Youth smoking/tobacco use/e-cigarettes/vaping	53%	79%	2,266	ages 10–19	1,200

Source: US Census, WCPHP.

More directly, the WCPHP 2019 survey asks: “In your household over the past 12 months, how would you describe the following health issues?” The list of responses includes “Experiencing an alcohol and/or drug issue”. On the basis of this more specific question, Table 7-8 shows that 777 households have experienced an alcohol and/or drug health issue in 2018 to 2019. According to the U.S. Census, there

were 6,616 households in 2019; thus, this method finds almost 12 percent of County households experienced a substance abuse issue at that time.

Table 7-8. Households Experiencing Alcohol and/or Drug Issue in Past Year

Household Health Issues in the Past 12 Months	Major	Major + Moderate	Population	Definition	Estimate (major)
Experiencing an alcohol and/or drug issue	5%	17%	15,282	ages 10+	777

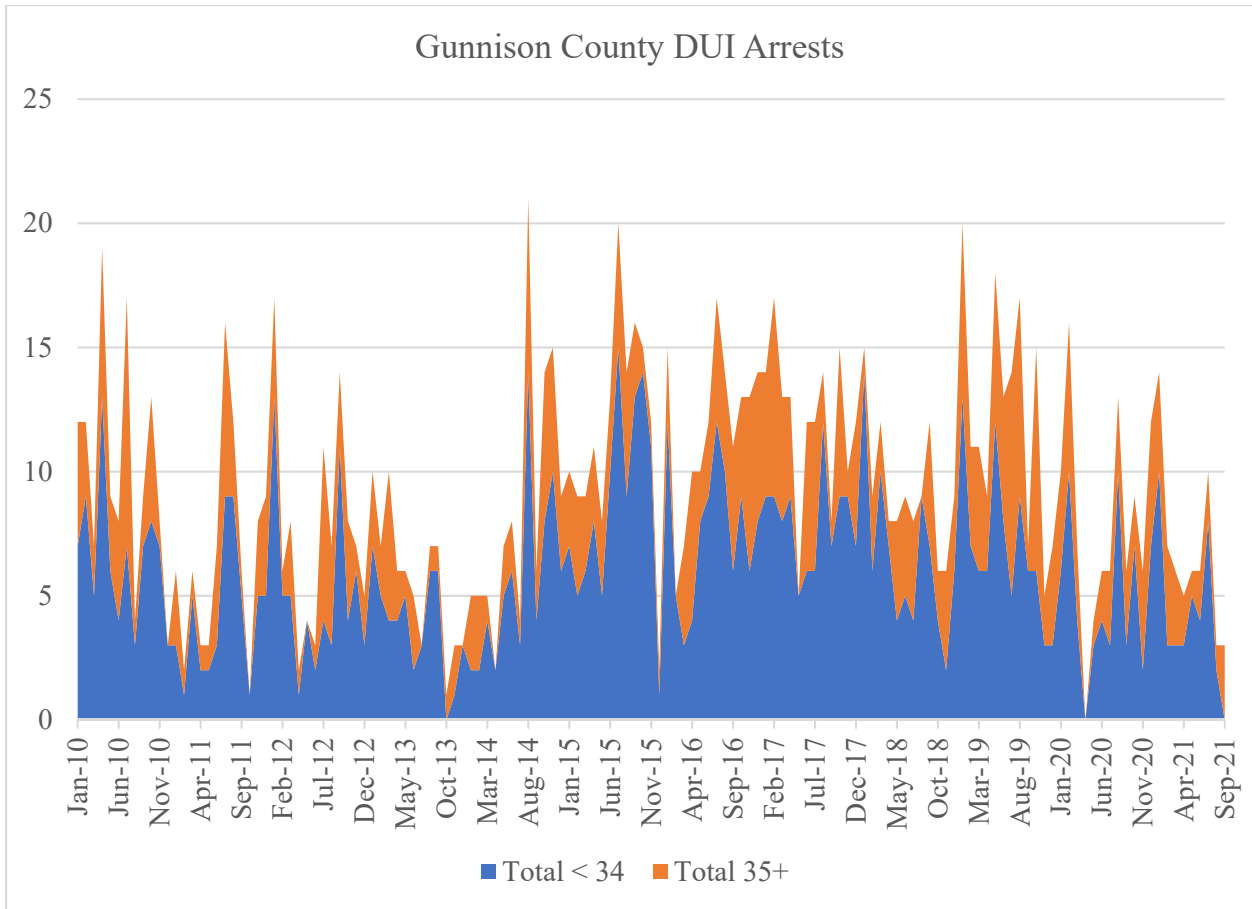
Source: US Census, WCPHP.

7.3.3 Law Enforcement

Identifying trends in DUI and drug arrests is another way to bring into focus behavioral health symptoms. Arrest data primarily provides insight into changes over time by age and substance although we do extrapolate prevalence on the basis of national data.

Figure 7-17 and Figure 7-18 are longitudinal graphs reporting both DUI and drug arrests per month in Gunnison County between 2010 and 2021. The data was gathered from Colorado Crime Statistics and reports arrests from the County’s three municipal police departments and the Sheriff’s Department. Colorado State Patrol arrests are not included [19].

The first takeaway from Figure 7-17 is that DUI arrests do not appear to have increased or decreased over the past decade. The second takeaway is that those under the age of 34 are more likely to be arrested for DUI. Key informant interviews pointed to young people moving to the community to work service jobs and WCU students as the main demographics abusing substances and getting DUIs. Programs such as SafeRide are in place to help reduce the number of DUIs.



Source: Colorado Crime Statistics

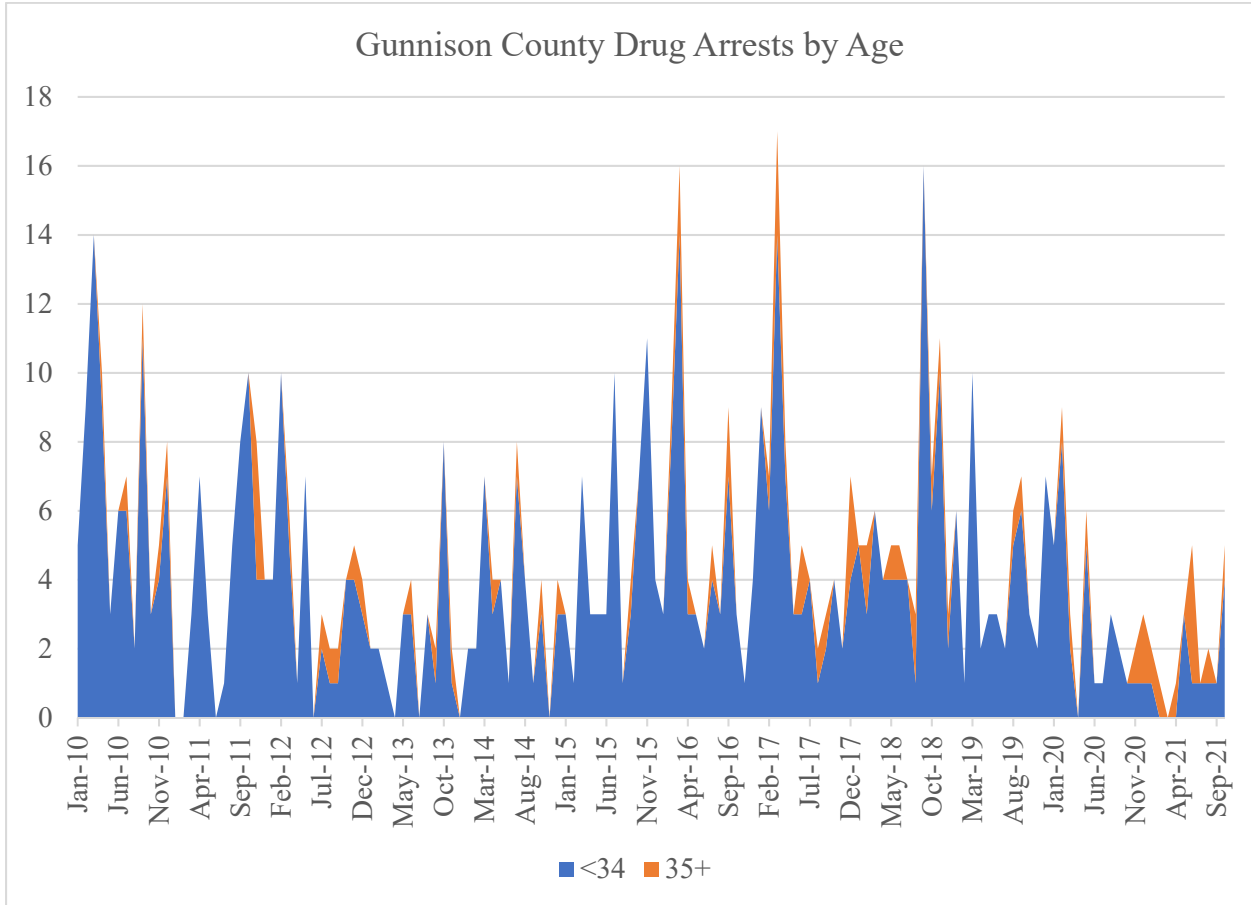
Figure 7-17. Gunnison County DUI Arrests 2010 – 2021

Drug arrest data indicates the problem is almost entirely an issue for those under 34 years (Figure 7-18). The younger population in Gunnison County is using substances in restaurants, at bars, and at home, and some are getting arrested for it.

Last year, about 50 million Americans used cannabis, but only about half a million were arrested for weed. The ratio is likely similar for other drugs though the number of users would be smaller (around 5 million Americans used cocaine last year) [39]. This puts the share of people arrested for drugs around 1 percent of the population of users. Applying this percentage to Gunnison County arrest data, we derive about 400 people per month, 4,800 people per year, or 29 percent of the County’s population are using drugs assuming no person was arrested twice in same year. In 2019, about 228 million people consumed alcohol in the United States, and 1.5 million were arrested for driving under the influence of alcohol or drugs [40] [41]. This means that only 0.6% of people consuming alcohol were arrested. Again, by applying this percentage to Gunnison County DUI arrest data, we derive that about 1000 people per month, 12,000 per year, or 68% of the County’s population are using substances (mainly alcohol), assuming no person was arrested twice in the same year.

Evidence from key informant interviews points to the disproportionate arrest rates of low-income residents. Lower income people are unable to hide their use, unlike wealthier people, who have more

private space to participate in illicit activities. Additionally, key informant interviews expressed that lower-income people who used substances were more likely to commit crimes, which coincides with basic needs going unmet and poverty culture. As one person put it, “Drugs are cheaper than food.” This is further discussed in Section 9.4.

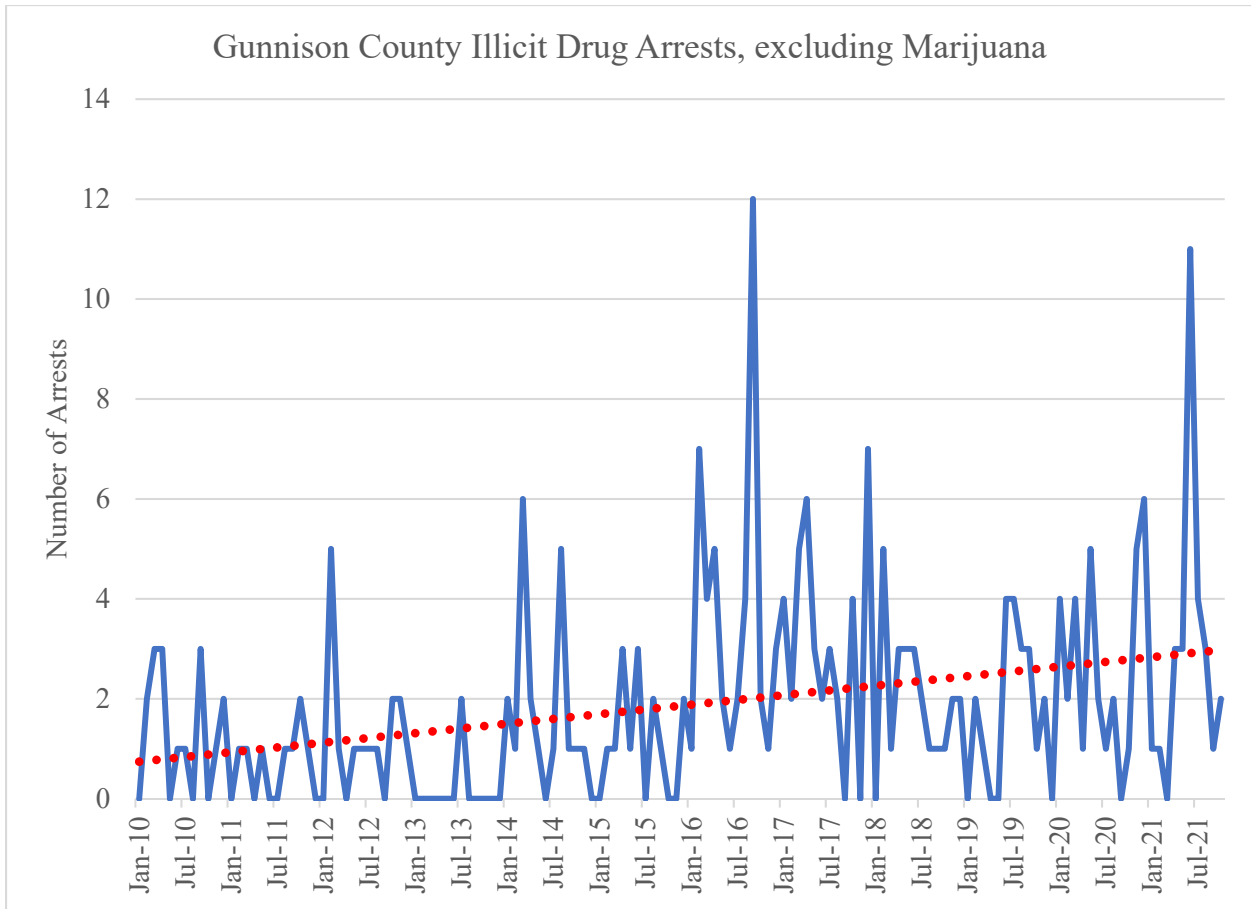


Source: Colorado Crime Statistics

Figure 7-18. Gunnison County Drug Arrests by Age 2010-2021

Interestingly, drug arrests for cannabis did not significantly decrease even after legalization, which indicates people were likely caught transporting large quantities of cannabis. The black market for cannabis has not subsided, as most of the surrounding states have not yet legalized recreational cannabis. A portion of those arrested can utilize the Colorado 7th Judicial District’s Drug Court program, and now all inmates have the option of participating in limited MAT services. Through 2020 and 2021, drug arrests have seemingly declined. This is presumably linked to stay-at-home orders during the pandemic and fewer people in public spaces.

Drug arrest data does point to an alarming trend in drug consumption other than cannabis. Monthly arrests for all other drugs combined have increase from roughly one per month in 2010 to three on average by 2021 (Figure 7-19). Again, assuming 1 percent of users are arrested, this data implies 3,600 people using drugs other than cannabis in 2021, assuming no person was arrested in same year.



Source: Colorado Crime Statistics

Figure 7-19. Gunnison County Illicit Drug Arrests, excluding Marijuana

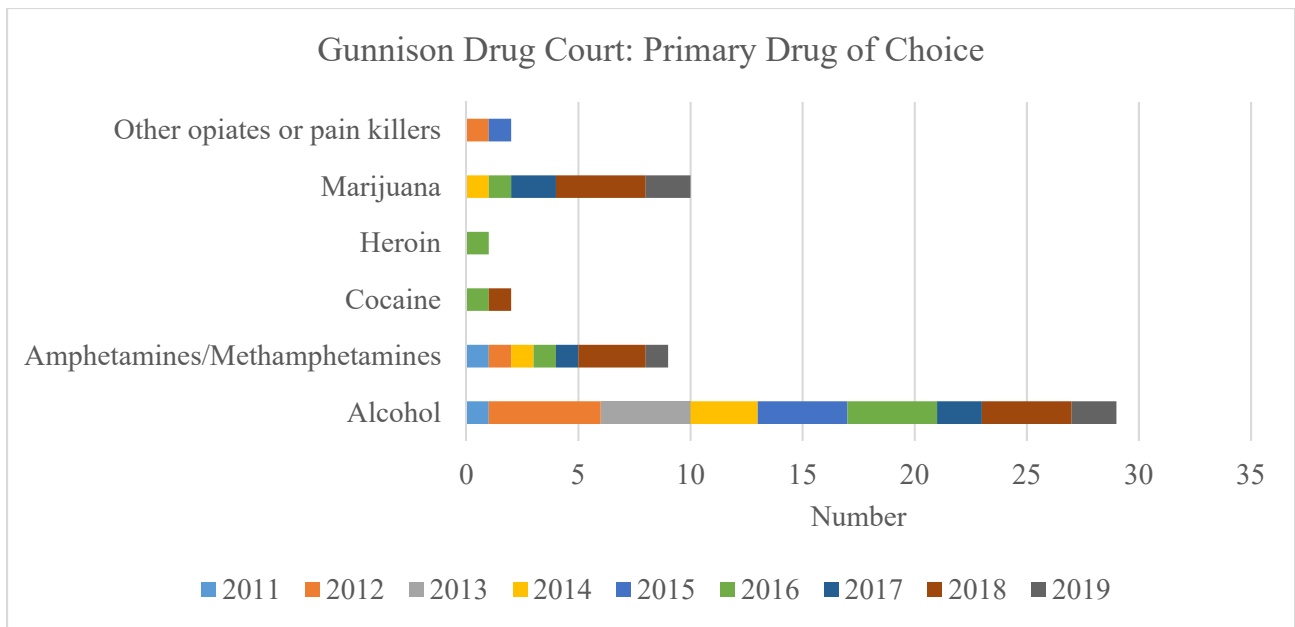
DUI and drug arrests are mainly a problem for those under the age of 34, which, overall, is the demographic abusing substances. There are several programs that people enter after receiving a DUI in Gunnison County, but this report does not attempt to quantify the efficacy in reducing recidivism. Low numbers for both DUI and drug arrests should not lull the reader into thinking that substance abuse is not a problem in Gunnison County, as arrests only account for a small portion of users. Through interviews with law enforcement and other members of the judicial system, substance abuse is revealed as a top theme of people involved in systems. As one law enforcement officer stated, “It’s rare to get a call past 8 p.m. where substances are not involved.” Section 10.1.4 further discusses the complexity of the judicial system and the potential ways to increase collaboration across behavioral health organizations in order to minimize recidivism and people falling through the cracks.

7.3.4 Drug Court

Across Colorado, drug court programs can vary in fitting the needs of each community, but the basic premise is consistent. Drug court is for those with felony offenses to address their substance dependency and end the cycle of substance abuse and crime. The intent of this voluntary program is to achieve abstinence from illicit drugs and is for those seeking independence and personal responsibility. The

program takes between 1 to 2 years to complete depending on the level of participation, compliance, and sobriety [42]. The Drug Court program is one opportunity for people to get clean and back to a normal life. This program facilitates key stakeholders (e.g., judges, district attorneys, probation officers, therapists, court coordinators) to be at the table through the process of a person working towards sobriety. The program is a community resource to help people; however, according to interviews, the number of people who volunteer for drug court and/or utilize the opportunity remain fairly low in Gunnison County.

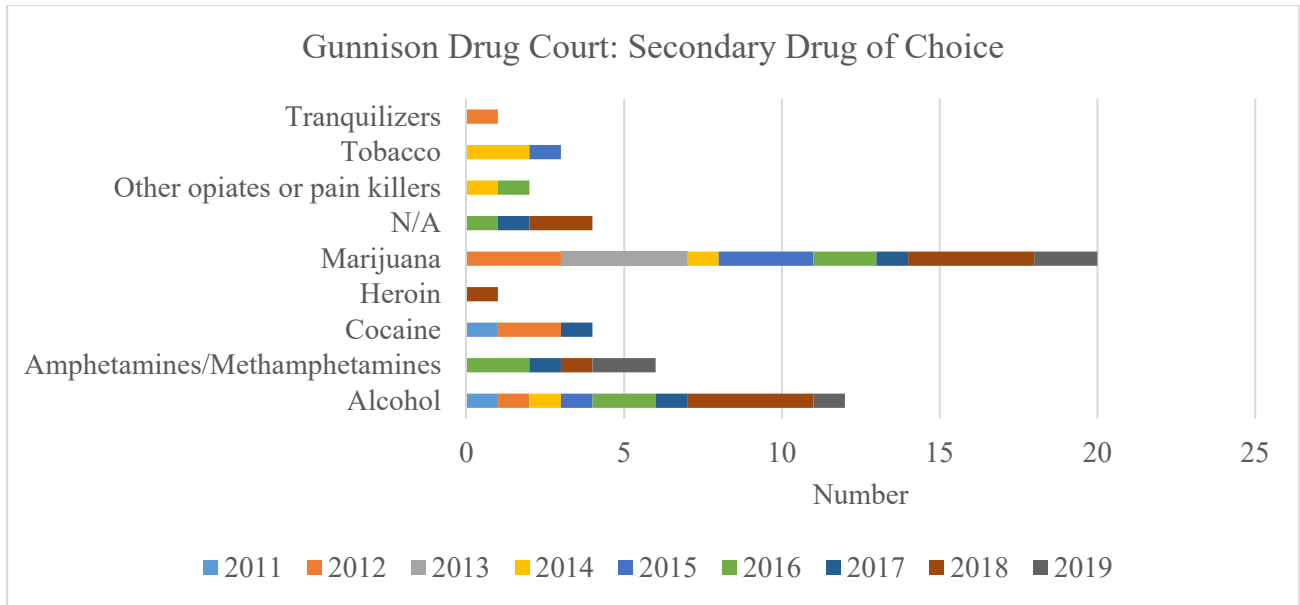
As with arrest data, drug court data provides insight into changes over time and the type of substance abuse. Gunnison County Courts have people entering for all drugs and alcohol. Figure 7-20 shows alcohol is the predominate substance abused, accounting for about half of all cases. Marijuana and amphetamines/methamphetamines account for the majority of the balance. In 2018, there were a relatively large number of cases for each of these substances.



Source: Problem Solving Court Coordinator

Figure 7-20. Gunnison Drug Court: Primary Drug of Choice

The secondary drug of choice for people entering the Drug Court program in Gunnison County is primarily cannabis, followed by alcohol (see Figure 7-21). The next most common secondary drug of choice is methamphetamines. Although all of the main substances are present in Gunnison County, alcohol and cannabis are the most commonly used. This is likely related to accessibility (number of liquor licenses and dispensaries) within the County.



Source: Problem Solving Court Coordinator

Figure 7-21. Gunnison Drug Court: Secondary Drug of Choice

Recidivism remains an issue. Table 7-9 shows that from 2010 to 2015, 14 percent of Drug Court participants recidivated. Recidivism is defined as conviction for any new misdemeanor or felony within two years of leaving the program [43]. Graduating from the program means a person has maintained sobriety, attended required treatment sessions, attended community support groups, attended court reviews, and completed any other necessary tasks required by the Court [42]. As of 2018, the graduation rate decreased from 75 percent to 48 percent, likely due to the complexity or “riskiness” of cases. However, in a small program, significant variation is expected.

New Colorado drug laws lessen the sentence for possession of certain quantities of illicit drugs. Interviewees expressed that because the program is used to incentivize sobriety, more people now choose jail time over drug court, as now they can do 1 to 3 months jail time rather than a year of drug court. Getting sober takes a level of desire and motivation from individuals, as discussed in key informant interviews, and if people lack in those capacities to get sober, they might not succeed in drug court. As discussed in Section 10.1.4, intrinsic motivation is only one small brick on the road to sobriety. These sentiments should not diminish the importance of this resource in the community, as increasing the opportunities for people to get sober could incite personal change. Providing more treatment options locally might contribute to both the success of members entering and the number not re-entering the program, as they will be able to garner more support locally.

Table 7-9. Gunnison Drug Court Recidivism Performance 2010 to 2015

Gunnison	75% Graduation rate	86% of Grads do not recidivate	64% who started graduate crime-free	14% Recidivism
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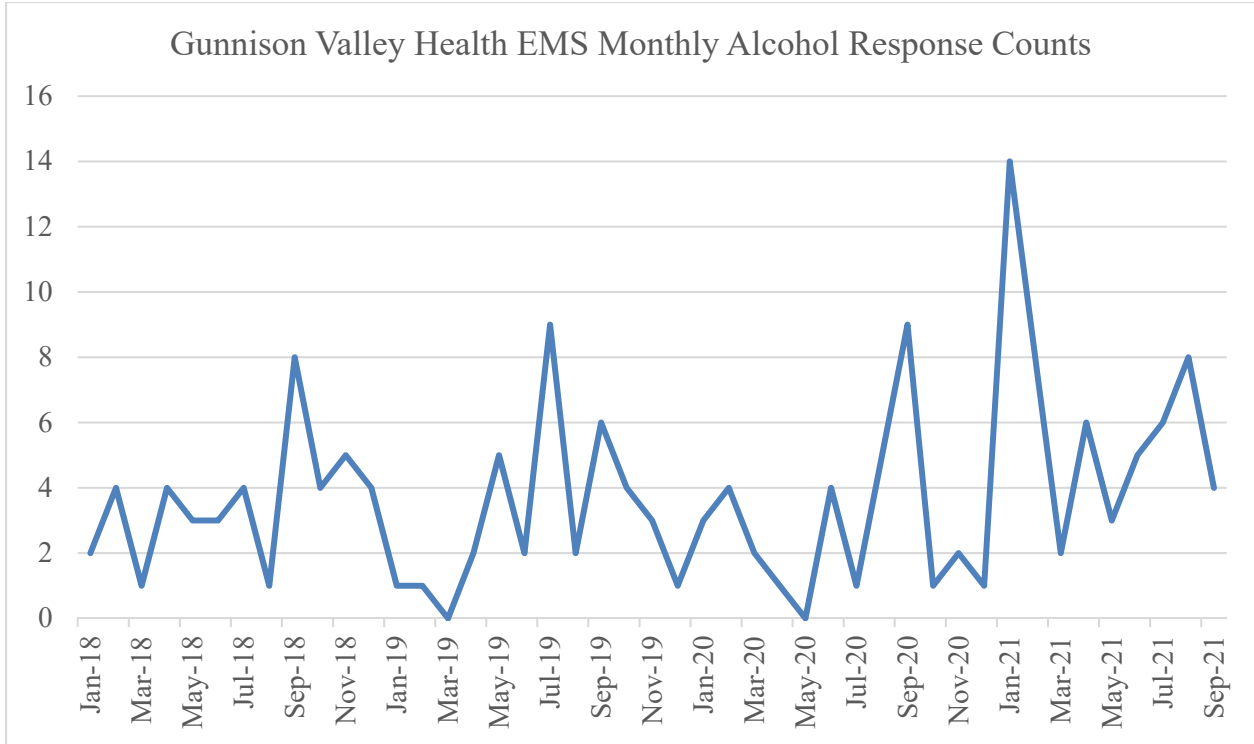
Source: Problem Solving Court Coordinator

According to key informant interviewees that work within the Drug Court system, it is very rare to see a mono-substance user in their work. They ask about frequency of use as well as preference to determine primary and secondary drugs. It is safe to say that alcohol remains the drug of choice, followed by cannabis and methamphetamines, which can change with every admission and graduation in such a small program. Interviewees expressed that although cannabis ranks high for both primary and secondary drugs of choice, it is not normally the drug that drives criminal behavior. This coincides with interviews with police noting that cannabis is hardly the primary substance in domestic violence cases or calls past 8 p.m.

7.3.5 Emergency Response

Emergency responses are another way to try to quantify adverse behavioral health events, including alcohol-related incidents, psychiatric events, and overdoses. This section presents monthly response data from GVH EMS from January 2018 through September 2021. It is important to note that primary concerns are often the numbers that are coded into the EMS system. This means that the number of alcohol-related incidents may go under counted as EMS is called for a trauma event. That is to say that the following data might not tell a complete picture of incidents in Gunnison County, but rather primary concerns.

EMS responded to a series of alcohol-related incidents in this time period, which is shown in Figure 7-22. Notice that alcohol responses peak during every summer season. January 2021 is an outlier in which EMS responded 14 times, almost every other day, to an alcohol-related emergency.

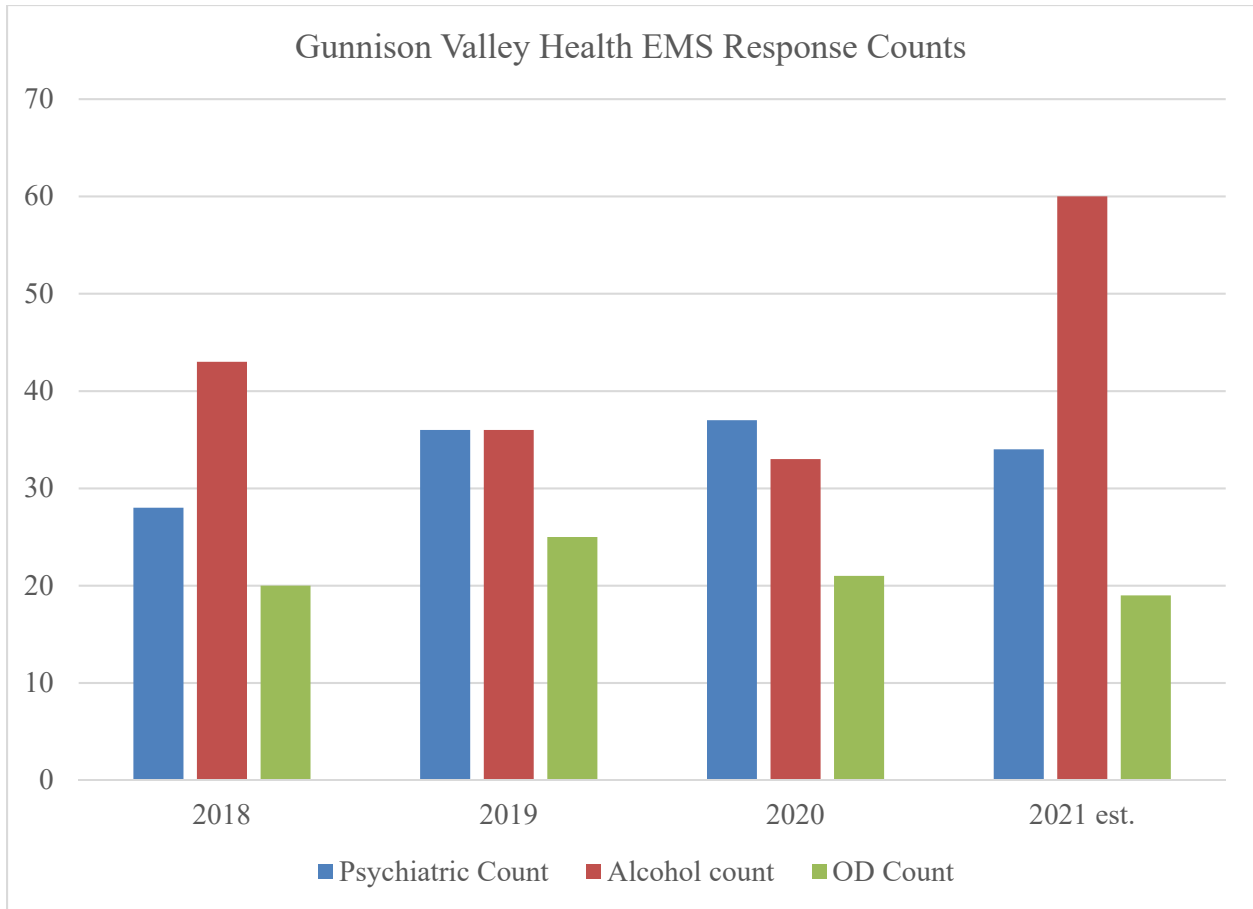


Source: Gunnison Valley Health EMS.

Figure 7-22. Gunnison Valley Health EMS Monthly Alcohol Response Counts

Aside from the spike of alcohol related incidents in 2021, the number of EMS responses has generally remained steady over the past four years (see Figure 7-23). Nevertheless, overdoses continue to be a concern for EMS. Interviewees expressed a concern regarding these incidents because of the potency of drugs such as fentanyl. Deadly drugs are available in Gunnison County, and EMS, as well as the ED, are seeing the repercussions of the high strength and high availability of these drugs in the community.

In regard to psychiatric response, key informant interviewees spoke of challenges that people experience in transitional periods (spring and fall) as portions of the population change jobs or stop working.



Source: Gunnison Valley Health EMS.

Figure 7-23. Gunnison Valley Health EMS Response Counts

7.3.6 Conclusion

As of 2019, this analysis concludes that the number of people in Gunnison County suffering from alcohol use disorders likely ranges from 10 to 20 percent of the County population for all ages. The number of people experiencing drug use disorders may fall in a range from 5 to 15 percent. Those experiencing mental illness likely ranges from 15 to 20 percent.

Population growth is a contributing factor to the increase in people needing but not seeking treatment for drug use disorders, alcohol use disorders, and mental health. However, the rate of population growth is much lower than the rate of increases cited in this section. Thus, other factors are causing a growth in the number of people abusing substances.

Substance abuse is rarely, if ever, the singular factor contributing to people getting arrested or involved with drug court. From the outside, substance abuse might look like the primary issue, but as discussed in Section 10.1.4.1, housing, relationships, and low incomes are some of the root causes of the problem. While increasing supports (intensive out-patient (IOP), detox, sober living) to address adverse outcomes

(e.g., DUI/drug arrest, addiction issues) is necessary, reintegration and opportunities for lifestyle changes are fundamental in reducing recidivism and for positive behavioral health outcomes.

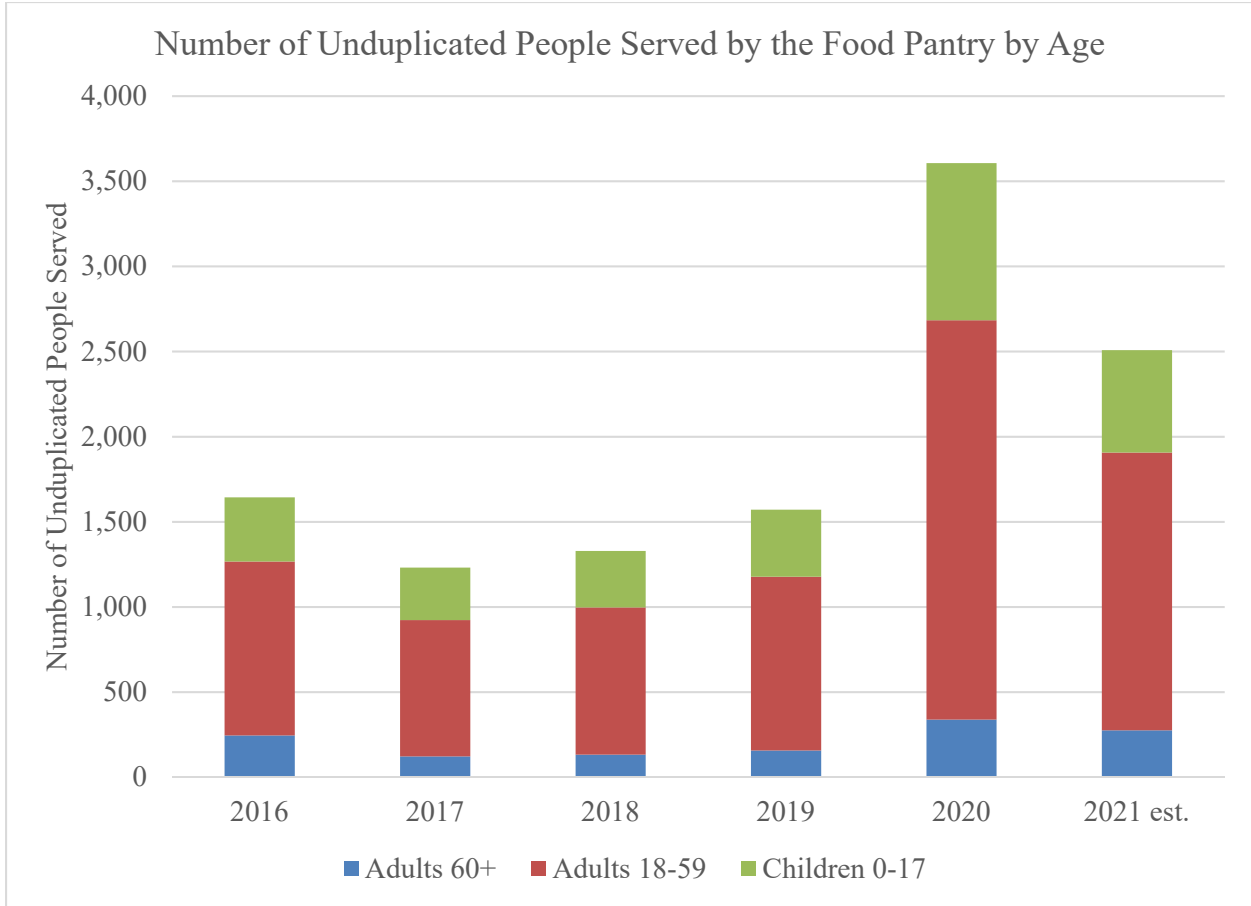
7.4 Prevalence of Food Insecurity

Determining the level of food insecurity 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 food insecurity. The section draws from several different data sets in order to infer the level of need along with trends over time. Cross-referencing various estimates provides plausible estimates with a margin of error.

7.4.1 The Food Pantry

The Gunnison County Food Pantry serves all of the residents of Gunnison County facing hunger. Food Pantry records are an excellent source of information regarding the prevalence of food insecurity within Gunnison County.

Figure 7-24 shows the number of people served by the Food Pantry increased drastically for all age groups for the past six year. Prior to the pandemic, the number of people served annually remained rather constant, at just under 1,500, or approximately 10 percent of the County population. During the height of the pandemic, the number of people served jumped to 3,606. For 2021, we extrapolated the full year from the first eight months and estimate 2,508 people served, or approximately 15 percent of the population.

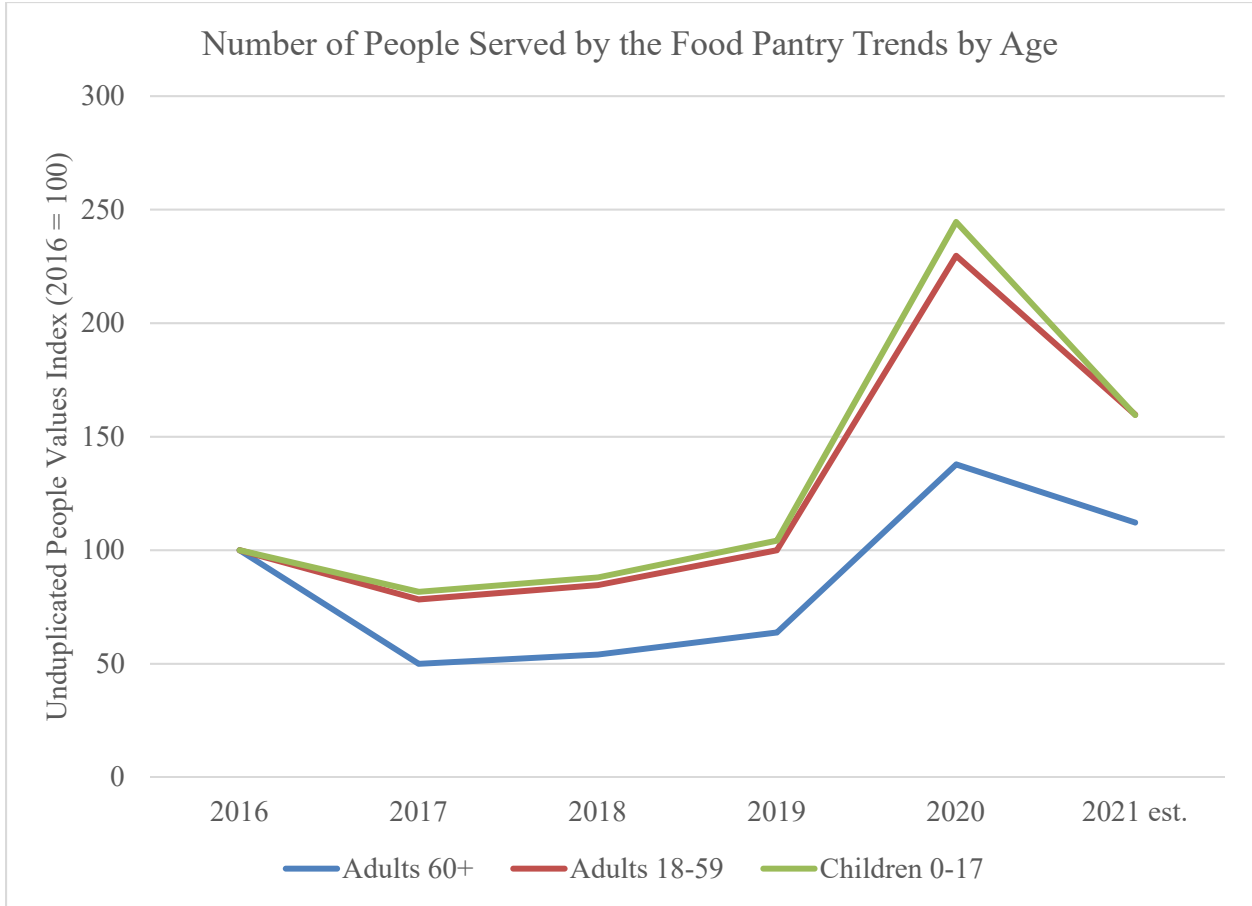


Source: Gunnison Country Food Pantry

Figure 7-24. Number of Unduplicated Visits by the Food Pantry Annually by Age

A comparison of change in numbers of those served by age shows the number of children aged 0 to 17 and adults aged 18 to 59 tracking consistently through 2019 (see Figure 7-25). In 2020, the increase in children seeking assistance was 15 percentage points higher than for adults. The increasing number of youths served by the Food Pantry is one indication of parents not wanting to seek assistance. Reasons for not seeking assistance include pride and privacy, both of which are being addressed. Additionally, outreach efforts from the Food Pantry might be attracting more youth to utilize the service.

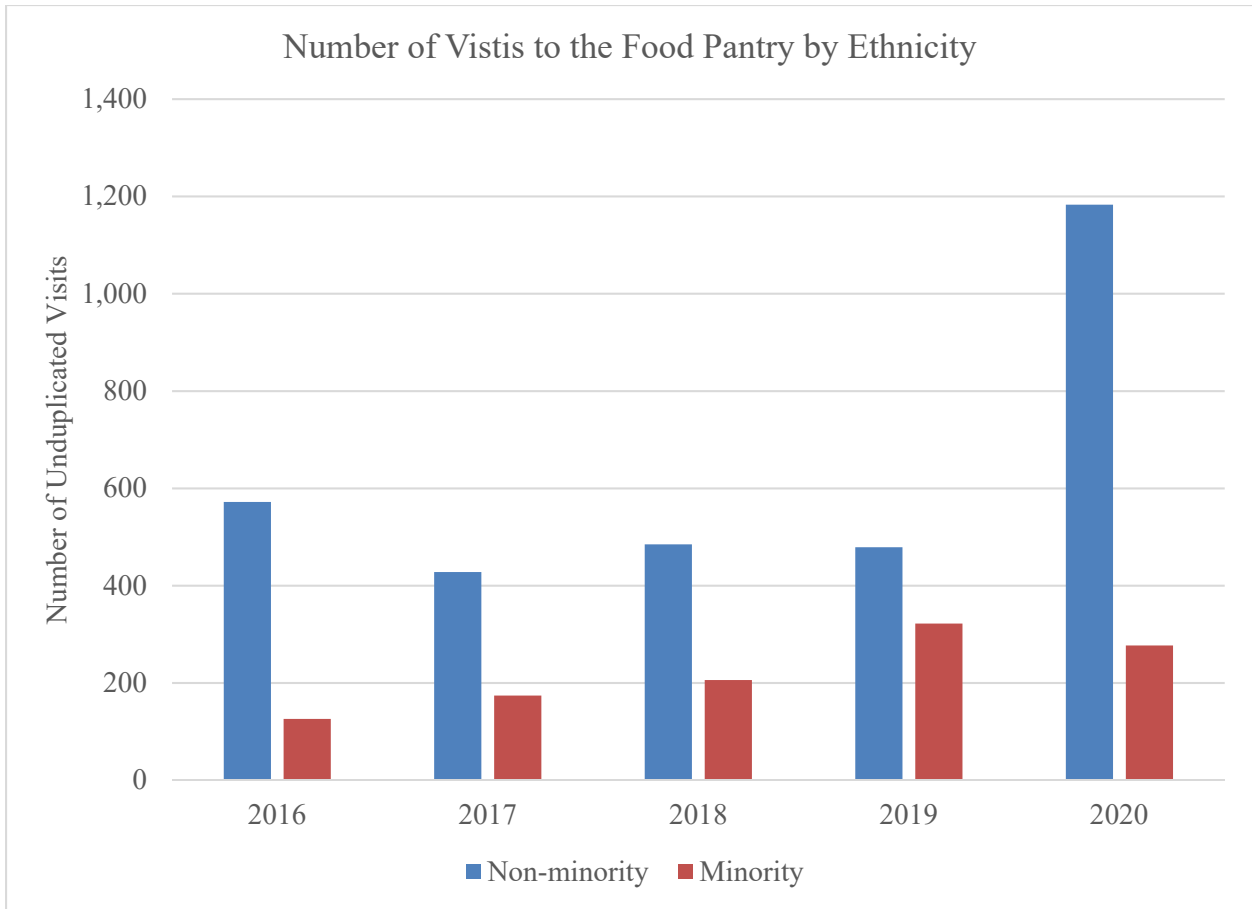
Another important takeaway from Figure 7-25 is that prior to the pandemic, from 2016 through 2019, a period of strong economic growth, the number of people served by the Food Pantry did not decline. This suggests a disconnect between the broader economic policies developed to reduce food insecurity in Gunnison County, which should be based on a better understanding of the interrelationship between the food insecure population and the County’s economy.



Source: Gunnison Country Food Pantry

Figure 7-25. Number of People Served by the Food Pantry Trends by Age

By ethnicity, the increased number of people seeking food assistance during the pandemic was among the non-minority. In fact, the number of minority people served actually decreased from 2019, as shown in Figure 7-26. However, from 2016 there has been an overall in a rise in minority groups utilizing Food Pantry services. The Food Pantry has worked to reduce barriers by increasing hours, providing interpretation services, and finding volunteers from Hispanic and Cora populations. As the need, awareness, and comfort with using the Food Pantry has grown, more people have used the service.



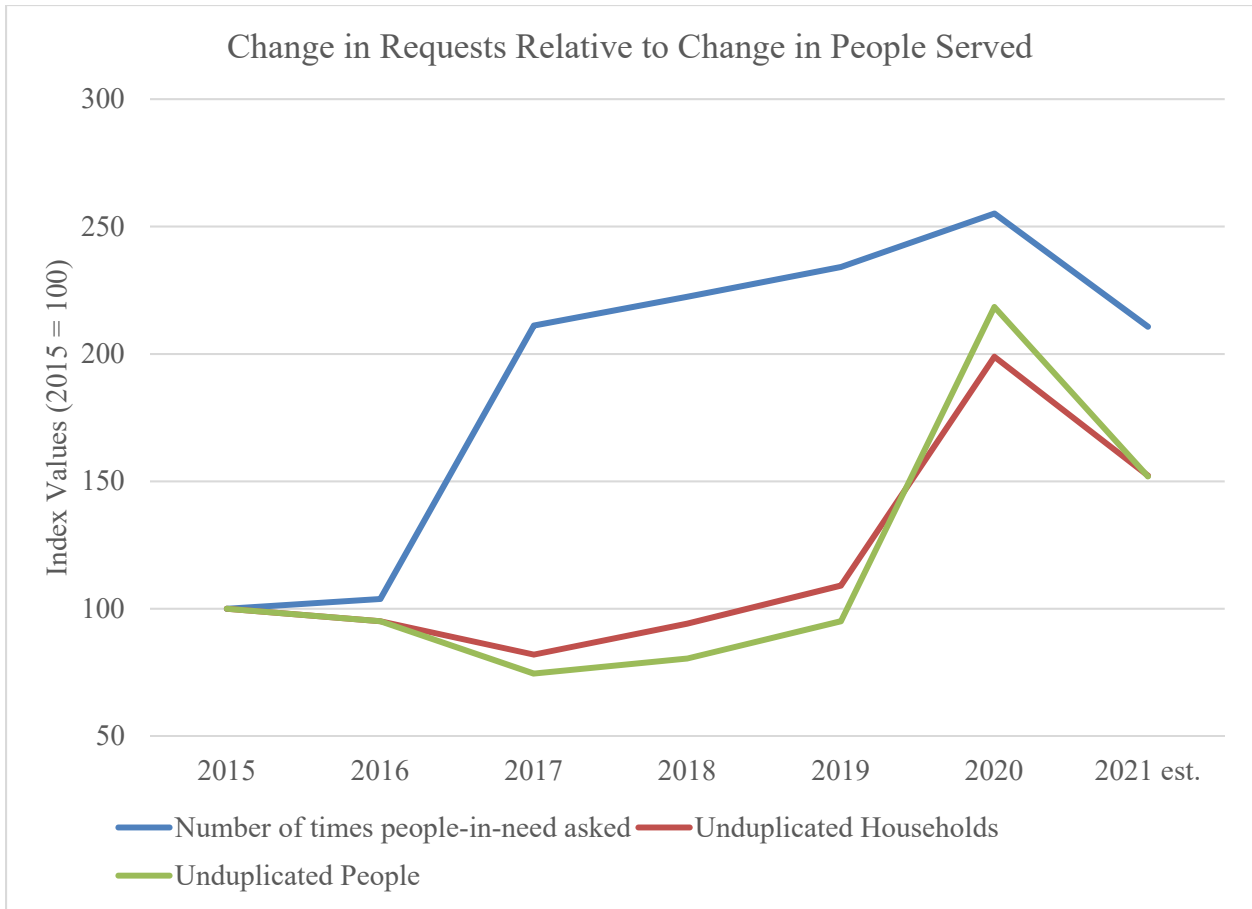
Source: Gunnison Country Food Pantry

Figure 7-26. Unduplicated Visits to the Food Pantry by Ethnicity

Figure 7-27 compares the trend in food requests to the trend in people served over time as an index chart in with 2015 as the base year. In general, requests have grown at a faster rate than the number served. Thus, demand may be outpacing supply, or put another way, the actual number of food insecure people may be greater than the number served by the Food Pantry.

The Food Pantry has seen a growing trend since 2016 in the frequency of people in need receiving services. This means that those who need food from the Pantry are needing help more frequently. There was a 120 percent spike in “unduplicated people” (meaning people who are counted only once even if they make multiple visits) getting food from the pantry between 2019 and 2020, with about a 90 percent spike for unduplicated households.

Perhaps most important thing to note is that the number of people served has not returned to the pre-pandemic level.



Source: Gunnison Country Food Pantry

Figure 7-27. Change in Food Requests Relative to Change in People Served

7.4.2 Supplemental Nutrition Assistance Program

The Supplemental Nutrition and Assistance Program (SNAP) is a federal assistance program focusing on nutrition support for low-income households. The intention is to improve the quality of nutrition by giving people benefits to purchase healthy foods in their local communities [44].

A SNAP household can be many different configurations of individuals. Some are one-person households, others are made up of unrelated individuals who purchase and prepare their food together, and others are multi-generational and blended families. There is no limit on the number of individuals that can be claimed to be as part of a SNAP household.

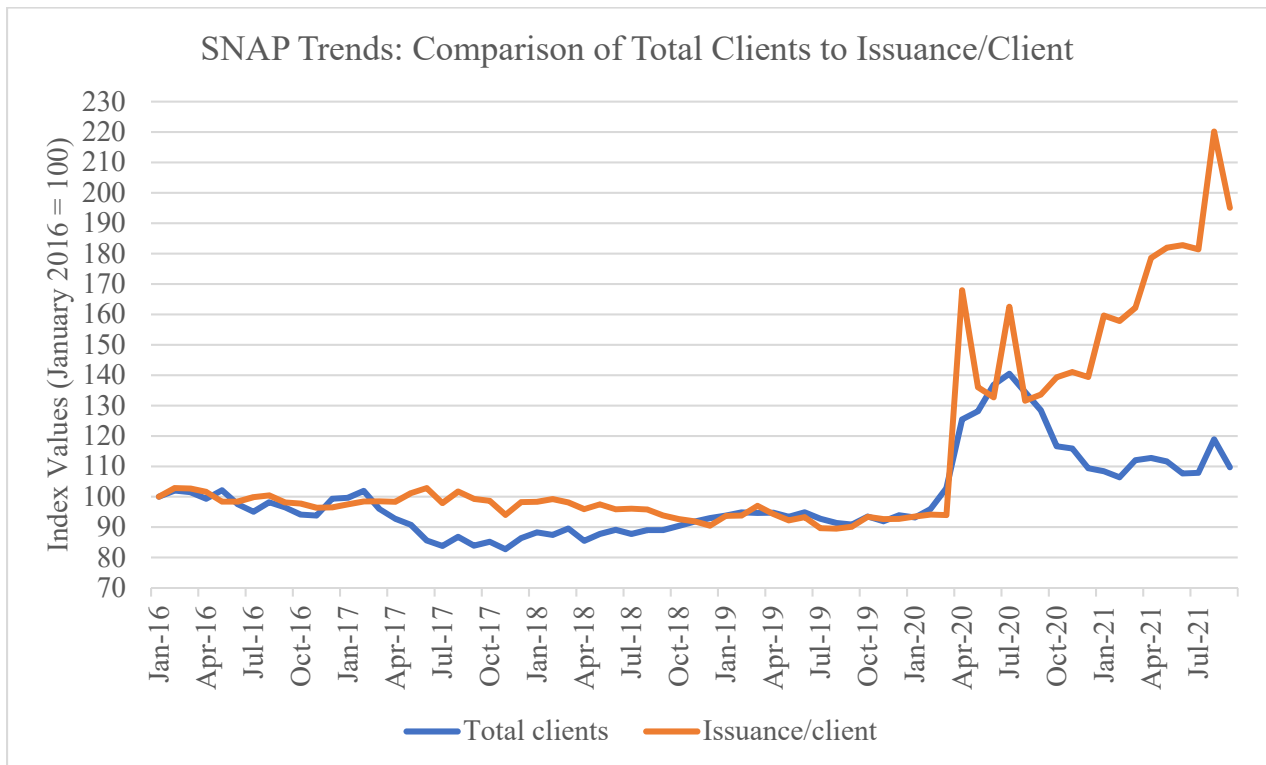
As with the Gunnison Country Food Pantry, SNAP records are an excellent source of information regarding the prevalence of food insecurity within Gunnison County.

SNAP is reserved for people who are seen as “poor” by the federal government, meaning they all below the federal poverty guideline (FPG) even though the guidelines for what “poor” means have not been

updated since the 1960s. This program perpetuates stigmas around help seeking as it is seen as reserved for people who are completely destitute, and in many ways, it is for that population. There is a deep cultural resistance to using services that are 1) tied to the government and 2) for those at “rock bottom.”

The main barrier for people accessing SNAP benefits is not being “poor” enough to receive the service. Because SNAP is a federal program, and therefore tethered to the federal poverty guidelines (FPL), working-poor residents (i.e., those falling below the Self-Sufficiency Standard) are unable to utilize this service.

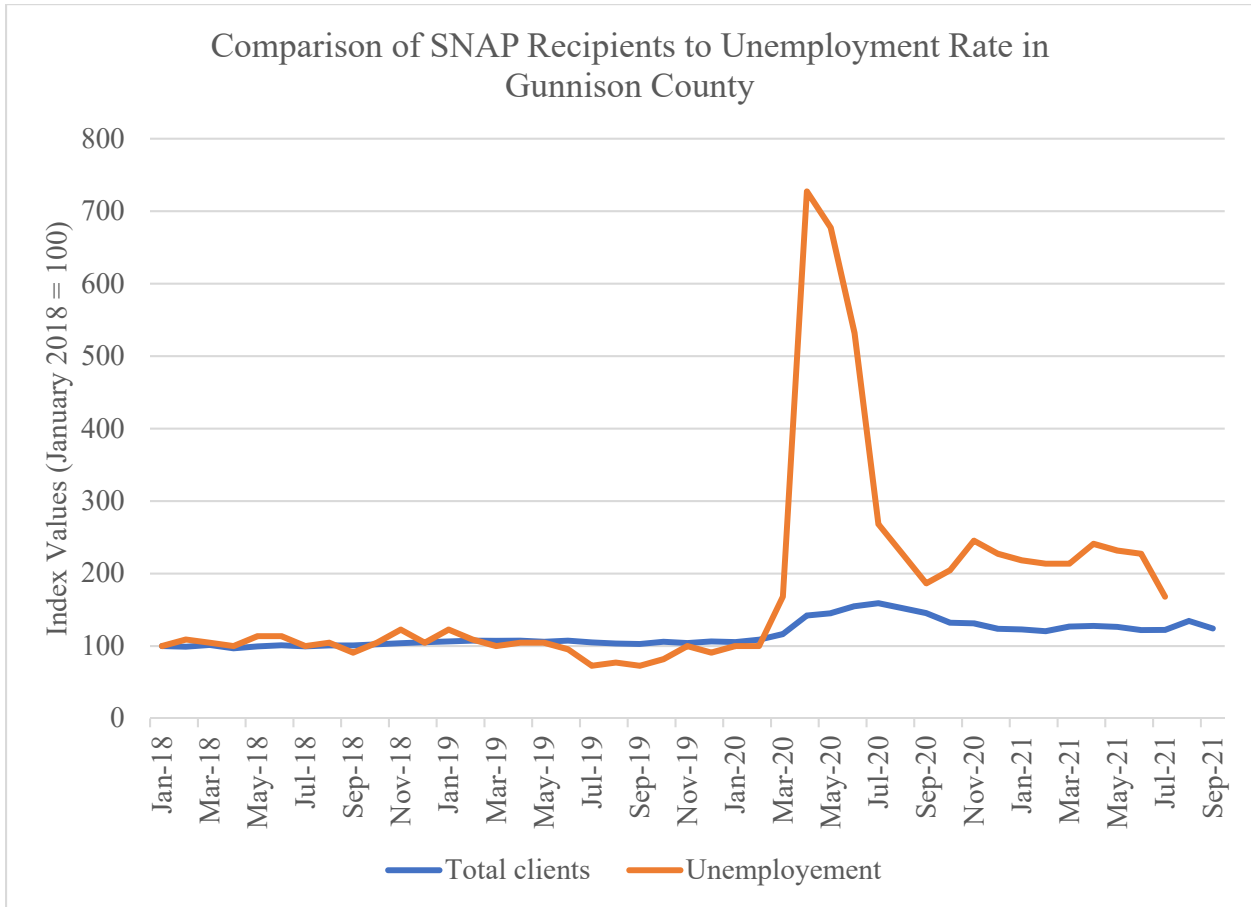
As with Food Pantry data, prior to the pandemic the number of SNAP recipients was rather constant, slightly decreasing during the three years from 2017 to 2019, during which the economy was expanding, as shown in Figure 7-28. Following the pandemic-driven spike in April 2020, the number of clients served has fallen back to a constant level, which is about 10 percent greater than the pre-pandemic level, while the payout has continued to increase monthly. In March 2020, the federal government authorized emergency allotments to help combat the economic tolls experienced with the Public Health Emergency (PHE). Every SNAP household receives supplemental emergency payments that bring their total benefit up to the maximum benefit for their household size. This has greatly increased the amount of SNAP benefits households are seeing (Figure 7-28).



Source: CDHS RED Team.

Figure 7-28. SNAP Trends: Comparison of Total Clients to Issuance/Client

Figure 7-29 is an index chart showing the percent change of unemployment rate and the total number of clients receiving SNAP benefits through 2021 as compared with January 2016. Again, we see a trend in which the pandemic-driven spikes subside relatively quickly, but not to pre-pandemic levels. Rather, Figure 7-29 as with others previously shown, indicated a “leveling off” to a contestant level that is higher than pre-pandemic levels, in this case both SNAP clients and unemployed persons.



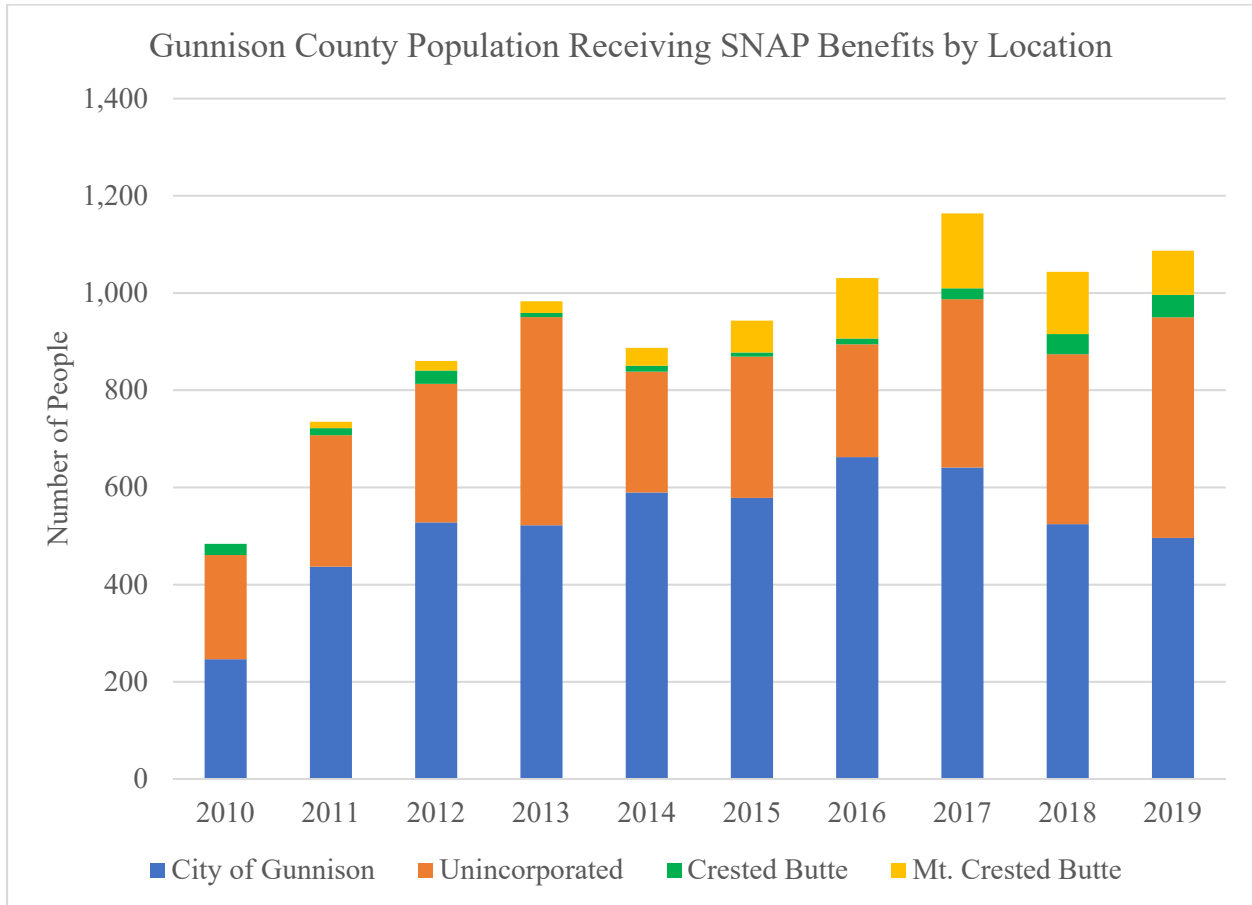
Source: CDHS RED Team, BLS.

Figure 7-29. Comparison of SNAP clients to Unemployment Rate in Gunnison County

The city of Gunnison has a disproportionate share of SNAP clients compared with the rest of the County, accounting for roughly half, though the city’s share has decreased modestly in recent years (see Figure 7-30). Given the concentration of mobile homes in the city of Gunnison (see Section 6.4.3), there is an increased likelihood of SNAP clients living in mobile homes.

Mt. Crested Butte has also seen an increase in those receiving SNAP benefits between 2010 and 2019. Further, the number of SNAP clients in Mt. Crested Butte is much greater than in Crested Butte, even though the population of the former is less than that of the latter. Although Mt. Crested Butte’s vacancy rate, as well as overall income, is extremely high, lower-income populations may find affordable housing in older condominiums.

In total, the U.S. Census estimates 1,087 SNAP clients in 2019, or 6.5 percent of the County’s population. As with other data presented in this study, the U.S. Census estimates show a rather constant number of SNAP clients since 2013 despite significant economic expansion.



Source: U.S. Census.

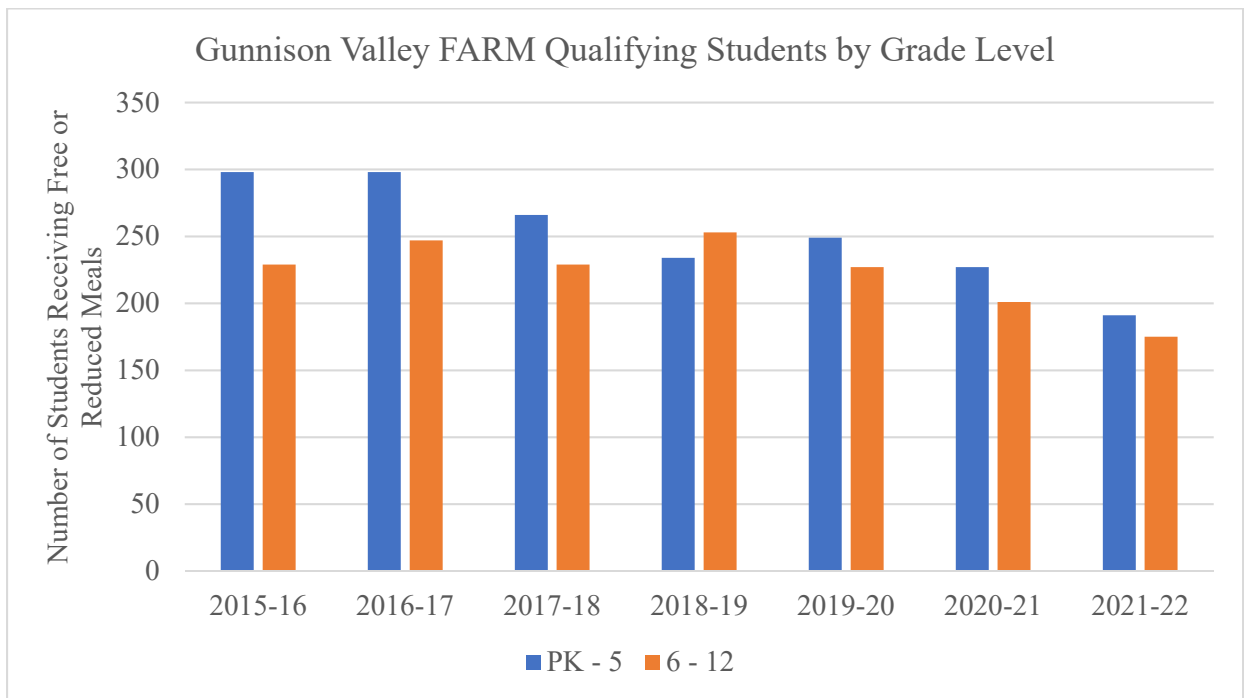
Figure 7-30. Gunnison County Population Receiving SNAP Benefits by Location

7.4.3 GWSD Free and Reduced Meals

Public schools provide either free or reduced-cost meals to qualifying students, and data from that program (FARM) is another measure of food insecurity within a community. The measure of eligibility for FARM was obtained by multiplying the federal poverty guideline income by 1.3 and 1.85 and then rounding the result to the next whole dollar [45]. Families making 130 percent of the FPL are eligible for free meals, and those making 185 percent of the FPL are eligible for reduced meals. In 2021, a family of four must make less than \$34,450 to qualify for free meals or below \$49,025 for reduced meals.

The number of students receiving FARM has been on a steady decline since 2015, as shown in Figure 7-31. Students receiving FARM are equally distributed between older and younger students. As more students transition to online school, those needing FARM may decline.

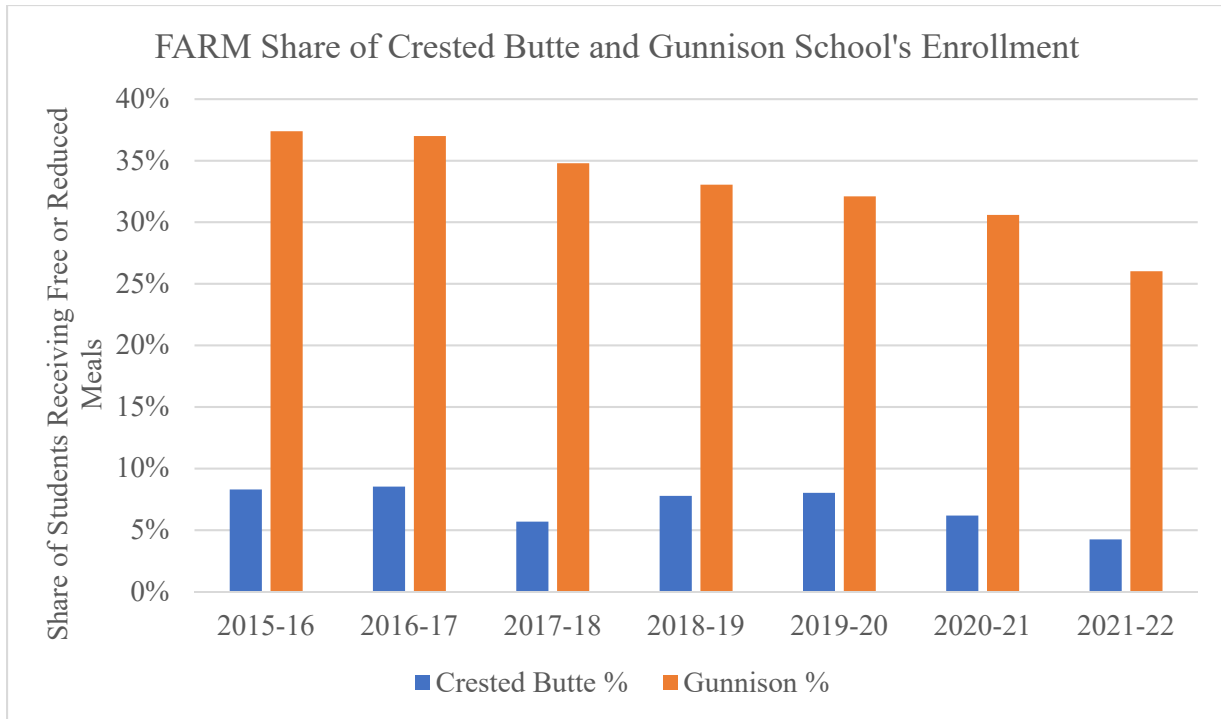
In regard to prevalence, the U.S. Census estimates 3,047 school-age children in Gunnison County in 2019. Figure 7-31 shows approximately 500 students received FARM in 2019, or about 15 percent of the school-age population.



Source: GWSD

Figure 7-31. Gunnison Valley FARM Qualifying Students by Grade Level

Food insecurity for students is more of a problem in the city of Gunnison than Crested Butte. Children receiving free and reduced meals predominately attend school in the city of Gunnison (see Figure 7-32). The median income in the City of Gunnison in 2019 was \$40,893, well within the range for a family of four to qualify.



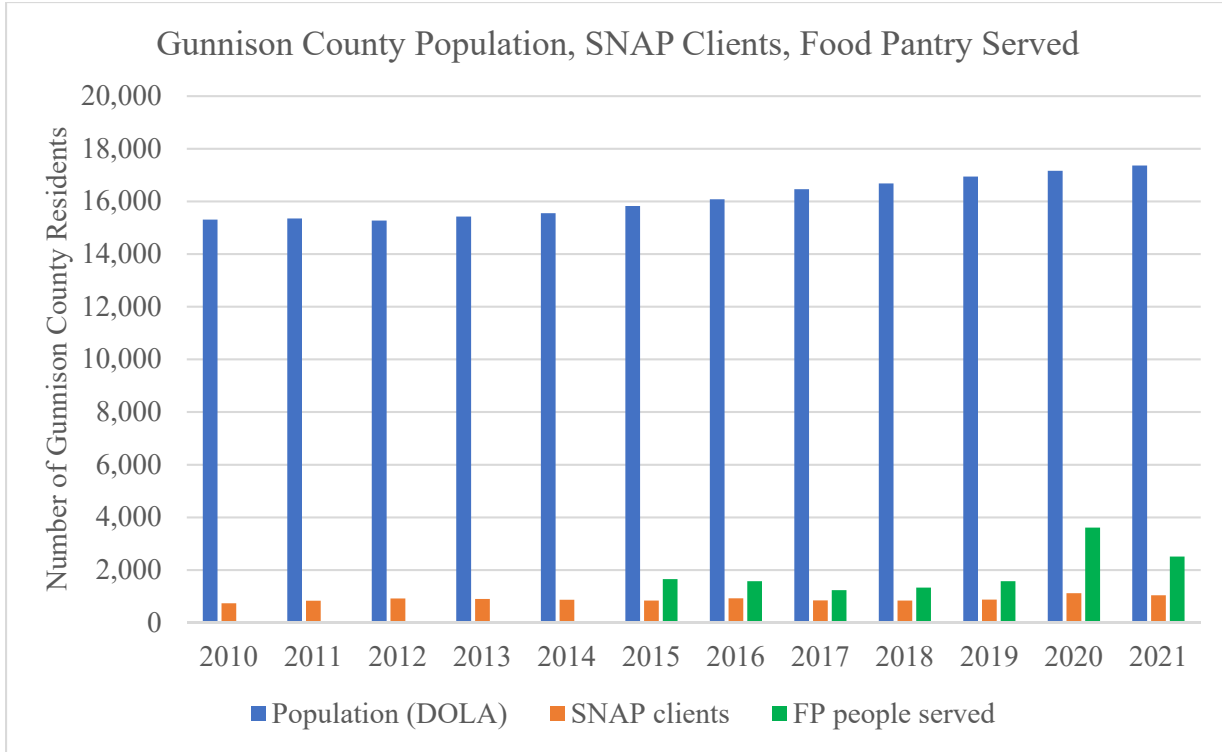
Source: GWSD

Figure 7-32. FARM Share of Crested Butte and Gunnison School's Enrollment

The number of students receiving FARM is decreasing, but it is not because their food insecurity is decreasing. Students transitioning to online school and low-income families not being required to fill out the paperwork for students to receive free meals are contributing factors to this decline. See Figure 7-35 for a deeper assessment of why the numbers are decreasing.

7.4.4 Gunnison County's Food Insecure Population

Figure 7-33 shows the County population growth relative to the number of SNAP clients and Food Pantry beneficiaries. There is a consistent group of impoverished people living in Gunnison County who have long relied on SNAP. As noted in the literature review, the federal poverty guidelines are an insufficient measure of poverty. Because the measure is inadequate, people below the line might find more difficulties if they rise just above it. Discussed in key informant interviews is the idea of dependency. Once people start receiving SNAP benefits, it is hard to leave the program because if one gets a better paying job that puts him over the threshold, he loses the benefit. This creates a system where people are challenged in climbing the economic ladder. The program is seemingly tailored in ways that make it seem like a monumental task to leave the assistance. The Food Pantry services are likely more geared towards those above the federal poverty line but below the Self-Sufficiency Standard. Food Pantry visit numbers spiked in 2020 but did not resettle to pre-pandemic levels, suggesting the likelihood of more people living below the Standard.

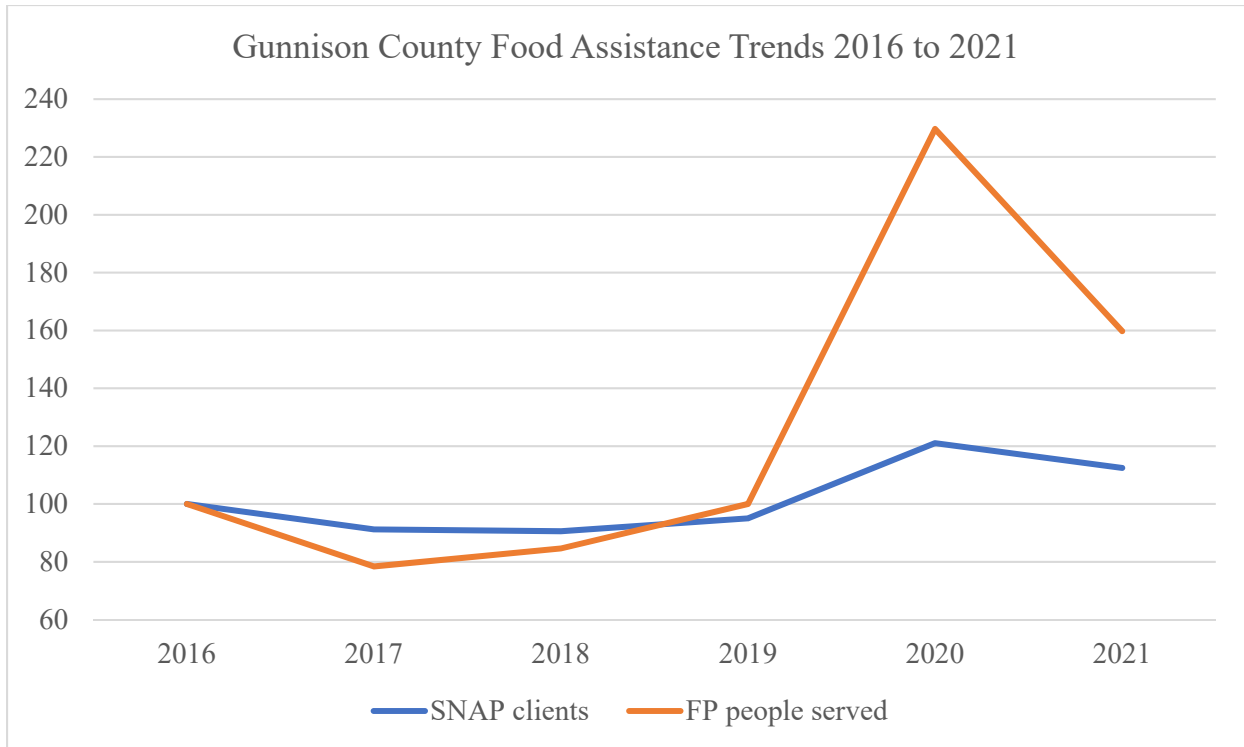


Source: DOLA, CDHS RED Team*, Food Pantry.

* SNAP data extrapolated from Mountain Roots (2010 to 2015) and SNAP (2016 to 2021), 2013, 2014, 2021.

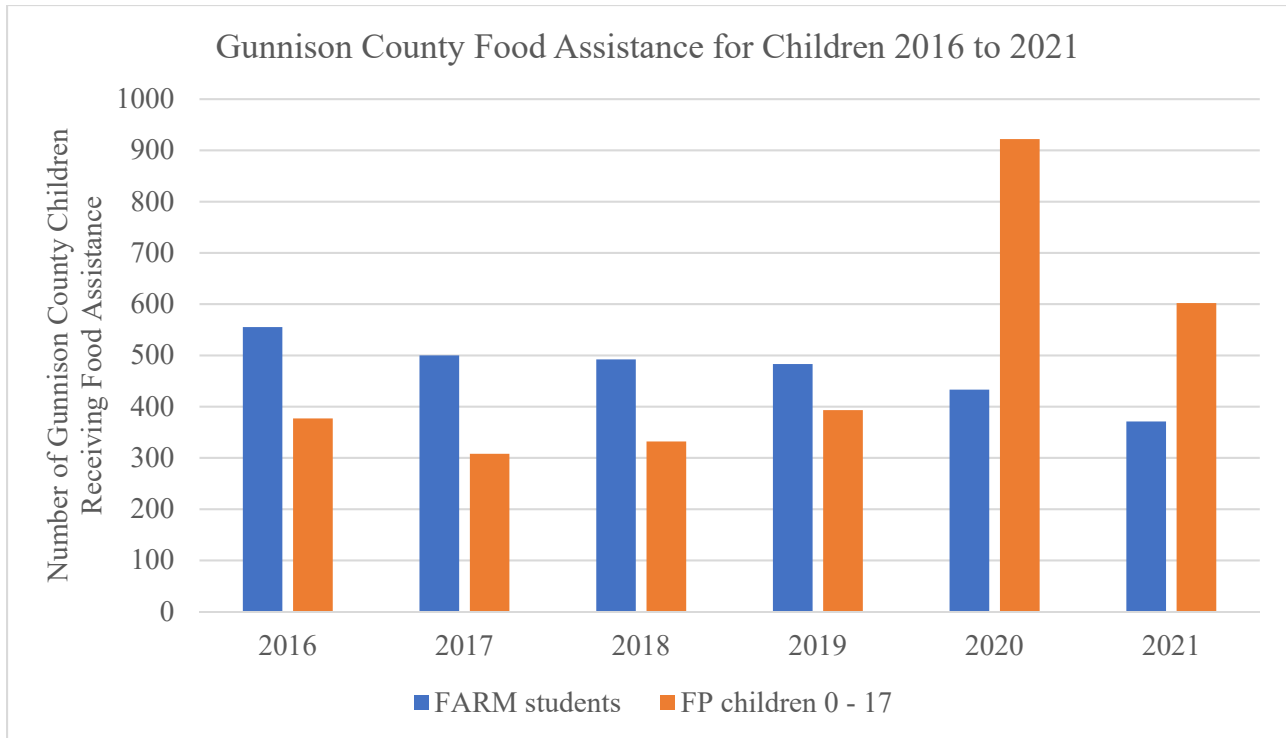
Figure 7-33. Gunnison County Population, SNAP Clients, Food Pantry Served

Figure 7-34 is an index chart showing side-by-side the fluctuations in the number of SNAP clients and the number of people serve at the Food Pantry from 2016 to 2021. SNAP saw about a 12 percent increase in 2021 compared with 2016 while the Food Pantry saw a 60 percent increase in people served. People might be more likely to seek help from community resources rather than governmental benefit programs. Those seeking SNAP benefits must go through a rather arduous process of receiving benefits while a broader audience is eligible to receive help through the Food Pantry. SNAP is tailored to serving those with longer-term needs while the Food Pantry can support those with both short- and long-term financial struggles.



Source: CDHS RED Team, Food Pantry.

Figure 7-34. Gunnison County Food Assistance Trends 2016 to 2021



Source: GWSD, Food Pantry.

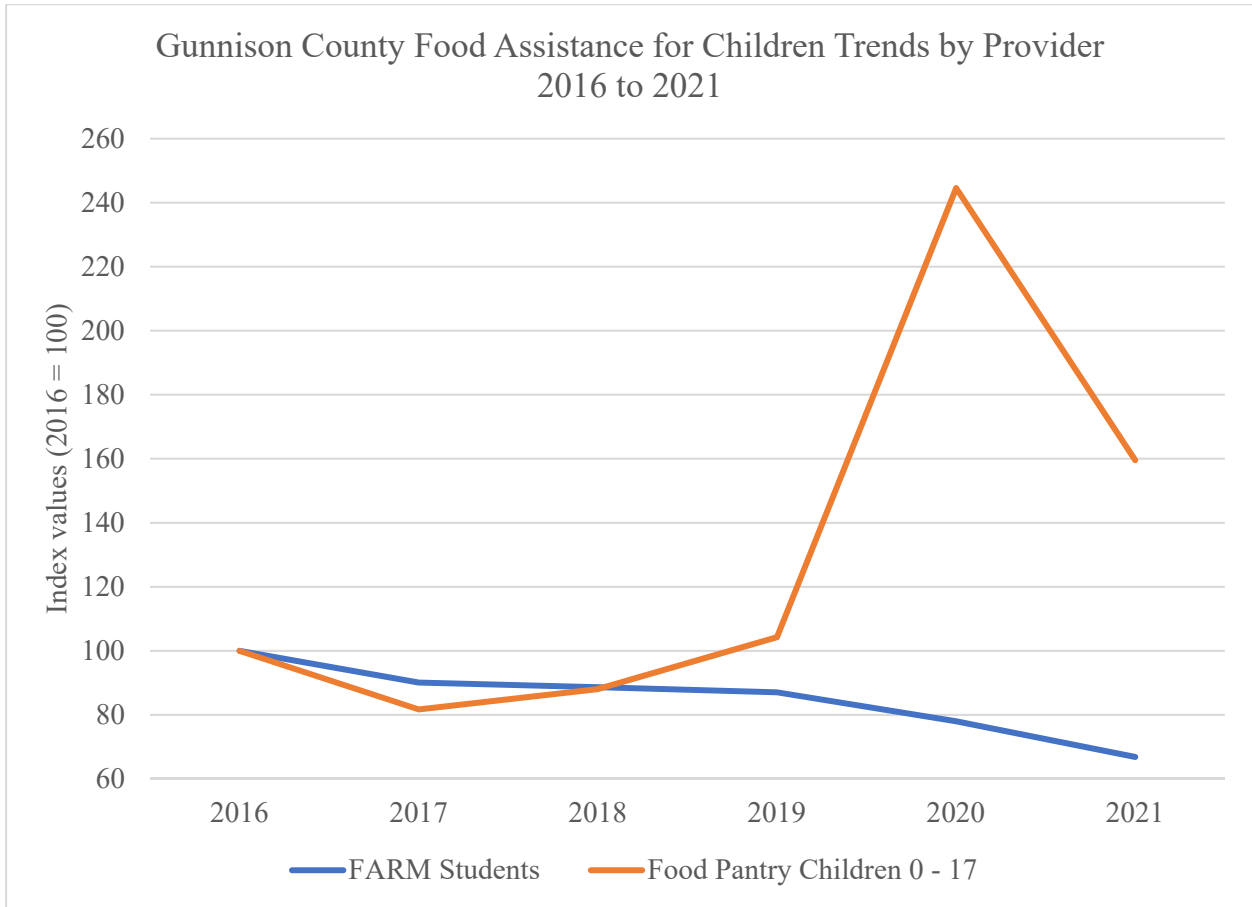
Figure 7-35. Gunnison County Food Assistance for Children 2016 to 2021

Figure 7-35 shows an overall decrease of students accessing free and reduced meals in the Gunnison RE1J school district. There are a few thoughts as to why the number has been decreasing. Starting in 2020 during the pandemic, parents were encouraged to fill out the paperwork for free and reduced meals, but it was not required to access these services. Therefore, the school might not have accurate data on the number of students who need the services as some parents might have chosen not to fill out the paperwork. The second reason the school might have seen this decrease is related to the Food Pantry. The Food Pantry has been working with the school to inform students about the service by taking field trips to the Food Pantry. The outreach efforts might make students feel more comfortable accessing the service, thereby increasing the number of 0- to 17-year-olds served. It is difficult to know if there is a direct correlation between the decrease of FARM-recipient students and the increase in Food Pantry services by youth due to the outreach programming.

The school district continues to provide free breakfast and lunch (at least for Gunnison students), which in and of itself decreases stigma around FARM. Coupled with outreach efforts, the community is doing a fairly good job of feeding youth in Gunnison. Crested Butte schools have been unable to adequately meet the food needs of youth. Lack of staffing and low wages have kept Crested Butte's kitchen closed. One idea proposed by Mountain Roots to feed youth is for parents who pack a lunch for their own kids to pack a second lunch for another child. This got some momentum but was eventually shut down because of fear of health and safety reasons. Another alternative idea pertaining to why FARM has decreased and youth Food Pantry use has increased is related to the significant transition of students to online school. During the pandemic, many students transitioned to online school for various reasons, and some of these students

might have been the ones receiving FARM. Now they might be seeking food from the Food Pantry because students can get food for the entire family rather than themselves.

Figure 7-36 is an index chart showing the change in numbers of FARM students and children served by the Food Pantry from 2016 to 2021. The percent of youth receiving FARM through school decreased by 33 percent while the percent of youth receiving assistance from the Food Pantry increased by 60 percent between 2016 and 2021.



Source: GWSD, Food Pantry

Figure 7-36. Gunnison County Food Assistance for Children Trends by Provider

7.4.5 Conclusion

There has been a consistent base of people struggling with food security in Gunnison County. This analysis concludes that the number of people in Gunnison County suffering from food insecurity in recent years ranges from 10 to 15 percent of the population. 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, this segment of the population is about 20 to 60 percent larger. Whether this will remain or shrink back to the pre-pandemic level remains to be seen.

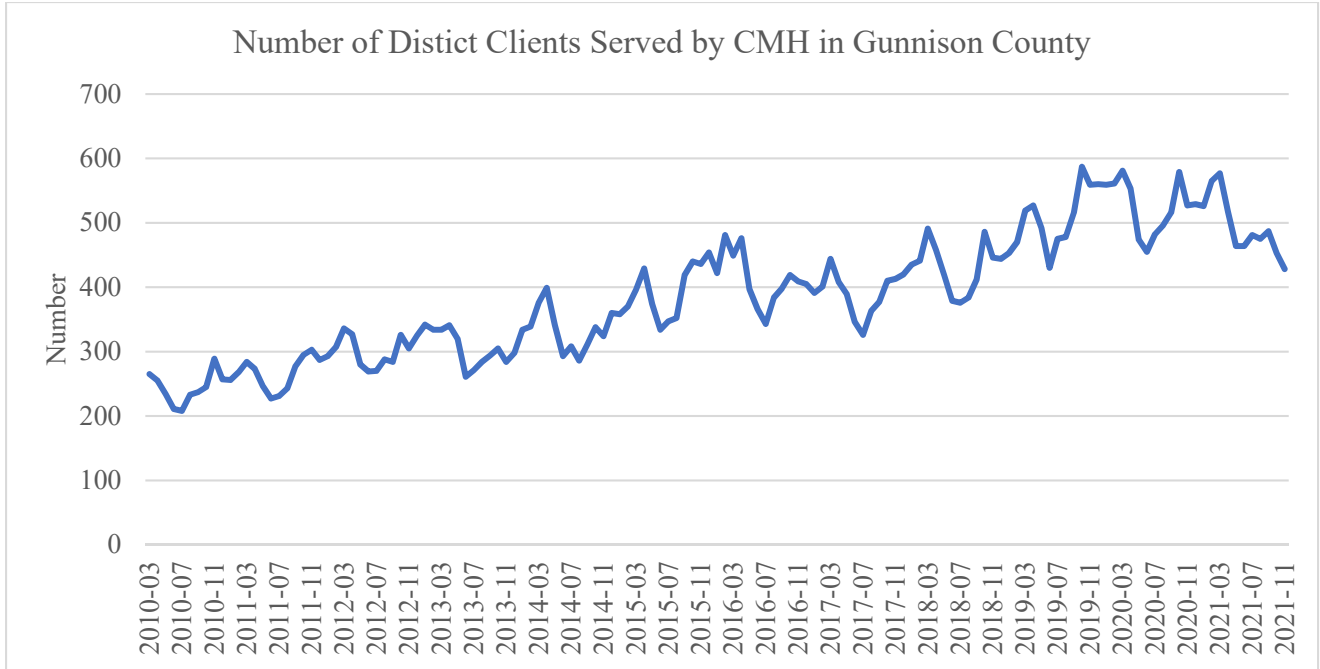
Other studies have found that food insecurity in Gunnison County hovers around 10 percent [46]. All organizations trying to meet the food insecurity issues saw significant increases in people accessing services in 2020. People of all ages need help with food, and there are various programs that try to meet the diverse needs of the population. Interestingly, the number of students accessing free and reduced meals at school has been on a steady decline for the last five years while the number of youths accessing the Food Pantry has grown. Between 30 percent and 45 percent of residents live below the Self-Sufficiency Standard, which is also the portion of those who could be experiencing food insecurity. This is a group that experiences low income through a lens of trade-offs or sacrifices. This is further explained in Section 9.5

It takes a plethora of programs, such as Mountain Roots and the Food Pantry, to truly meet the food insecurity needs of the community.

7.5 Center for Mental Health

The Center for Mental Health (CMH) is a regional service that covers six counties comprising Delta, Gunnison, Hinsdale, Montrose, Ouray, and San Miguel. They have three centers in Gunnison County: two in the city of Gunnison (one on WCU's campus) and another in Crested Butte. The CMH provides a multitude of services including individual and family therapy, substance use services, teletherapy, crisis services, prevention education, and peer support services. Although all of these services are provided under the banner of the CMH, the regional-based model disproportionately serves parts of the region better than others. For example, the CMH's crisis service is based out of Montrose and does not adequately serve Gunnison County in a timely manner, according to key informant interviews. The community has mixed feelings towards CMH as some speak very highly of the professionalism, access, availability, and connections to therapists while others reported opposing experiences. Overall, CMH is not adequately covering the growing behavioral health needs specific to Gunnison County.

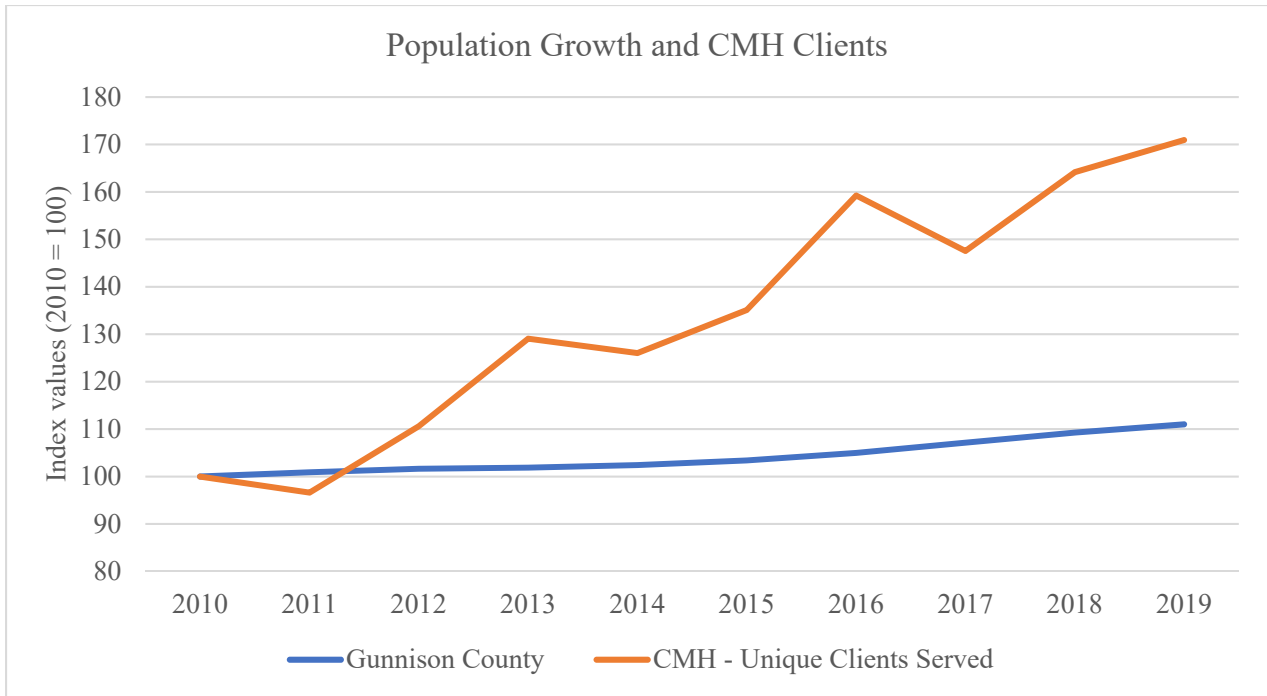
The following data was provided by the CMH and shows trends across time.



Source: Center for Mental Health

Figure 7-37. Clients Served by the Center for Mental Health in Gunnison County

Figure 7-36 shows an upward growth in the number of distinct clients seeking services through the CMH. Another important note is that almost all of the small “peaks” shown in this graph are from March, April, or May. The spring season seems to be especially challenging for mental health in Gunnison County. An interviewee expressed concern around the time the ski area closes and highlighted it as a time when people have serious mental health concerns. Since 2010, the CMH has seen an almost 70 percent increase in unique clients served.



Source: Center for Mental Health

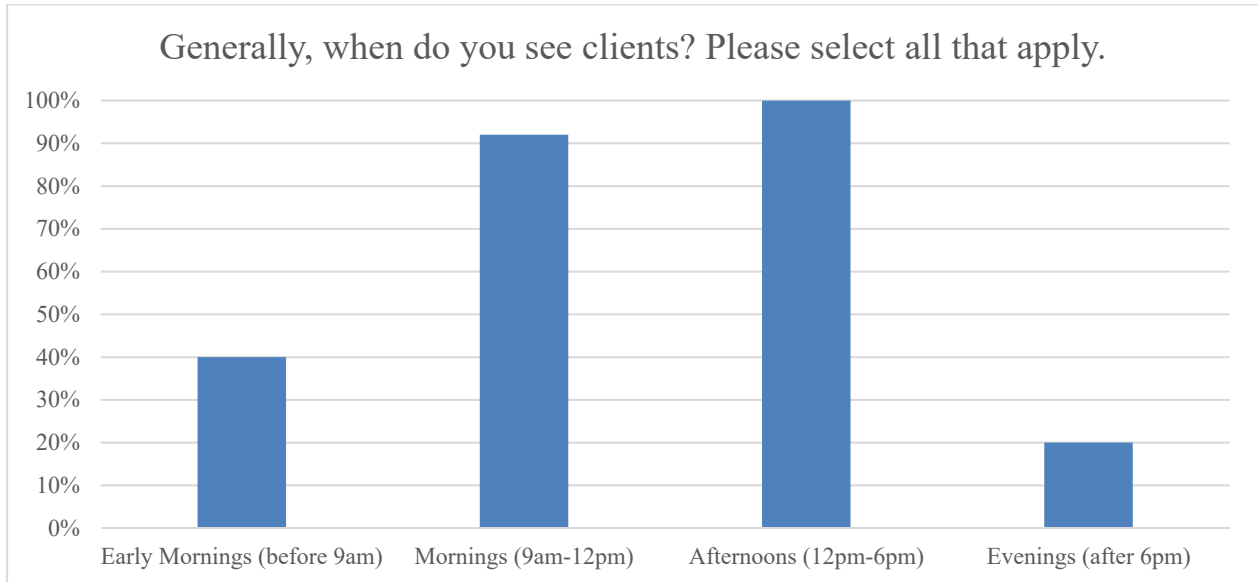
Figure 7-38. Index of Population Growth and Center for Mental Health Clients

Figure 7-38 is an index chart showing the change in number of unique clients served by the CMH alongside population growth in Gunnison County from 2010 to 2019. CMH has seen a 70 percent increase in unique clients served. Over the last 10 years, the CMH’s numbers have grown at an average of 7 percent annually while the population in Gunnison County has grown at about 1.2 percent. This implies that those already living here are the ones seeking mental health support. Like other increases seen in this report, it is uncertain if the growth is related to more people needing help or more people seeking help. According to the County Health Rankings, the ratio of mental health providers to population has improved in the since 2015. In 2015, the ratio of mental health providers to people living in Gunnison County was 738 to 1 whereas the overall state ratio was 417 to 1. In 2021, this ratio in Gunnison County improved to 430 to 1, with the overall state ratio at 270 to 1 [21]. While the community is adding mental health providers, Gunnison County still lags behind the state.

7.6 CB State of Mind

CBSOM is a non-profit organization focused on reducing barriers to access mental health in Gunnison County. CBSOM is intended to increase access to mental health for people without adequate insurance to cover therapy costs. They provide scholarships for 10 free therapy sessions to those seeking mental health services and help people connect with local therapists or telehealth services. Interestingly, a large portion of those utilizing CBSOM have some form of insurance, indicating the failure of insurance coverage as well as the ease of access that CBSOM provides. CBSOM has also been leading the charge in stigma reduction campaigns and events around the community. Through the pandemic they have seen an increase in people accessing their services, related to the increased need and stigma reduction efforts.

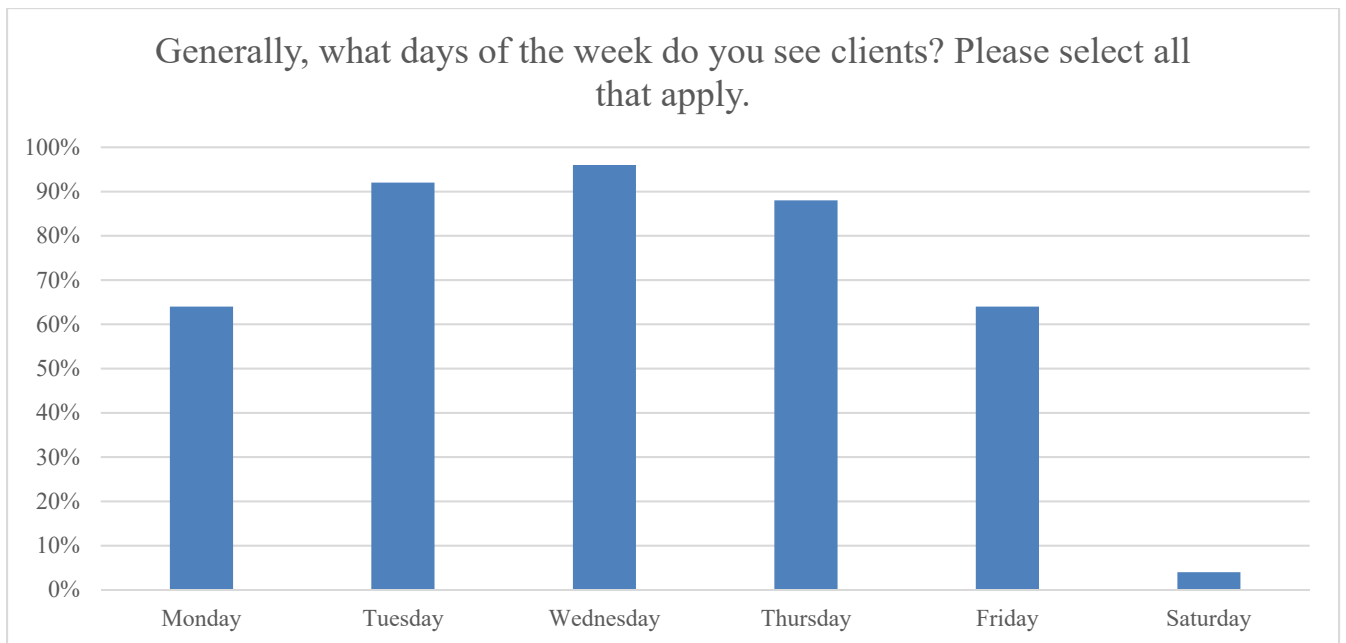
The following data is from the Provider Survey, conducted by CBSOM in order to quantify gaps in services across the County.



Source: Provider Survey

Figure 7-39. Daily Availability of Mental Health Providers

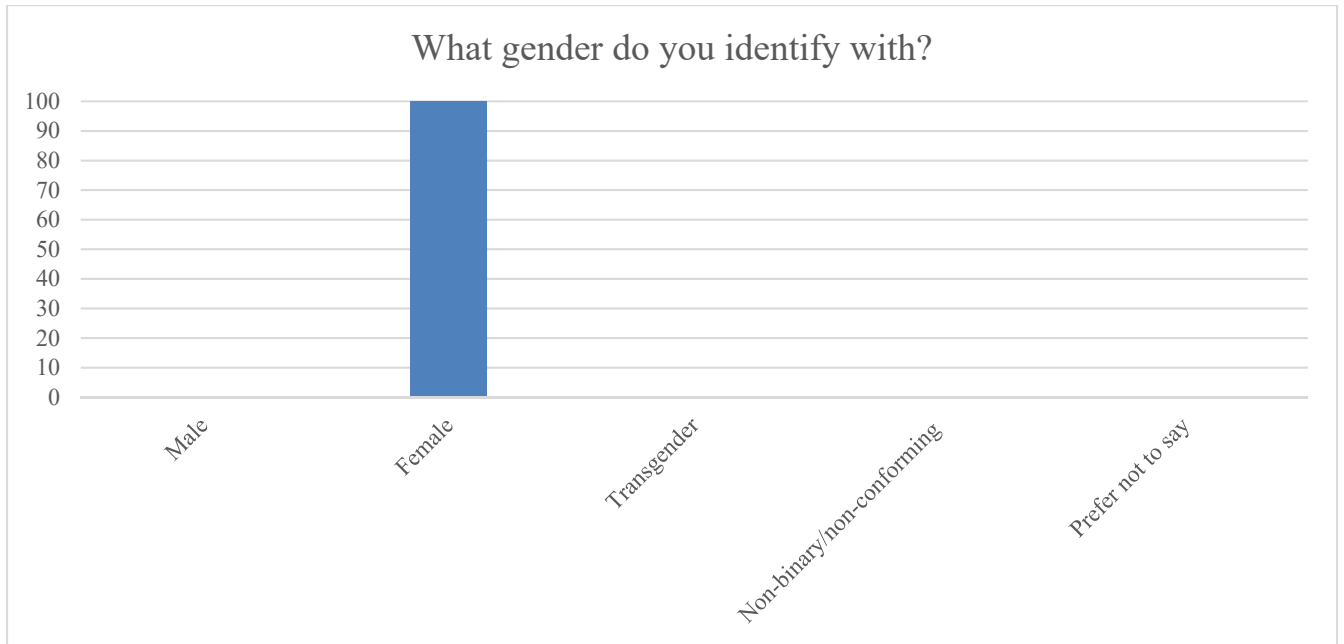
One aspect of decreasing barriers is increasing availability. Figure 7-38 shows that most clients are seen during normal working hours, which reduces access for those with full-time jobs.



Source: Provider Survey

Figure 7-40. Weekly Availability of Mental Health Providers

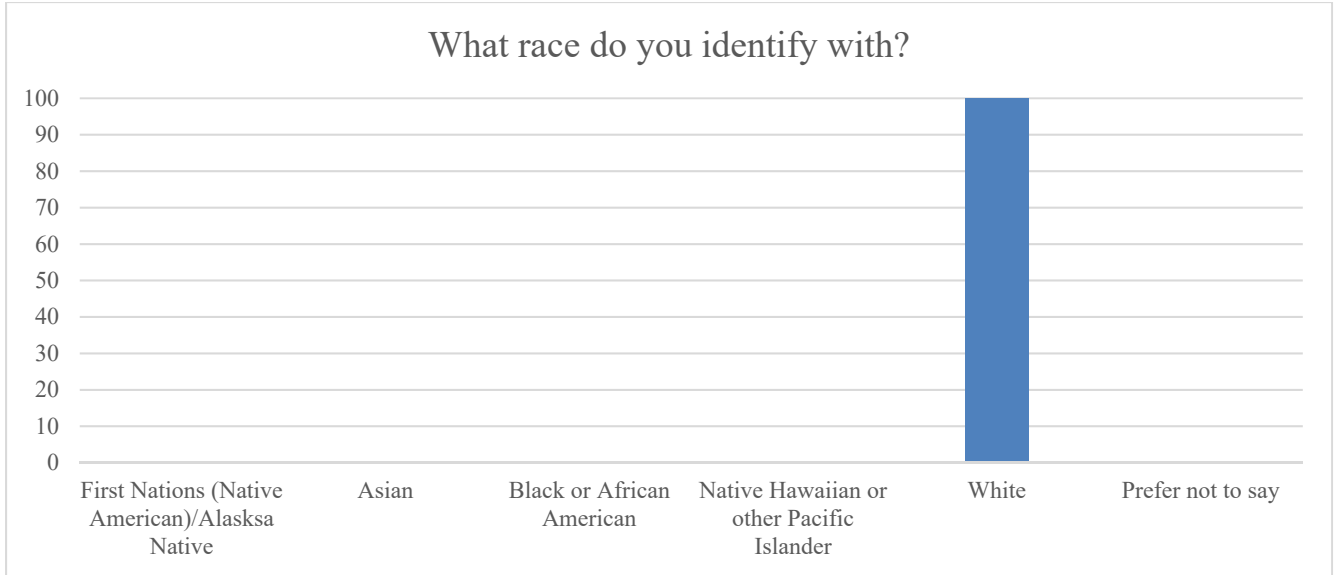
There is minimal availability for therapists on the weekends, a time when people might have flexibility in their schedules to access a therapist. Workforce shortages lessen availability of therapists. Telehealth services might be a good option to fill this need.



Source: Provider Survey

Figure 7-41. Gender of Mental Health Providers

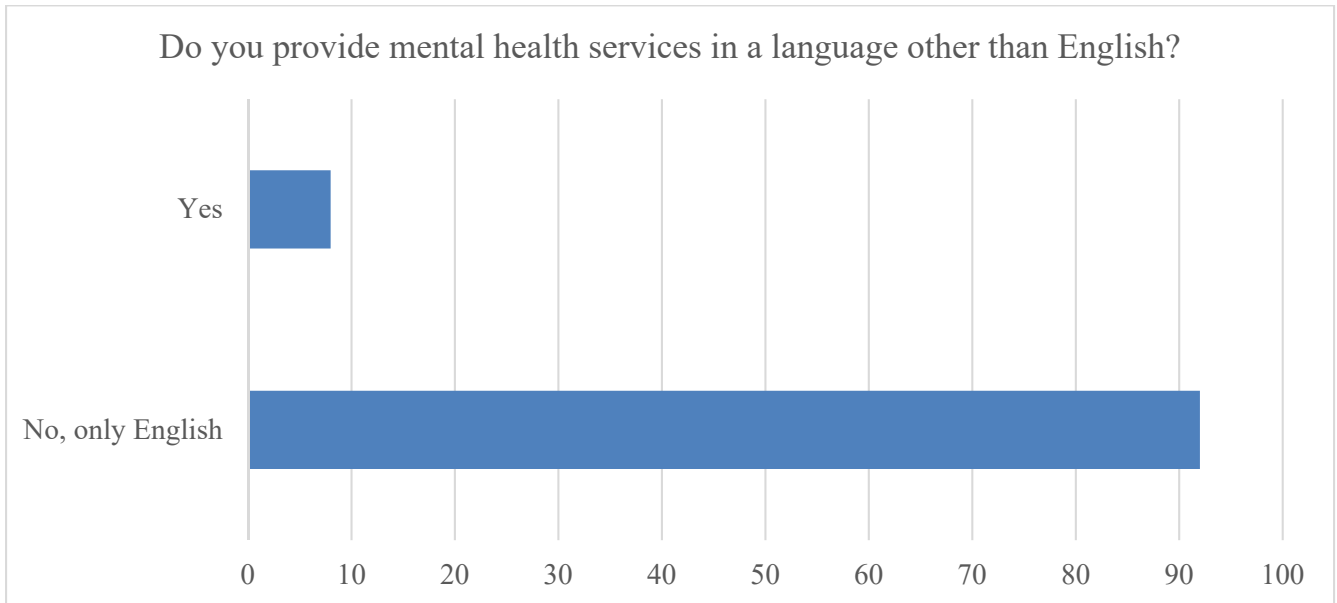
There is a lack in diversity amongst therapists in Gunnison County. There are no known male therapists in Gunnison County at this time, which might lessen motivation for people to access therapy. Telehealth services can provide access to more diverse therapists, but telehealth might be problematic for those wanting to see a therapist in person.



Source: Provider Survey

Figure 7-42. Race of Mental Health Providers

All of the therapists, at least those who participated in this survey, identified as white. Interviewees from the judicial system noted this as a barrier for more diverse populations. People want to see themselves in, or at least be able to identify with, their therapist. The lack of diversity discourages some from seeking services.

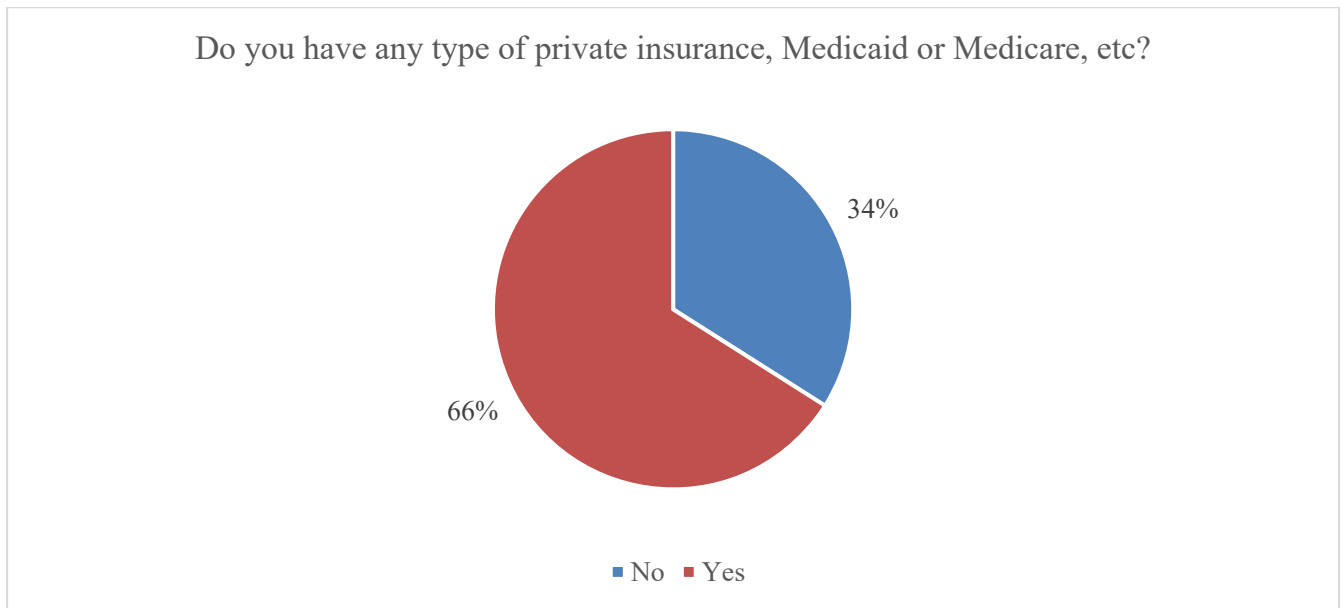


Source: Provider Survey

Figure 7-43. Language Offerings of Mental Health Providers

There are not many therapists who can speak a language other than English. Speaking another language is not enough. Interviewees noted that the ability to understand cultural nuances is also an important aspect of connecting with a therapist. Because there is a lacking diversity in therapists in Gunnison County, special attention must be paid to “peers” within subpopulations. See section 9.6 for more information.

CBSOM is providing a valuable service to the community, but its services might be inherently tailored to those with more resources, including time to go to an appointment, transportation, and a connection with a therapist. The available therapists might be more geared towards those from the middle class, with middle class problems. Many therapists who are connected to CBSOM are middle-aged white women who might not be an attractive option to persons from diverse populations such as African Americans, people of Hispanic origin, people with traumatic backgrounds, those who are impoverished.



Source: CBSOM

Figure 7-44. Insurance Coverage of CBSOM Clientele

Two-thirds of those seeking services through CBSOM have some type of insurance. This is notable because it reinforces WCPHP data in 7.2.7 showing that about 50 percent of people feel their insurance is inadequate. Sixty-six percent of those utilizing CBSOM have insurance and thirty-four percent of people do not have insurance. This may suggest that Gunnison County residents do not have adequate insurance to cover mental health services.

7.7 Child Protective Services

Child Protective Services (CPS) is a state agency with a branch located in Gunnison County, at the Department of Health and Human Services (DHHS) building in Gunnison. The local team comprises five case workers and a manager. This team receives potential claims of child abuse (from school, mental health providers, law enforcement, and occasionally neighbors or family members) and then investigates the claim to determine if it can be substantiated. Substantiated means that, through an investigation, CPS has found evidence of child abuse. If a claim is substantiated, the case is brought to the courts. Both

substantiated and unsubstantiated numbers are reported to the state, and that information is publicly available on their website and used for this report.

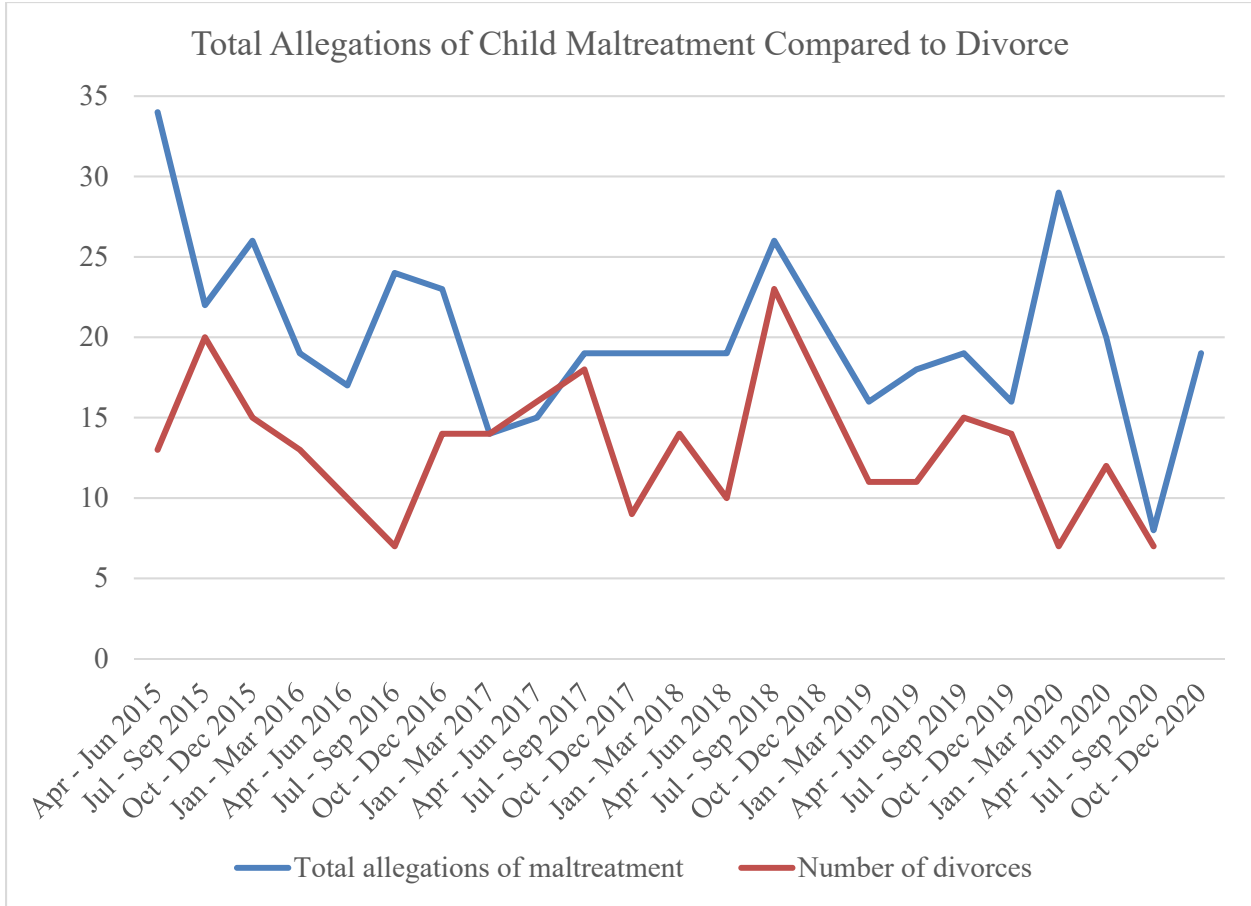
Once the case has been adjudicated in court, there are multiple things that can happen. Some cases end in child removal from the home. Interviewees noted that it is always the first goal to keep the children at home with their parents, but that is not always possible. When a child needs to be removed from the home, CPS works to move that child in with family members. If family members do not live in Gunnison County, the child will be placed wherever their family lives. If family members are unavailable to house a child, that young person is placed in foster care. The foster care system is broken in Colorado, and one way that is reflected in Gunnison County is the lack of foster care homes. When one interviewee was asked why there has been a decline in foster care homes, they explained:

I don't know if it's that people are so overwhelmed with their own lives and obligations and living now. Our society is less service based and selfish, and there are not people willing to do it. Divorce rates contribute to the problem as we used to have more intact families. It's unaffordable, life is: groceries, health insurance, so many people struggle financially, even if you get a subsidy. But they're [the state] trying to make the training easier [to become a foster parent].

It is unclear if reducing barriers to become a foster parent will have a drastic impact for Gunnison County or whether the need for out-of-home-placements will rise in the coming years. CPS works to keep children at home and, thus far, have managed to get young people placed in homes in or outside of the community. The process of becoming a foster parent is rigorous and can take months. This, of course, is to protect child safety, but the cumbersome and invasive process of interviews about relationships, past traumas, personal sex life, and more dissuades new people from becoming foster parents.

To summarize, another interviewee on the nature of the lack of adequate services they stated that this community does not have the volume of cases that would support a greater breadth of programs supported by the Federal Audit Clearinghouse (FAC). The Family Advocacy Support Team (FAST) wraparound services, the Nurse-Family Partnership program, the Nurturing Parenting program, eye movement desensitization and reprocessing (EMDR) therapy, mother-child therapy are some local programs that are currently supported by the FAC. Federal laws related to child welfare have undergone some changes as of October 2021. The changes allow programs to receive federal funding to provide services to families in a way that is different from before. The federal government will supplement services for families, and now the County, instead of drawing from their own funds, can draw from federal funds. The money cannot go to just any program, but rather the money has to be used for FAC-approved services. Gunnison County houses some of the programs (as mentioned above) and will likely look to expand upon these efforts.

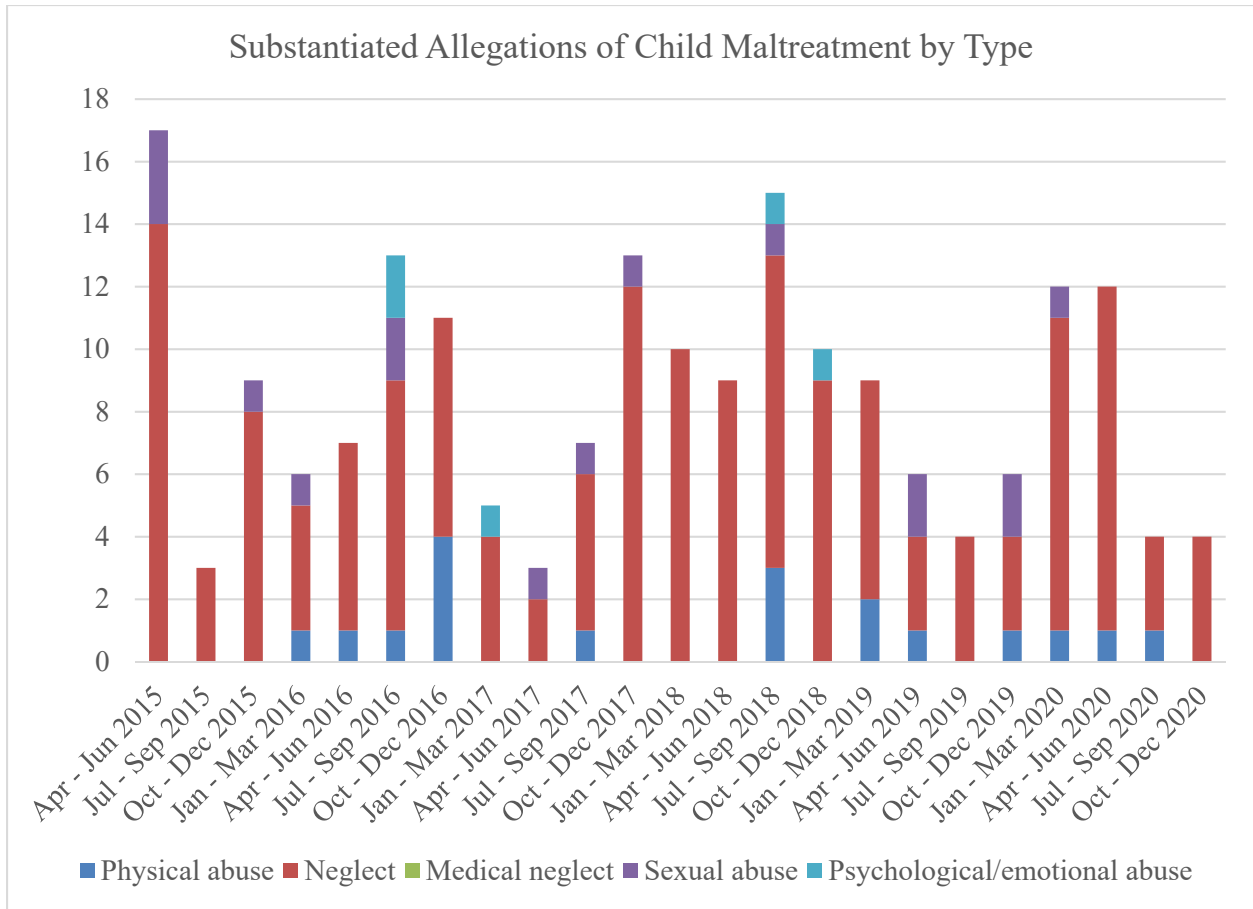
The Family First Prevention Services Act—signed into law in early 2018—is a federal program incentivizing prevention services to keep families together. Prior to this policy change, funding was mostly sought by child welfare services to reimburse out-of-home placements. This act will prioritize the implementation of programs cleared through the FAC system to keep families together and to provide support. Local programs, such as FAST, can be expanded upon to meet the needs of local families.



Source: Gunnison County DHHS.

Figure 7-45. Total Allegations of Child Maltreatment Compared to Divorce

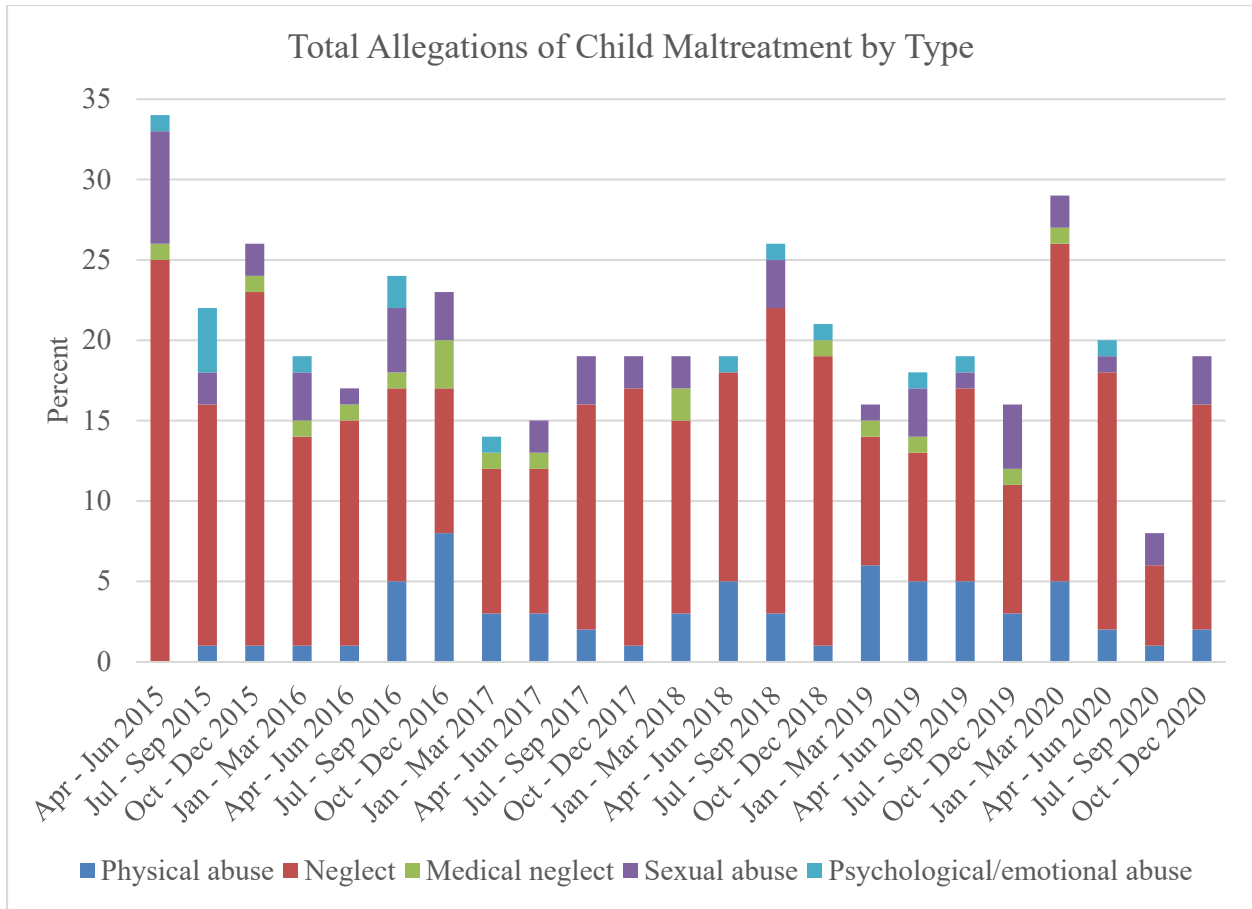
Figure 7-45 shows a comparison between total allegations of maltreatment and the number of divorces from mid 2015 and late 2020. Evidence of a correlation between the two variables remains inconclusive; however, both divorce rates and maltreatment are relatively steady across time, with a slight decreasing trend.



Source: Gunnison County DHHS

Figure 7-46. Substantiated Allegations of Child Maltreatment by Type

Figure 7-46 shows the number of substantiated allegations by type. Clearly, neglect is the predominant maltreatment. Physical and sexual abuse also occur consistently. Many of the adult behavioral health outcomes that organizations are seeing also impact youth. When we look at these local support organizations, we see the symptoms of adult behavioral health problems or consequences of adult problems. When elementary students are truant and suspended and expelled, that needs to be conceptualized under a poverty framework and with consideration of the behavioral health needs of the parent.



Source: Gunnison County DHHS.

Figure 7-47. Total Allegations of Child Maltreatment by Type

Figure 7-46 shows all allegations of child maltreatment by type. This shows substantiated and unsubstantiated claims combined. Total allegations are a better understanding of the level of adversity experienced by children. *Substantiated* means it meets the state’s definition that something happened bad enough to intervene; however, total allegations data provides a broader-lens view of how children are abused. An allegation or suspected abuse might indicate that there is risk in the home and a child might be living in an unsafe environment. Generally, waiting for substantiated cases is reactive.

Type of Maltreatment	Percentage Gunnison County (CPS Data)	State Data
Physical abuse	19.8	16.9
Physical abuse sub	5	2
Physical abuse unsub/pending	15	14.8
Neglect	63.8	71.7

Neglect sub	33.3	18.2
Neglect unsub/pending	30.5	53.5
Medical neglect	3.5	2
Medical neglect sub	0	0.3
Medical neglect unsub	3.5	1.8
Sexual abuse	10	6.8
Sexual abuse sub	3.5	1.8
Sexual abuse unsub/pending	6.4	5
Psych/Emo Maltreatment	2.8	2.5
Psych/Emo Maltreatment sub	0.7	0.4
Psych/Emo Maltreatment unsub/pending	2.1	2.1
Total substantiated allegations	42.5	22.7
Total unsubstantiated allegations	57.4	77.3

The rate of child neglect in Gunnison County is about 15 percent higher than the state average. Neglect might look different depending on the case. In some cases, especially for younger children, early indications of neglect might look like truancy or lack of food at lunch. For middle or high-school-aged students, neglect might look like substance abuse or lack of self-care. It also important to point out the rates of total substantiated allegations. Gunnison County’s rate of total substantiated allegations is almost double that of the state. This is worrisome when considered within the context of system breakdowns. Programs such as Gunnison County Substance Abuse Prevention Program (GCSAPP), Choice Pass, FAST, and Gunnison Valley Mentors (GVM) exist to help young people who have experienced abusive situations. When asked what they would like to see change or improved upon in the community, one interviewee said, “I’d love to see more people become mentors—you could go through the training and be respite for a foster family.” Mentoring is a less intrusive way of becoming a supportive adult for a youth who has experienced maltreatment. Additionally, what seems to become more evident through federal funding is the need to support upstream prevention programs like the ones mentioned above. Noted by an interviewee, CPS responds to situations, as opposed to providing preventative services that look to engage people before more serious events occur. Again, families involved with CPS are more frequently those of lower socioeconomic status. Abuse transcends all levels of socioeconomic status, yet those with more resources are more equipped to remain hidden and have the means to better help themselves or connect with resources to help them get out of their situations.

7.8 Early Childhood Council

The Gunnison Hinsdale Early Childhood Council (GHECC) serves Gunnison and Hinsdale Counties. The Council is guided by the Early Childhood Colorado Framework, which promotes a shared vision across the early childhood system focusing on three domains:

1. Parent education and family support
2. Health and well-being
3. Early learning

The Council works to connect families with young children to various resources available in our community, including early childhood education services, parenting classes, Child Find, the Nurse-Family Partnership, WIC, developmental screenings, community services, and community events. A bulk of the Council's work is in bolstering the early childhood education system at the local level. The Council assists licensed early childhood programs by providing professional development opportunities for the early childhood education workforce, leverage funding opportunities to allow for greater financial supports for the early childhood education workforce, and providing quality-improvement coaching and technical assistance to sites engaged in the Colorado Shines Quality Improvement initiative.

Throughout the pandemic and for many years prior, local licensed early childhood programs have faced many challenges in recruiting and retaining their workforce. This was exacerbated by the pandemic. There is now state and federal stimulus money coming down the pipeline to support initiatives designed to increase the number of childcare slots in communities as well as recruit and retain more individuals for the early childhood workforce. This funding is short term and must be utilized by mid to late 2023. Although the system is being flooded with money, that funding will not adequately address years of underfunding and a shortage of a qualified workforce. Some early childhood programs have increased wages for workers in attempt to retain the workforce that they have, but this is not the norm across all centers. The Council was able to secure some local funding to provide paid sick leave to early childhood educators who would not otherwise receive any pay as many early childhood centers are unable to provide paid sick leave or other benefits to staff. The Council has also secured local funding to provide an early childhood education stipend to educators based on their early childhood education credential level in an attempt to show appreciation for their hard work in the field.

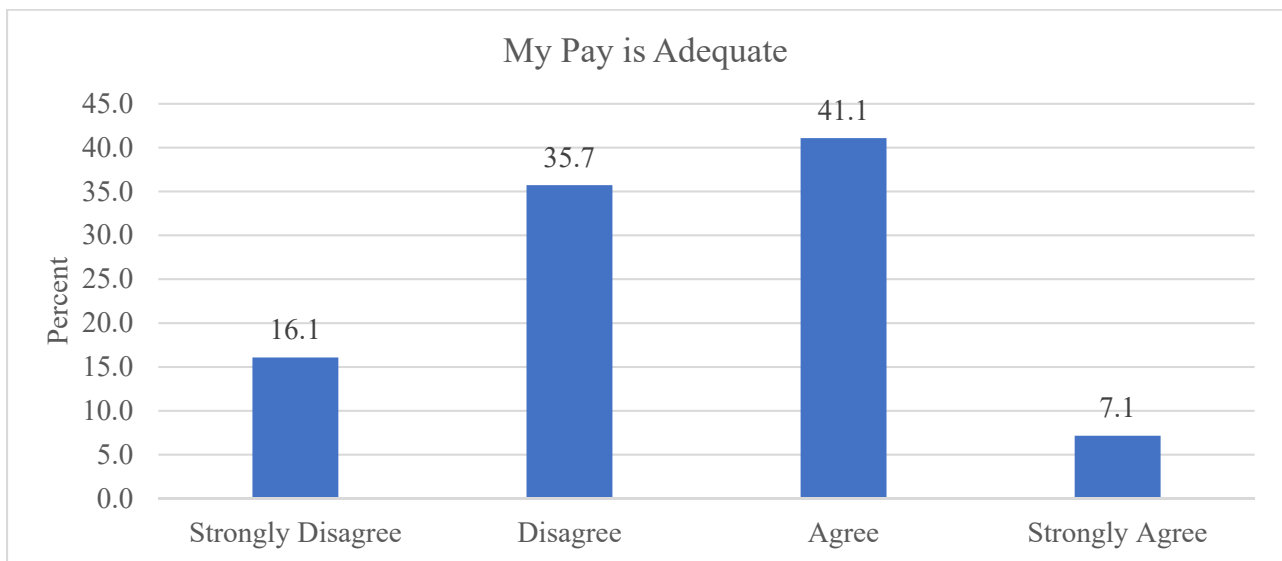
The state has designated \$17.6 million in stimulus funding for early childhood education through HB20B-1002 and SB21-236 as well as the American Rescue Plan (ARP). The Child Care Stabilization Grant designated \$257 million to go directly to childcare providers and associated administrative costs. In the upcoming months, our local licensed early childhood providers will receive childcare stabilization funding through monthly payments, of which half of the funding must be given to families through reductions in childcare tuition or to back pay centers for unpaid or lost tuition from the onset of the pandemic. Each site's payment amount is based on their licensed capacity.

Unfortunately, even with this tremendous amount of funding available for this short period of time (nine months), our community's licensed early childhood programs are struggling to stay afloat. In a local February 2021 early childhood workforce survey that captured the responses of 70 percent of the workforce, 21 percent of respondents stated that they had considered leaving their position in the year

prior to the COVID-19 pandemic, and 38 percent said they had considered leaving their position in the last year. One early childhood center stated that they have gone through approximately 15 employees in the last year to fill their six current teaching positions. Another center stated they had employed 22 teachers in 2020 in order to fill the nine positions within their early childhood program. Staff retention and parents' inability to afford childcare is making it more difficult than ever for programs to remain open and parents to have good quality options for care 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 someone's mortgage. These issues will persist until a larger and more sustainable investment is made in the early childhood system.

Census demographic data shows that for many people (those without young children), childcare is not an issue. The percent of Gunnison County residents impacted by the lack of childcare is around 10 percent, leaving a large group unaware of the issues. However, the pandemic has shined a light upon the important role that childcare plays in the community, allowing parents to work and businesses to stay open. In the early months of the pandemic, parents (some doctors, nurses, plow drivers, and city and County officials) were scrambling to find care for their children while schools and early learning centers were shut down. Now that sites have reopened, parents are still severely burdened by the lack and high cost of childcare. Motherhood, especially for new mothers, can be both an exciting and a challenging time. Compounding the stress of having a new child is the possibility of having to go back to work shortly after giving birth and being unable to find anyone to watch the child. Even if a mother or family member can watch the child, families in the lower socioeconomic demographics must face the exorbitant prices of childcare.

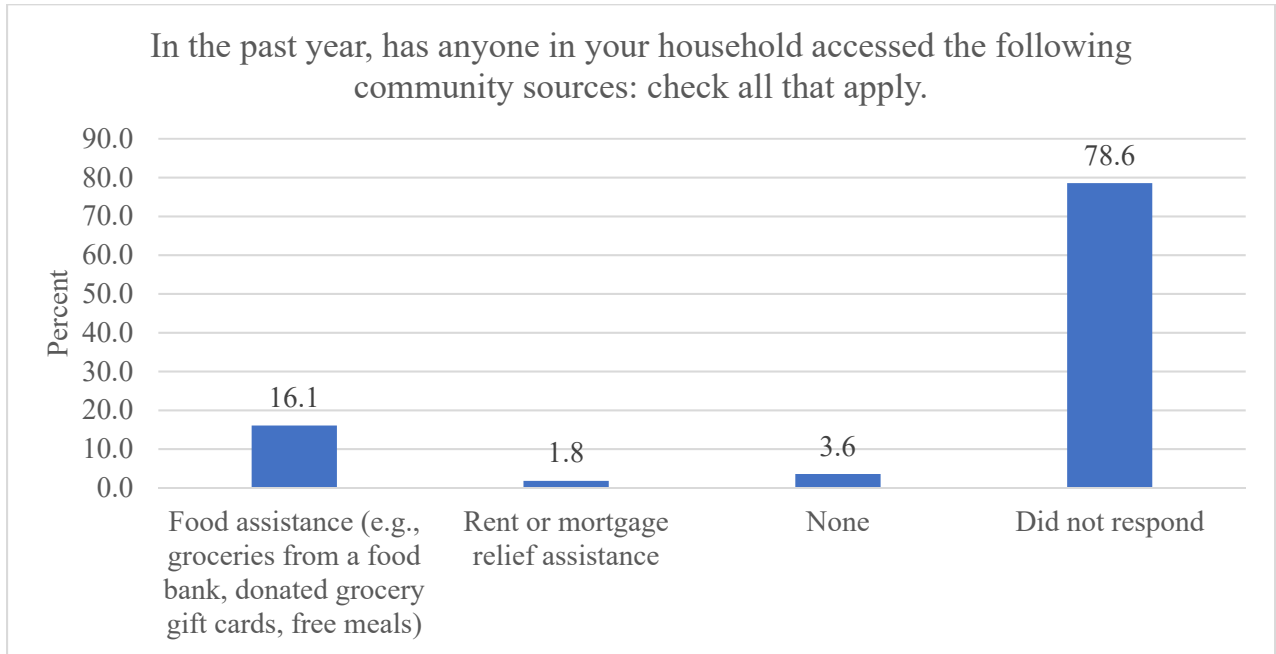
The following data is from the Early Childhood Council (ECC) Workforce survey from 2020 and ECC presentations. It contextualizes key informant interviewee comments regarding the challenges facing the early childhood workforce in Gunnison County and the shortage of and high cost of childcare. Those living below the Self-Sufficiency Standard are faced with having to make choices between basic needs and childcare. For a single mother working a restaurant job, it can be assumed this means that a huge portion of her income will go to childcare and housing, reducing flexibility in other areas of her budget.



Source: ECC Workforce Survey

Figure 7-48. ECC Workforce Survey: Adequacy of Pay

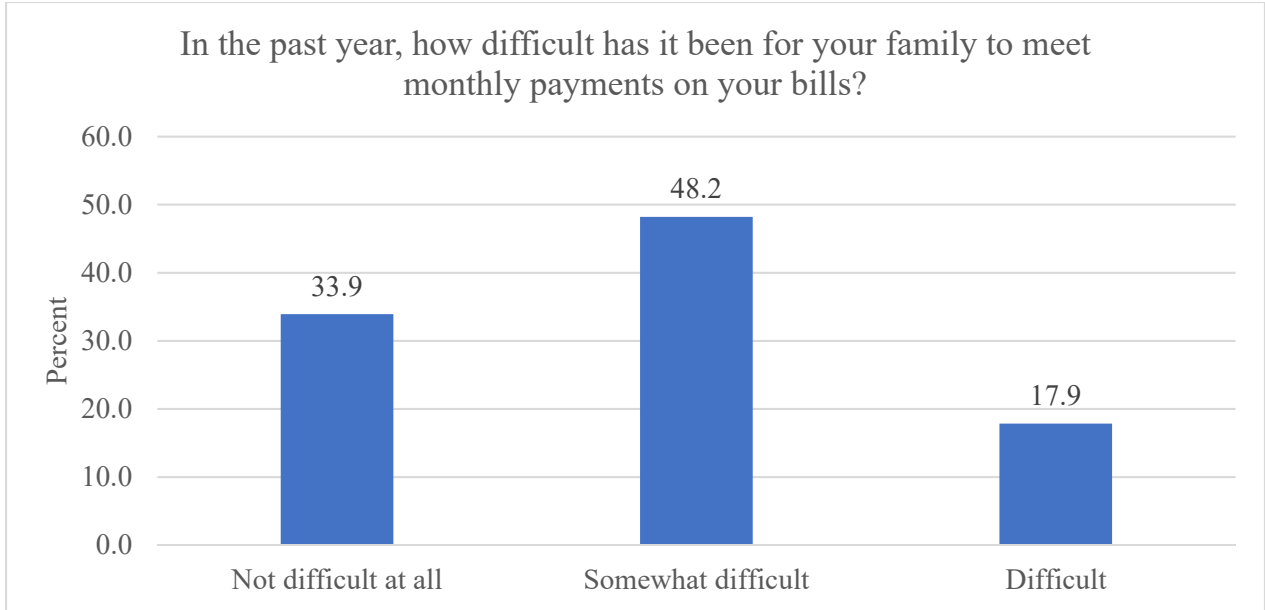
Roughly half of the ECC workforce thinks their pay is adequate. Attracting long-term workers to the ECC sector will require increasing the pay. Increasing the pay sounds like a straightforward solution; however, the lack of state and federal funding continues to erode a much-needed jobs sector. Local funding is unable to adequately fill the work shortage and wage gap.



Source: ECC Workforce Survey

Figure 7-49. ECC Workforce Survey: Accessing Community Resources

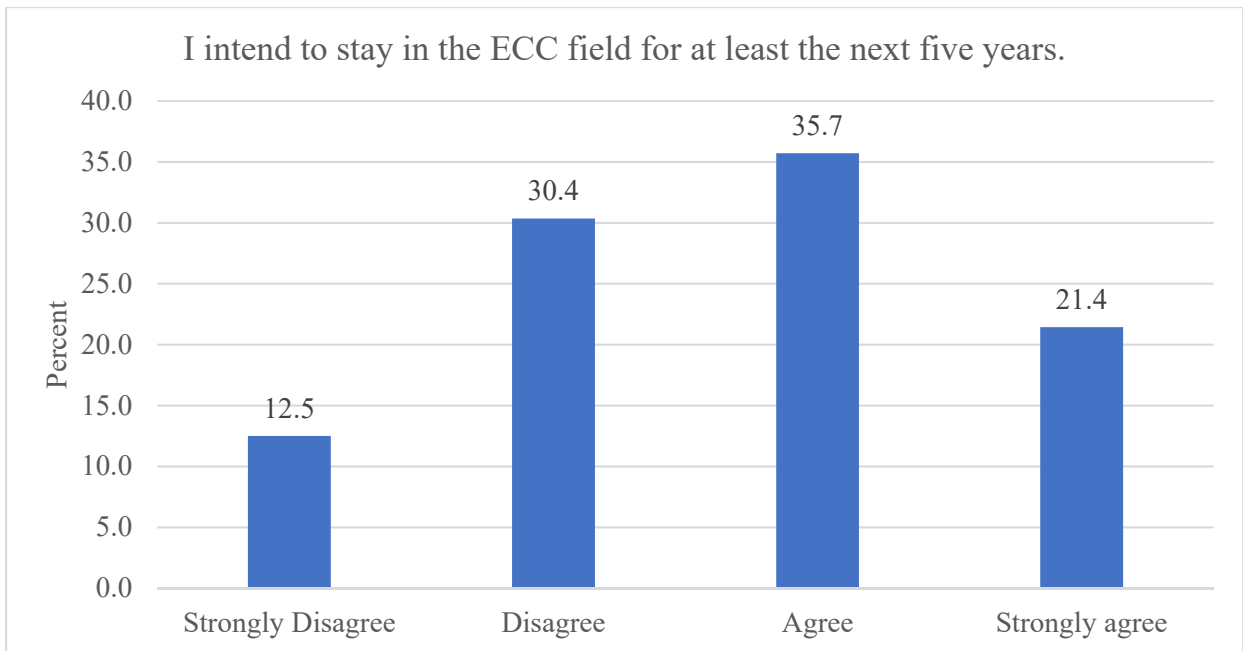
Sixteen-point-one percent of the ECC workforce reported that they accessed food assistance programs in the past year. It is unclear if the problem worsened since the pandemic, but now nearly 1 in 6 people in the ECC workforce are accessing food assistance.



Source: ECC Workforce Survey

Figure 7-50. ECC Workforce Survey: Making Monthly Bill Payments

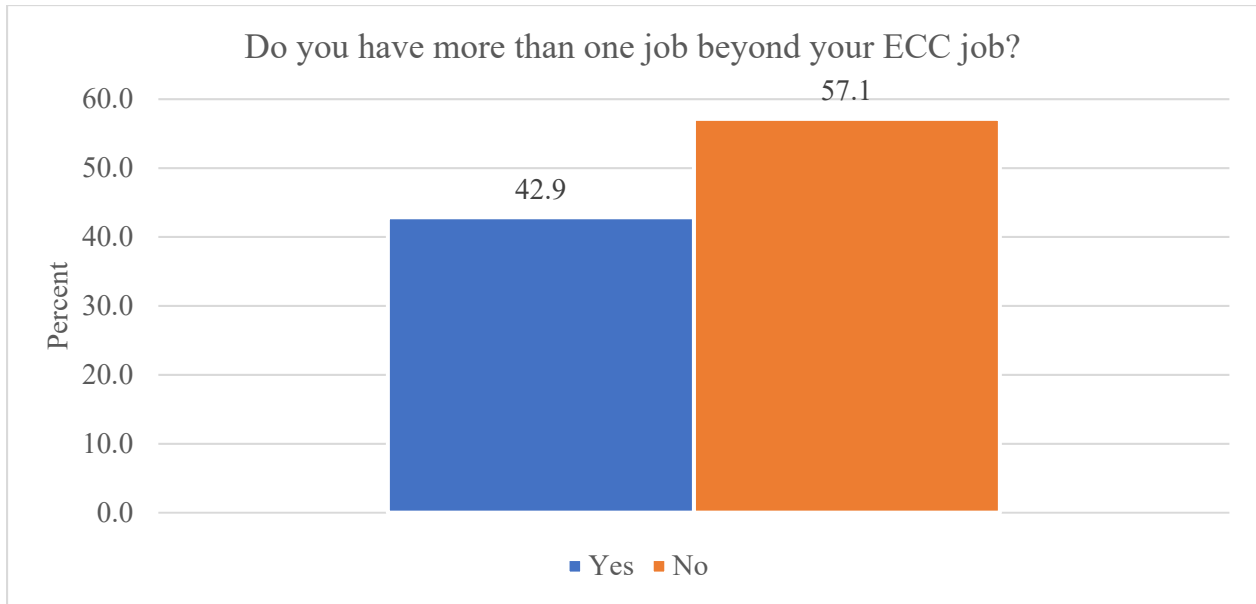
Making month bill payments have been at least somewhat difficult for two-thirds of the ECC workforce.



Source: ECC Workforce Survey

Figure 7-51. ECC Workforce Survey: Longevity of Workforce

With existing challenges in recruiting an adequate workforce for early childhood care, it is concerning to see that nearly 43 percent of respondents might be leaving the field in the next five years. Increasing pay, which Tenderfoot Daycare Center has done (by \$5 per hour) can help retain workers.



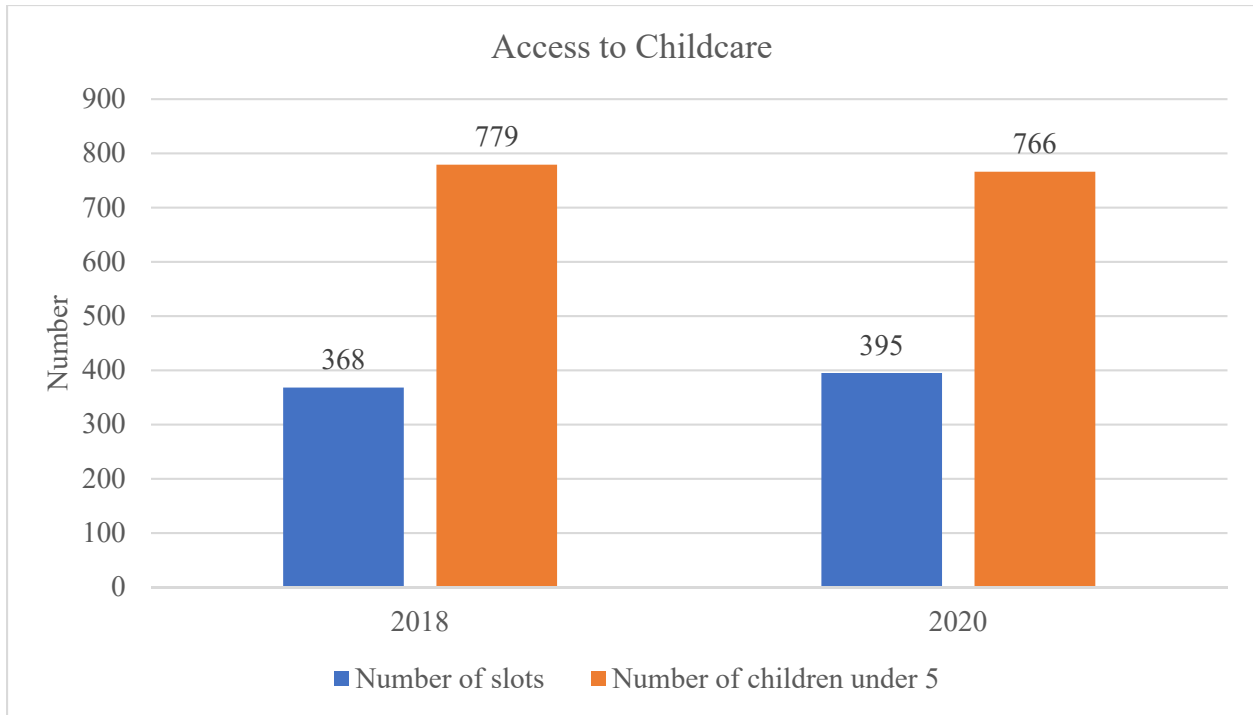
Source: ECC

Figure 7-52. ECC Workforce Survey: Having Multiple Jobs

Nearly 43 percent of people working in the ECC sector work more than one job. When asked why they are working more than one job, the majority indicated it is to supplement their incomes.

Workforce

Gunnison County continues to have a shortage of available childcare slots, which is largely due to the shortage of available teachers. According to Colorado Governor’s Office, low wages are likely a serious contributing factor to the shortage of early childcare workforce: “With workforce costs accounting for nearly 80 percent of a child care program’s budget, early childhood educators are among the lowest paid professionals in the education sector, with more than one third of the workforce receiving subsidies from public assistance programs to make ends meet” [47]. To paraphrase an interviewee, Seasons Childcare Center has an infant and toddler care center but are unable to open because they cannot find a qualified teacher. Although the number of slots has slightly increased since 2018, there are nearly twice as many children under the age of five as there are available childcare slots in Gunnison County. Other reasons why the workforce is hard to find is because it is arduous for teachers to become credentialed (although now becoming slightly easier), and it is incredibly hard to find affordable housing, which people working in this sector would likely need. These factors leave families to piece together whatever form of childcare they can while waiting for a spot to open, undoubtedly causing stress.



Source: ECC

Figure 7-53. Access to Childcare

The number of available childcare slots is insufficient in relations to the number of children under five in Gunnison County. The number of available childcare slots has increased by about 27 between 2018 and 2020. There is still a great need for more childcare options that is closely related to the workforce. If the community can attract more qualified teachers, there are options in closing the gap in childcare across the County. With a proposal for more housing in the Gunnison Rising project, it's inevitable that a new daycare center and school will be need to be built. As the population grows, the need for social services will increase. The health services industry is growing at the slowest rate in comparison to other services, so while the community looks to grow, community leaders will need to prioritize social services.

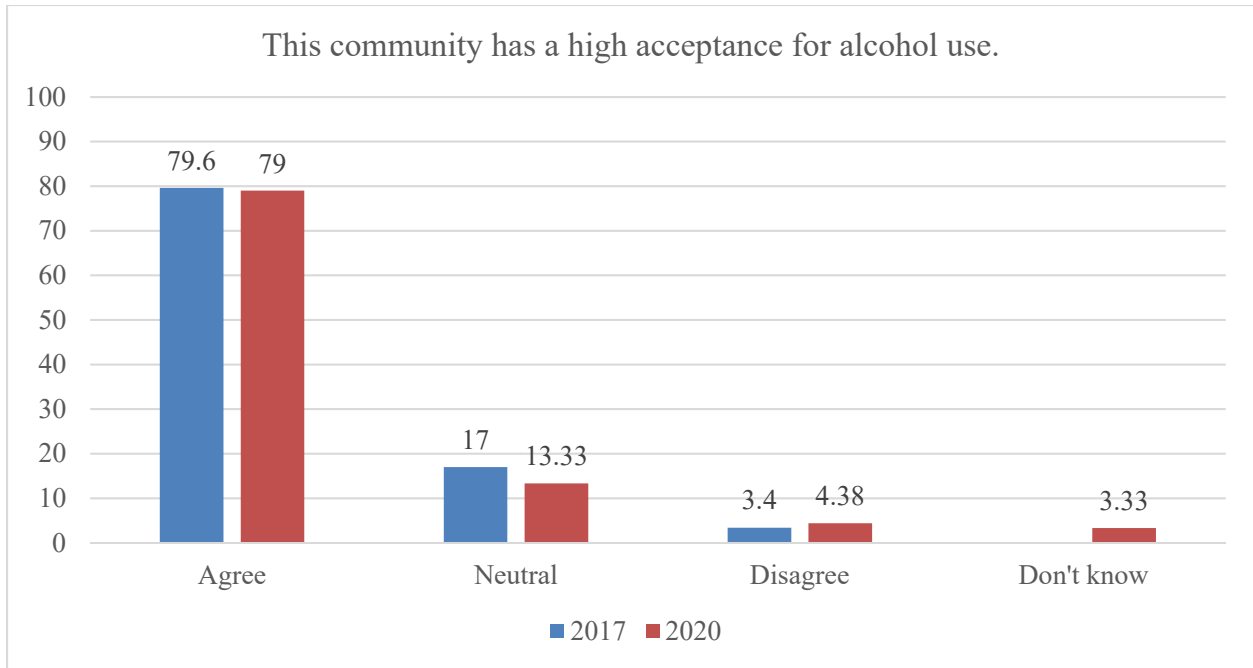
The current system is providing services to those with the financial resources to pay out of pocket for childcare. The Colorado Childcare Assistance Program (CCAP) provides free or sliding-scale childcare for families at 185 percent of the federal poverty level. In short, a family must be struggling financially to qualify for this program. Even if a family qualifies for this program, there are only 14 to 16 available slots for the entire county. There is a waiting list to get one of these slots, but an interviewee noted that sometimes families wait for years and still never get a slot. Local childcare centers do mitigate the lack of accessibility of state childcare programs but are also limited in their capacity to do so. Another interviewee stated, "There are families who could benefit from affordable care, and when we chase down grants every year, it's not enough to support families and it's the affluent families who get access, or maybe not only the affluent, but the people with middle-class wages who gets access, but we do try [to help]." Childcare centers continue to chase grant money, like many other non-profits in the community, but the grant money is not solving the long-term issue, which is that families cannot afford the exorbitant costs of childcare. When childcare centers provide scholarships, they want to do so without creating a

dependency that will not allow for a broader use of the funds. If there are a few families that consistently need financial support, it means the money cannot go to more people. Systems in Gunnison County are not adequate for those lacking the income to pay for childcare. This is another example of how systems are for those with short-term need, rather than to provide long-term support.

One key informant interviewee expressed interest in fostering support for long-term local funding for early childhood initiatives based on models from other communities around Colorado. Summit County passed a mill-levy in support of early care in learning and funds childcare scholarships and assistance [48]. Proponents against the mill levy said that it would only support a few families and not the general public. Passing a mill-levy tax can help ensure long-term sustainability and access to childcare, while reducing stress for parents. Continuing to invest in children and parents who struggle to find childcare will help to solve long-term behavioral health problems in Gunnison County.

7.9 Community Survey Data

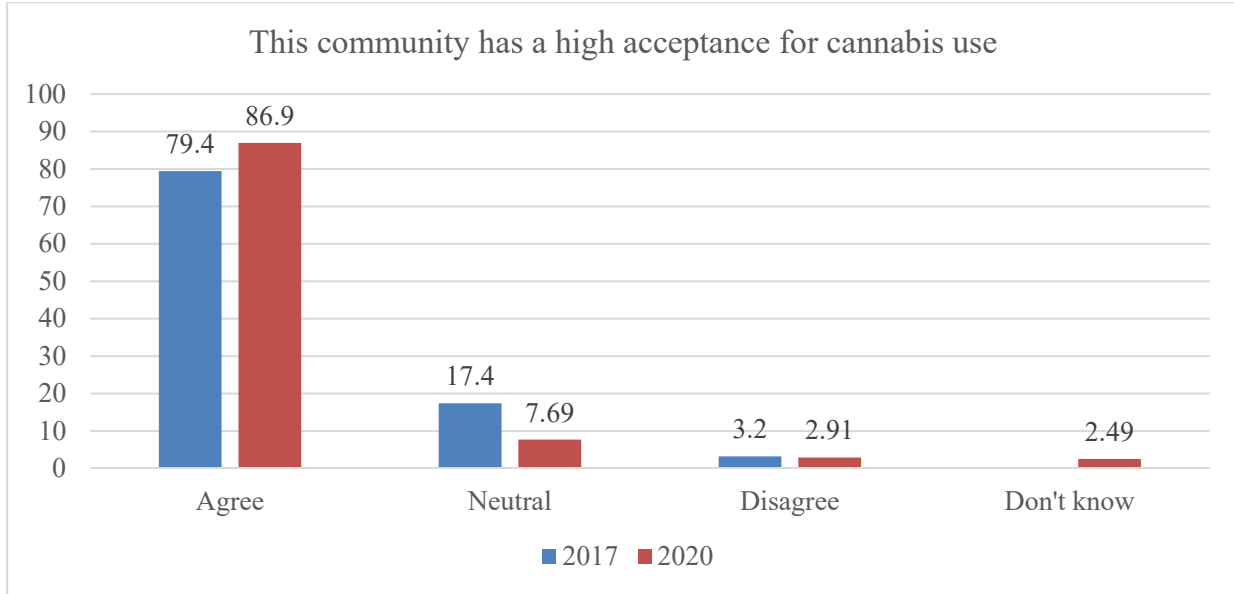
GCSAPP conducted the Community Survey in 2017 and 2020. The 2020 data collection took place during the summer, in the midst of the COVID-19 pandemic. The GCSAPP coalition created the survey to understand community norms, accessibility of substances, personal use of substances, and toxic stress. Using a convenience sample, adults living in Gunnison County for at least two years were asked to take the survey in different locations around the City of Gunnison and Crested Butte. Roughly 400 residents took the survey in 2017, and around 500 residents took the survey in 2020. A comparative analysis (2017 to 2020) presentation was delivered to the GCSAPP coalition in late 2020. As noted in other reports such as the GVH Community Needs Assessment and the RCORP opioid use/misuse report, the Community Survey Data shows risk factors related to community norms favorable towards drug and alcohol use and a high availability of drugs and alcohol in Gunnison County. A Key point from the data is that nearly 70 percent of respondents reported that the community needs to be more involved in addressing the issues of adult alcohol and drug abuse. Additionally, the 2020 results showed that financial insecurity was the largest contributor to stress for respondents in the past 30 days, followed by social isolation and relationships with family. Some respondents continue to support healthy activities for youth as youth substance abuse rates continue to climb and youth mental health outcomes worsen. Alcohol and cannabis remain the most used substances among adults, and the data suggests that community norms favor substance use. Confronting community norms favorable towards drug and alcohol use remain a top priority for prevention efforts in Gunnison County.



Source: Juvenile Services

Figure 7-54. Community Acceptance for Alcohol Use

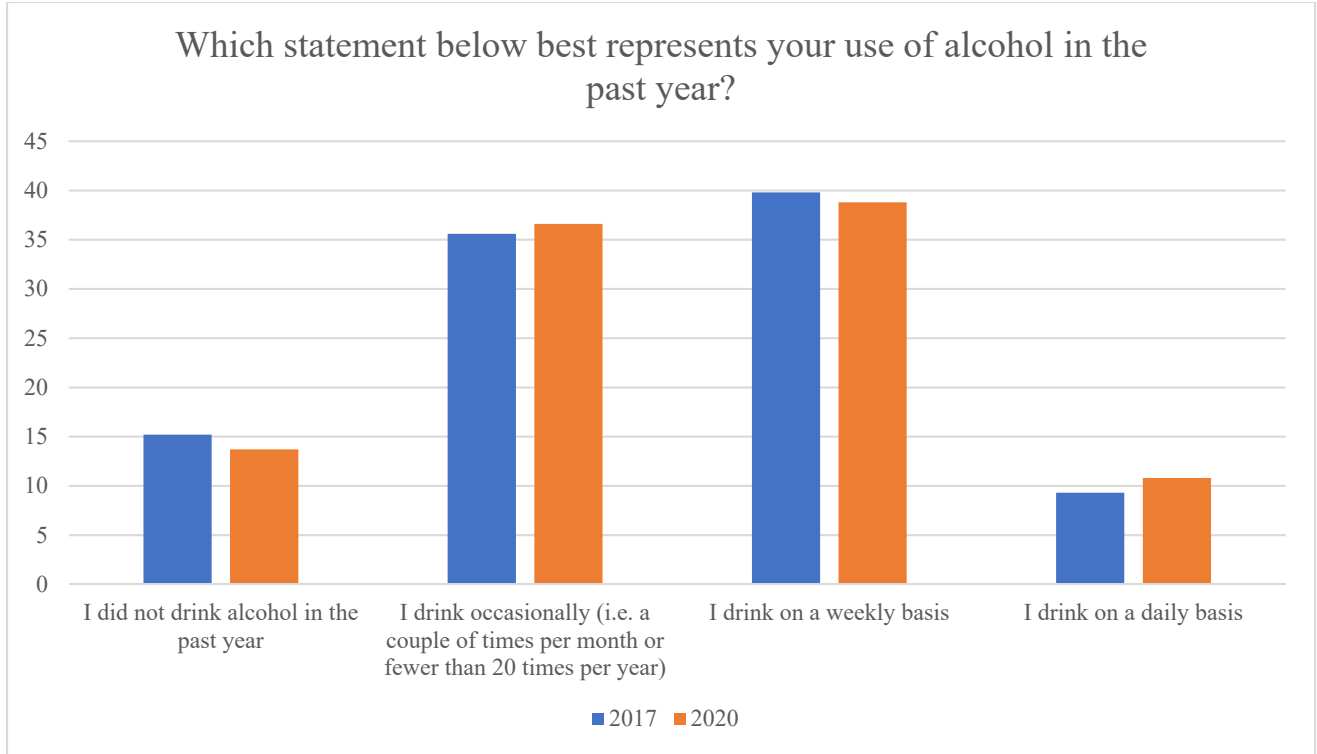
Figure 7-54 supports the claim that there is a community norm favorable towards drug and alcohol use. This means that using alcohol is highly acceptable and normalized. Many community events draw crowds by allowing vendors to serve alcohol. As long as the community is comfortable with alcohol use, behavioral health outcomes will be difficult to manage. The root cause of this issue is that people come to these mountain towns to party and let loose. Tourist attitudes seep into local culture and drive much of the decision making. See 8.2.2 for further discussion.



Source: Juvenile Services

Figure 7-55. Community Acceptance of Marijuana Use

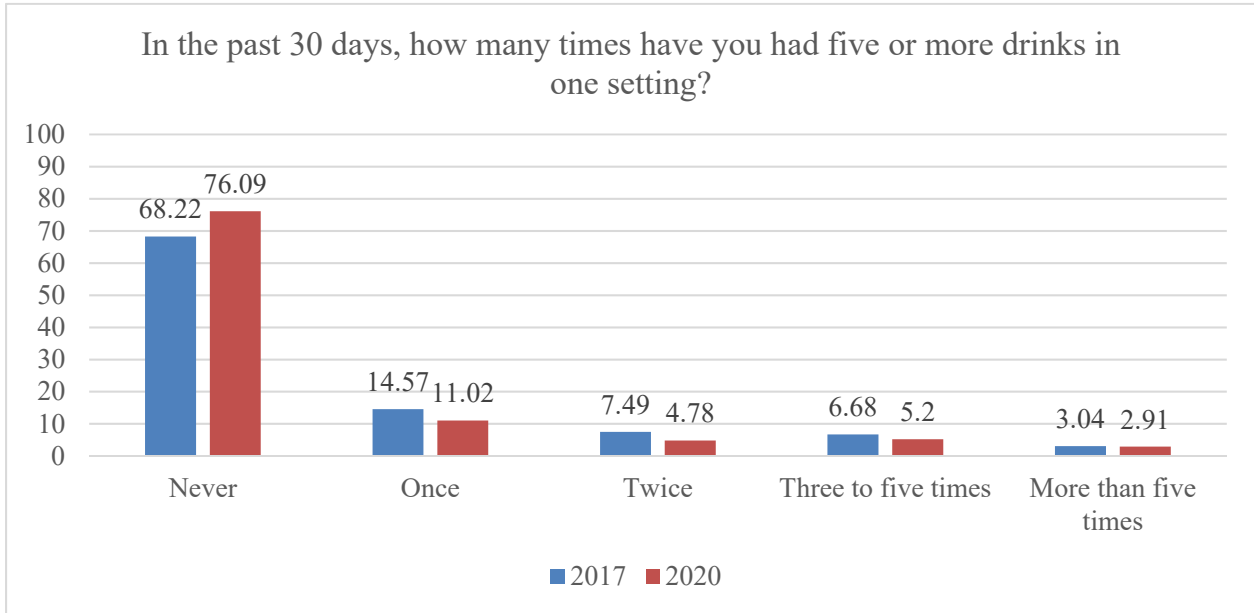
Figure 7-55 reports 87 percent of people who took the Community Survey in 2020 agreed that the community also has a high acceptance for cannabis use. Communities both up and down the Gunnison Valley seek to make money by taxing dispensaries and continue to allow licenses. Students in local schools noted that adults and parents are lax in their use around them and in some cases encourage use. There must be a balance between creating tax dollars and focusing on public health.



Source: Juvenile Services

Figure 7-56. Community Alcohol Use in the Past Year

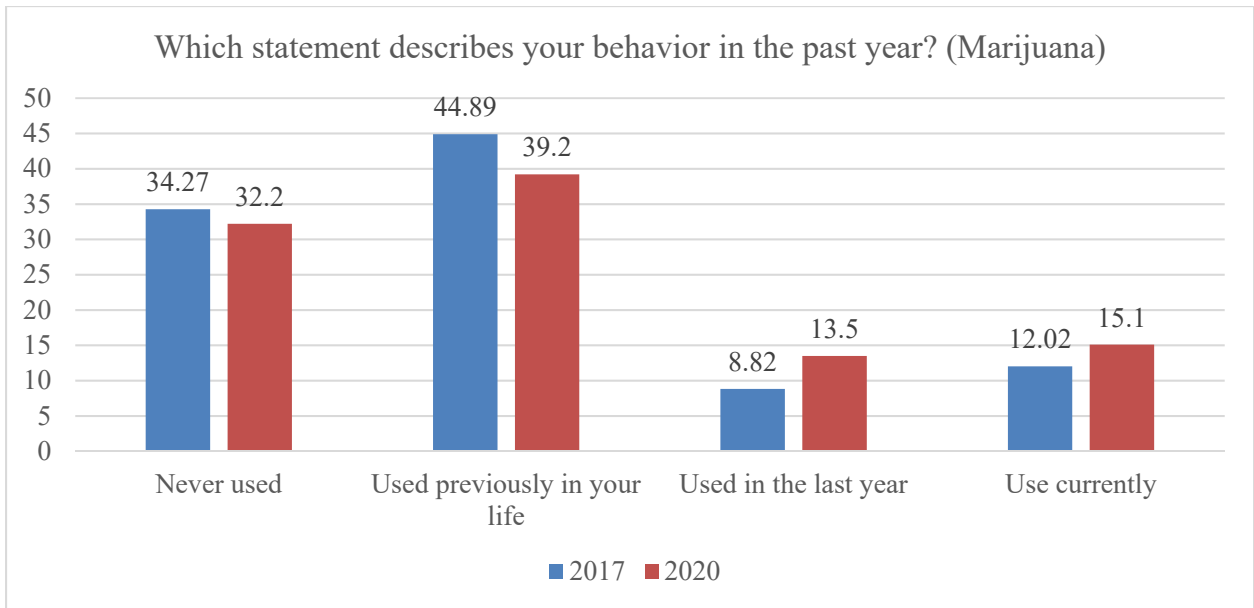
Figure 7-56 shows that nearly 50 percent of respondents said that they least drank alcohol at least on a weekly basis, and 86 percent said they drank at least on an occasional basis. Trying to maintain sobriety in Gunnison County can be challenging and isolating because of the pervasiveness of drug and alcohol use. Drinking is pronounced and evident in almost all community activities. As one person stated, “Until the community gets ahold of their drinking problem, the community will never prosper.”



Source: Juvenile Services

Figure 7-57. Binge Drinking Rates for Adults

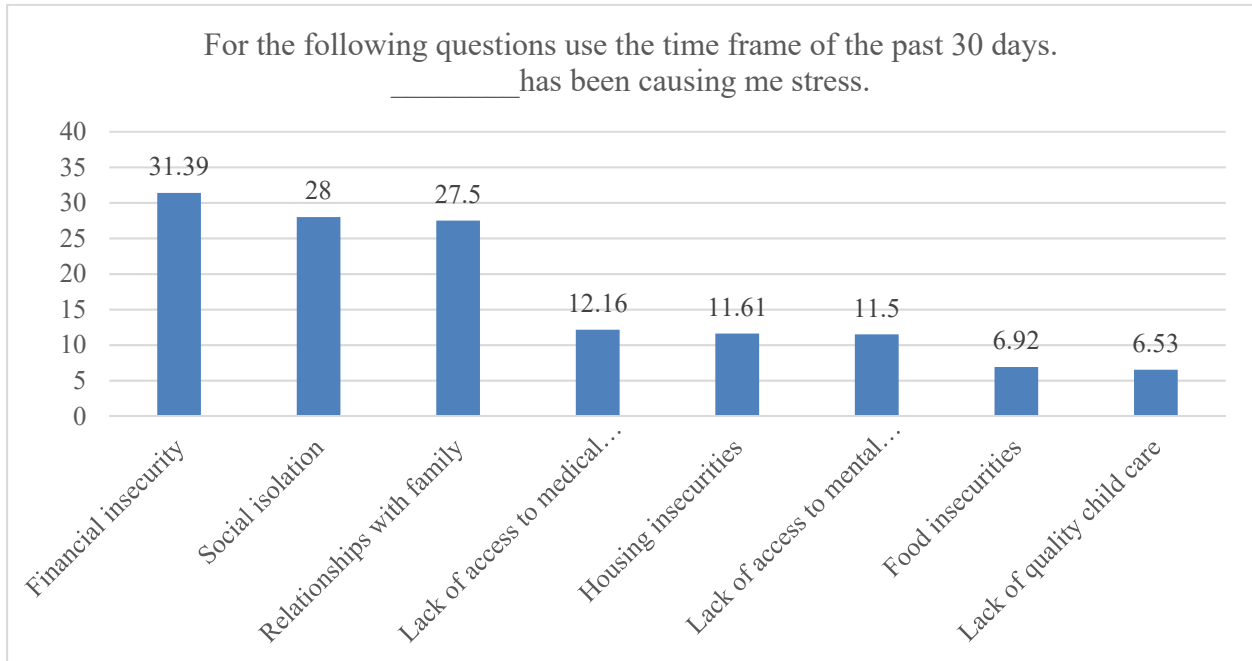
Figure 7-57 shows that 23.9 percent of people in Gunnison County binge drank in the past 30 days. This is confirmed by the County Health Rankings 2020 data that reports 22 percent of people have binge drank in the past 30 days. At least 1 out of 5 people drink heavily on a regular basis. Alcohol continues to be the top drug of choice in the community.



Source: Juvenile Services

Figure 7-58. Marijuana Use in the Past Year

Marijuana use is not as pervasive as alcohol use but is still highly normalized. Even if people do not smoke, they are still accepting of those who do use. It is not inherently bad that people use cannabis on a regular basis; however, it is important for individuals to reflect on the purpose of their use, when it becomes problematic, and how is it impacting relationships.



Source: Juvenile Services

Figure 7-59. Community Stressors

For each question, *agree* and *somewhat agree* were combined to calculate these numbers. Financial insecurity, social isolation, and relationships with family are the top stressors for people in Gunnison County according to the 2020 Community Survey. This survey was conducted a year after the WCPHP survey, which reports that access to medical care is a top priority. Throughout the pandemic, many people were laid off and asked to isolate. With the understanding that about 45 percent of Gunnison County residents live below the Self-Sufficiency Standard, it is reasonable to assume that financial situations have worsened for some during the pandemic and that has increased stress. Financial insecurity might imply that people are having to make choices between paying rent, buying groceries, or fixing their car. People cope with the increased levels of stress through drug and alcohol use, and for some, the problems of substance use and abuse have become more serious, leading to poorer mental health outcomes.

7.10 Re1J School District Behavioral Health Data

School staff and faculty are frontline workers dealing with a spectrum of behavioral health symptoms. School data is another way to get a microcosmic and cross-sectional understanding of the community at large. Working in rural communities presents a range of challenges that perpetuates the cultures and environments where a few people must take on many roles. Gunnison Watershed School District (GWSD) is no exception. Many teachers also serve as coaches, heads of departments or grade-level teams, and sponsors of school clubs while simultaneously raising their own children. There is beauty in

having opportunities to be part of many programs and events in a community, but with that comes exhaustion and feeling overextended.

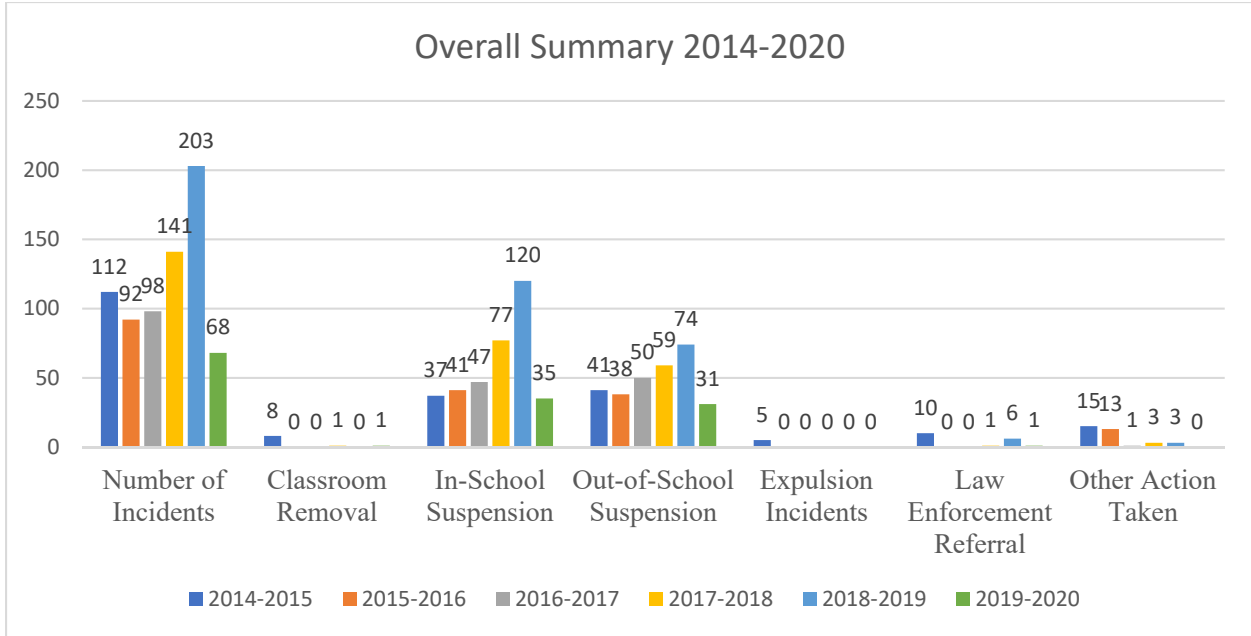
Protective factors for youth in the GWSD include students feeling like they have an adult to go to for help with a serious problem, talking to parents about substance use dangers, feeling safe at school, and participating in extracurricular activities. Protective factors for adults include having a mentor or adult to go to for support and collaboration with school staff.

Adult risk factors include school staff reporting high levels of stress, lack of time, lack of resources (e.g., people, time, space), and fractured communication. The school is struggling to find substitute teachers, leaving teachers feeling like they cannot take time off for self-care or other reasons. Teachers and staff reported they have ways to destress outside of school, but some feel as though there's not enough time to prepare and fully wind down before the next day begins. In one teacher's words, "We don't have enough time to fill up our cup for the next day." A lot of school staff are spending the majority of the day in school feeling stressed and dysregulated and are also stressed outside of school.

Current data and information speak to the increased risk factors of youth and adults as well as social-emotional learning (SEL) needs in the school district. GWSD saw a significant increase in youth binge drinking between 2017 and 2019 for high school aged students, which is symptomatic of community norms favorable towards substance use, increasing levels of access to substances for youth, and permissive parenting. Students are increasingly expressing stress due to overscheduling and not feeling like they have enough personal time to relax or spend time with friends. Youth report not wanting to talk with parents or teachers about their stress.

7.10.1 Discipline

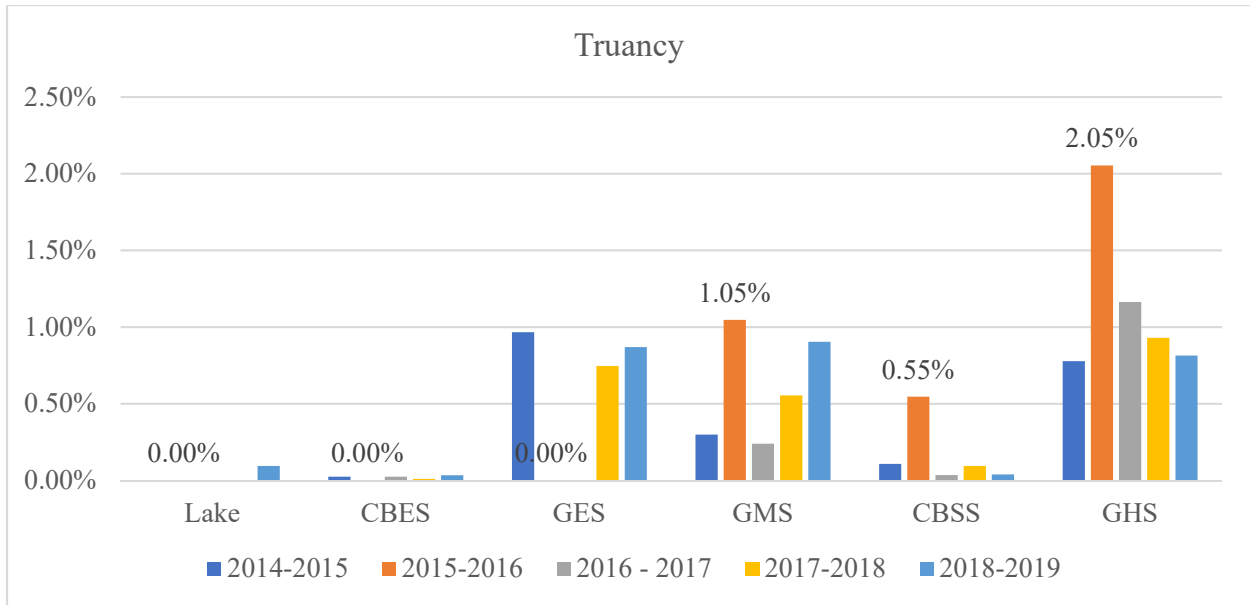
School discipline and truancy data are potential indicators of poor behavioral health outcomes. Behaviors that result in in-school or out-of-school suspension denote root causes being unaddressed. An upstream approach should be utilized to identify younger students struggling with SEL competencies. Many of the students who have a dearth of SEL skills at a younger age are the students who have problems further along in their education. What shows up as a behavior issue in kindergarten looks different in middle school and high school. Clear response-to-intervention (RTI) plans for tier 1, tier 2 and, tier 3 students, as well as family and teacher support, are important to consider for upstream prevention to minimize substance abuse, delinquency, truancy, and more serious behavioral health challenges for students.



Source: GWSD

Figure 7-60. GWSD Discipline Data

Figure 7-51 shows school discipline data across time. More detailed data about behaviors that result in in-school and out-of-school suspension are beneficial to help create understanding of how to help students. Flipping the lens on the role of suspension is key. If suspensions are going to continue to be used, it is important to use them in a way that helps a student to be able to come back into the classroom. Rather than punishing the behavior, more restorative approaches can be utilized to allow space for a student to repair harm and learn. This data also allows us to see spikes, such as in 2018–19, and use that information to help ask questions and guide changes. More clarification needs to be given around “other action taken” to provide data and guide decision making.



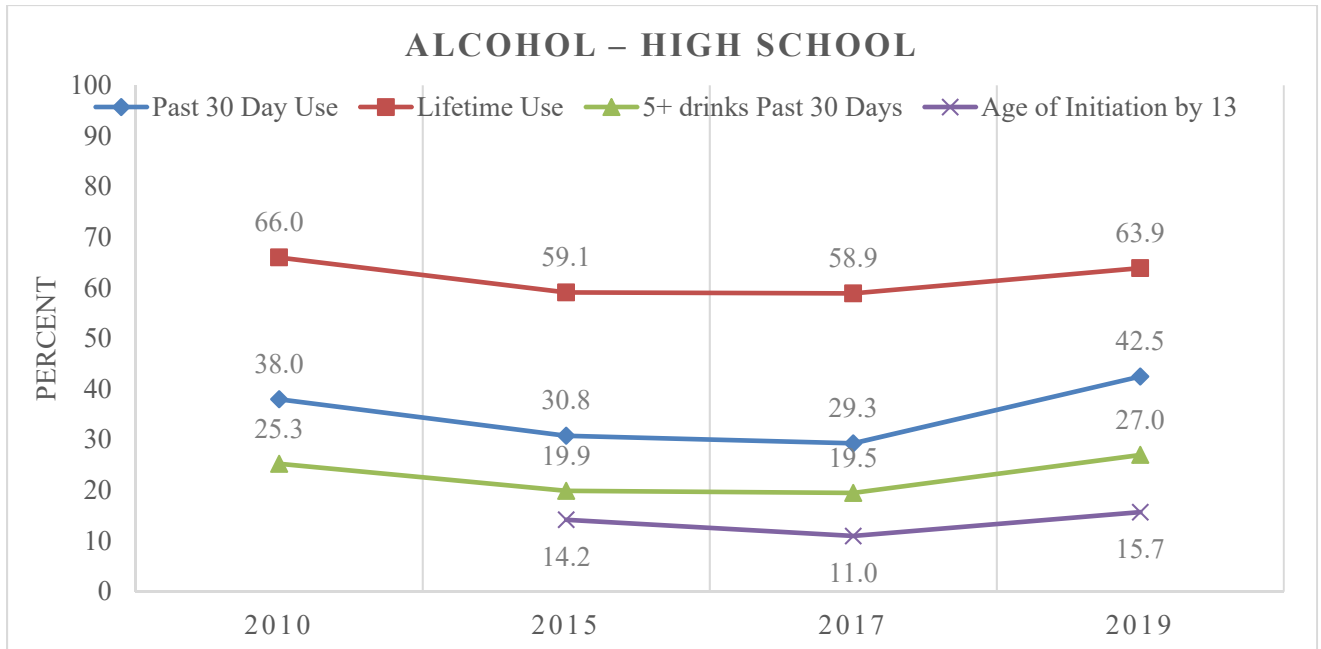
Source: GWSD

Figure 7-61. GWSD Truancy Rates

GWSD truancy reports reflect a need for increased community and family support. One factor that is seen in younger children nationally is the correlation between poverty and truancy. Poverty affects school attendance for a variety of reasons. Some children are unable to attend school due to transportation issues, increased incidents of sickness, lack of adequate food or housing, and parental substance misuse and mental illness. A drop in school attendance could be one of the first indicators that something is wrong or that a child and their family need support. Addressing truancy means working alongside the families and building trusting relationships. Schools can help families by working with other agencies to provide support for basic needs, behavioral health, and academics. Other indicators for truancy include low commitment to school, feeling unsafe at school, and subjective reports that teachers do not care [49].

7.10.2 Healthy Kids Colorado Survey

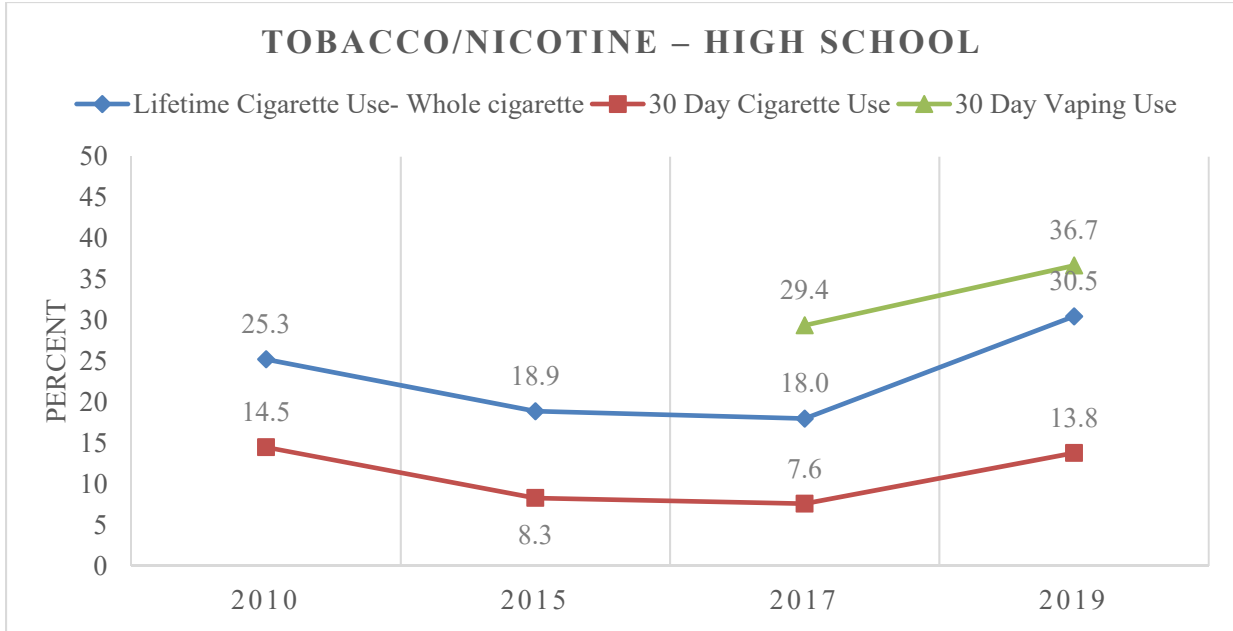
The Healthy Kids Colorado Survey (HKCS) is a survey widely administered across Colorado. The HKCS is conducted by the Colorado Department of Public Health and Environment every other year for the purpose of collecting information regarding the health and wellness of 6th through 12th grade youth. The information is analyzed and delivered back to local schools to inform them on school health. The data is disaggregated by grade level, race, and sexual orientation. For the purpose of this report, specific pieces are drawn from the overall data, which includes information on drug and alcohol use/abuse and mental health. Drug and alcohol use indicators grew across the district between 2017 and 2019, meaning the number of youths reporting drinking, using cannabis, and vaping is increasing. Updated data from the HKCS, which was conducted in 2021, will be available in the spring of 2022 and will show if these trends continue.



Source: Healthy Kids Colorado Survey

Figure 7-62. Youth Alcohol Use

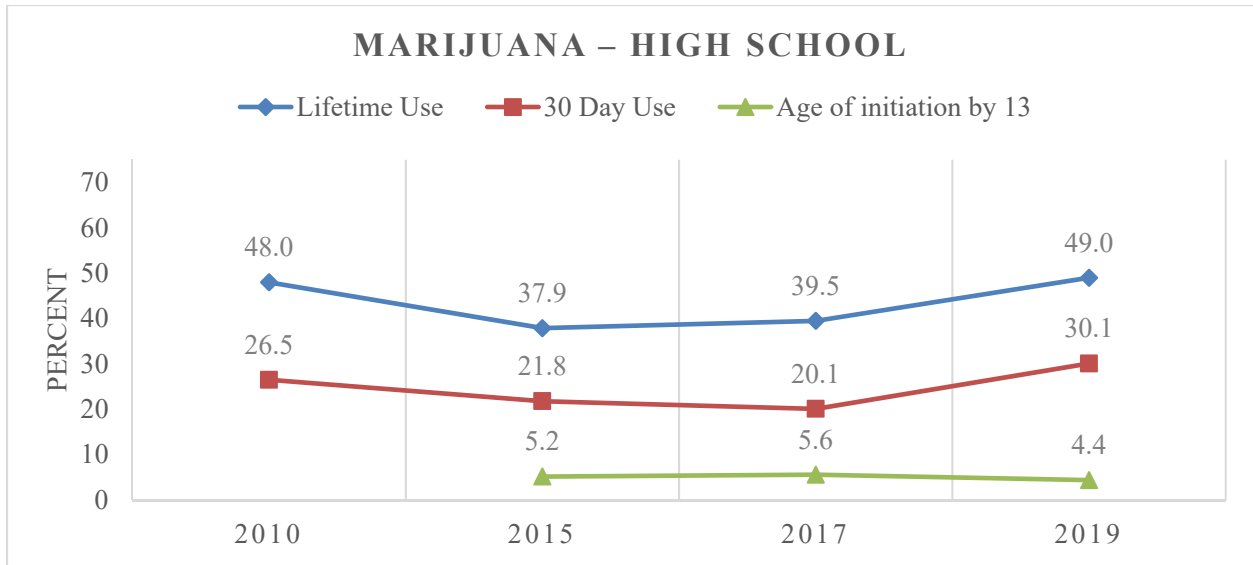
Figure 7-62 shows a 13 percent increase in high school youth reporting past 30-day alcohol use. In 2019, nearly 43 percent of youth used had alcohol in the past 30 days, which is the highest rate seen in the last ten years. Binge drinking rates also increased about 8 percent between 2017 and 2019.



Source: Healthy Kids Colorado Survey

Figure 7-63. Youth Tobacco, Nicotine, and Vaping Rates

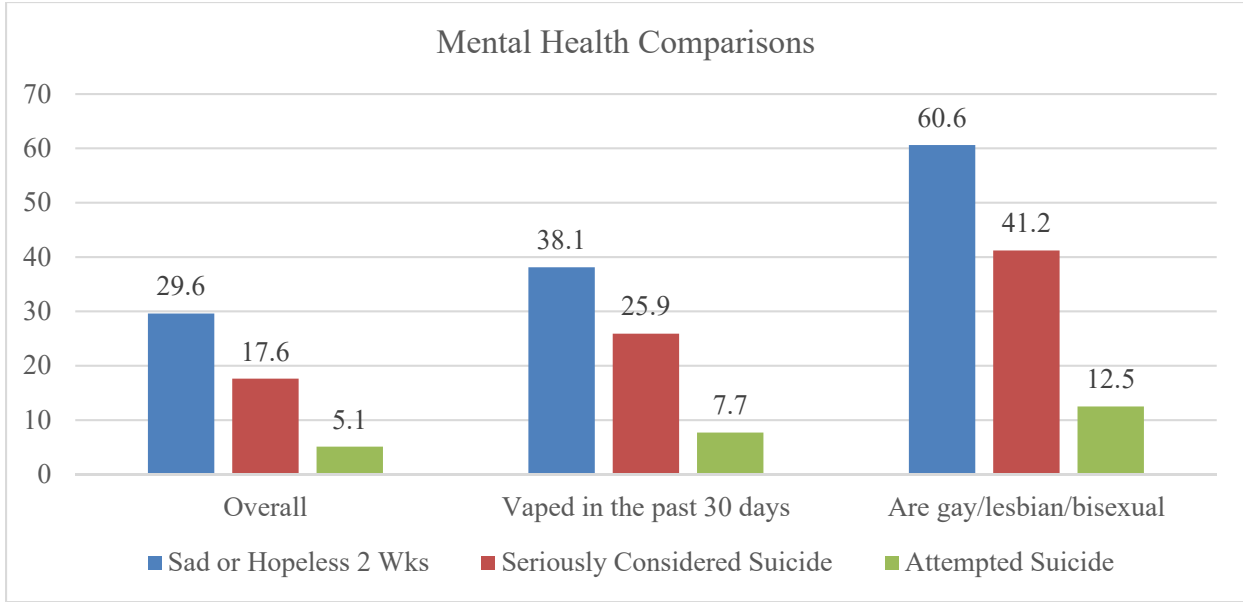
HKCS shows that there is a significant increase in access to vapor products between 2017 and 2019 for high school aged youth. Students noted that vapes are readily accessible and they are using to cope with stress. Youth in Gunnison County perceive that access for vapes is higher than the state or region, and lifetime use for vapes among Gunnison County youth is now 55%. One important note is that the perception of harm for daily use increased by 30 percent. Efforts in the schools and around the community to increase awareness around the harm of vaping has led to improved understanding.



Source: Healthy Kids Colorado Survey

Figure 7-64. Youth Marijuana Use Rates

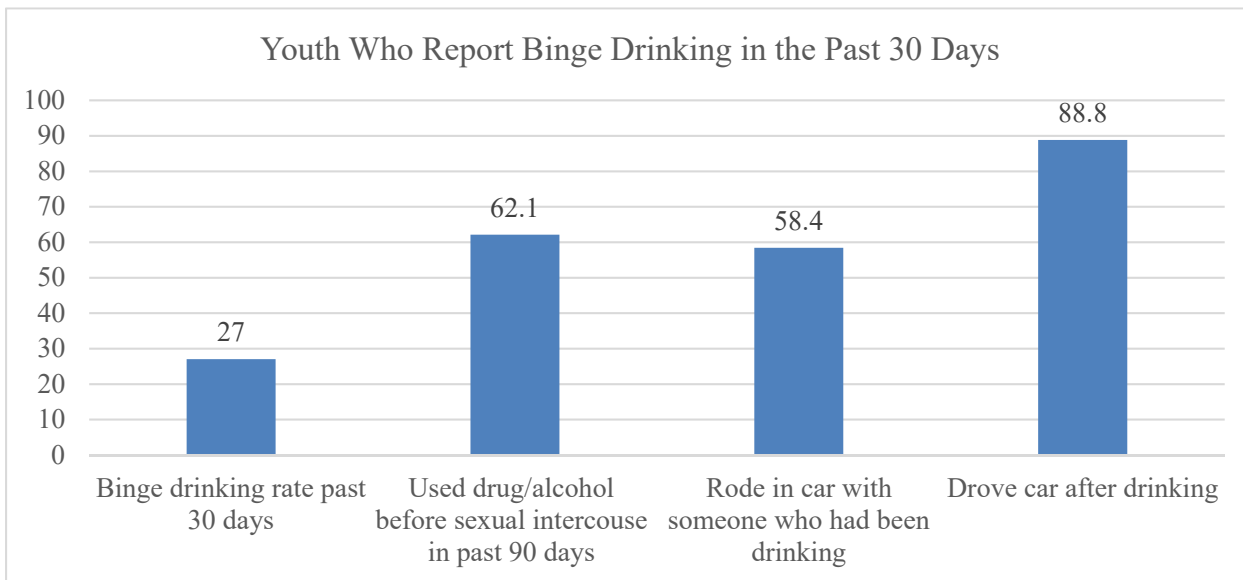
Figure 7-64 shows that in 2019, there was a nearly 10 percent increase in high school youth reporting using cannabis in their lifetime. There was a 10 percent increase in youth using cannabis in the past 30 days and a slight decrease in youth reporting using cannabis by the time they turned 13 years old. A 10 percent increase in past 30-day cannabis use is a point of concern, and when asked why youth are using substances, some reported it is because they are trying to cope, given safe spaces to use, and it is normalized in Gunnison County. When talking to teachers about why students are using drugs and alcohol, they explained that it is because they are building relationships around substance use, and this was confirmed in youth focus groups. On a deeper level, teachers reported that students who have behavioral issues as young kids are often the ones who continue to have problems in higher grades. Kids who had behavioral issues in kindergarten and elementary school are more likely the ones *abusing* substances in higher grades. The root causes remain the same, yet how students respond and cope and deal with their issues as older kids shows up differently.



Source: Healthy Kids Colorado Survey

Figure 7-65. Youth Mental Health Comparisons

Good mental health is critical to children’s success in school and life. Research demonstrates that students who receive social-emotional and mental and behavioral health supports perform better academically [50]. School climate, classroom behavior, engagement in learning, and students’ sense of connectedness and well-being all improve as well [50]. Mental health is not simply the absence of mental illness but also encompasses wellness promotion; social, emotional, and behavioral health; and the ability to cope with life’s challenges. Left unmet, mental health needs are linked to costly negative outcomes such as academic and behavior problems, dropping out, and delinquency [50].



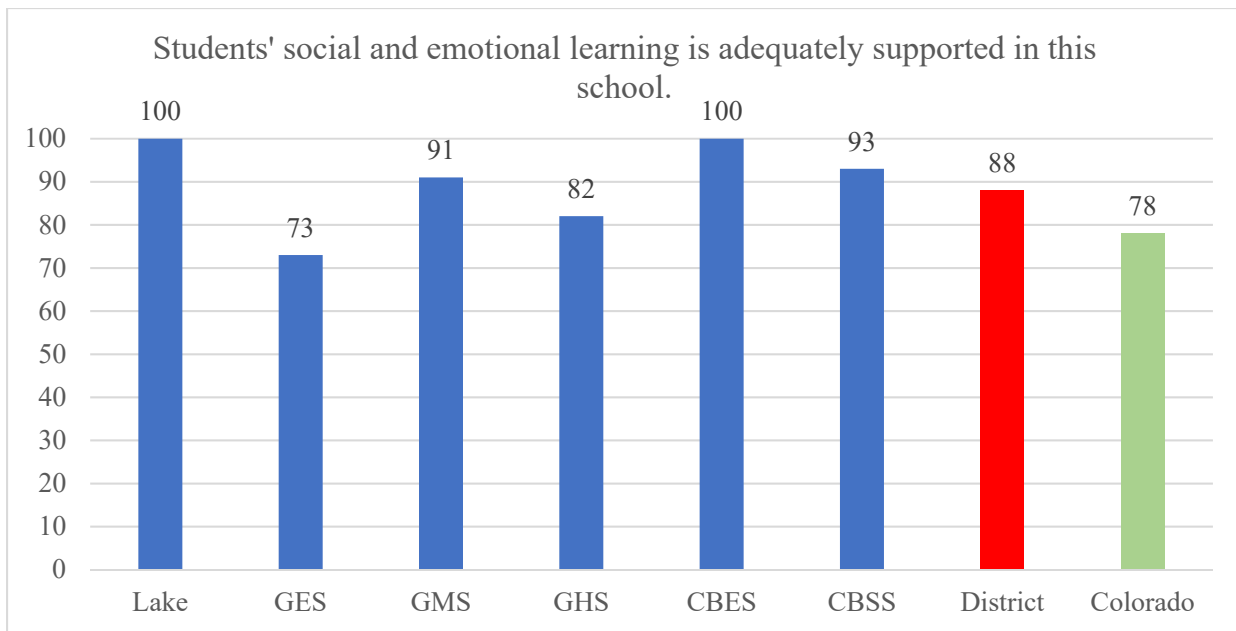
Source: Healthy Kids Colorado Survey

Figure 7-66. Youth Past 30 Day Binge Drinking Rates

Example interpretation: Of the 27 percent of youth who reported binge drinking in the past 30 days, 62.1 percent used drugs/alcohol before sexual intercourse in the past 90 days. Of the 27 percent who reported binge drinking in the past 30 days, 62.1 percent used drugs/alcohol before sexual intercourse in the past 90 days, 58.4 percent rode in a car with someone who had been drinking, and 88.8 percent drove a car after drinking. Youth who are partaking in binge drinking are also participating in risky behaviors at higher rates than those not binge drinking. There are increased risks for students binge drinking, and it is highly concerning that of the 27 percent of youth who report binge drinking in the past 30 days, 88.8 percent of them drove a car after drinking. Reducing harm for our youth means bolstering protective factors.

7.10.3 Teaching and Learning Conditions Colorado Survey

The Teaching and Learning Conditions Colorado survey (TLCC) survey is a stateside survey intended to support districts and schools within districts. Teachers are asked to take the survey annually, and the data is publicly available on the Colorado Department of Education (CDE) website. This data below is from the 2019–2020 academic school year and shows comparisons between school sites in the Re1J School District.



Source: Teaching and Learning Conditions Colorado Survey

Figure 7-67. Student SEL Adequacy by School Location

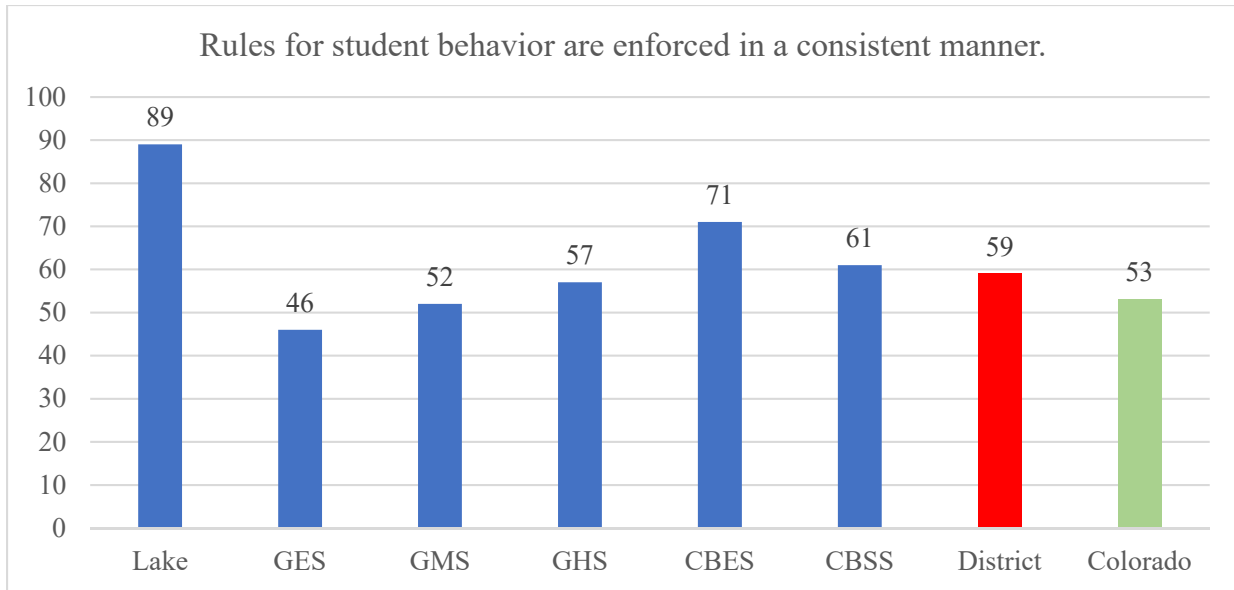
Addressing SEL needs of students means paying attention to risk and protective factors impacting students systemically and at the individual level. The first step in this process is assessing students’ abilities to feel positive connections to adults. Trusted adults are protective factors for youth, and strong relationships are a fundamental component of SEL implementation. The second step in the process is assessing students’ ability to cope with difficult situations. According to adult SEL focus groups, some students lack crucial social and emotional competencies, including resilience and coping skills. Conversely, students in focus groups in middle and high school expressed a lack of care from adults,

feeling like the work is not connected to their lives, and high levels of stress. Successful SEL integration is contingent upon fostering a positive school culture and climate that supports inclusivity and belonging and increases youth coping skills.

Working to build partnerships with youth-serving community partners that support the mission and vision of the school is essential. There is a high level of community support in Gunnison County that has been operating in this community for decades. It is important to understand that the school is not a siloed entity that must rely solely on internal resources to solve every problem [51]. As an example, the efforts of Gunnison Valley Mentors and Juvenile Services can help fill in gaps at the community level where the school needs support. Sometimes utilizing these community resources to fill in the gaps is more of an afterthought rather than their being worked with as a strategic partner. This is starting to change as key community partners have been asked to participate in the strategic planning process. A publication from the National Library of Medicine explains the benefits of SEL in the school:

Evidence suggests that social and emotional outcomes improve when children and youth have opportunities to practice self-regulatory and social and emotional skills across settings, and when adult expectations are aligned. At the same time, research suggests that when out-of-school-time programs address the needs of the whole child, including social and emotional learning goals, their efficacy increases [52].

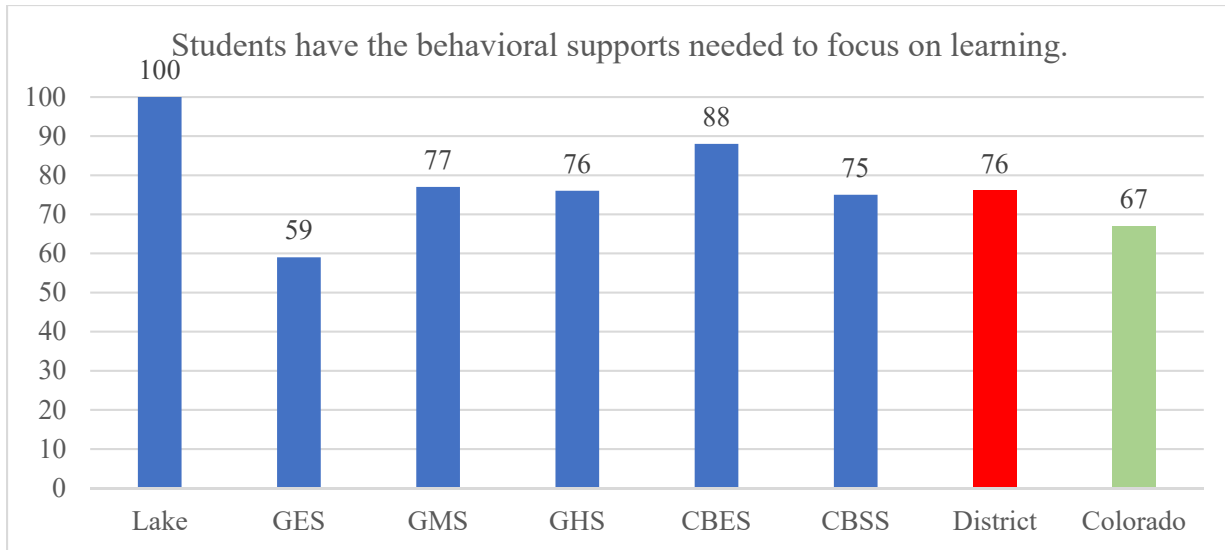
The need to break down silos and work across organizations has been identified by school staff. One key informant interviewee explained that they would like to see more involvement with Gunnison Valley Mentors and the Family Advocacy Support Team (FAST) in the schools on a daily basis. This is encouraging and one platform to expand upon. Only one person in adult SEL focus groups identified community resources as a support for SEL in the schools, which means there is not a good understanding of these organizations and how to utilize them. Trusted adults in the school can help connect youth to community organizations. Additionally, an increased level of awareness of the work being done and relationships with outside organizations is needed to give teachers confidence to refer kids and families to these resources or to know when to get them plugged in with a counselor. GWSD partners with the Center for Mental Health and private therapists to help meet the mental health needs of students. Getting to appointments is often a barrier for youth. Many schools allow therapists to come into the school and provide space and time for students to access services. Additionally, Living Journeys partners with Juvenile Services to provide support groups for youth who have lost a parent. These types of partnerships are ideal for addressing the behavioral health challenges that students experience and can be expanded on. Inspire Mentors is also a resource that can be expanded in order to help support SEL for students. Inspire Mentors goes into the school and supports youth who are struggling. Inspire Mentors helps with academic struggles as well as social emotional learning and are able to support youth by taking them for a walk, helping them regulate, and assisting them with their homework. Further collaboration with the Inspire Mentors program can greatly benefit all levels of the school system, adult SEL, and youth SEL.



Source: Teaching and Learning Conditions Colorado Survey

Figure 7-68. Consistency of Enforcement of Rules for Student Behavior by School

From the figure above, it can be inferred that there is a need for consistency for student behavior across the district. New programs, such as the E-feral system, can be utilized to find patterns across the district and inform procedure changes within the district. It was also noted in adult focus groups that rules must be enforced consistently, but outcomes can be determined on a case-by-case basis. Having consistent policies and procedures for in and out of classroom referrals and behavioral issues will increase equity in the district by making the system based on objectivity rather than subjective feelings and personal relationships between students and teachers. Consistency creates an equitable system that gives all students access to school and community resources for support.



Source: Teaching and Learning Conditions Colorado Survey

Figure 7-69. Behavioral Health Supports Needed for Learning by School

The figure above illuminates the difference in perception of students having behavioral supports needed to focus on learning. Behavioral supports include meeting basic needs, SEL competencies of teachers, having support for tier 2 and tier 3 students, school culture and climate including modeling positive behaviors between adults, assistance for behavioral challenges with high needs students, and English language learner (ELL) support.

There is a significant difference in behavioral health supports for Lake Preschool and Kindergarten (Lake School) students and Gunnison Elementary School (GES) students. Students move from a school where 100 percent of teachers believe that there is adequate support in place to a school where only 59 percent of teachers perceive the same. Lake School reports success in behavioral supports that they attribute to the Pyramid Model. The Pyramid Model is a framework for supporting youth by creating a sense of belonging by consistently interacting with students and co-workers with shared language and responding to each other in ways that are safe, predictable, and restorative. Behavioral supports are proactive responses rather than reactive consequences.

7.11 Divorce

One possible outcome of divorce is the impact it has on children. All divorces do not look the same, as some are more amicable and others are filled with anger, remorse, custody battles, and self-absorption, which all might lead to inattention to children. Divorce, regardless of how amicable it might be, is an adverse childhood experience that can have lasting impacts on a child's health into adulthood [53]. The repercussions on children vary depending on the circumstances and nature of the divorce, and children will cope with these situations through an assortment of behaviors [54]. For older youth, coping might look like disengagement, anger, depression, substance abuse. For younger children, coping might look like "behavior" issues: hitting, kicking, or throwing things [54]. Identifying ways to manage a child's response to a situation depends on positive supports around him. Programs such as FAST and Gunnison

County Mentors can be constructive programs to mitigate risk factors, help families through difficult situations, and connect young people to other positive adults in the community.

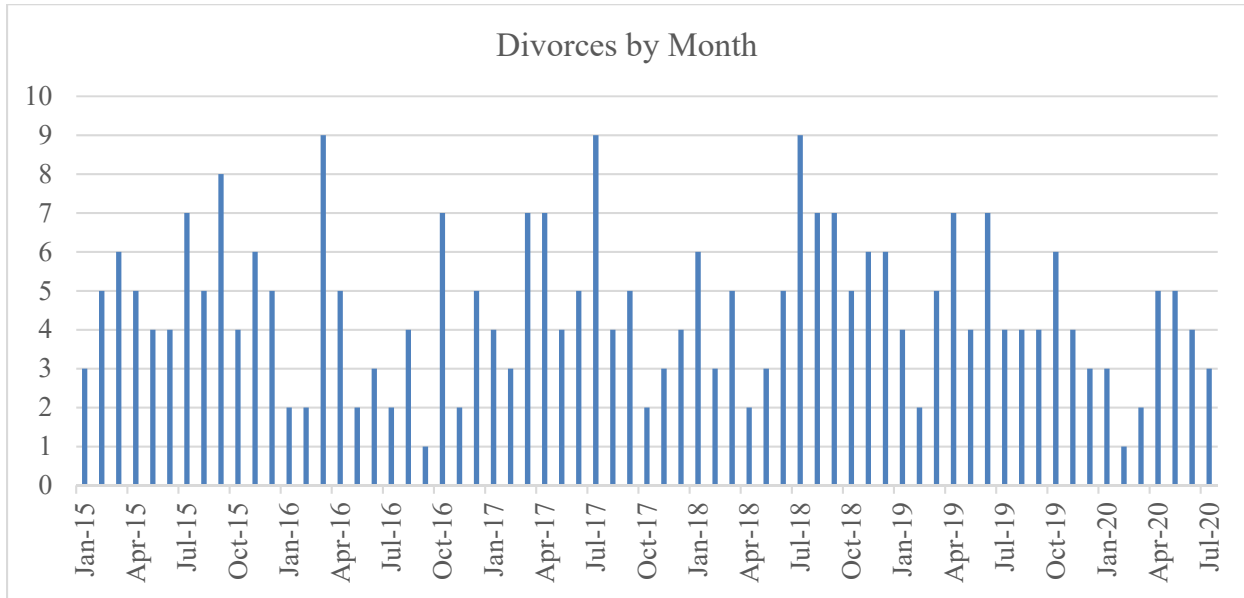
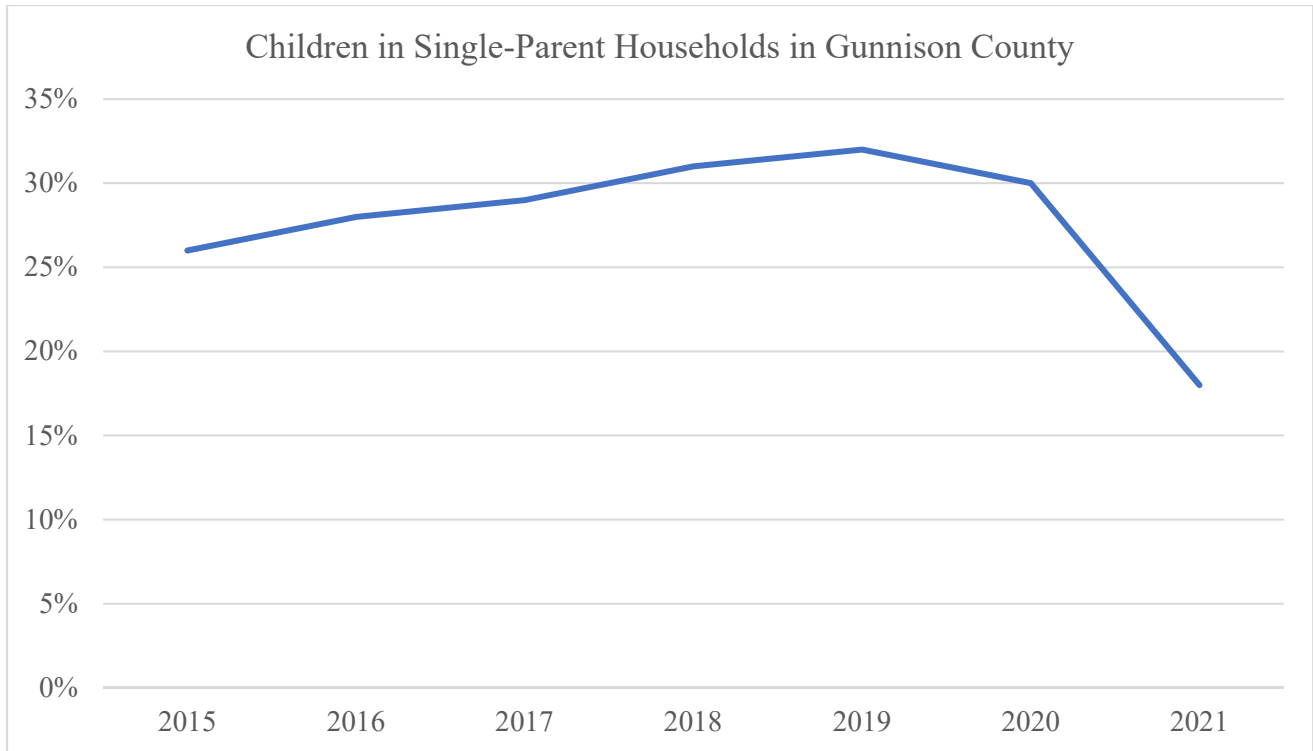


Figure 7-70. Divorce Rates in Gunnison County by Month

There has not been an obvious trend in divorces over the last five years. This data does not encapsulate the end of 2020 or 2021. One interviewee expressed concern regarding the relationships between the housing shortage and divorces. If a family gets divorced, that means they now need two houses for one family. Although this might play a small part with respect to the housing shortage, there is no direct correlation shown through quantitative data.

Divorce is a risk factor for both adults and youth. Identifying ways to support couples separating and connecting youth to resources including programs such as Youth Wellness are important pieces to increasing positive behavioral health outcomes.



Source: County Health Rankings

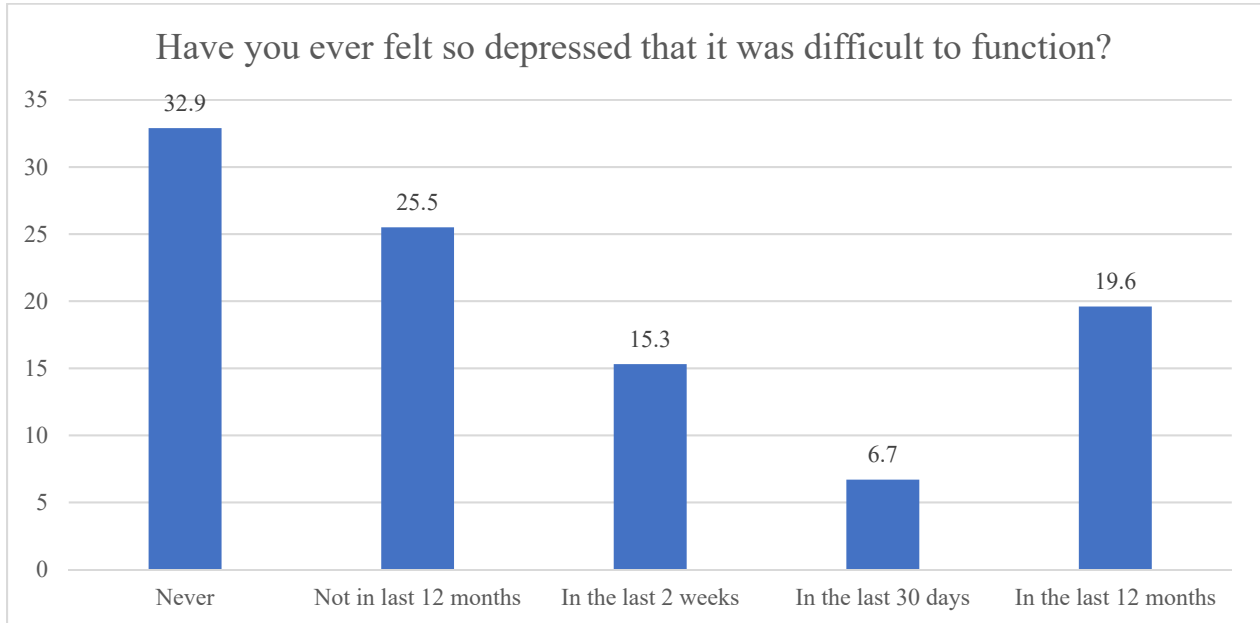
Figure 7-71. Percent of Single-Parent Households in Gunnison County

Figure 7-71 shows a sharp decrease in the percent of children living in a single-parent household. This likely coincides with single parents being unable to financially sustain a living in Gunnison County. If a person places a third of his or her income towards rent and has young children, it is unlikely he or she can continue living in the community. This is not indicative of fewer people getting divorced but rather of the financial struggles facing a single parent.

7.12 Western Colorado University

Overall, according to the American College Health Association–National College Health Assessment (ACHA-NCHA) survey from 2017, Western Colorado (WCU) students are experiencing traumatic events that are difficult for them to handle. These problems include academic struggles, relationship problems, financial difficulties, health problems, sleep difficulties, and more. Key informants expressed concern about the lack of coping skills and student inabilities to manage challenging situations. There are varying degrees by which a person is able to manage traumatic events, and some are more manageable than others. Struggling in school might be more manageable than the loss of a family member or financial issues. To the question, "Within the last 12 months, have any of the following affected your academic performance: Depression?" 11.1 percent said they received a lower exam grade, and 5.9 percent received a lower grade in the course. Having adequate resources available on campus will enable students to be more successful in their relationships and academics. Stress, sleep difficulties, and work are the top factors that impact academic performance. College is a stressful time, especially if a person works, is

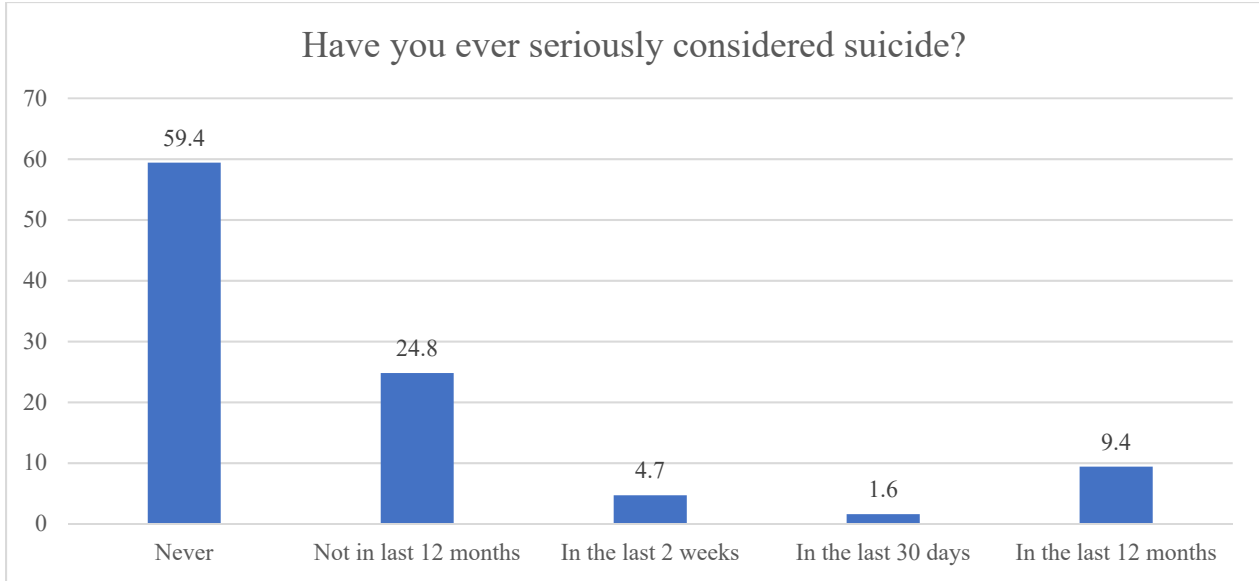
highly involved on campus, or is isolated from support systems. Some thrive under pressure and succeed swimming in a world of change and activity. Others struggle with the experience. Stress is not inherently a bad thing, and short-term instances can motivate, make people more alert and attuned, and inspire creativity. Repeated and consistent stress, known as chronic stress, can lead to depression, anxiety, sickness, exhaustion, and frustration [55].



Source: 2017 ACHA- NCHA Survey

Figure 7-72. WCU “Feelings of Depression” 2017

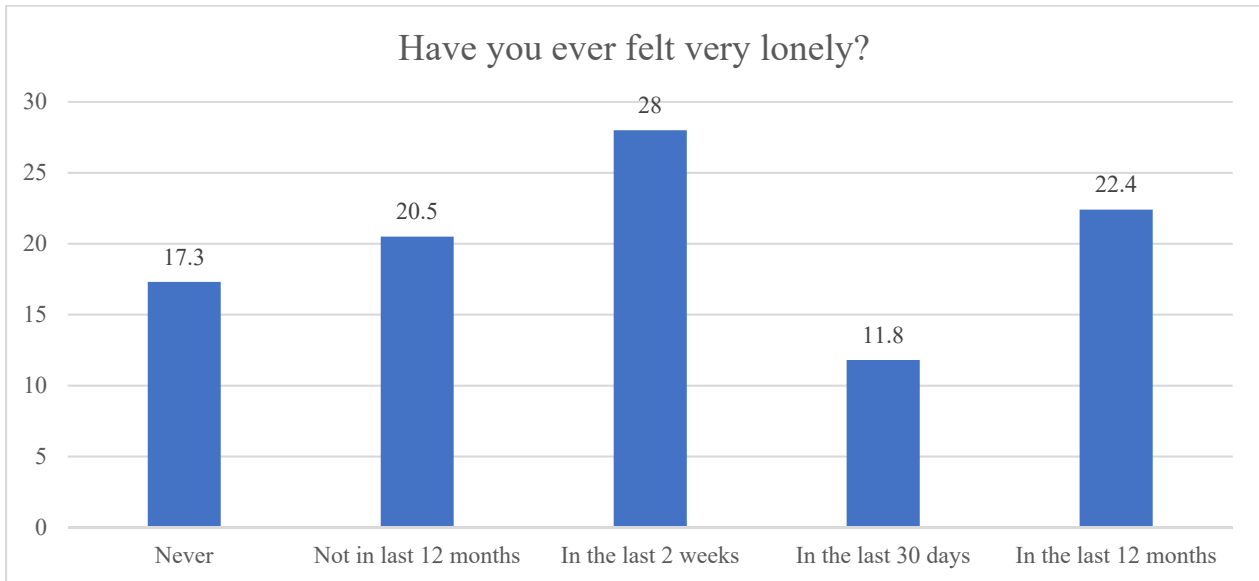
Figure 7-71 shows that about 1 in 5 WCU students felt so depressed it was difficult to function in the past 12 months. Whether stress is school related or not, students need positive adults and healthy relationships to protect them from poor mental health outcomes.



Source: 2017 ACHA- NCHA Survey

Figure 7-73. WCU “Ever Considered Suicide” 2017

WCU has struggled with student suicides for the past few years. The number of students seriously considering suicide, at least in 2017, was below 5 percent; however, it only takes one student committing suicide to send shock waves around campus and in the community.

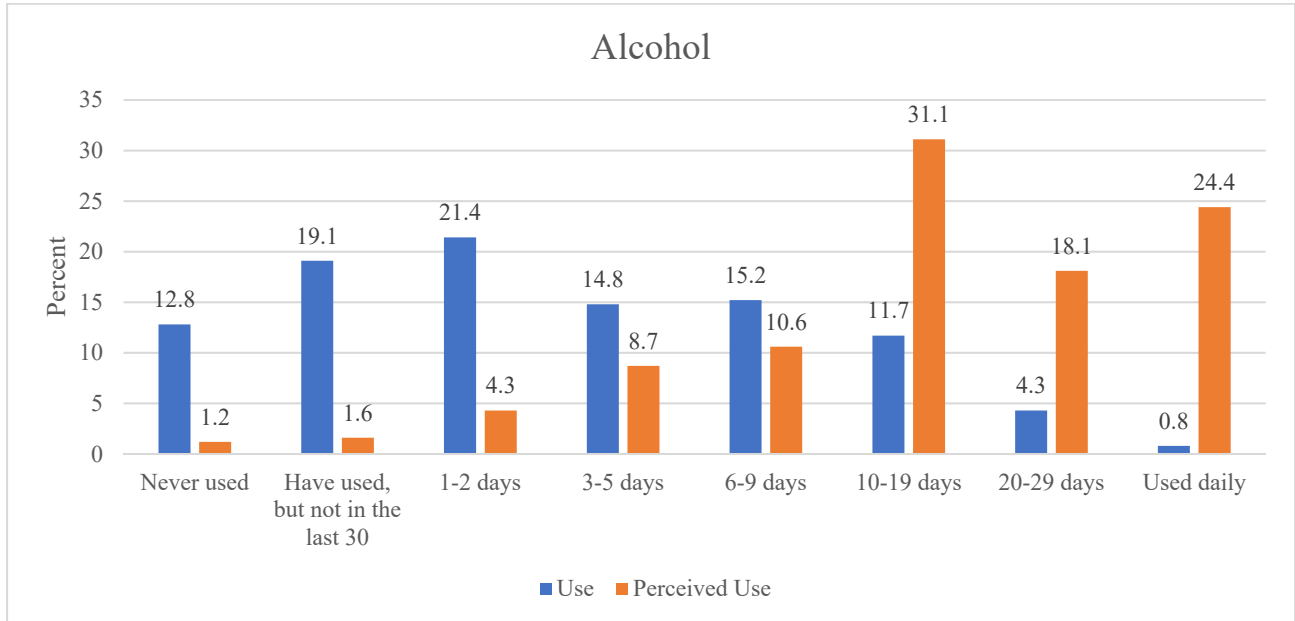


Source: 2017 ACHA- NCHA Survey

Figure 7-74. WCU “Feelings of Lonliness” 2017

More than any of the other indicators, almost a quarter of students felt very lonely in the past 12 months. 80 percent answered that they felt very lonely in the last two weeks, last 30 days, or last 12 months. Isolation, moving away from family support systems, and not getting connected with on-campus or

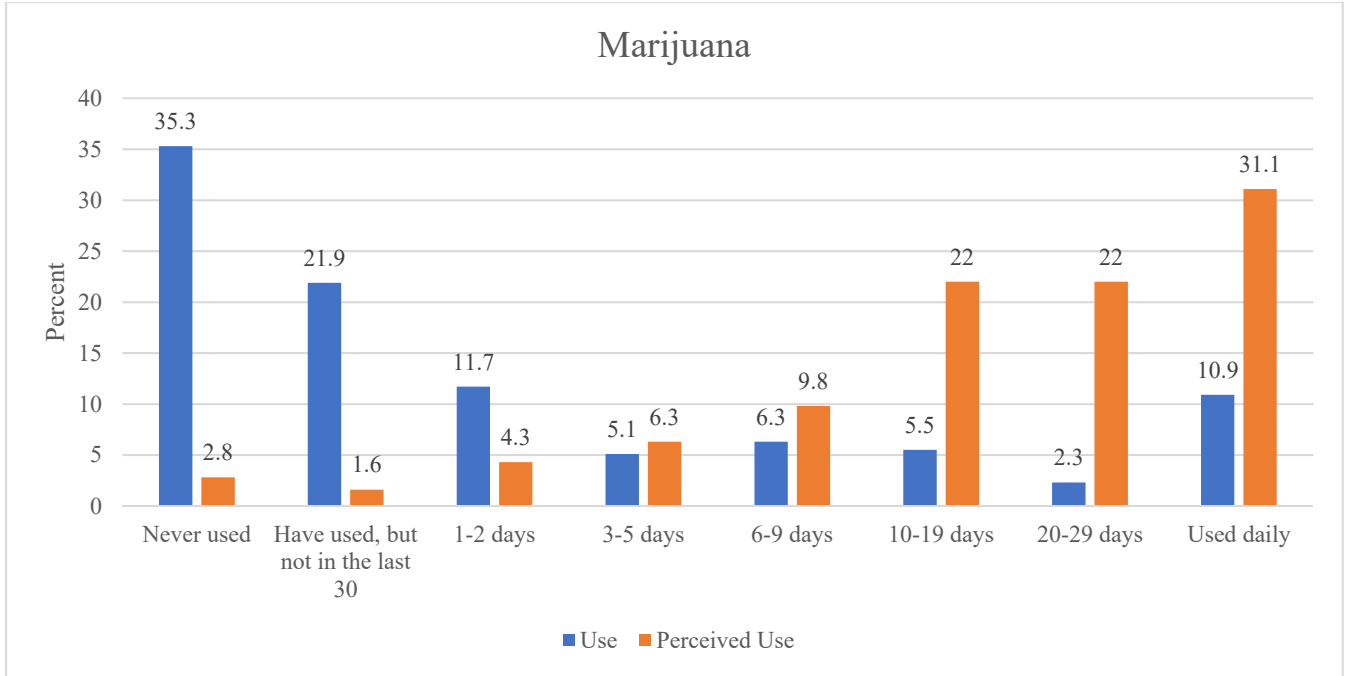
community events play a role in feeling lonely. It is not that feeling lonely is inherently problematic, but how students choose to cope with loneliness might compound this issue. Some hide away in their dorms and stay removed from peers and faculty members, others abuse substances or skip class. Creating more opportunities for students to connect and engage with one another, both on and off campus, will help in student loneliness.



Source: 2017 ACHA- NCHA Survey

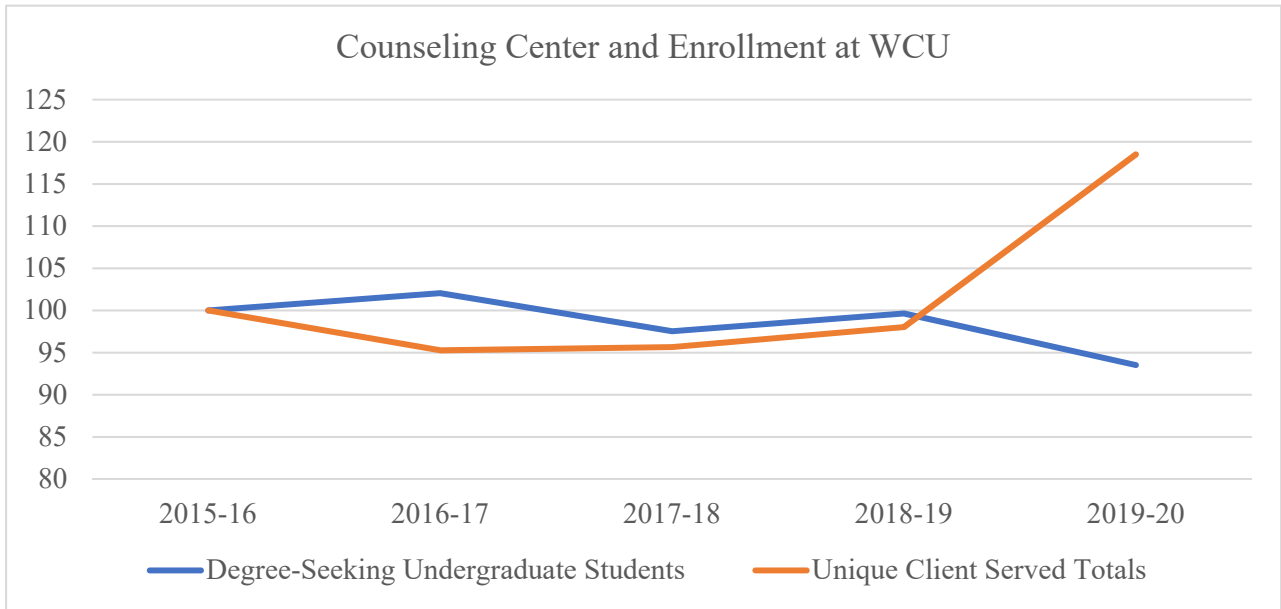
Figure 7-75. Use and Perceived Use of Alcohol for WCU Students

Figure 7-74 represents the difference in actual use in comparison to perceived use. Students perceive that more people are using alcohol than the actual number using alcohol. WCU used to have the Truth Fairy on campus to help reduce perceptions of use; however, this program has gone away. A similar story is evident for cannabis in Figure 7-76. Informing students of the actual number of students using might help students feel more comfortable in shying away from substance abuse.



Source: 2017 ACHA- NCHA Survey

Figure 7-76 Use and Perceived Use of Marijuana for WCU Students

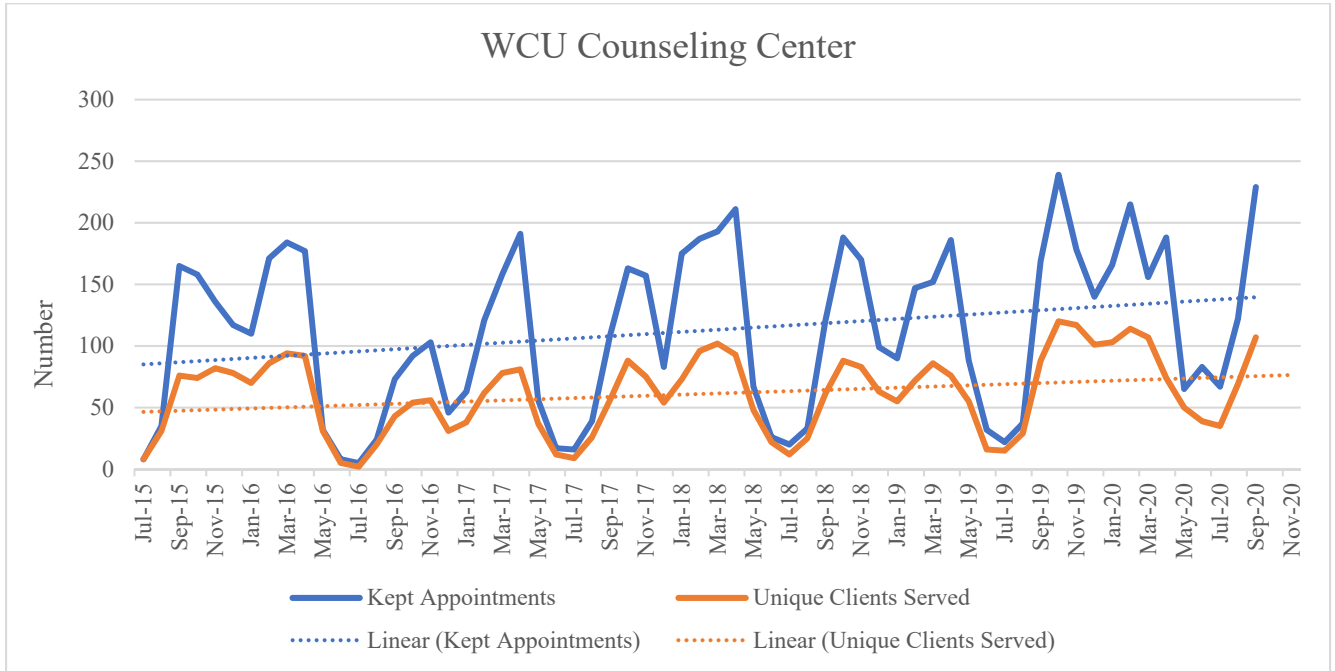


Source: Western Colorado University

Figure 7-77. Index of Student Enrollment and Counseling Center at WCU

Figure 7-77 is an index showing the change over time in the numbers for degree-seeking enrollment for undergraduate students and clients served by the Counseling Center. Since the 2015-16 school year, WCU degree-seeking undergraduate enrollment has decreased by 7 percent, yet mental health visits/demand has

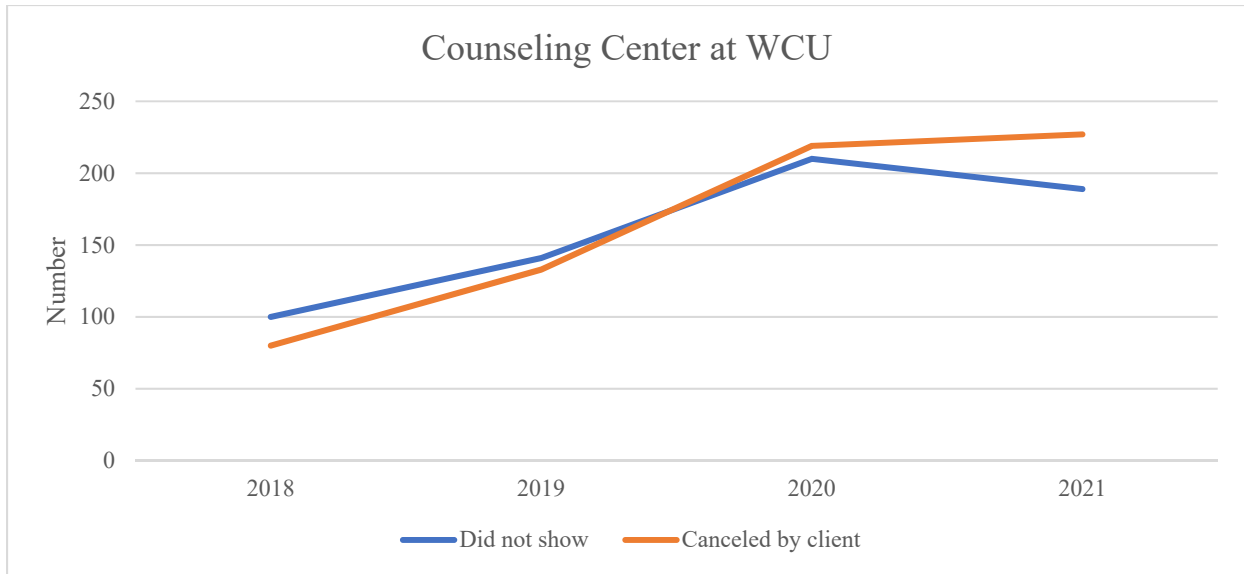
increased by 18 percent. According to interviewees, this diverging trend has continued into the 2021-22 school year. From fall of 2018 to present, 115 WCU students withdrew from the University for “personal reasons.” Of the 115 students who withdrew from WCU, 65 cited “medical and/or mental health reasons” [56]. This equates to a roughly \$1.3 million loss for the institution.



Source: Western Colorado University

Figure 7-78. WCU Counseling Center Numbers

WCU is seeing an increase in students seeking services and also an increase in kept appointments. For the 2020–2021 school year, the Counseling Center saw the highest number of students with kept appointments in the recent history of the WCU Counseling Center. Conversely, the number of students who did not show to their appointments has also increased at the Counseling Center.



Source: Western Colorado University

Figure 7-79. WCU Counseling Center: Did not show or Canceled by Client

Figure 7-78 shows the increase in students not showing or cancelling appointments. Some students expressed that they were not served in a timely manner on campus, and some just needed therapy sessions and not a diagnosis. The Counseling Center only has one therapist currently serving students, which might play a role in students not being seen within a reasonable time period.

7.13 Local Support Organizations

The three organizations discussed in this are essentially serving or addressing the generational needs of behavioral health issues. The organizations mentioned in this section are the programs that often see the children of the parents whom they have previously served. Project Hope and GVM are seeing the intergenerational violence and poverty, and FAST has seen families resurfacing or families whose children entered into the program at 17 or 18 and now have children of their own in the program.

The goal of prevention services needs to aim more upstream, which means identifying these families earlier. Much of the prevention work does not start until young people are in middle or high school. Children can be identified earlier by looking at suspension and truancy trends for elementary students.

Having healthy youth means having healthy adults. Adult modeling, both good and bad, impacts the physical and mental health outcomes of youth. Regardless of socioeconomic status, if parents are struggling with mental health, substance abuse, and/or trauma, that will be reflected in youth health outcomes. Supporting adults to meet their basic needs or to learn basic parenting skills encompasses a broad spectrum of people that could utilize local support programs. Whether a youth is showing up to school dysregulated because they did not eat breakfast, or because the child had to find their own ride because their parent was absent, making the youth late to class, that does not mean that one needs more support than the other. The lens of those who make referrals of youth and families to local support

programs must widen outside of societal norms and class expectations in order to meet needs more equitably.

It is increasingly evident that local support organizations are in place to address symptoms and not root causes of behavioral health issues in the community. It is important to address symptoms, but only addressing symptoms will not have lasting impact on the deeper issues of poverty, generational trauma, or parental absenteeism. Not to the fault of any organizations trying to address symptoms by increasing protective factors, but as long as the respective variables persists in the community, so will poor behavioral health outcomes.

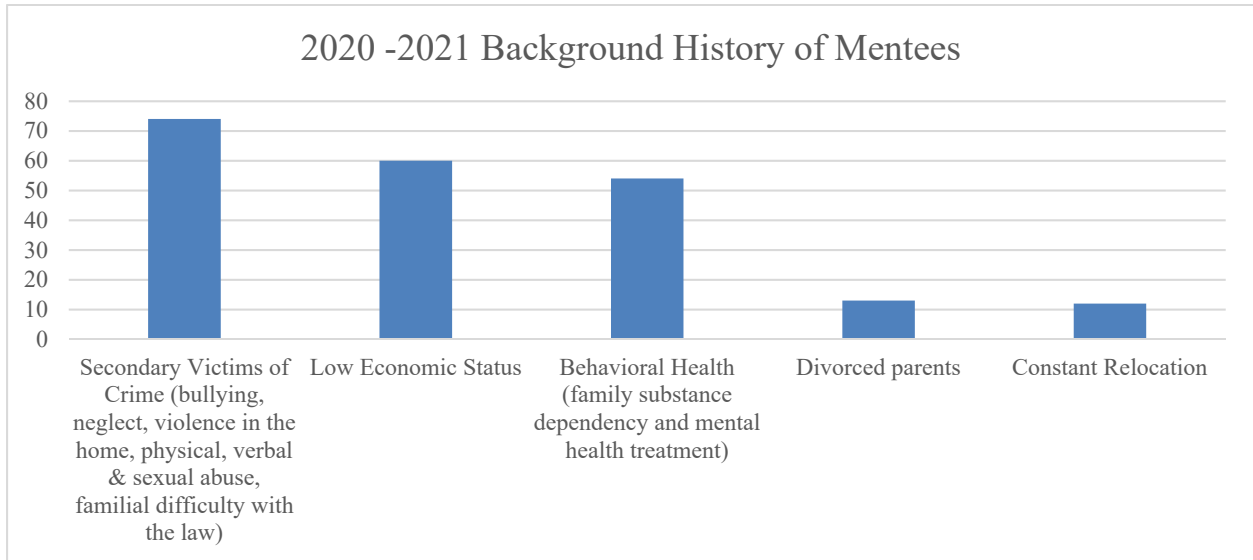
Youth do slip through the cracks, so to speak, but it might not be the most obvious young people. There might be a student whose parents are well off financially but are absent and unavailable. They might get their child to school on time, with nice clothes and new shoes; they buy their child a nice phone and a new laptop; the child might receive straight As or decent grades. But they spend six hours on an assignment that should take 30 minutes. On the weekends, rather than teaching their child how to ski, parents might put them in ski school. Rather than going on week-long family road trip, parents might send their children to month-long summer camps, and when the child returns, they do not want to spend time with their parents, and instead party with friends on the weekends. From the outside, it seems as though the parent has done all the “right” things by providing things, but in reality, they have not done the most important thing, which is building a meaningful and enduring relationship with their child. This is an example of a young person who could benefit from services such as GVM but will not likely be involved for reasons of family pride, status, and stigma.

7.13.1 Gunnison Valley Mentors

Gunnison Valley Mentors (GVM) is another example of a non-profit working to bolster protective factors for youth in Gunnison County. GVM provides several layers of services in an attempt to reduce harm by connecting youth to positive relationships with adults in the community. They connect youth to trusted adult volunteers in order to build meaningful relationships. GVM is also focused on supporting youth in the school through the Inspire Mentors program. Inspire Mentors is embedded within the school to provide academic and social and emotional support to identified youth. Similar to other youth-facing non-profits in the community, most of the referrals originate in the school, from counselors, teachers, principals, etc. Through this process, students living in lower socioeconomic situations are more frequently identified as needing help. Although many students, regardless of economic status, could benefit from connecting with trusted adults in the community, implicit biases target students from families living in strapped financial situations. In many cases, youth from lower income families do need support and often have a string of risk factors tied to their parents’ financial situations; however, the referral process for GVM and other youth serving organizations perpetuates stigmas, biases, and inequities.

Table 7-10. Youth Profiles from GVM 2019 - 2020

Youth Profile (2019 – 2020) (Question number based on version 5.2)	% Indicated Yes
IIP7. Youth qualifies for free or reduced-price school meals	90.0%
IIP26: Youth has witnessed violence toward mother or stepmother	67.0%
IIP9. Youth has family member who has received mental health treatment	67.0%
IIP16. Youth is a victim of neglect	62.0%
IIP5. At least one parent abuses/has abused alcohol or drugs	62.0%
IIP2. At least one parent has been incarcerated	57.0%
IIP13. Youth has been suspended from school	57.0%
IIP6. At least one other immediate family member abuses/has abused alcohol or drug	43.0%
IIP17. Youth has run away from home	43.0%
IIP30: Youth has moved at least once in the past year	33.0%
IIP1. At least one parent is incarcerated	33.0%
IIP18. Youth has been placed out of the home	24.0%
IIP31. Youth has been diagnosed as having ADHD only	24.0%
IIP12. Youth has been expelled from school	24.0%
IIP11. Youth has dropped out of school	14.0%
IIP24. Youth has self-reported a crime	9.0%
IIP22. Youth has used ATOD in the past but not now	9.0%
IIP23. Youth has been found guilty of a crime	5.0%
IIP31. Youth has been diagnosed as having both ADHD & LD	5.0%
IIP28: At least one parent or sibling has attempted/committed suicide	5.0%
IIP20. Youth uses tobacco	5.0%
IIP3. At least one sibling is incarcerated	5.0%
IIP19. Youth uses alcohol	4.0%
IIP4. At least one sibling has been incarcerated	0.0%



Source: Gunnison Valley Mentors

Figure 7-80. Background of Mentees 2020–2021

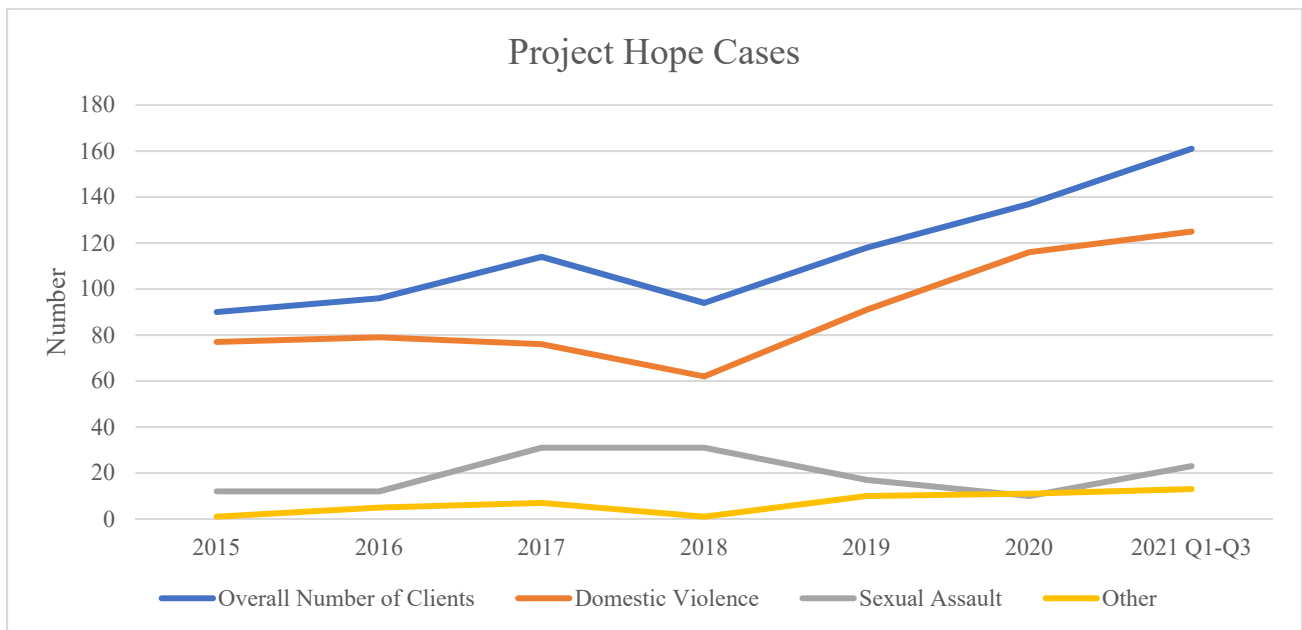
In 2019–2020, 90 percent of youth severed by GVM lived at or below the poverty line, and in 2020–2021 74 percent of the youth referred lived in homes where violence— abuse or neglect, family violence, or witnessing violence in home—was an issue. In 2020–2021, 60 percent of youth referred lived at or below poverty line. The most prevalent risk factor for youth served by GVM changed from poverty to violence in 2020–2021. However, the relationship between poverty, violence, and substance abuse cannot be discounted. This is not to say that poverty is not still problematic as it still ranks as the second most frequent risk factor for youth served by GVM in 2020–2021, but the demographics might have changed. GVM receives most of their referrals from the school, which might explain the shift in predominant risk factors from year to year.

A young person might have behavioral issues and trouble turning work in and be disengaged, be caught abusing substances at school, or might have trouble building relationships with peers, or exhibit other concerning behaviors or circumstances. The problems in middle and high school might seem more severe than an elementary student missing school because the parent could not get them there, but the issues are the same: there is likely adversity at home.

7.13.2 Project Hope

Project Hope (PH) is a local non-profit that provides support to those who have experienced domestic violence and/or sexual assault. This organization mainly deals with cases in the adult population but will support youth as well. Another way to measure behavioral health outcomes is to assess the change in

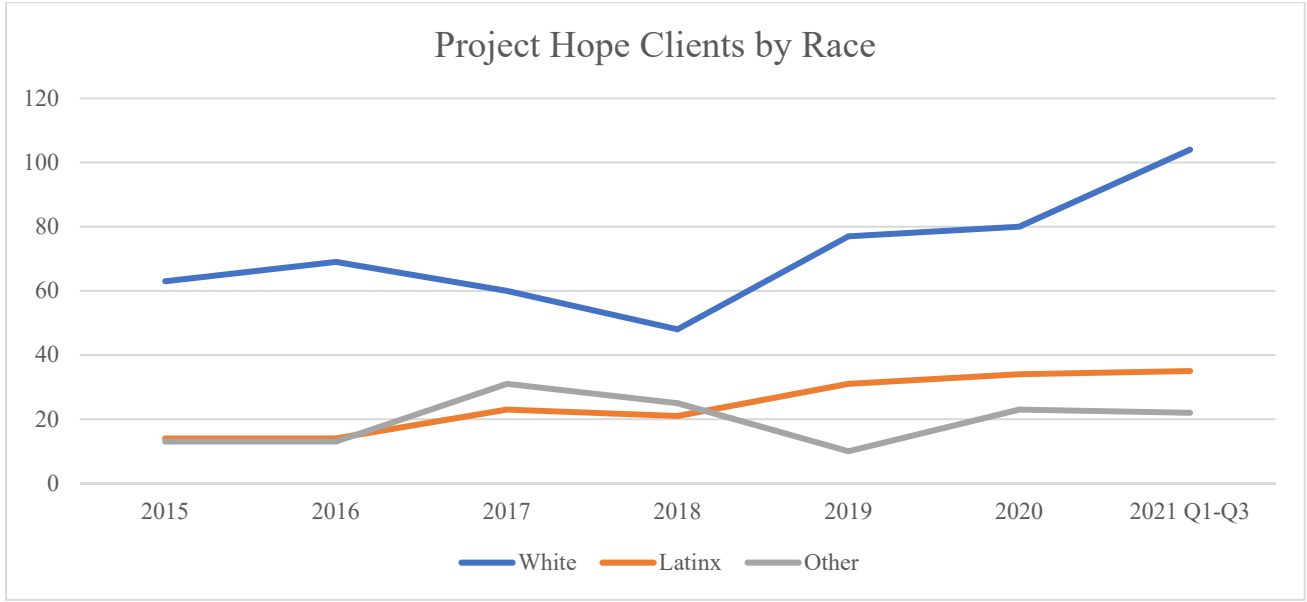
reported domestic violence and/or sexual assault cases. The following data provides longitudinal understanding of the change in domestic violence and sexual assault cases between 2015 and the first three quarters of 2021. It should also be pointed out that people receiving support through Project Hope must actively seek their services. People are not forced by law or any other provisions to receive help from the non-profit. Law enforcement and other organizations can refer people to Project Hope, but it falls on individuals to access those services. With that in mind, PH deals with similar stigmas to those organizations providing mental health or substance abuse support. People experiencing domestic violence or sexual assault are often unknown and hidden in the community for fear of public backlash, upheaval of relationships, and cultural/social stigmas, beliefs, and norms. As with other behavioral health organizations, PH has worked to reduce barriers to access, which might play a role in increased numbers. Seeing PH cases rise can be viewed as both a positive and a negative outcome. It is difficult to differentiate if there are more people experiencing domestic violence and/or sexual assault, or if more people feel comfortable seeking help. As with other increasing behavioral health outcomes, the growth in PH clientele is probably linked to both.



Source: Project Hope

Figure 7-81. Project Hope Number of Cases 2015–2021

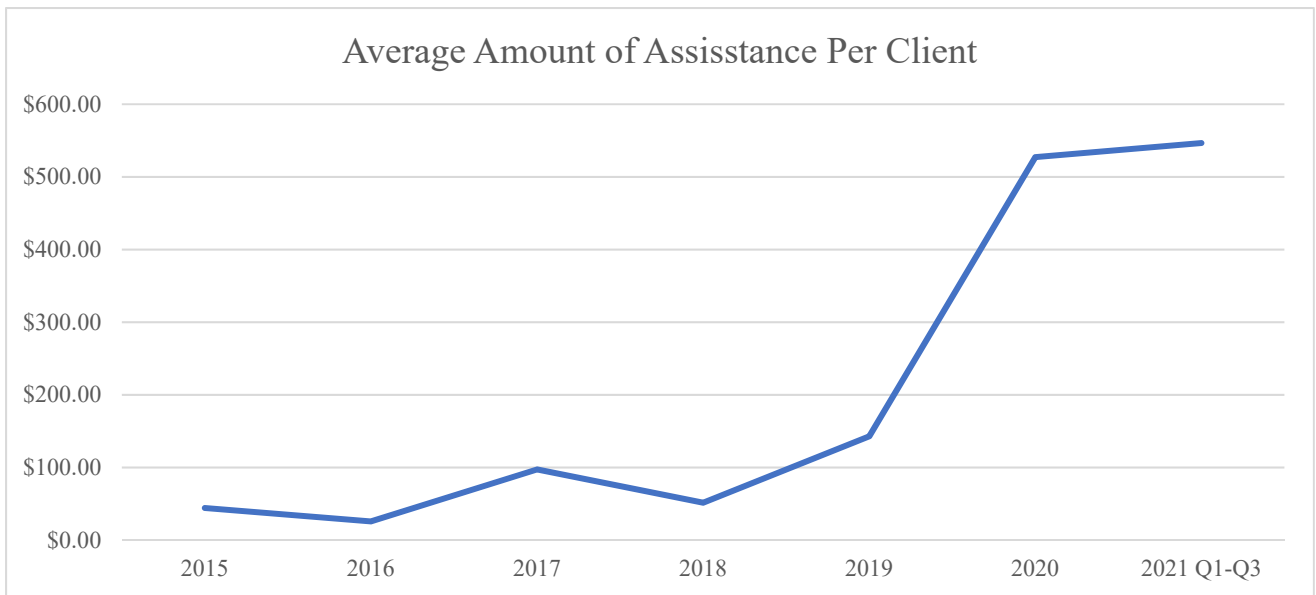
Figure 7-80 shows the overall number of cases broken down the primary offense. PH saw a nearly 80 percent increase in overall number of clients between 2015 and 2021. Sexual assault cases remain steady, at about an average of 20 per year. Domestic violence was trending down, but in the first three quarters of 2021, PH saw the highest number of cases for the last six years.



Source: Project Hope

Figure 7-82. Project Hope Clients by Race

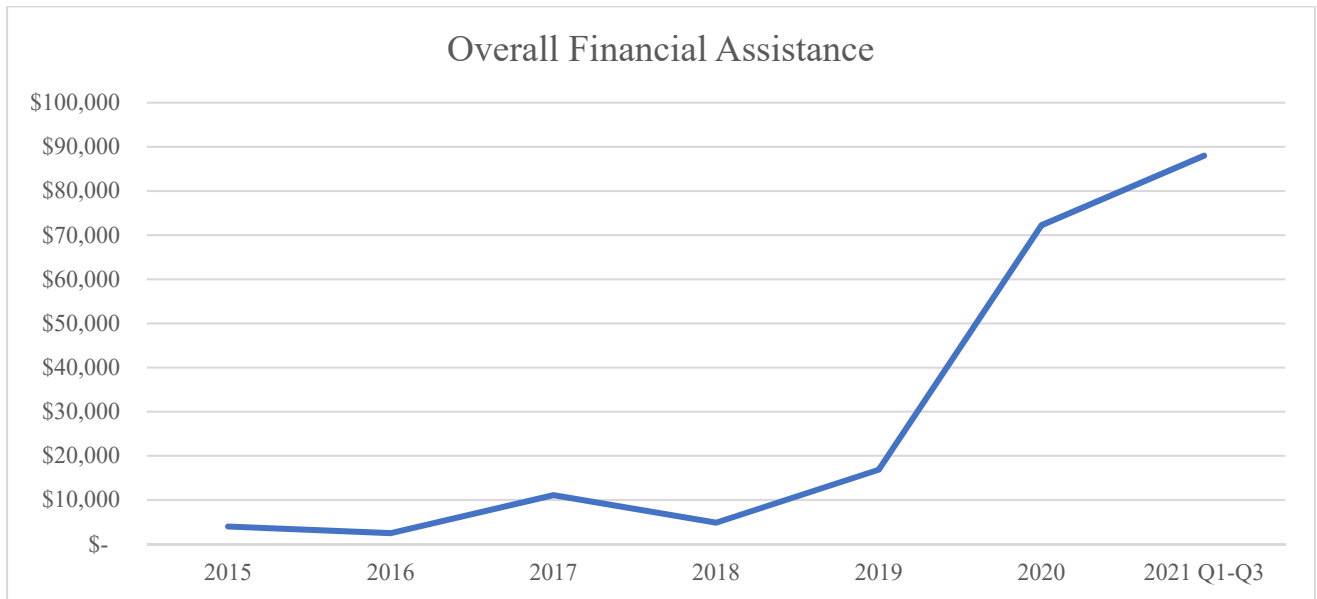
Figure 7-81 shows the breakdown of number of cases by race. All races have been trending upwards for the last six years. PH has worked to reduce cultural and linguistic barriers for the Hispanic populations, to which the rise in cases for Hispanic persons is likely attributable. As discussed in section 10.2.1, Hispanic people feel more comfortable accessing services that are anonymous and have interpretation services. PH has both. Beyond that, PH staff understand Hispanic culture and can build deep relationships with that population.



Source: Project Hope

Figure 7-83. Project Hope Average Assistance Per Client

Figure 7-82 reports the average amount of assistance per client has grown significantly during 2020 and 2021 and is now up to around \$550 per client. Project Hope’s breadth of services has expanded in the last couple years, especially around the issue of housing. Project Hope now pays over \$20k a year to help people leaving abusive situations to pay rent. The housing shortage is making it more difficult for those experiencing abusive situations to leave as there are not enough places to go. There used to be a battered women’s home in Crested Butte in the 1980s, which was a consistent place to house women in abusive situations. Now PH is more reliant upon extended stay lodging, people who donate accessory units or dwellings in Mt. Crested Butte, or on hotels for short-term needs. There have been “pie in the sky” discussions regarding a halfway house, but community support is lacking. *To adequately address the behavioral health symptom of abuse, long-term affordable housing—strictly tailored for those leaving abusive situations—is needed in Gunnison County.*



Source: Project Hope

Figure 7-84. Project Hope Overall Financial Assistance

Key informant interviews noted that domestic violence does not care how much money a person or family has, but that PH sees a higher portion of people on the lower socioeconomic scale. More frequently they see people who do not have the resources to help themselves, because if a person has the financial resources, that person will less likely need help paying rent, help finding transitional housing, or money to pay for a therapist.

The main takeaway from figure 7-83 is that PH spent just shy of \$90k over the first three quarters of 2021. The staff have been dedicated to securing funding through federal and state grants as well as through private donations. As those reaching out to PH for services continues to rocket upwards, the question of long-term sustainability comes into question. This is a factor that crosses the minds of all behavioral health organizations who rely heavily upon grants. These organizations need to communicate the prevalence of issues to a broader audience and continue to work towards transitioning from cooperation to collaboration in order to secure long-term funding and sustainability.

Table 7-11. Types of Maltreatment and Youth Impacted Project Hope Clientele

Adverse Experiences	Adults Involved (%)	Youth Affected (%)
Mental health issues	14	27
Adults with substance abuse concerns	16	26
Family: one or + parents has been arrested	13	19
Situation where child witnessed abuse	7	9
Reported child abuse	6	10

Source: Project Hope

The table shows the impact that behavioral health issues had on youth in 2020. Of the population served by Project Hope, 14 percent of adults had mental health issues, and 16 percent of adults had substance abuse concerns. The percent of youth affected refers to how many children were in homes of the adults who were experiencing one of those issues. That means of all PH clientele with children, 27.3 percent of the children were in a home with a parent having a mental health issue. “Affected” is not defined or measured by PH but assumes that the child has at least one risk factor. It is likely that the percent of adults involved is higher than reported in Table 7-11, as these numbers were coded based on conversations with the abused person. For example, substance abuse concerns were only counted if the abused person divulged information to a PH advocate, and some people might not have alluded to that as a problem. Furthermore, with the understanding that mental health and substance abuse are frequently co-occurring, youth might be further impacted by parents with multiple problems. A child could be counted once for living in a household with a parent with mental health issues, and again for living with the same parent with substance abuse concerns. In short, adult behavioral health problems are directly impacting their children.

7.13.3 Family Advocacy Support Team

The Family Advocacy Support Team (FAST) is a community collaborative of professionals that work with families who have youth who are at risk of out-of-home placement, are involved in the juvenile justice system, have concerns at school, or have behavioral and mental health concerns. The program is differentiated into three main tiers:

1. Tier 1: FAST
2. Tier 2: Family Resource Team, which is a less-intensive form of High-Fidelity Wraparound Services
3. Tier 3: High-Fidelity Wraparound Services

FAST works with families to find effective ways to meet the needs of the family, keeping in mind their unique strengths and cultural backgrounds. The Family Resource Team is a team of professionals and natural supports within the family’s circle, who collaborate with the family to brainstorm and plan ways to provide long-term strategies for meeting the youth’s and family’s needs. High-Fidelity Wraparound Services is the most hands-on level of support for families and youth. It is similar to tier 2 services and is usually the most appropriate level of support for youth who are multi-system involved. The wraparound process is a multi-stage process, which usually takes around one year from start to finish. The ultimate goal is to have an effective plan that will work for the family to meet their needs in the long term.

Regardless of the tier of service the family decides to enter, the process builds off of family strengths and cultural backgrounds to facilitate positive changes. All services are free, voluntary, and confidential.

Sixty four percent of FAST referrals came from the school in 2020–2021, and the remainder of referrals come from an assortment of human services across the community. Between 2018 and 2021, around 57 percent of children and youth that were served during that year also were receiving/had received behavioral health services. Examples of services counted were early childhood supports such as early intervention screenings and child find services, individual therapy, medication management, family therapy, and occupational therapy.

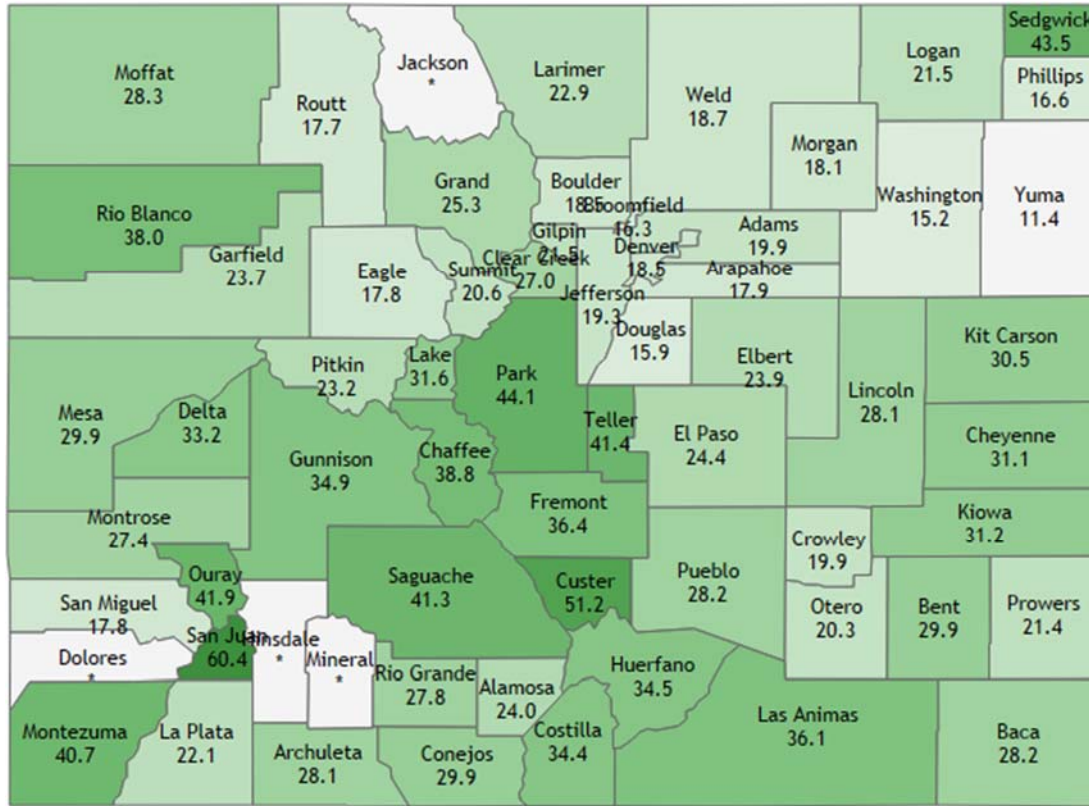
Interviewees expressed that many of the referrals are coming from the school and parents to address attendance issues. As noted in several sections of the report, truancy is often an indicator of a volatile home life issues at all ages. What is perceived as acting out or lack of control from parents or school is linked to stress brought on by a multitude of factors, but mainly issues related to lack of basic needs, generational trauma, and parental absenteeism. *FAST’s model helps develop family relationships with the understanding that healthy youth relies upon the presence of healthy adults.* Oftentimes, when families are referred to FAST, they are in some kind of crisis. Ultimately, the team works through the crisis with the family and ensures initial needs are met before moving forward with additional support. A “typical” family seen by FAST looks like parents not knowing how to deal with behaviors, with behaviors getting out of control and showing up at home, in school, or both. The problems reach a point where it becomes too much, and parents need more help than what the school can provide.

Although anyone in the community can utilize FAST services, they mainly work with lower income families, which suggests that lower income families are getting referred more frequently (similar to GVM). What is likely occurring is that families of lower socioeconomic status are perceived and—intentionally or unintentionally—targeted as people who need support and a referral to services. Those in a higher socioeconomic income bracket, although not immune to generational trauma or parental absenteeism, are not identified as those who need support or human services. In general, social consequences are determined by the socioeconomic status.

7.14 Suicide

Suicide has long been identified as a problem across much of the Rocky Mountain region in the Western United States. Gunnison County is not immune to this problem. In recent times, suicide rates have decreased in Gunnison County. In 2020 there were three suicides, and in 2021 there have been six suicides. Two of the suicides in 2021 were local people, and the rest have been people who have traveled here to commit suicide. A new phenomenon is that people are choosing the Black Canyon of the Gunnison Valley as a suicide destination, which ultimately skews some of the local numbers of people committing suicide. Suicide also remains an issue on WCU’s campus. WCU has seen at least one suicide for the past few years. Regardless of the recent drop in suicides in Gunnison County, suicide must be understood through a socioecological lens (how the individual operates within relationships, the community, and broader society influences).

Suicides in Colorado: Crude suicide rates per 100,000 population between 2014 and 2019

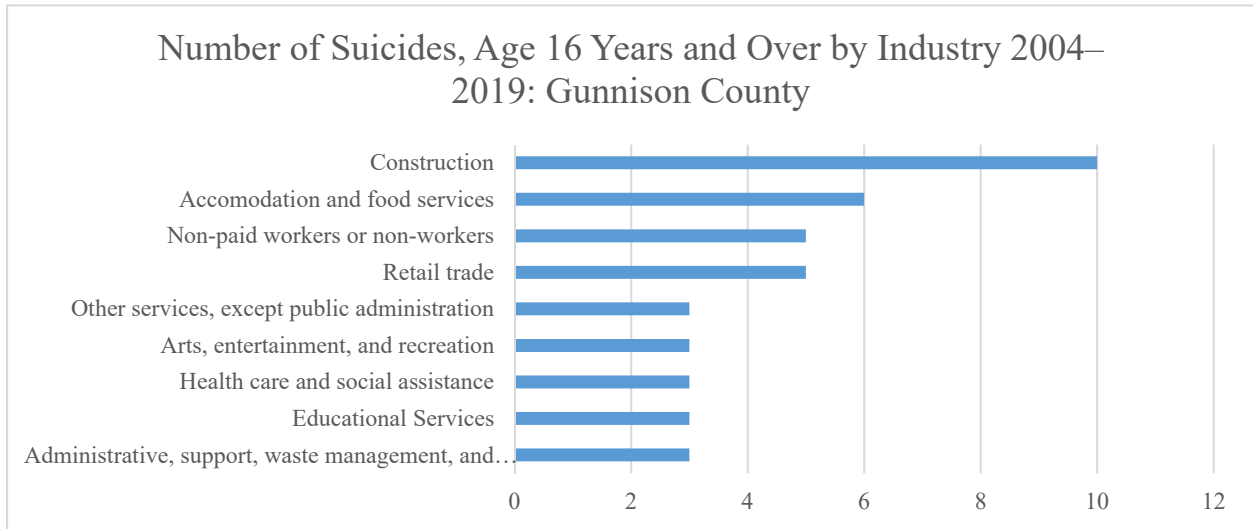


Source: Colorado Vital Statistics Program

Figure 7-85. Crude Suicide Rates per 100,000 for the State of Colorado

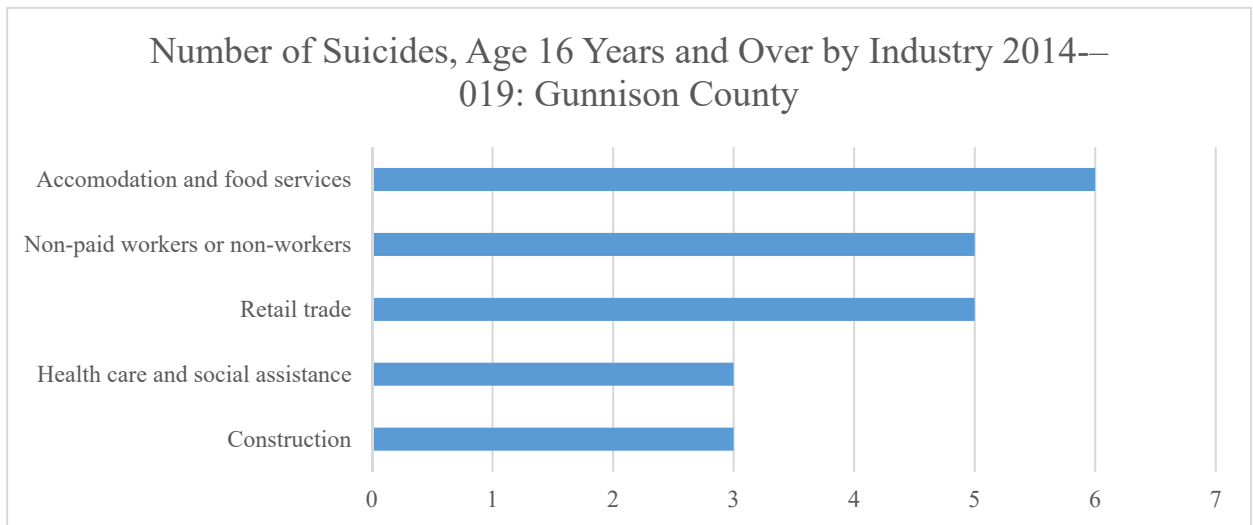
Gunnison County ranked 13th in the state for suicide rates per 100,000 between 2014 and 2019.

7.14.1 Construction and Service Industries



Source: Colorado Department of Public Health & Environment

Figure 7-87. Number of Suicides by Industry 2004–2019



Source: Colorado Department of Public Health & Environment

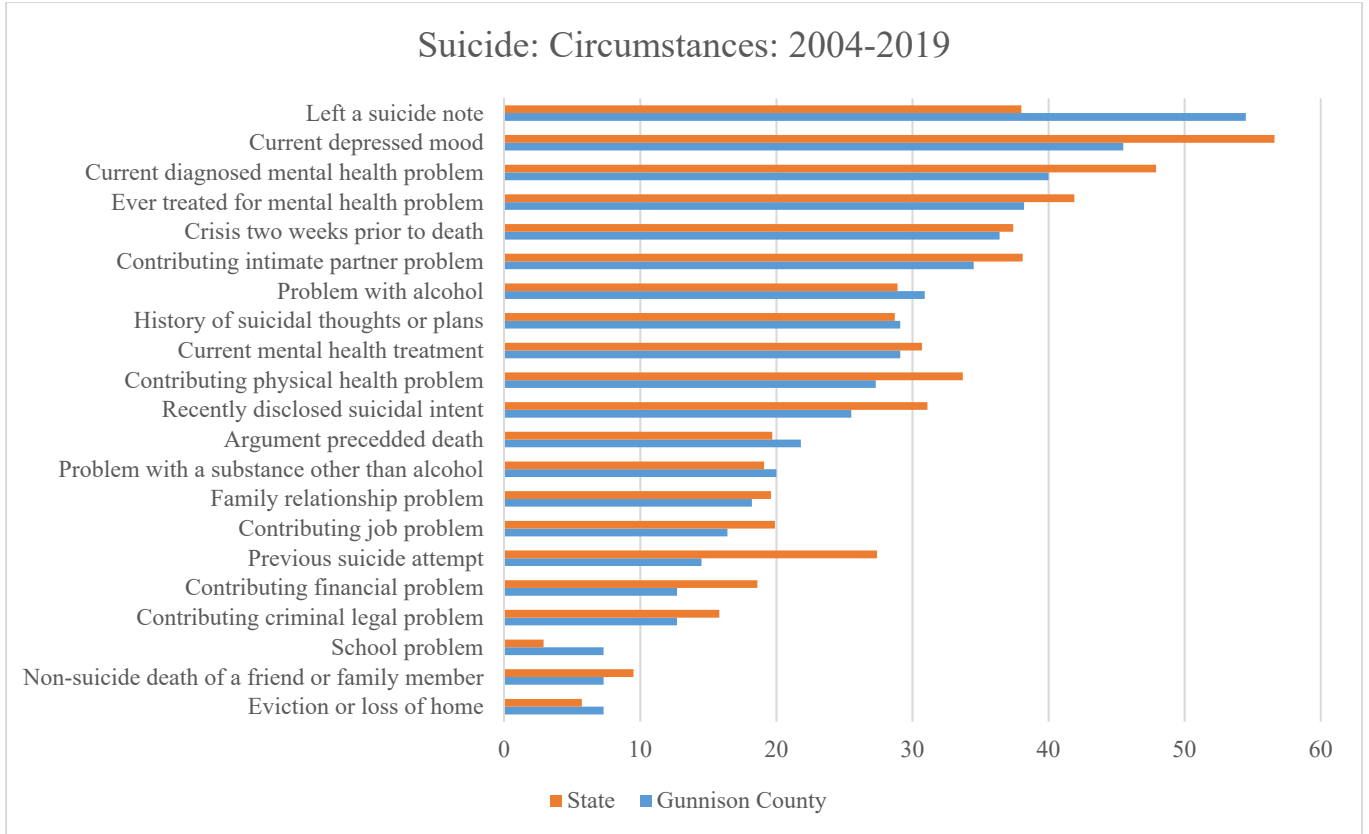
Figure 7-88. Number of Suicides by Industry 2014–2019

Disaggregating data into worker suicides by industry shows that the number-one industry for worker suicide between 2004 and 2019 was the construction industry. More recently, between 2015 and 2019, the number-one occupation for suicides was accommodation and food services, followed by non-paid workers or non-workers, retail trade, and health care and social assistance. Thinking about why suicide is more prevalent in certain occupations helps us to consider how behavioral health services can target efforts to decrease suicide amongst these populations. As noted in the literature review, opioid and cocaine use is highly prevalent within the construction industry across the nation. According to the study

from New York University, the next most used substance by construction workers is cannabis. Locally, alcohol use came up as highly problematic for construction workers. It is used as a way to bond after work and cope with physical pain and is “used as a release.” According to interviewees, the construction industry is a “catch-all” for people seeking work in Gunnison County. This means that some of these workers have been unable to find work in other sectors, for various reasons, and they find work construction. Some feel that if they stay in construction jobs too long it will lessen the opportunities for career changes. Not that construction jobs are bad jobs, but not everyone is happy making a career in the industry. Some construction companies have taken it upon themselves to drug test their employees. One construction employer said that drug testing might discourage some people from seeking employment at their business, but that is okay with them because now they “have a crew that shows up for the job and they want to do their best work on a daily basis.”

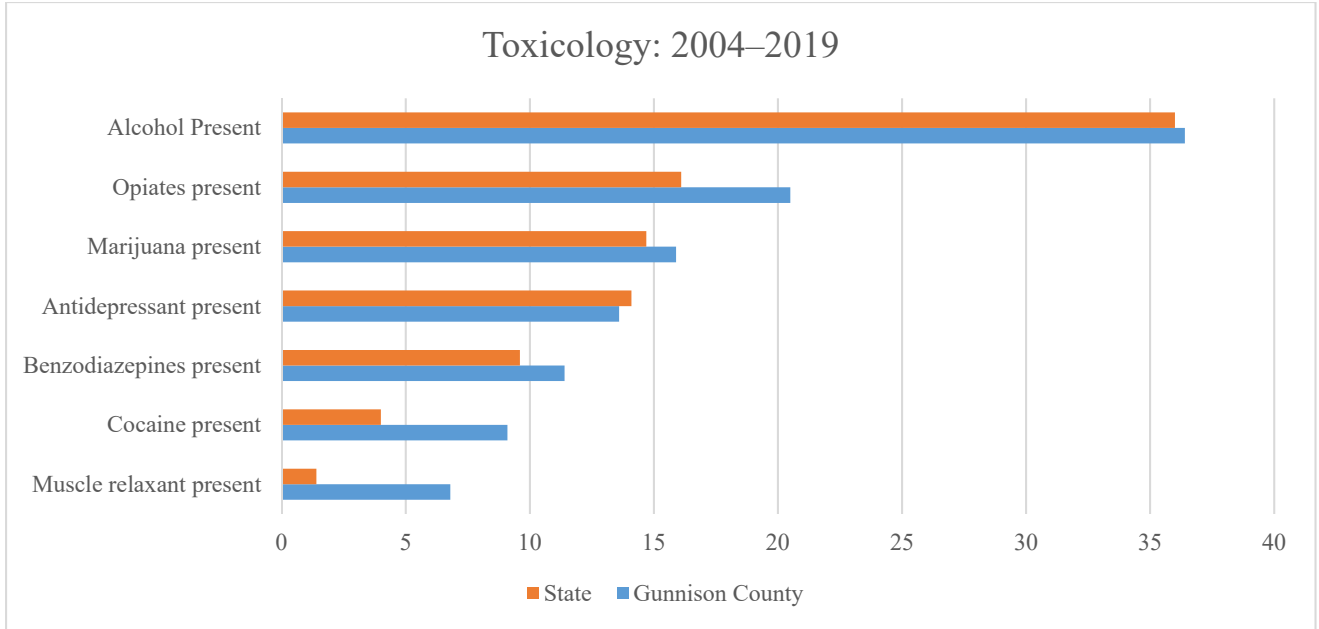
Heavy substance abuse is pervasive in many restaurant settings in Gunnison County. The fact that food service workers work odd hours in a high stress environment, along with ease of access to substances such as alcohol and cocaine, can compound existing mental health problems or lead to poor mental health outcomes. An interviewee said, “Most of us know that substance use runs rampant in the service industry, and it’s normal to drink and do cocaine. When things get more difficult they (employers) don’t know what to do.” Across industries, employers sometimes do not understand the complexities of substance abuse, addiction, and mental health and therefore have a difficult time supporting employees. It is a complex situation for employers to maintain relationships with someone who does not show up to work or creates problems with coworkers because of problematic substance use or mental health problems. Employers are not always sure how to navigate someone failing a drug test or managing those who are perpetually late to work because of substance abuse or depression. Continued partnerships with local business to educate employers of the signs of addiction, problematic substance use, and available mental health resources are concrete steps to take.

Helping the construction and service industry industries workers in changing workplace culture and reducing mental health stigmas against seeking mental health treatment can go far to helping reduce poor mental health outcomes for these workers.



Source: Colorado Department of Public Health & Environment

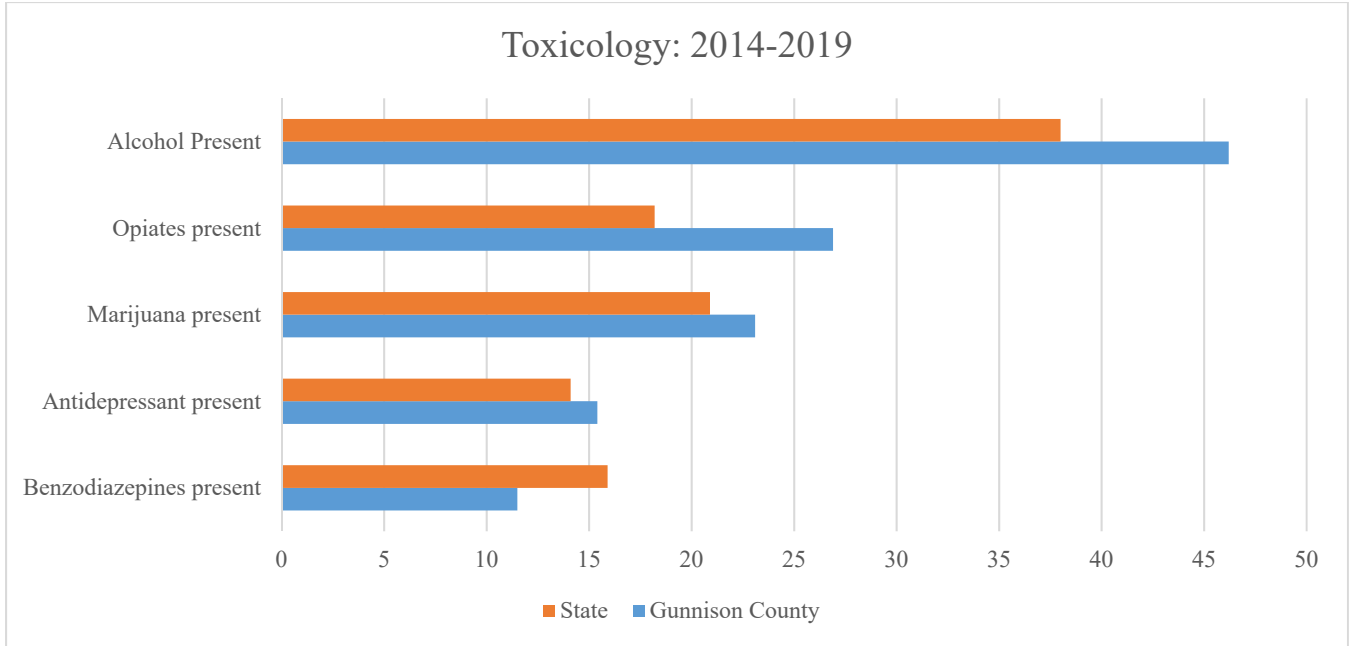
Figure 7-89. Circumstances of Suicide 2004–2019



Source: Colorado Department of Public Health & Environment

Figure 7-90. Toxicology of Suicides 2004–2019

Figure 7-89 compares toxicology reports from Gunnison County and toxicology reports for the whole state in cases of completed suicides. Alcohol was the most prevalent intoxicating substance found in those who have completed suicide. Over the last 15 years, Gunnison County has also seen a high number of suicides with opiates and cannabis present. The percent of suicide victims with cocaine found in the system in Gunnison County was double the state rate. The percent of those with muscle relaxants found in the system was more than triple the state rate.



Source: Colorado Department of Public Health & Environment

Figure 7-91. Toxicology of Suicides 2014–2019

Looking at comparisons over a shorter timespan shows that the rate of those with alcohol in their system after suicide was about 9 percent higher for Gunnison County than the state rate. Those with opioids found in their system in Gunnison County was also about 9 percent higher than the state rate. Substance abuse is closely tied with suicides. Most of the drugs found present in those who have committed suicide are used to reduce pain, both physical and emotional. The community culture is interwoven with pain management through substance use. Many people find themselves in physical pain, weather through their jobs or through rigorous outdoor activity. Through this process, people seek things to help remove that pain, and in doing so sometimes fall into patterns of harmful substance abuse that can exacerbate mental health issues. 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.

7.14.2 Western Colorado University

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. Every year there’s a freshmen orientation where students get to meet new people and find their group; however, some students do not fit in, especially those who do not participate in “outdoorsy” activities. This can be extremely isolating for some. One WCU staff member explained, “If you love the outdoors, there is no better place to be. If you’re not into it [the students] have to get out of their comfort zone and many of them aren’t equipped to do that and it’s easy for them to stay under the radar.” Making new friends is challenging for people after the first couple of weeks, and if students do not fit in right away, they sink further into isolation as time progresses. One recommendation for increasing student connection is to host a second freshmen orientation half-way into their first semester so students have another opportunity to get connected with new people.

Enabling students to foster relationships with the broader community is needed. A “solution” to connect students to the community was to resign street names with red plates rather than green ones. As multiple students explained, the red street signs have become more of a way to find home after a night of partying rather than assisting in WCU students connecting with the community. One example of movement towards connecting students to the community is partnership between the University and the Re1J school district in an effort to address the Re1J school district substitute teacher shortage. This is one small step towards a symbiotic and reciprocal relationship between these entities as WCU can students to the community, and the school district can have more assistance. There are countless other opportunities for WCU to partner with community organizations to fill gaps.

Mental health resources at WCU are underutilized and understaffed. The CMH’s contract with WCU offers two on-campus therapists to meet with students, and currently they are only able to staff one person. The current model is focused on mental illness rather than mental health. Some students do not want to go or stop following through on appointments because the first two sessions were focused on getting a diagnosis, which is not what they need. Through conversations with WCU staff members, the university needs to focus on creating a counseling center versus a university mental health center. A counseling center focuses on mental health promotion, crisis prevention, and brief intervention. It refers out to other community organizations for severe mental illness and long-term care and focuses on the universal rather than a targeted population. For that approach to be successful, it would be beneficial to have a self-identified mental health need when students first enter into the university. That would look like a student entering WCU with an identified mental health diagnosis and then care coordination for that person as soon as they arrive on campus. A student would say, “I have bipolar disorder and I need a physician and a therapist in Gunnison so I can manage my disorder,” and right away WCU connects that person with mental health services. This suggestion has been rejected because of HIPPA concerns, but the narrative can change. If a student has an identified mental health issue, he can inform his care team and they will help coordinate care from day one. Then the Counseling Center can focus on the larger university population and promoting health and wellness.

Interviewees expressed concern about substance abuse at WCU. WCU has long been coined “Wasted State,” and although there have been explicit efforts to eliminate this label, heavy partying and substance use is normalized. Not only is substance abuse normalized, but a qualitative assessment from staff members that have been at WCU for over a decade report that students are now showing up to campus with existing substance abuse issues. This has likely been a problem for a long time, but now problems are more acute and there are limited resources beyond educational pieces to help students with substance abuse issues. Students, like many younger community members, bond and create relationships around drinking and partying. Heavy substance abuse is often leading to other risky behaviors and can compound other existing mental health problems.

2017 ACHA–NCHA data shows that WCU students think that the majority of students are partying, and in reality, a smaller number are abusing drugs and alcohol than what students perceive. While there is a gap in the perception of substance misuse amongst WCU students, the need for mental health services continues to rise as the university grows. Additionally, promoting positive-norming campaigns that illuminate the realities of substance abuse at WCU can help students feel more secure in their decision not to participate in heavy substance abuse.

WCU is missing significant opportunities to connect with community goals. Rather, the university is relying on the community to fill their gaps, especially regarding mental health. An idea for community–university partnership is creating vocational training programs or scholarship opportunities for people

who are in difficult situations. WCU is not a vocational school, nor is there interest in becoming a trade school; however, creating opportunities for people in difficult situations is how the community can simultaneously fill gaps in workforce shortage, increase education so people are more likely to get higher paying jobs, and give people tangible ways for struggling people to get out of their situations. Making a more comprehensive plan that includes partnering with WCU and incentivizes and provides opportunities to make life changes will improve behavioral health outcomes.

One positive thing happening on campus is the Epic Mentors program. There is a peer leadership program that connects upperclassmen to incoming students. This is one potential area to reduce the ratio of students to mentors, as each mentor currently oversees roughly 50 students. Peer health educators are another important facet of prevention on WCU's campus. Peer health educators host events around consent and sexual health, substance abuse, mental health, and other relevant issues. Providing additional resources and staffing will help bolster protective factors on campus. Another positive thing happening on campus is that all RAs are now trained in QPR ("Question, Persuade, Refer"), and all RAs are trained in Narcan administration. The Headwaters program is another initiative that is great for getting students involved connected on campus. Coming online the fall of 2021 and spring of 2022 is access to immediate mental health support through TimelyMD. This will allow students to access mental health support via a phone app. The more opportunities students have to connect to one another, get engaged on or off campus, and have access to in-person or telehealth mental health services, the lesser will be the likelihood of students falling through the cracks.

8. Key Informant Interviews

To get more specific information regarding behavioral health in Gunnison County, the Data and Communications Coordinator for Juvenile Services conducted 43 interviews with community members. 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 other relevant sources. The purpose of these interviews is to help make better sense of quantitative data as well as gaining personal insight into peoples' everyday lives and experiences. Each interview provides a differing perspective on how the community can continue to meet the needs of all 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 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.

These words are not intended to diminish the hard work and dedication of many professionals in working towards creating systems that meet the needs for all. Gunnison County is a frontier community, and resources are lacking in many ways. People working in behavioral health try their best to meet the variety of needs in Gunnison County; however, rural communities have a wide range of unique challenges: funding, communication, shortage of people, etc.—that leave some families and individuals frustrated and leaves many to not participate with systems at all. Gunnison County will never have all of the services that a large city can provide, and there are numerous challenges. As the population of Gunnison County grows and as the demographics change, people have to consider the degree to which the community is going to help those in need.

8.1 Common Themes

- Funding for behavioral health work
- Basic needs
- Housing/home
- Substance abuse
- Mental health

- Communication/working in silos

8.2 Frequently Asked Questions

Below are some of the most common questions that were discussed in key informant interviews. By no means is this an exhaustive list of questions asked in interviews, but rather these are the key thoughts or questions that snowballed from prior discussions. These are questions that either were asked of the interviewer from those being interviewed or were questions that arose after interviews. As themes emerged through conversations, the interviewer wrote down some of the reoccurring questions in an effort to make sense of them through quantitative data or through other conversations. Each question is not explicitly answered but rather interwoven in the narrative throughout section 9 and section 10. Some questions need further analysis to be fully comprehended.

- What services are utilized and underutilized?
- Are substance abuse problems getting worse in Gunnison County?
- What is the role of the health coalition?
- Is it our responsibility as a community to provide services, and how will that possibly make the problem worse?
- How can we help “help rejectors”?
- Why is most of the money in the community directed towards arts centers rather than social issues?
- How are behaviors of adults impacting kids?
- What is poverty culture, and how is it manifested in our community?
- What is our ethical responsibility in increasing workforce, to support behavioral health needs, as we increase awareness of the needs?

8.2.1 Behavioral Health Symptoms

Common themes regarding behavioral health developed in key informant interviews. In the processes of analyzing the key informant interviews, we thematically organized the information into two main categories: symptoms and underlying causes. Underlying causes are the external factors that might contribute to symptoms. These lists are not exhaustive, but they try to encapsulate the most common pieces flushed out in interviews.

Symptoms

- Suicide
- Poor nutrition/obesity
- Substance abuse
- Mental health/illness
 - Genetic, biochemical
 - Lack of specialists (telehealth)
- Revolving door of people coming out of jail/involved with police

Underlying Causes

- Poverty, economic hardship, low income
- Lack of affordable housing/lack of safe home
- Lack of basic needs
- Isolation
- Lack of or limited access to health care/health insurance
 - Cost
- Physical illness
- Lack of affordable childcare
- Lack of collaboration/working in silos

9. Challenges

“People move here because it’s a beautiful place and then they want to change it to fit their needs. If you’re a middle of the road person that doesn’t need any exceptional services, then this can be a great community for you. But if you need specialized services on either end of the spectrum, you might encounter struggles.”

Key Findings:

Section 9 distills key informant interviews into categorical themes uncovered through conversations. The following sections provide narratives from community members to highlight quantitative data. An overall theme emerges from section 9, which is people have been struggling financially in Gunnison for 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 less financial resources are disproportionately impacted.

Housing arose in roughly 80 to 90 percent of the conversations with interviewees, but not always from the perspective of lacking affordable housing. Rather, interviewees seemed concerned about long-term issues that have been a problem in Gunnison County prior to the pandemic and inundation by the “Zoom Boom” population. Interviewees discussed housing from an angle of safety—both psychological and physical—and how people struggle to maintain sobriety when placed back in similar housing situations.

Section 9.2 works to illuminate the complex and fractured systems that leave many to not seek or to delay getting accessing services. Medicaid services expanded under the Affordable Care Act, yet some trying to seek services continue to lack adequate insurance or have no insurance at all. Non-profits, such as CBSOM, work to reduce barriers by offering scholarships, but workforce shortages and high demand leave some without help or waiting for delayed help.

Tourism-based jobs, which comprise of 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 federal poverty level (FPL), and this group has slowly grown. Those living above the FPL but below the Self-Sufficiency Standard are likely those making financial trade-offs to continue to live in the area.

Section 9.4 dives into the history of substance use in Gunnison County, the increased potency of drugs over the last 20 years, and the lack of treatment and recovery options in the community. Alcohol is the community’s main problem. The tourism-based economy caters to people on vacation, and the party culture reinforces the normality of drug and alcohol use and abuse. Those with more financial resources, while not immune to problems, are better situated to perpetuate their lifestyles, not get in trouble with the law, and not think they have problems because they are financially stable. Some who are financially stable use substances like cocaine without being perceived as having a problem, while those living in mobile homes or “sketchy” apartments who smoke meth are perceived as having a problem.

Food insecurity and mental health coincide with one another. Those experiencing the stress of meeting basic needs are also those who experience more poor mental health days than those without food insecurity. More youth are utilizing the Food Pantry. Stigmas adults associated with using the Food Pantry perceived by adults and community outreach with the schools are likely contributors to the increase in youth accessing the service. Mental health and food services should be addressed concurrently for youth and adults.

Section 9.6 unpacks the cultural nuances of people not seeking help across differing demographics. 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 receiving higher levels of care. Stigma looks different for different groups in the community. What prevents someone of Hispanic descent from seeking therapy might be different from what prevents a middle-class white person. Both backgrounds are valid but need different approaches to reduce stigmas and other barriers. Peer supports or people already embedded within social groups that want to incite change and help their community members are the greatest community assets for behavioral health organizations.

9.1 Housing

As noted in the Literature Review, rural gentrification is a serious factor contributing to behavioral health challenges in Gunnison County. Many conversations in the community surrounding housing include lack of affordable housing, high cost of rent, and locals unable to purchase homes. This section looks to discuss housing from a different perspective: a comfortable and safe home. Although lack of affordable housing is a critical and urgent problem to solve, equally important is the idea of a physically and psychologically safe place to live. Several interviewees expressed concern regarding low-income housing and mobile home unit living conditions and how those environmental factors impact behavioral health. Low-income housing and mobile homes act as a housing safety net for people unable to secure any other form of shelter. These are places where the most vulnerable people live in our community, and for that reason these forms of housing deserve critical attention. Vulnerability, in the context of this section, refers to the housing crisis and its impact on behavioral health. 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, and potential increases in rent or lot fees.

9.1.1 Palisades Apartments – Lowest incomes

Palisades Apartments is a place where people live who do not have adequate resources to secure housing in other locations around the City of Gunnison or Crested Butte. Serious behavioral health challenges exist for people living in these apartments. Living in the Palisades Apartments is described by one interviewee as “living in a house on stilts over water surrounded by sharks.” According to another interviewee, there are wait lists for all affordable housing spaces in Gunnison County except for Palisades Apartments. It is perceived to be a “sketchy” place for people, especially elders and those with children. The people living in Palisades are vulnerable for many reasons.

First is the community culture of substance abuse. If people find a community with people who use drugs and alcohol, they are more likely to use substances, and it is a challenging situation that is difficult to leave. If people are unhappy at their jobs and come home to a place where substance abuse is prevalent and accessible, relationships are built around substance abuse, help seems far away and disconnected from their experiences—and it is hard to maintain privacy because of the density of the housing and therefore easy to get back into trouble with the law—people feel hopeless.

Second, is a larger systemic problem of people with felony charges securing housing outside of this location. Across the nation, people with felony charges have a more difficult time securing adequate housing and often find themselves in lower-income housing units. The third aspect is that oftentimes

substance abuse disorders and other mental health issues are co-occurring problems. Untreated or unrecognized co-occurring issues compound difficult circumstances. Palisades is one of many locations around Gunnison County where people are economically forced to live amongst other people who are struggling. The realities of poverty, mental health problems, and lack of privacy perpetuate a cycle of trauma, and this along with negative perceptions towards behavioral health services and the prevalence of substance abuse keep people removed and disconnected from a safe and comfortable home. Creative and targeted approaches, better understanding of poverty culture, building positive relationships, changing the narrative around the stigma of Palisades Apartments, and making services more accessible by embedding them in the places where vulnerable people live can help people feel less hopeless and work towards integrated care.

9.1.2 Renters – Working Class

In 2019, 50 percent of renters paid more than 30 percent of their incomes towards rent. Rent has become a serious financial burden for half of the population in Gunnison County. Since 2015, 35 percent of the rental listings were for rates greater than \$1,500. People who have lived in the community for a long time are getting displaced and replaced with people who can afford the increased rents. This is notable for the result that lower-rent areas become more concentrated with low-income people. Renters in high-density areas have more interactions with police officers, and those areas are often stigmatized by the community as places to stay away from.

Young people who might have worked in restaurants or other tourism jobs are not wanting to stay and start families in the community. When a person or a couple pays more than a third of their income towards rent, it is difficult to save money for a down payment on a house. High rent coupled with minimal upward mobility opportunities makes people question the long-term viability of living in the community.

The instability in rental situations is not only increasing financial burdens for portion of the population, but it is also impacting people's ability to cope with stress and, in turn, is leading to anger and frustration. The limited supply of rental units, let alone affordable rental units, is rapidly morphing community dynamics towards "us" against "them." It is becoming a culture of renters against landlords, and tensions continue rise. In many ways, renters are mostly unprotected and lack power. Renters live by the whims of landlords, and while landlords are not inherently bad people, power dynamics between tenants and owners can cause strife. The stress of not knowing if one's rent will increase, or if the landlord is going to sell the property, can contribute to stress and uncertainty.

Lack of ownership has many consequences. The community norm of working in order to be able to live in Gunnison County, but not being able to purchase a home, creates a culture where people are disconnected from both their immediate neighborhood and larger community. This is true for middle-class families, and especially true for the working-class. Many working-class or working-poor living in mobile homes in the city of Gunnison and work in service industry or construction jobs. They work for people in an entirely different sphere economically, and that fact alone weighs heavily on those who have not been successful in accruing monetary resources. In general, the service industry jobs are not flattering, the hours are long, the wages are insufficient, and the work is exhausting. This daily routine of working for those with huge amounts of disposable income and coming home to a place that is not a "home" wears on a person

psychologically and emotionally. It seems easier to use substances to get through the shuffle of life, and coping with the situation with substances seems like a viable and helpful solution—at least in the moment.

9.1.3 Mobile Homes

Mobile homes are essential housing units in Gunnison County, yet people living in mobile home units are more vulnerable than people in most other living situations. People living in mobile homes are susceptible to losing their housing because of rural gentrification. A clear example of this is Country Meadows Mobile Home Park north of the city of Gunnison. The owner wants to sell the land, and the people who live in the park, who rent their mobile homes, have been paying off loans for their mobile homes, or fully own their mobile homes, are uncertain about whether or not they will have a place to live. According to interviewees, the loss of mobile home parks is a trend seen across the country. Investors see the land that mobile home parks occupy as valuable investment opportunities. Regulations to minimize this trend are not strong in Gunnison County. Although the County has stepped in to offer support and help, the residents remain in limbo regarding the future of their living situations. This could effectively displace many families, especially those of the Hispanic and Cora populations. One positive outcome of the possible sale of Country Meadows is that the residents have organized a nonprofit group called Organización de Nuevas Esperanzas (ONE) that meets regularly. The group realizes the importance of collective power and are working together to find solutions to possibly purchase the land that their homes sit upon.

Other mobile home park communities can learn from this predicament and begin to organize to think how they will be proactive in purchasing their land. There are state and national resources to help residents acquire trailer parks. There are multiple benefits of transitioning ownership of the land from landlords to the collective. If residents collectively own their land, the stress of losing their housing situation goes away. When residents own their land, they must have some kind of park leadership that makes decisions about improvements, and those improvements must directly serve the residents and not the landlords. The park benefits from organizational structure, which connects people to a purpose, and individuals feel more connected to their property. People might feel motivated to make improvements on their own mobile homes because they know that it is theirs to make a home. Security in the form of housing has many benefits to improving behavioral health outcomes. As mentioned in Section 4, those living in insecure housing situations are three times as likely to experience poor mental health. By addressing stable housing, the community is addressing behavioral health.

Within the context of the ownership of mobile home parks, landlords are unmotivated to upgrade units. According to current literature, roughly a 4 percent to 8 percent vacancy rate in a community is needed to motivate landlords to make improvements and upgrades on their homes [57]. There are two reasons for this: 1) There is not a need to make improvements because the houses are full and landlords are getting premium prices and 2) Because the units are always full, and there are constantly people needing a place to live, landlords do not have the time to make improvements. When there is more flexibility in the market and rental properties sit open longer, landlords must improve their property to compete with other, nicer units in the community. According to interviewees working on addressing affordable housing, Gunnison County's available rental unit rate is well below 4 percent. The topic of landlords not wanting or refusing to make improvements on run-down mobile homes came up as a significant issue for vulnerable people in Gunnison County. If a person is undocumented, they are especially vulnerable

because they have no power to ask for basic upgrades or fixes on their homes. Although this is a broad generalization, it is a commonality that runs deep in the community. While different issues will arise with resident-owned mobile parks, working towards that goal needs to be an active movement to enable people to secure stable living.

There are limited community services to help people with long-term housing issues in Gunnison County. The number one issue is that there just is not enough housing available at an affordable rate. The Community Block Grant is a payment for residents in Gunnison County who have lived here at least six months. People can ask for assistance once per calendar year for help with past due rent, mortgage payments, utilities, and medical bills. A one-time payment is really only for those who have experienced a temporary hardship (e.g., loss of a job, divorce). Another resource, tailored more towards the Hispanic population, is the Multicultural Resource Center. Although there is support from the Multicultural Resource Center, some landlords, according to interviewees, are unwilling to work with tenants to provide a safe and comfortable place, or blatantly will not rent to immigrants. The limited accessibility for housing resources compounds tough situations, and many are left to figure it out on their own or with community connections.

When people live in a constant state of uncertainty in regard to housing security and safety, they make financial decisions based on that. Those are resources that could be allocated towards something in the realm of personal or family well-being. When services are designed as temporary fixes to long-term problems, people lose hope. Building more units in Gunnison County, while necessary, is not the end-all solution to moving people away from behavioral health problems.

9.2 High Cost of Healthcare

Cost, insurance, and funding structures are a closely interconnected web of problems relating to access of services. This section dives into some of the intricacies of system-level issues causing people to not access services. One cannot talk about the cost of mental health services without understanding the system billing services. Although this section attempts to unpack the complexities of funding and billing issues, it is a convoluted and multilayered system, and even people who are part of the system had a difficult time explaining the billing process.

Private providers oftentimes do not want to work through the hassle of accepting insurance and then having to get reimbursed months later from insurance companies. It is increasingly challenging for private providers to get reimbursed from insurance companies, and the complexity of getting validated by an insurance company is not something that private providers are motivated to do because they are able to make a living off of private-pay systems. Some private providers have taken it upon themselves to get verified by multiple insurance companies, but as a whole, that is not the norm.

Some movement has been made by Gunnison Valley Health (GVH) to start getting paneled with insurance companies. It has been a laborious process of working with insurance companies in order to be able to see a diverse range of clients. That alone will help provide more access to care. Building Hope in Summit County figured out a system to credential a panel of private therapists to allow them to accept a broader range of insurances. This means that private providers are able to see more clients with a wide variety of insurance plans. A further analysis is needed to see what insurance companies are most prevalent in Gunnison County, what mental health coverage they offer, and how can we get more providers paneled for these companies. CBSOM is a program that is attempting to go around all of these

barriers. The model that CBSOM (who provides scholarships for 10 free therapy sessions and helps connect people to the right therapist) was created to reimburse private providers through scholarship funds and has been reducing the cost barrier as long as therapists are available. Even then, they have relied on telehealth options to reduce the backlog of clients.

Starting in December 2020, the CMH started accepting only Medicaid clients and people who do not have insurance but do have the means to pay out of pocket. If people show up to or call the CMH who have private insurance, they are referring these people to CBSOM. On the flip side, if people who have Medicaid reach out to CBSOM, they are referring people to the CMH. WCU has a contract with the CMH, allowing students to access these services on campus. Another piece to this puzzle is that, even when people do have insurance, it might not cover mental health services, or only cover partial costs of mental health services. CBSOM's survey for new clients asks, "Do you have any type of insurance, Medicaid or Medicare, etc.?" Sixty-six of respondents answered yes, supporting the notion that private insurance is not adequately covering mental health needs.

The reality of the situation is that CBSOM is incredibly necessary because they are supporting the uninsured and the underinsured. Supporting CBSOM's efforts and expanding their services is a need. As long as America has an insurance system that fails to cover mental health costs to the degree that it covers physical health costs, these problems are likely to persist.

9.3 Poor Economy and Low Wages

In 2019, the number of jobs per person increased from 1.2 in 2016 to 1.34. In other words, about 20 percent of the County population worked multiple jobs in 2016, and in 2019, that number had increased to about 34 percent. One-third of the population is working more than one job, which suggests that those with lower incomes are trying to keep pace with rising costs. Regardless of why people work multiple jobs, working more than one job leads to increased stress levels and less time to spend with family and friends. Many of the jobs in Gunnison County are low-paying, with about 40 percent of the jobs paying less than \$30,000 per year. A large portion of County residents are one financial setback away from falling into a nearly insurmountable financial deficit. A financial setback could occur by slipping on the ice on the way to work, a car breaking down, a child breaking an arm, an unexpected medical diagnosis, or a bike crash at Hartman Rocks. Those living below the Self-Sufficiency Standard are disproportionately impacted by low wages, lack of or inadequate health insurance, and increased cost of living.

Local conversations surrounding the increased cost of living neglects a more pervasive issue, which is a shortage of high-paying jobs. However, creating more high paying jobs without considering how it will impact those already living in Gunnison County and below the Self-Sufficiency Standard could deepen inequities and accelerate unnecessary population growth. Opportunities for local-lower income people to increase job skills in order to earn enough to get above the Self-Sufficiency Standard is a need.

Current incomes for a large portion of the population are inadequate to meet the increased cost of living. Prior to 2015, almost no rentals were above \$1500 in Gunnison County, and in 2019, more than 35 percent of rentals were above \$1500. The outcomes of increased rent costs vary across demographics. For example, a Hispanic construction worker from Crested Butte who now lives with multiple other people in a small trailer in Gunnison, might lack adequate private personal space, have to deal with conflicting personalities, and sleep on the floor or on the couch most of the time, and these factors contribute to his

poor mental health. For a woman trying to leave an abusive situation and who is working a tourism-based job, increased rental prices mean she might not be able to leave the situation and still live in the community. For another family, this means paying rent at the cost of waiting a few days to replenish groceries.

The cost of living in Gunnison County is increasing. From childcare, food costs, rent, gas, healthcare, and other basic needs, it is increasingly difficult to make a sufficient living to meet expenses. Although some want and thrive from having multiple jobs, it is not common to find someone who wants to work multiple jobs. For some, multiple jobs are a way to earn more disposable income for personal enjoyment expenditures, such as buying a new bike or kayak, and for others it's about putting food on the table. For others, it's a bit of both. Having multiple jobs, for most, invariably leads to increased stress levels, and to afford to live in Gunnison County, that is a reality for some residents. Low wages and high cost of living, compounded by the significant cost of childcare before a child reaches the age for enrollment in school and increased rent prices makes living here disproportionately difficult for service industry workers.

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 pay-check to pay-check rarely perceive themselves as, or explicitly mention, struggling to make ends meet. Furthermore, poverty is less commonly identified as a limited availability of 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 tradeoffs, both financial and social in nature. Examples of tradeoffs 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. Additionally, people in these situations often don't have time dedicated to themselves to participate in activities that could have a significant impact on their life, such as taking an English class for a migrant, or participating in a City Council meeting.

Tradeoffs disproportionately impact relationships, especially those between parents and children. Prioritizing certain needs over others is not necessarily uncommon, and those making lower wages more frequently use tradeoffs to continue living in Gunnison County. 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.

9.4 Substance Abuse

It is difficult to talk about substance abuse separately from other behavioral health issues in the community. This section unpacks cultural norms and long-standing state laws that contribute to substance abuse problems. Issues related to substance abuse are woven into the narrative in other sections of the report as they are closely related to housing, work environment, and other relevant issues. Substance abuse is a difficult thing to pin down in a cohesive way as the theme of "chicken or the egg" arises. Do people have trouble managing stress and then choose to cope using substances, or does an existing substance abuse problem lead to further behavioral health issues? The answer to both is yes.

Colorado liquor taxes remain one of the lowest in the country. The state's equivalent per-gallon tax on spirits is \$2.28. Colorado's tax on beer, at 8 cents per gallon, is the third lowest in the country. The State government controls the liquor tax rate across the state, which is different from the cannabis tax or

nicotine tax. Local municipalities can control taxes on nicotine and cannabis but have no power to increase liquor taxes. It is out of the scope of this report to confront the complexities of liquor taxes; however, understanding the context of the broader issues at play is useful. Increasing taxes is one way to curb excessive alcohol consumption and related harms [58]. While state data shows that treatment admission rates per 100,000 for alcohol in Southwest Colorado are higher than in any other region of the state, and treatment admission rates for alcohol remain far above those for any other substance, and state tax structures do not reflect the need to reduce rates of alcohol abuse disorders through policy changes. The state continues to increase taxes on cannabis, which now is taxed at around 15 percent plus a 2.9 percent state sales tax (not including local taxes) while neglecting to assess a broader scope of how tax laws impact behavioral health outcomes.

Co-Occurrence

According to the National Survey on Drug Use and Health, 45 percent of people with substance abuse disorders have co-occurring mental health disorders. Of all people diagnosed with a mental health disorder, 29 percent misuse alcohol or drugs [59]. The changes that take place in the brain due to substance abuse occur in the same brain areas that are impacted by depression, anxiety, schizophrenia, and bipolar disorder [59]. Consequently, it is not surprising that there is a high rate of comorbidity between substance use disorder and other mental health disorders. The declining state of mental health in Gunnison County is an additional risk factor for substance use disorder including opioid use disorder.

The state of Colorado is in the top quartile nationally for the prevalence for co-occurring mental health disorders. Adults in Colorado who reported their mental health as not good for 14+ days of the past 30 were more likely to engage in heavy drinking and near daily cannabis use. In 2018, adults with poor mental health were more likely to engage with heavy substance abuse, with 70 percent higher rates of drinking, 25 percent higher rates of binge drinking, and 25 percent higher rates of daily or near daily cannabis use. In 2018, Colorado data shows that of those with co-occurring disorders, 51.4 percent received either substance abuse or mental health treatment, while only 7 percent received treatment for both [60].

Culture of Drug and Alcohol Use and Abuse

Drug and Alcohol use has been very much part of the culture in the community for a long time and remains engrained in the local culture and widely socially accepted today. The community, for at least the last five years, has not seen much of a change in adult binge drinking (about 22%–24%) as reported by the County Health Rankings supported by the Robert-Wood Johnson Foundation (the largest philanthropic organization dedicated to health in the U.S.) data and the Community Survey data [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 is 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].

At the same time, between 30 percent and 40 percent of people visiting the ED for behavioral health reasons were experiencing alcohol-related problems. Alcohol abuse is also closely tied to domestic violence. Project Hope reports significant increases in domestic violence and anecdotally stated that for 75 percent to 85 percent of the cases, alcohol was involved. Project Hope saw the highest number of cases

in the first quarter of 2021 than they saw in the entire year of 2020. Toxicology reports of the suicides between 2014 and 2019 in Gunnison County show that 46.2 percent of suicide victims had alcohol in their systems, which is 8 percent higher than the state average. *If the number of people abusing alcohol is plateauing while the number of ED visits for alcohol is increasing, and the number of people seeking services through Project Hope shot upwards, it is indicative that for those who have alcohol problems, the environmental and economic factors (e.g., stress, low wages, isolation) that contribute to alcohol abuse are magnified and getting worse and/or people are seeking services for alcohol abuse issues.*

Law enforcement officers expressed the sentiment that they rarely, if ever, respond to domestic violence calls in cases where alcohol is not a factor. When asked what the biggest behavioral health problem are in the community, one law enforcement officer said,

Substance abuse, and that's pretty much throughout the county if not the state. This community is a party town, and our town has 56 liquor licenses and four or five dispensaries. It's a tone of substance abuse, and we get seasonal workers, they're working their butts off and, in the spring, they fall out of work and they spend a lot of time drinking. We've had an increase in alcohol, domestic violence, and suicide attempts, and they're all substance abuse related. It's rare to get a call past 8pm where substances aren't involved. It's a combination of people being stuck indoors, people out of work, and people having access to drugs and alcohol.

Gunnison County has roughly 119 liquor licenses, which is closely related to the tourism-based economy. Restaurants understand that having a liquor license is essential to surviving in the community. Elected officials understand the importance of substances and how they bolster the economy. Whatever USA – a Budweiser marketing event – brought in thousands of people and filled the streets of Crested Butte. The tourism-based economy contributes to a local culture of drug and alcohol abuse. People come here to indulge in drug and alcohol use, and the community caters to that desire. Drug and alcohol use shape the community, rather than the community shaping what drug and alcohol use should look like.

Substance Abuse Across the Socioeconomic Spectrum

Heavy substance abuse culture exists in many service-industry jobs. Layer on top of the above-described cultural norms the fact that, often, service industry workers are not from here and some do not have tight family or friend connections but rather “good drinking buddies.” The community is a strong combination for poor behavioral health outcomes. Those with more financial resources are better able to hide their substance abuse issues for longer periods of time, while those with fewer financial resources are living in higher density areas and are seen and watched by neighbors, leaving them more vulnerable to interactions with the law. Perceptions of problematic substance use varies across socioeconomic demographics. Substance use might not be perceived as “problematic” for those living what others see as the “good life.” In Crested Butte, according to interviewees, the main drugs of choice are alcohol, cocaine, and hallucinogens. In the City of Gunnison, the more commonly used drugs are those perceived as more “lower class”: meth, fentanyl, and heroin and as well as alcohol. Economic status plays a significant role in how substance abuse is perceived and managed over time. *Bridges Out of Poverty* describes the difference in substance abuse across socioeconomic statuses:

Our culture facilitates those who abuse alcohol and other drugs. Wealthy addicts and alcoholics are enabled by their wealth and status. For a long time, money can solve problems caused by alcohol and drug abuse. Connections in high places can protect middle-class folks from

consequences. They live in suburbs, isolated from their extended families and neighbors by distance and backyard fences. Their secrets can more easily be kept. As long as no one knows what's really going on, the disease can progress. Alcoholics in any culture – regardless of its norms and attitudes of its members towards addiction – will find that enabling system will grow up around them. Such is the nature of disease. The consequences of drinking that would make a middle-class alcoholic sit up and take notice, such as an arrest and a night in jail, are not unusual occurrences for people in the poverty culture.

Through conversations with interviewees a sentiment was expressed that there is a concerted effort by many community members to maintain the idyllic image of a rural mountain community. Because Gunnison County, and especially Crested Butte, rely so heavily on tourism, it remains economically beneficial to keep the realities of people struggling quiet. Another interviewee expressed,

[In our community], we try to pretend some things aren't happening. We want to think we live in this perfect town and in a way, we do, but substance use is different. Affluent people use alcohol, but when people think about other substances people want to turn an eye. If someone tends to have more to lose it takes them longer to get to a point of help. If you're struggling from the beginning and then substances become more of your life, you're down the gutter quickly.

Perpetuating the narrative of a place without behavioral health issues, rather than informing a broader audience of the realities of people living in the community, prevents behavioral health organizations from acquiring social and financial resources. When people across the socioecological spectrum have a clear understanding of the scope of behavioral health issues in Gunnison County it makes the issues seem more relatable. Furthermore, by making the issues more relatable and clear behavioral health organizations can use the social capital to acquire social and financial resources from people who might not otherwise experience the direct impacts of behavioral health issues. The more issues are not discussed outside of the behavioral health realm, the more the work will feel like an uphill battle.

Potency and Accessibility

The trend of increased accessibility of high potency drugs continues in Gunnison County. While the narrative from key informant interviews is that substance abuse problems are getting worse, which is not strongly supported in quantitative data, another idea is that those with substance use disorders have longer term problems because of the availability and the potency of the drugs. Those who previously had manageable substance use issues are no longer able to manage their use. What looks like an overall number of people having problems might actually be the same people having more severe substance abuse issues.

What has changed over the last 40 to 50 years in Gunnison County is not necessarily the number of people abusing substances, but rather, the potency and accessibility of those substances in the community. In many conversations it was stated, "This ain't your daddy's weed." Data collected by the Drug Enforcement Agency shows the progression of weed 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 (aka 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]. People in Gunnison County have numerous options to purchase a wide variety of cannabis products with high levels of THC. Whereas smoking a joint in the 1990s might have gotten people high, it is not nearly to the degree of today's products. Recent

studies suggest that frequent use of higher potency cannabis increases the chances of developing psychosis by about five times the rate of those who have never used cannabis [61].

Marijuana is not the only drug which has grown in accessibility and potency. Across the US, highly addictive prescription drugs came onto the market in the early 2000s, which facilitated a rise in opioid overdose deaths [62]. The wide availability of these drugs prescribed from doctors, coupled with the addictiveness of the drugs put people at a higher risk for long term substance abuse problems.

Interviewees expressed concern for the prevalence of fentanyl in Gunnison County. Fentanyl is 80 to 100 times stronger than morphine, highly addictive, and deadly [63].

A few things are happening in simultaneously Gunnison County:

1. People are getting squeezed financially and coping with that in many ways.
2. The accessibility and the potency of drugs has increased.
3. Community norms favor heavy substance use.

As mentioned earlier, 45 percent of people with a substance use disorder have a co-occurring mental health disorder [60]. Pair these factors with the notion that high levels of mental health help or substance abuse treatment are not readily available in Gunnison County, and to receive higher levels of care people need to leave the community. People in Gunnison County pride themselves on being self-reliant and in many ways, people must be somewhat self-sufficient in order to maintain living in a rural mountain community; however, the notion that people can pick themselves up out of a high-pressure environment, at low-income levels, and always find the best way to cope with mounting stress and social norms seems increasingly problematic.

Historical substance abuse treatment models, both used for adults and youth, are systems that do not intervene until crisis level. Movement away from this model is beginning to make inroads at the hospital. One option for people struggling with substance abuse is Medication-Assisted Treatment (MAT) services. Some people from the recovery world are critical of these services and some are greatly in favor. Those who are critical of the service see it as exchanging one substance for another, but those in favor see it as a stepping stone towards complete sobriety. One interviewee asked, “Where are the services before someone’s life is completely defunct? You have to have people that give a shit in the trenches—the reality is that (some) people in the trenches don’t want help. I want to get going on events that are community based and really slam this thing home. We’re doing stuff, but not making nearly enough noise. There needs to be something that tears the walls down.” Gunnison County does not offer high-level substance abuse treatment options, as noted in the RCORP Needs and Gaps Analysis. The existing options for treatment are basically nonexistent beyond MAT services. The book *Bridges Out of Poverty* describes some options that are helpful to people getting sober: “These may include outpatient treatment, intensive outpatient programming (IOP), ambulatory detox, medically monitored detox, inpatient, and residential halfway house. The more levels of care that are available to your clients the better.” There is no sober living community, no intensive outpatient facility, and no detox center, and thus people struggling or finally realizing they need help often leave the community for treatment options.

Interviewees expressed how they do not think that the regional based model of care is working for Gunnison County. Much of the care for severe mental health issues and substance abuse issues require people going to Montrose, Grand Junction, Delta, Alamosa, or the Front Range. A few interviewees noted

that people might be more likely to get help if there were treatment options in Gunnison County. The problem that arises in many behavioral health realms is the low number of people who would utilize these resources, thus making them financially unviable to host in Gunnison County. According to estimates in Section 7.3 the number of people needing but not seeking treatment has increased over the last three years. It will take work to create treatment options in the community, and then an effort towards destigmatizing the use of those treatment options. Creativity around the issue to enable facilities to be financially viable in the community, such as having 5 of 10 beds in a sober living house available to Gunnison County residents while accepting people from other communities, is one way to support local people and maintain a facility.

9.5 Food Insecurity

The Food Pantry has identified barriers related to people accessing their services. There are nine identified barriers: pride, privacy, mobility, accessibility, language/education, health, mental health, cognitive challenges, and domestic violence. 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 they bring the service to the people. They are strategic in where they park the truck, and they maintain privacy. The stigma of receiving help is reduced as people are not seen entering the Food Pantry site.

The Food Pantry provides an array of opportunities for people of differing ages and ethnicities. The Food Pantry stays open beyond normal working hours because they understand that some who need their services work full-time jobs. On Wednesday nights, Spanish and Cora translators are present at the Pantry to interpret and greet shoppers. On Thursdays from 10 a.m. to 2 p.m., they open only for people 60+. If a person is physically unable to go to the Pantry, they also provide delivery services. The Pantry also has a partnership with WCU to offer some assistance to students with food insecurity. They provide a sample bag of food to every new seasonal employee at Crested Butte Mountain Resort (CBMR) and the Elevation Hotel. They have a wide reach around the community and remain effective at meeting the food needs for as many people as possible.

The Pantry exemplifies equitable distribution of services to those in need. They have specific and targeted approaches to overcoming barriers and gaps. The framework of bringing services to those in need and being creative about ways to go around barriers is a model that can be extended into other realms of behavioral health in Gunnison County.

A way that behavioral health organizations can learn from aspects of the Food Pantry model, and move towards integrated services, is by having a bus similar to the ice cream truck. Using a bus to provide alternating services such as telehealth services, a veterinary clinic, a place to connect with Workforce Colorado, housing assistance, and similar services is one way to eliminate barriers for people accessing services. Like the ice cream truck, a bus could be parked in strategic locations around the community to facilitate use, and in the process, people could see faces of people who provide those services and build relationships with behavioral health workers. Bringing the services to the people can help a wide variety of people who do not use services for a multitude of reasons. Coupled with movement towards integrated

services, this will make strides towards helping people. A point of contention and a likely narrative opposing this idea is that some believe this enables laziness and lack of responsibility. While this might be true for some people and some specific services, this idea is not all encompassing of the issues in the community. To that point, it is important to recognize the wide variety of problems that people face, including lack of transportation, having a disability, newly moving to the community, and other barriers. The more options are provided for people to participate and connect, the more successful behavioral health organizations will be in serving the community.

Overall, food security issues have not improved in Gunnison County over the last two years even though local non-profits have worked to confront the problem and expanded services. 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 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 in parallel with one another. Understanding from the 2021 Health Access survey that those with food insecurity situations were three times as likely to experience eight or more poor mental health days in the past month should help drive movement towards integrated care models [2].

9.6 Barriers to Accessing Behavioral Health Care

9.6.1 Mental health

Colorado has the highest prevalence of mental illness and lowest rate of access to care of any state in the nation [64]. As discussed in the literature review, shortage of workforce in behavioral health is a huge problem across the state. While the number local residents struggling with mental health problems continues to rise, the shortage of therapists, broken funding and billing systems, and high cost contribute to exacerbating the problem. The mental health systems in Colorado are enigmatic and unable to serve some of the most severe cases, which was detailed by one Gunnison County mother. The next section unpacks the details of local people's experience with mental health problems, systems, and stigma.

9.6.2 Stigma

Stigma remains a problem for all behavioral health agencies in Gunnison County. People working in basic needs remark on the fact that children are accessing services because parents do not want to enter the Food Pantry. In general, therapy is not seen as useful until a significant event occurs that forces a person—whether through the judicial system, or social pressure—to seek help. There are people that seek help prior to a significant event, but overall, that is not the norm. Services are seen to be useful, or at least necessary, to those who have hit a metaphorical “rock bottom.” People do not go to AA prior to a DUI. People do not go to marriage counseling unless a divorce seems like it is on the horizon. People do not go to the doctor until it is absolutely necessary. Interviews with people accessing services indicated that governmental assistance programs and judicial systems are places for those who have had a serious event occur or forced to by law. Maybe people do not need services until a big adverse event, or maybe we can think about the process of brushing our teeth daily and how that impacts the outcome of not needing a root canal. Maybe a person goes to an AA meeting before getting a DUI. Maybe a person goes to the doctor for a cough before two weeks have gone by and he gets bronchitis. Maybe one goes to marriage counseling before it is needed just to have an open space to talk to a partner. There will always be

unforeseen circumstances that put people in difficult situations that they are not accustomed to, just as there are predictable circumstances that put people in difficult situations that are not “normal.” Wearing a seatbelt every time one gets into the car will not save a person's life every time they get into a car, but it will increase the chances of survival. Delaying alcohol use prior to the age of 13 does not prevent everyone from becoming an alcoholic, but it reduces the chances of someone becoming an alcoholic. Changing the narrative around getting help and what help looks like will help break down stigmas. Help is not always a therapist or AA, but rather a good friend, parent, or neighbor.

Private providers as a whole are not diverse. By looking at the provider survey conducted by CBSOM, it is clear that almost all of the private providers are middle-aged white women. Generally, these therapists work with people with middle-class problems, leaving the working poor people, people on probation, and people with more severe issues left to their own devices to figure out their problems because they do not connect with therapists.

To truly work on destigmatizing mental health and substance use disorder, it takes infiltrating all groups and notions around why people might not seek help. The problem is connected to the array of social groups, and to eliminate stigma from social groups, the work begins with people who are already imbedded within these groups. It is unrealistic that behavioral health systems can fight stigmatization on their own, but continuing conversations around the topic, giving people the language to have difficult conversations around mental health, and providing a multitude of opportunities for the stigmatized to participate in conversations on how best to meet their needs will help in moving people towards accessing mental health services.

9.6.2.1 Sociocultural and Socioeconomic Barriers to Accessing Behavioral Health Care

9.6.2.2 Translation Services

Translation services arose in multiple interviews, but from slightly different needs across the community. The most obvious form of needed translation services comes from the Hispanic and Cora populations. When asked to a group of Hispanic and Cora members which services they feel most comfortable using, it was those who can provide in-person translation services and places that are anonymous. Narratives from some behavioral health individuals and a group of Hispanic and Cora members in the community expressed concern that it is not necessarily realistic to provide in-person translation services in all arenas of behavioral health. Both parties said that some of the work needs to be done by the immigrant populations to learn English so they can better communicate with people and feel more comfortable accessing services. Both narratives provide truth, and if behavioral health services and immigrant populations work towards learning each other's language and culture, it will enable Hispanic and Cora people to feel more confident in accessing services. While this might be felt by both the dominant culture and the Hispanic and Cora populations, there are barriers to immigrant people learning English. It was also noted in discussions with Hispanic and Cora populations that work is a top priority, and when people work long hours, commute on the RTA bus, and do not get home until later in the evening it is challenging to feel motivated to then go to a two-hour English class, especially if a person has children.

The less obvious form of translation services comes in the form of communicating services to the working poor. *Bridges Out of Poverty* explains the differences in registers that exist in all languages: frozen, formal, consultative, casual, and intimate. This report will focus on the casual register (language between friends and that is characterized by a 400- to 800-word vocabulary; word choice general and not specific; conversation depending upon non-verbal assists; sentence syntax often incomplete) and formal register

(the standard sentence syntax and word choice of work and school; has complete sentences and specific word choice). Behavioral health services operate with the formal register, which makes it difficult to relate to or connect with people—generally the working poor—who use the casual register. In short, there is a disconnect in the forms of language used to communicate, which disconnects services from those needing services [65]. Across Gunnison County exist people who bridge the gap and can effectively and efficiently communicate with people in both spheres.

There are people in the community already doing work in connecting people to substance abuse treatment, mental health services, food insecurity resources, housing assistance, and other programs. The growth is more organic and grass roots than what services provide. Through interviews it was explained that people that go through programs like AA and once they feel some stability, they become a sponsor, and the natural progression of helping people out of a difficult situation continues. This is evident with the Mental Maddness Project, where one individual has gone through the process of getting correctly diagnosed, and given the correct medication to manage her mental illness. She now works towards reducing stigma in the groups that stigmatized her and connects peers to mental health resources. Peer relationships and mentors are critical to success not only in AA or mental health treatment, but in other avenues of behavioral health. The most influential people, across socioeconomic and racial boundaries, are those people who have lived experience and can bridge the gap. When someone from the Cora community recommends the food pantry to a Cora friend, or when someone in recovery recommends AA to someone struggling with substance abuse, or when someone who has struggled with mental health reaches out to someone needing help, or when a peer support specialist recommends community services, that is powerful in reducing stigma. People already embedded within social groups that want to incite change and help their community members are the greatest community assets for behavioral health organizations. These people need to be supported, listened to, and enabled to continue to do the work they are already doing. This happens through relationship building, going to their table to listen to their concerns, and financially and/or emotionally compensating these efforts.

9.6.2.3 A Higher Power

Religious beliefs sometimes inhibit people from receiving care. Key informant interviews expressed sentiments regarding how belief in God can prevent someone from receiving higher levels of care and support. There is an underlying thought that God can solve every problem. It is not one particular denomination of belief, but some people are able to find their value and sense of purpose from a higher power. This is a commonality across races and across cultures. Below is an excerpt describing the beliefs of Cora population:

The Coras explain sickness and health in very different terms from western medicine. The balance between a man-nature-cosmos will keep them healthy. They consider sickness as something supernatural caused by the imbalance around them. It can be a punishment from God for those who neglected their religious obligations and who failed to make appropriate offerings, not only to the saints but also to shrubs in certain sacred caves. “If you are Cora and you don’t participate in the celebration of the Holy Week, you can get sick or have an accident,” explain the Coras, “however, the sickness disappears if you fulfill your obligations.” Traditional medicine is very important for the Coras. Curanderos, traditional healers, are considered to be a bridge between God and man. They visit the house of the sick person and help people with their own healing methods, such as sucking rocks or corncobs. In the past, the priest would provide some of the medical services and sometimes he would meet with a curandero in the house of the sick Cora. The Mixto Hospital in Jesús María was opened March 6, 2006 in order to preserve the

traditional medicine of the Coras. It is a unique place where the modern medicine coexists with the traditional treatment. “The specializations of Western medicine in the Hospital are pediatrician, gyn obstetricians, anesthesiologist and internist. The general practitioners and nurses provide all sorts of consultations. The traditional, which include “specialists”, such as a traditional healer, herb healer, bone healer, midwife, and herbal druggist were generally needed more often at the beginning although it seems now, they are “as busy as the modern doctors,” explains Dr. Francisco Javier Amador Ponce, Assistant Director of the Mixto Hospital, about the role of the Hospital in the Cora community [66].

Although this reflects the beliefs of the Cora populations, similar sentiments cross religious denomination boundaries. There is a common thread between belief systems and thoughts regarding behavioral health services. Seemingly unrelated, but actually closely connected, is a “hippie” culture and a culture of self-help. The idea is that one, through a connection with nature, self-reflection, and herbal remedies can heal one’s self of a mental illness. A belief in a higher power is not inherently problematic, and believing in a higher power can be beneficial for some. Surrendering to a higher power is an integral part to AA, and for some that process is necessary in removing a sense of ego. According to interviewees, this mindset can limit people’s ability and power to step away from social groups to receive higher levels of care. A person who spent years trying to heal herself explained this by saying,

The natural hippie culture is very prevalent here, and there’s a stigma about taking medication – I felt like I was weak if I couldn’t heal myself. In the spiritual world people believe you can manifest yourself into good health. I was obsessive about my physical health and it was never enough. I tried to heal myself for seven years, I did hormone therapy—I Googled how to heal myself from bipolar disorder. My medication was my biggest savior and that was frowned upon in the community I was in—less antidepressants, more biking—if you spend enough time outside, you’re going to heal your mental illness was the feeling I got.

To be fair, the process of getting correctly diagnosed and then being prescribed the correct medication and the correct dosage can take years, and to some, outdoor recreation is soothing and helpful. As noted in the literature review, the number one reason for people with clinical-level mental health challenges not seeking help in the U.S. is a lack of confidence in mental health treatment. It takes a certain level of belief to access current forms of mental health treatments, especially if a person was brought up in a religious setting or surrounded by people who do not believe in medications. Overall, providing alternative avenues to seek higher levels of mental health care oftentimes falls upon the individual’s shoulders, and that might mean stepping away from a social group. If someone has cancer, that person might attempt multiple forms of healing including chemotherapy, diet and exercise, herbal remedies, or praying to a higher power. Healing strategies are not mutually exclusive, relying on either one way or the other. It is about providing opportunities for people to heal holistically, and to remove judgement from both systems and social groups when a decision about how best to heal is made.

There is a wide array of reasons why people do not access services in the community. Having diverse staff who can speak the language and who have cultural competencies about the populations they serve is a critical in reducing access barriers. Helpers must be imbedded within the communities that they are trying to help. If that is not possible, the next best option is to bridge relationships between the individual and community organizations through the use of formal and informal peer supports that are connected with the cause and can speak the language of the people who need services.

9.6.3 Workforce

The lack of available therapists has been identified as an issue for a several years in Gunnison County and across the state of Colorado. The governor of Colorado is asking universities across the state about what they can do to close this gap. In the future, WCU might be offering opportunities for people to get a degree in social work, but there will be future challenges. Not only does Gunnison County lack a large number of diverse therapists, but there is a shortage of people who can supervise new therapists. Creating a system under which people can become certified counselors means housing overseers that can provide clinical supervision. Gunnison County might not have an adequate number of clinical supervisors, but being creative about how to utilize telehealth or retired counselors to come into the community might increase capacity to oversee more potential counselors.

The ratio of mental health providers to population has improved over the last five years. In 2015, the ratio of mental health providers to people in Gunnison County was 738 to 1, and in 2021, the ratio in Gunnison County improved to 430 to 1 with the state's ratio at 270 to 1 [21]. Although the ratio of mental health providers to population has increased, there is a higher level of demand for mental health services in Gunnison County than in 2015. All of the therapists who were interviewed as part of this report discussed the fact that they are booked out weeks in advance and have minimal time off. The health services industry has not been growing at the rate as other industries in Gunnison County. As the population and needs continues to grow, so will the need for health services. Increasing the number of therapists is a worthy goal; 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 all necessary for making services accessible to a broader audience.

There must be more regional and localized recruiting efforts to increase the workforce. Colorado Mountain College provides a track to become a Certified Addiction Technician or a Certified Addictions Specialist. These students are already living in rural mountain communities and might be more likely to come to Gunnison County to work. Rather than setting up university tracks for formal degrees, which will take many years to get online, recruiting efforts for people with certifications around the state is necessary to increase the behavioral health work force in Gunnison County. One of the reasons this has not occurred already is because of housing issues. Even when people are able to get hired in a position in the community, the shortage of available housing means it is hard to attract people to the community. Providing livable wages and some compensation packages will be necessary to attracting people to the community.

9.6.3.1 Telehealth

Providing telehealth options around the community is a way to reduce barriers and increase accessibility for those seeking mental health treatment. Telehealth in itself can be inequitable as a person must rely on technology and have the skills to use the technology to access appointments. Housing computers in different areas around the community, or in one central location, can help people connect to therapists that might be more aligned with personal and cultural backgrounds. WCU provides free telehealth options to their students, which might go a long way in reducing the need for in-person services. This framework might be useful in other sectors of the community.

10. Discussion

Key Findings:

- Lack of collaboration can place blame for failures upon the individual, which further perpetuates inaction of individuals in participation with systems. Lack of collaboration can contribute to people falling through cracks in the system, which might lead to recidivism or furthering trauma.
- The community cannot expect people to get sober unless services are seen as a resource rather than safety net.
- Systemic change will remain difficult while the system devoid of diverse and “non-professional” voices.
- The GCCHC should consider reorganizing the health coalition by needs and gaps rather than by subgroups.
- The current funding structure, which is not defined by people in the community, but rather by people outside of the community, limits organizations capacity to collaborate financially and keeps organizations disconnected.
- In general, law enforcement officers and jail staff feel frustrated by the revolving door of people in and out of the judicial system, which is reflective of system failures. 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.
- Increasing opportunities, through community partnerships, for people to better themselves and their economic situations after jail is crucial for long-term positive behavioral health outcomes.
- A call to action is necessary for better collaboration amongst law enforcement, behavioral health organizations, and elected officials to find balance between the local economy and public health and safety.

10.1 Socioecological Recommendations for Changes

Section 10 uses a framework outlined in the book *Bridges Out of Poverty*. This framework is used as guide to provide examples of how organizations across the community can work towards more collaborative efforts. *Collaboration* is a word that is frequently tossed around without much context or deep understanding of what it actually means. What some people see as collaboration, such as talking to another organization, can actually be categorized under coordination. Parts of the behavioral health systems do a great job of coordinating but have yet to move into cooperation and are far away from collaboration. Lack of collaboration can place blame for failures upon the individual, which further perpetuates inaction of individuals in participation with systems. Lack of collaboration can contribute to people falling through systemic cracks, which might lead to recidivism or furthering trauma. The community cannot expect that placing people back into uncertain, violent, negative, or abusive situations is going to foster positive outcomes. The community cannot expect that people kept in destitute living situations are going to pull themselves out and adhere to higher moral convictions predetermined by a higher class. Successes in individual outcomes rely upon improving interagency collaboration. It takes a paradigm shift, or a shift in underlying assumptions in how work must be done, to foster necessary changes in a system where people reoffend or relapse [65].

Table 10-1 outlines key pieces of coordination, cooperation, and collaboration. This framework can help local organizations understand where they are and how they can move towards integrated levels of care. The basis of collaboration relies on organizations moving beyond their individual missions and siloed grant requirements. True collaboration means sharing common long-term goals, measuring success in relation to the impact it had on people served, pooling financial resources, creating joint strategies, and defining clear channels for interaction and communication. Collaboration means sharing responsibilities and including diverse voices when setting long-term goals.

Table 10-1. Coordination, Cooperation, and Collaboration: A Table Describing the Elements of Each

Essential Elements	Coordination	Cooperation	Collaboration
Vision and goals	<p>Basis for coordination is usually between individuals.</p> <p>Individual missions and goals are not taken into account.</p> <p>Interaction is on as-needed basis.</p>	<p>Individual relationships are supported by organizations they represent.</p> <p>Missions and goals of individual organizations are reviewed for compatibility.</p> <p>Interaction is usually around one specific project or task of definable length.</p>	<p>Commitment of organizations and their leaders is fully behind their representatives.</p> <p>Common new mission statement and goals are created.</p> <p>One or more projects are undertaken for longer-term results.</p>
Structure, Responsibilities, and Communication	<p>Relationships are informal; each organization functions separately.</p> <p>No planning is required</p> <p>Information is conveyed at occasional intervals.</p>	<p>Organizations involved take on needed roles, but they function relatively independently of each other.</p> <p>Some project-specific planning is required.</p> <p>Communication roles are established, and definitive channels are created for interaction.</p>	<p>New organizational structures and/or clearly defined and interrelated roles that constitute formal division of labor are created.</p> <p>More comprehensive planning is required that includes developing joint strategies and measuring success in terms of impact on needs of those served.</p> <p>Beyond communication roles and channels for interaction, many</p>

			“levels” of communication are created—as clear information is keystone of success.
Authority and accountability	<p>Authority rests with individual organizations.</p> <p>Leadership is unilateral, and control is central.</p> <p>All authority and accountability rests with individual organizations, which act independently.</p>	<p>Authority rests with individual organizations, but there is cooperation among participants.</p> <p>There is some sharing of leadership and control.</p> <p>There is some shared risk, but mostly of authority and accountability falls to individual organization.</p>	<p>Authority rests with collaborative structure; individual organizations accept authority of group to achieve purpose for which was formed.</p> <p>Leadership is dispersed, and control is shared and mutual.</p> <p>Risk is shared equally by all organizations in the collaborative structure.</p>
Resources and Rewards	<p>Resources (staff time, dollars, and capabilities) are separate, serving individual organization’s needs.</p> <p>Rewards are specific to each organization.</p>	<p>Resources are acknowledged and can be made available to others for specific project.</p> <p>Rewards are mutually acknowledged</p>	<p>Resources are pooled or jointly secured for longer-term effort that is managed by collaborative structure.</p> <p>Organizers share in products; more is accomplished jointly than could have been individually.</p>

Source: *The Bridges Out of Poverty*.

Below is a short excerpt from *Bridges Out of Poverty* to help explain what collaboration looks like:

Example of collaboration: In a small, rural community, 10 agencies formed a network to provide services to the inmates of a new jail. The Life Skills Training (LST) Provider Network offered its services to the administrator of the jail through one contract with a single unit cost. The network developed a common mission, philosophy, credentialing process, management information system, and quality improvement activities. One agency served as the administrative and fiscal agent for the network for which it was reimbursed by the other members. The network offered the following classes at the jail: GED preparation, resume writing and job-search activities, alcohol/drug risk factors, parenting classes, healthy relationships, communicable diseases, anger management, stress management, goal-setting, and others. The network also contracted with the local welfare

department to provide services to welfare-to-work participants and marketed its services to local employers as an Employee Assistance Program provider. The network provided staff-development classes to its own members on security issues and the poverty culture [65].

As shown through the example, multiple agencies collaborated to produce the common goal of supporting inmates in the jail by increasing educational opportunities and connecting them to resources that directly benefit the inmates. Integrative services that interconnect numerous agencies behind a common purpose of providing opportunities for individuals and families to grow is a need. The following sections use examples from key informant interviews in order to exemplify ways that organizations can transition from coordination or cooperation to collaboration.

10.1.1 Gunnison County Community Health Coalition

The Health Coalition provides general updates for those who participate of work being done in the community. Communicating updates to other organizations is necessary for not duplicating efforts and giving a broader understanding of what is going on in the community. Communication between organizations has improved over the years, yet gaps in communicating messages to broader audiences still exists.

Overall, the community has a limited understanding of the work that is being done or topics that are discussed by the GCCHC. Changing community norms and attitudes regarding behavioral health initiatives will remain challenging without effectively communicating the efforts, needs, and gaps to a broader audience. One person described the GCCHC as a group of “well-intentioned and well-educated people talking in a bubble, and if all of the information stays in this well-meaning and well-informed bubble, you don’t make much progress.” Effectively disseminating needs to elected officials, community leaders, and broader County residents is necessary to increase efforts surrounding behavioral health.

Progress will be made when the GCCHC mobilizes diverse sectors of the community. The large quarterly meetings continue to attract a broad base of community participation; however, the subgroups are repeatedly the same people doing all of the work with limited capacity to do so. Although communication across sectors has improved, there must be ways to create buy-in from organizations or individuals who do not consistently participate. Interviewees working for non-profit or governmental organizations in the community expressed reservations about participation for various reasons, including not feeling connected to the work, being unable to see how being involved is going to help with their work, and thinking they are already knowledgeable about ongoing community efforts. Involving more people in the GCCHC takes relationship-building, time, and trust. Conversely, organizations that continue to work in silos will perpetuate disconnection and will not be as effective in doing “their” work.

The GCCHC has yet to attract diverse, informal peers working on behavioral health needs. This is in part due to the fact that much of the work happens during the work day, and the informal peer support people cannot attend. There is a plethora of informal peers (e.g., friends, well-connected members of recovery groups) working to support community members through the process of seeking mental health support and/or sobriety. These community connectors or peer support individuals need to be involved in conversations that impact the groups they are trying to help. Systemic change will remain difficult while devoid of diverse and informal peer voices. The coalition itself needs at least one full-time dedicated staff

person organizing meetings, creating subgroups, and meeting with community members who cannot physically be at the table in order to bring their voices to the conversation.

An alternative to the current GCCHC structure means allowing more fluidity based on needs and gaps rather than structure based on organizations with similar interests. An example of this would be the community-identified need for more “sober” events. The leader of the GCCHC meets with people in the community who are interested in hosting sober events, those who have it in their strategic plans, and those who have funding/resources and convenes a subgroup. The subgroup according to the level of need and urgency of the objective, figures out the logistics of those events, helps promote and carry out the event, and then dissolves, pauses, or continues the work until deemed completed. The GCCHC should consider reorganizing the health coalition by needs and gaps rather than by subgroups.

Neither the current structure of the GCCHC nor the newly proposed structure will work unless there is capacity by people in the community to work collaboratively to complete the project. Capacity issues arise as a serious problem in getting movement on many tasks. Capacity issues are closely tied to funding streams. People have full-time jobs that are often connected to grants and grant requirements. As one key informant interviewee stated, “I think that everyone in this community that works in human service type work are all overburdened. It is hard to add to something that feels like a nearly impossible task, to formulate a plan, and to figure out how to fund it. That’d [any project] be great, but I have x, y, z, in front of me today that I need to deal with.” Sometimes subgroup work fits within the context of the grants but overall inhibits time to transition thoughts into action.

10.1.2 New Funding Mechanisms for Advanced Collaboration

Sometimes it is hard to realize how closely connected Gunnison County is to the larger global economy. A book *Billionaire Wilderness* closely details the intricacies of social issues in Teton County, Wyoming. Many of the issues facing this county align with the issues in Gunnison County. Wealthy people continue to purchase land, build huge houses on a part of it, then relinquish the rest to a conservation easement. From the outside, conservation is something applauded in rural communities; however, this process enables wealthier people to inhibit people from building close to them and reduces the amount of buildable land, which increases property values. Wealthy people are able to protect and acquire more wealth through the land investment and simultaneously contribute to furthering economic divides under the veneer of conservation. Teton County also experiences inequality with respect to nonprofit donations. Nonprofits focused on land conservation and the arts have the largest assets in Teton County, and when looking at Gunnison County nonprofits, this is also the norm [67]. A couple of nonprofits in Gunnison County with the largest assets are Crested Butte Land Trust and the Arts Center. There are other nonprofits in Gunnison County with high-value assets, but wealth in Gunnison County is mainly aimed at conservation and the arts [68].

Interviewees expressed concern about people with money to donate having the ability to choose projects that fit their personal interests and desires. Although this is not inherently a bad thing, and there are examples of wealthy people donating to social causes, the choice of donating to an organization is inequitable. People across all socioeconomic statuses donate to things that seem important to them. In Gunnison County, private donations simultaneously contribute to solving behavioral health problems and create a greater divide between those who have resources and those who are not accessing or trying to

access services. That is not to say that arts centers and engineering buildings are not important assets to the community, and they play a role in culture, tourism, and industry; however, it remains to be seen that the collective power of behavioral health organizations is used to effectively to clearly communicate the behavioral health needs of the community and to procure money for the purpose of providing services that meet the increasing demand in an equitable way. One person asked, “How can we change collective consciousness to realize the importance of funding things that might not be to our direct benefit?” Changing collective consciousness sounds intimidating, but there are strategic ways of informing the general public of the work being done and the needs of the community.

The GCCHC is set up as a cooperative system, and that perpetuates a lack collaboration and lack of communication. Funding comes in different forms for behavioral health entities. Many of the behavioral health organizations are funded by local, state, or federal grants, private donations, and some tax dollars. The current funding structure, which is not defined by people in the community, but rather by people outside of the community, limits organizations’ capacity to collaborate financially and keeps organizations disconnected. Even when organizations might have the same goals and do similar work, the fact that each has to answer to different grant requirements keeps people working in silos. Additionally, all grants come with requirements for making change in the short term, and once the funding source is gone, organizations continue to try to do the work but are often limited by the fact that there are new grant requirements from a current funding source.

There are two main pieces of collaboration for the GCCHC to consider: 1) financial collaboration and 2) verbal collaboration. Important collaborative pieces exist across the community, but behavioral health professionals mostly interact with other people within the same silos of work. Collaboration exists in pockets, but there are opportunities to collaborate across other systems. For example, Mountain Roots does a great job collaborating with other entities dealing with food, CBSOM does a great job collaborating with mental health providers in the community, GCSAPP and Gunnison Valley Mentors are in connection with each other about promoting events for youth. Organizations must broaden their lenses and be open to partnering with diverse partners. For example, sober events have been a need in the community for a long time, yet organizations have not successfully mobilized like-minded community partners to host these kinds of events. Youth, veterans, GCSAPP, university students, and members of AA have independently voiced this need but are not working together collaboratively to host sober events.

Integrative services are a critical step in treating the health of a whole person. Behavioral health organizations must think about creative ways in which people can have access to a greater number of health services in one location. People receiving the care do not always understand how the organizations interact, where all the organizations are physically in the community, or how to connect with other services if there is not a warm handoff. When referrals are made to services, the work is put on the individual to get connected to those services. Ideally, once referred, people would connect with the other organizations from which they need help; however, the physical disconnection of services is in itself a barrier. One interviewee noted one example of a homeless shelter in Colorado Springs. At this homeless shelter, they offer many services to the location including doctors, food, clothing, therapists, veterinarians, and other needs of the unhoused. The homeless shelter has considered all the things that contribute to a person being “unwell” and bring those services to the people. Having a one-stop shop for behavioral health services is one way to improve the efficiency of systems. GVH is moving towards the integration of care by housing physical and behavioral health services in the same location. Creating

seamless systems where people can easily access other basic-need services and mental health services at the same location as a doctor's visit will help eliminate barriers. Planning around clientele experiences enables agencies to better connect with other necessary programs.

10.1.3 Trainings

Different entities host a wide variety of trainings across the community; however, a systematic way of documenting the trainings does not exist. Throughout the process of creating this document, people asked what trainings have been done in the community and what trainings should be hosted. It was difficult to answer these questions accurately as everyone who hosts trainings has their own information on what the training was and the number of people who attended the trainings. Behavioral health entities need a single document or survey that is distributed at each training so that the entire community knows what has been done and what trainings are needed in the future.

10.1.4 Judicial System

In several conversations interviewees expressed concern about the "frequent fliers" who are consistently system-involved. In general, people working in the judicial system are frustrated by the revolving door of people in and out of the judicial system, which is reflective of systemic and policy failures.

Individuals working in the judicial system are not necessarily to blame for the revolving door of "frequent fliers" that are in and out of jail. The community cannot expect people to get sober unless services are seen as a resource rather than safety net. Take for example someone who has a substance use disorder. This person might fall into the criminal justice system and might get help through various avenues, or this person might fall through the cracks. Gunnison County is seeing larger systemic issues play out in the community. When asked to describe the issues of people who enter Drug Court, one respondent stated:

I would say that the people in drug court have housing insecurity, they have other problems with the law, they might have dependency and neglect cases, they have employment issues. If they have multiple DUIs they might not have a driver's license and it's hard to get work or to treatment. Over the last two to three years, it's ranged from people who were overly prescribed opioids and went to alcohol or heroin; it's people that have significant mental health issues. These people have marginal employment opportunities. They don't have money or healthy social support systems. The people willing to hang out with them are other alcoholics or drug users and are the people that got them in trouble in the first place, and they're struggling, economically, financially and criminally.

Chemical dependencies rarely are a person's sole problem. Substance abuse is closely interwoven with social and economic factors. 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. To paraphrase one interviewee, the more we allow people to stay in their situations, the "poverty" culture will deepen, and the hill will seem taller and further away.

One unintended consequence of new Colorado state laws around possession of substances is the inability to motivate people to utilize drug court. Previous to the law change, a person who got caught with 4 grams of heroin got a felony charge. According to interviewees, if a person is caught with the same amount, it is a misdemeanor charge. This person faces the choice of one to three months in jail or a year

of going through drug court. Unfortunately, people caught with this decision are more likely to choose jail time.

Help rejectors are a common theme in the judicial system. A person might be participating in probation and go through the motions of going through the system only to get off probation and start using again. A person on probation might be ready to get help by seeing a therapist and then go through the process of finding one that fits and reshare their stories multiple times, only to stop the process completely because it is exhausting and the therapist cannot connect. Someone on probation might be ready to get sober only to find out they need to leave the community to receive more intensive services and then choose not to go to Grand Junction or Alamosa. Law enforcement picks that person up again and the process starts over. Gunnison County behavioral health resources are lacking to help support severe substance abuse issues. It is necessary to continue prevention efforts so that people do not end up in the type of scenarios that are mentioned above and create opportunities for people to get out of their situations.

10.1.4.1 Jail Based Behavioral Health Services (JBBS)

One example of moving from cooperation to collaboration is the partnership between the Gunnison County Jail and GVH that started July 1, 2021. The purpose of Jail Based Behavioral Health Services (JBBS) is to reduce recidivism and “to provide appropriate behavioral health services to inmates while supporting continuity of care within the community after release from incarceration” [69]. Behavioral health efforts include therapy, case management, applications to rehab, and MAT services at the jail. There are also attempts to get people the resources they need when leaving jail, such as a continuation of MAT services, funding for clothes and temporary housing, move-in costs an apartment, and help filling out job applications, and this support continues for at least a year after leaving jail. Some people choose not to participate in JBBS, which means they might fall back into prior behavioral patterns; therefore, increasing participation in the program through relationships and incentivization will help a broader swath of the population. JBBS movement towards supporting people after leaving jail will hopefully reduce the tension in the community regarding recidivism. Increasing opportunities, through community partnerships, for people to better themselves and their economic situations after jail is crucial for long-term positive behavioral health outcomes. Continuing to bring other organizations on board 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 towards lifting the community.

10.1.5 Substance abuse

Relationships between law enforcement agencies, elected officials, and behavioral health leaders remain sporadic at best, and deeply disconnected at worst. Local behavioral health entities have had a difficult time communicating the importance of upstream prevention efforts in regard to liquor laws, but it is not because of a lack of effort. Elected officials are making decisions supporting economic growth, sometimes at the cost of community behavioral health. Law enforcement is concerned about maintaining community relations. In fairness, police departments are many times under intense scrutiny from multiple sources and are siloed in their role as law enforcement. These entities have improved in cooperation but are lacking in collaboration. In early 2021, the topic of drinking at local parks was addressed at a city

council meeting. There was no initial outreach from elected officials to receive input from behavioral health specialists who are working to change community norms and bolster protective factors. There was no initial conversation between police and behavioral health organizations in regard to how to handle drinking at the park and simultaneously maintain good community relationships. As long as there is only cooperation between organizations, moving the dial in favor of protecting health will continuously be difficult. For the community to achieve prosperity, people need to understand deeper issues and how they are interconnected, one of which is community norms favorable towards substance abuse. It is imperative that all of these groups understand the risk of alcohol use, but rather than digging into solving the problem collaboratively and with a similar understanding, decisions are made that directly negate or at least contradict the work of behavioral health organizations. This is a call to action for better collaboration amongst law enforcement, behavioral health organizations, and elected officials to find balance between the local economy and public health and safety.

10.2 Recommendations for Future Research

This report attempts to encapsulate a wide range of data and to bring it together to make better sense of behavioral health organizations in Gunnison County. Although there is an immense amount of information disseminated throughout the report, there are still areas that were not covered and require further research. The following segments provide insight into recommendations for future research and try to take ownership of the shortcomings in the research of this report. Through the process of trying to understand behavioral health in Gunnison County, many questions were addressed, but more questions persist. The amount of data required to produce this report was extensive, but not exhaustive. The torch must now be passed to the next researchers in hopes of continuing to dissect economic, social, political, and cultural ecosystems that exist in the small rural area.

Some might question the absence of the Social Determinants of Health (SDOH) data. SDOH data is collected to gauge the level of need for food, housing, transportation, social isolation, utilities, and safety. The SDOH data was not included in this report due to the difficulties in extrapolating the data in regard to the broader County population. Prior to June of 2021, data was only collected through the obstetrics and oncology departments, which made drawing inferences and connections to deeper behavioral health issues challenging. Key pieces (e.g., housing, basic needs, safety) of the SDOH data are mostly covered in other sections of the report. Optimistically, this data will be extremely useful in the future, as the hospital has the opportunity for early identification of those who need access to basic need services. This system can be utilized to preemptively connect patients with non-profits and human services across the County. The hospital can act as a filter or a triage center to screen people, ask them about the SDOH, and get people to the appropriate services. This will be a significant tool for upstream prevention as more data is collected.

Further research should quantify the prevalence of substance abuse among populations experiencing a high prevalence of poverty. Key informant interviews alluded to the disproportionate arrest rate of those living at or below the poverty line. Literature points to the difference in substance abuse depending on socioeconomic status. A deeper dive into quantitative data to help analyze the correlation between socioeconomic status, substance abuse, and arrests data would be useful.

The degree to and manner in which local policies impact vulnerable subpopulations is another aspect not settled in this report. One example of a gap in analysis is an assessment of how building restrictions and codes dissuade private contractors from building affordable housing. Additionally, discerning how building requirements deter homeowners from building auxiliary dwelling units could help depressurize an overfilled system would be valuable to the housing discussion. Further research should focus on equitable housing and ways to increase support for vulnerable populations.

Behavioral health organizations need a better understanding of how much money it actually takes to do the work they are doing. Not knowing the cost of the work is likely related to somewhat vague and unclear understanding of the scope of the problems. Some issues are more easily identifiable while others are more abstract and unclear. For example, feeding people is more straightforward than trying to reduce barriers to mental health or substance abuse. Non-profits are stuck in a cycle of chasing grants to continue doing work in the community. This process makes long-term efforts challenging. If organizations better understood the costs associated with the work, they might be better positioned to integrate services. Moreover, knowing the cost of the work can help organizations streamline efforts to target vulnerable populations.

Another question to address is, what are the social and economic costs of not addressing behavioral health issues? Are the current organizations sufficient in meeting the behavioral health needs in Gunnison County? Better understanding the effectiveness of each program assists in broadening the understanding of how to allocate resources. It seems plausible that most of the resources allocated towards behavioral health needs are reactive and focus on the point of crisis. One example, which can be extrapolated to other organizations, is to assess the Choice Pass Program. The Choice Pass Program has collected longitudinal data concerning youth substance use rates, availability of substances, and parental support. Comparing this data to Health Kids Colorado Survey data can help better understand the efficacy of the Choice Pass Program with respect to reducing youth substance abuse and risky behaviors. Future research should assess whether apportioning more resources towards prevention programs can be more cost effective over the long run. This information can help organizations communicate the message of the importance of allocating sufficient resources to upstream behavioral health efforts.

Members of the GCCHC, in the infancy of this project, wanted to better understand social vulnerability. Section 6.10 points to crucial pieces around social vulnerability, with definitions from the state. Other pieces of vulnerability have been addressed in relation to the tourism economy and poor resiliency against economic downturns. Further defining key variables—beyond what the state deems as vulnerable—that encapsulate local vulnerability, and ways to reduce vulnerability, are points of future research.

Other communities across the state use Hotspot Mapping to identify locations around their neighborhoods that have higher DUI arrests. Initially, it was a goal of this report to replicate those efforts for Gunnison County; however, collecting DUI location information was a barrier. Further research should focus on mapping liquor licenses in relation to DUI arrests to see if correlations exist. This effort enables communities to become safer places and pave avenues for education regarding safe substance use.

Future research might look to answer the following questions regarding short-term rentals:

- What percentage of short-term rental owners live in the County, and is the money they are making circulating back into the local economy?

- Are short-term rentals creating high paying jobs?
- What percent of short-term rentals have transitioned from long-term to short-term rentals?
- How have in-county tax revenues trended over time compared to out-of-county?

11. 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 specialist, recovery or health navigators and other non-professional and non-formalized positions are 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 in 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 opportunities for staff in order to maintain a high level of care, cross-sector collaboration, and reducing barriers to access. At the community level, this means addressing toxic living and social environments, 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 to, and manner in which, local policies impact vulnerable subpopulations or perpetuate poor behavioral health outcomes. To make progress towards these goals, voices from each level must be involved in the decision-making process.

Generally, behavioral health services in Gunnison County support those who need minimal support for a short period of time, those who are living below the federal poverty level, or those who have adequate health insurance or can pay out of pocket. For the “unseen poor”, described throughout the report as those living above the federal poverty line but below the Standard, they do not access services for a number of reasons including cost, lack of confidence in mental health treatment, stigma, and more. Community resources are mostly seen as a last resource for people who “have hit rock bottom,” and there remains a lack of support for those teetering on the edge of poverty, addiction, hunger, and poor mental health outcomes.

Tradeoffs are symptomatic of low income or poverty. When tradeoffs impact physical, mental, or emotional health outcomes for individuals or families, it is evident that incomes are not adequate in meeting the needs of residents and that systems are struggling to “lift all boats.” Working towards providing opportunities for local people to acquire new job skills, language proficiency, cultural competencies, and parenting skills before ending up in a crisis situation is needed for the promotion of positive behavioral health outcomes.

Poor behavioral health outcomes are frequently symptomatic of deeper issues such as housing, food insecurity, low wages, and poor living conditions. As explained in section 7.3.4 Drug Court, for those considered to have severe substance abuse issues, substance abuse is rarely the primary concern.

Undoubtedly, substance abuse compounds the problems of those living in vulnerable environments, but until environmental factors are adequately addressed, recidivism in systems is likely. Creating safe places for people returning from jail, or substance abuse treatment outside of the community to reduce the chance of recidivism, is a need. Integrated services, such as those seen through the JBBS systems, are needed for offenders, but services for non-offenders are needed as well. Services similar to JBBS should not be reserved solely for those who have committed a crime but expanded upon to address the needs of those living below the Self-Sufficiency Standard. Embedding services in places where people live, having a bus that rotates services to different places in the community, and integrating services across scopes of work helps to meet people's needs holistically.

The increased potency and accessibility of substances in Gunnison County is seen as a considerable behavioral health problem. Non-fatal overdoses continue to be prevalent, more pervasive, and more common than they were 10 to 15 years ago. It is hard to deny the addictiveness of substances circulating around the community; however, the reader should ask, why do people use substances in the first place? The County offers an abundance of opportunities to purchase alcohol and cannabis, establishing a cultural norm of baseline drug and alcohol use. Substance use and abuse is not seen as problematic for long periods of time, and individual notions of personal freedom and autonomy encourage maintaining such a lifestyle until a point of crisis. Fostering positive living environments, addressing relationship issues, and paying higher wages are strong behavioral health protective factors that may contribute to people not seeking substances to cope with their situations.

Food insecurity problems have been a persistent issue in Gunnison County with no sign of disappearing. Whether this will remain or shrink back to the pre-pandemic level remains to be seen. Between 10 percent and 15 percent of the population remains food insecure. There has been a consistent population relying on SNAP benefits since 2013. The rise in children utilizing food pantry services is a point of concern. Food insecurity can be a significant stressor in an individual's or family's life, which leads to poor mental health outcomes. The two initiatives cannot be addressed separately. Furthering early identification systems of those struggling to meet basic costs can help get people connected to other community resources. Expanding the food truck initiatives can help reduce barriers to people accessing services.

Equitable housing for local people has not been prioritized until the point of crisis. Gunnison County has seen sizable population growth, leading to a lack of affordable housing and an increased cost of living. Vacancy rates around the County are disproportionate on the opposing ends of the Gunnison Valley. The lack of affordable housing in the Gunnison County has led to a significant loss of hotel rooms. Many mom-and-pop hotels in the City of Gunnison transitioned into long term housing units. Trailer parks remain a safety net for many communities, and Gunnison County is no exception. Country Meadows mobile home park is a prime example of how lower-income residents are disproportionately impacted by uncertainty of living situations. New developments are arising around the community to meet the demand, yet building houses is not the only solution to improving behavioral health outcomes.

Much of the local economy revolves around tourism and the service industry. The tourism economy drives many local policies and decision making, yet Gunnison County continues to prioritize the economy over behavioral health issues. Those who work in the tourism economy, in the service-based industry, or in other low-paying jobs cannot be left behind in terms of meeting basic needs. Understanding the relationship between upstream prevention within the context of a tourism and service-industry-based

economy presents intricacies regarding substance abuse and mental health. If these trends continue without adequate support, many residents will be left unaided and left to face their challenges on their own.

Behavioral health initiatives and economic plans are not separate objectives. Fostering mutually beneficial relationships among law enforcement, elected officials, and behavioral health organizations to align efforts to target vulnerable populations and work to decrease community norms favorable towards substance use is a need. The One Valley Leadership Committee noted the need to combat climate change in their strategic plan but were unsuccessful in considering how climate change impacts the community's most vulnerable populations. Initiatives such as climate change can be tackled in congruence with behavioral health needs. Addressing low-income housing and fostering equitable, efficient housing together is a worthy goal. Continuing to perceive the world in terms of "our" work and "their" work will only perpetuate siloed work and leave individuals and organizations coordinating rather than collaborating.

One thoughtful community member put it best by saying,

Get out there and be a community member. Check on your neighbors, say hello to someone new, try a new activity, attend a City Council meeting, go for a walk with a coworker, ask questions and listen, grow food in your backyard or community garden, get coffee with a young person, take lunch to an old person, care for yourself and family, practice a new language, thank a teacher and a police officer, ask how someone is doing and mean it, invite friends and new acquaintances to a homecooked meal, do your best, do more good than harm, and tell the truth even if it hurts.

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