2024 Behavioral Health Assessment

Summit County, Colorado

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Table of Contents

2024 Behavioral Health Assessment

Executive Summary

Background

Summit County has a strong core of stakeholders who have been highly engaged in understanding and responding to the behavioral health needs of the community over the past decade. Through this work the community has been able to leverage state, regional, and local partnerships to expand the resources in the community. In 2018, Summit County voters passed Referred Measure 1A, a 4.7 mill property tax levy which required the County to invest a portion of the proceeds on mental health and substance use programs and services. This appropriation is administered as the *Strong Future* fund.

Concurrently to expanded local funding, the community has faced new challenges affecting behavioral health. These challenges include population shifts, changing stressors associated with the COVID-19 pandemic and an extreme housing crisis. The COVID-19 pandemic in particular, altered public perception of mental health and influenced demand for services. In order to understand the local patterns of service utilization, these challenges must be acknowledged and accounted for with sensitivity to the national context. For this reason, this report focuses on comparing trends over time and anchoring local data to state and national data, when available, and then relies on local surveys to help paint a more nuanced picture of the trends and needs. The purpose of the report is to assist Summit County and its partners to improve the availability, accessibility, quality, and efficiency of the County's behavioral health service system.

Trends in need and access

Prevalence data, community survey data, and anecdotal experiences of people living and working in Summit County suggest that the behavioral health of the community is mixed. The community has experienced an increase in the number of programs and services available, increased accessibility of services, and observed some improvements in mental health and substance use, especially for adolescents. However, problem alcohol use is generally higher in the County than the state, and Colorado's rates are already higher than most other states. Further, while very little data exist on the health of young children in the County, research has demonstrated that parental mental health and substance use, and parental stress contribute to poorer outcomes in children[1]. Colorado's rates of maternal mortality related to mental health and substance use are alarming and suggest that more could be done to support young children and their families. Some of the findings highlighted in the report are presented below:

- While Summit County and the surrounding mountain region appears to have better overall mental health than the state or region, adult mental health seems to have worsened over the past 5 years and individuals with lower income, People of Color, younger adults, and LGBTQ+ individuals are disproportionately affected by poor mental health.
- Summit County's rates of excessive use of alcohol are higher than the state and nation and these rates have not changed in recent years.
- The mental health of middle and high school students appears to be improving after a significant peak in poor mental health in 2021. Female students are affected by poor mental health at much higher rates than male students.

- Alcohol use among high school students appears to be declining, and rates of use of alcohol use are similar across male and female students.
- One in six people in the I-70 Corridor region reported that they did not receive the behavioral health care they needed in 2023.
- One-third of Summit County providers report that people have to wait more than a week for routine care. Providers serving children are less often able to provide care within a week when compared to providers in general.
- Over half of the Summit County providers, including providers serving children, do not provide appointments outside of regular business hours.
- Summit County providers serving children and families less often accept Medicaid or commercial insurance or provide a sliding fee scale than providers as a whole.
- The proportion of people who were uninsured in Summit County in 2023 was more than twice the state average at 13%.

Progress on building a services system

Over the past three years, Summit County and its partners have made several investments designed to fill gaps in the continuum of behavioral health care in the community. These investments span all levels of need and include both financial investment as well as investing the time and willingness to think critically about how to improve the mental health of the community. While significant progress has been made to expand the number of providers available, fill gaps in the continuum of high intensity community-based care, and increase the community resources available to support mental wellbeing, there is more work to be done. Gaps continue to exist in access to high acuity care such as residential and inpatient services, specialty services for adolescents, and prevention, early intervention and treatment of children and families.

Recommendations

This report identifies twenty-two recommendations that span five broad areas.

Additional coordination of crisis behavioral health services coordination

It is recommended that the County convene key stakeholders to identify and address duplication and gaps in the County's behavioral health crisis service system and develop a comprehensive plan to increase efficiency and fill gaps. The plan would address the goals that follow.

1. Develop a concept paper or concept papers that could be used to solicit proposals to address the lack of a crisis receiving center, walk-in center, facility-based crisis stabilization, or respite program.
2. Create standardized protocols for the crisis response of various community organizations at the point of initial crisis call or visit.
3. Identify standards for coordination of care including warm-hand-offs between crisis and emergency providers, from crisis and emergency providers to treatment programs, and from inpatient and residential programs back to community care.

Expansion of services for children and families

To address the gaps in the current continuum of care it is recommended that the County and its partners incentivize service expansion for children and families. The service expansion would address the areas that follow.

1. Expand screening and outreach efforts for new parents to ensure that they have the support needed to create a healthy environment for their children and that they are aware of the resources available to address problems, if they arise.
2. Engage the Medicaid Regional Accountable Entity (RAE) and Child Health Plan payer in identifying ways to increase support for child and family services at the individual family level.
3. Further refine Building Hope-sponsored provider networking and communication efforts to focus on increasing coordination across child and family serving providers.
4. Collaborate with Vail Health Behavioral Health to identify strategies to increase the availability of child psychiatry with a particular emphasis on Spanish speaking providers.
5. Promote and incentivize providers who are trained in and offer play therapy and family therapy.

Enhanced collaboration between child and family behavioral health and human services

It is recommended that the County formalize collaboration between the child and family services arm of Summit County Youth and Family Services, Building Hope, and Summit Schools, either in conjunction with the newly launched Collaborative Management program, or independently of this effort. The collaborative effort would address the areas that follow.

1. Develop a catalogue or directory of child and family services that cuts across behavioral health and early childhood supports and provides up to date information about what is available and how to access various services.
2. Identify gaps in the child and family service system and clarify responsibility to fill gaps.
3. Improve coordination across service sites and levels of care.
4. Leverage the Collaborative Management Program to bring providers, payers, and human services organizations together to plan with families and identify and fill gaps in the continuum of care.
5. Collaborate with behavioral health crisis services planning efforts to ensure that the needs of children and youth are addressed in all crisis system planning.
6. Explore the potential to leverage State Core Services and Additional Family Services funding in collaboration with the Managed Service Organization/Behavioral Health Administrative Service organization to fill gaps in access to services for families affected by substance misuse.

Continued support for small providers

It is recommended that the County and Building Hope continue targeted support for small providers. Targeted support would consider the strategies that follow.

1. Continue to provide time-limited support for providers in Medicaid and commercial insurance billing and credentialing to help providers establish billing processes and cash flow.
2. Assist providers in negotiating rates with commercial insurers to include providing them with technical assistance related to how to negotiate rate increases.

3. Continue to provide time-limited scholarships to individuals who are unable to pay for treatment, however, consider creating baseline conditions that providers must meet to be able to accept scholarship funds.

Targeted Strong Future funding to address County priorities

It is recommended that the County use its leverage through Strong Future to prioritize filling gaps and incentivize providers to enhance access or quality of care. The County would address gaps and incentivize providers through the strategies that follow.

1. Prioritize funding to populations or services where gaps exist.
2. Preapprove providers who can accept scholarship funds to incentivize low barrier care.
3. Require evidence of collaboration and/or fund only collaborative proposals in areas where potential for duplication of effort or resources exists, such as in the crisis service system.
4. Identify initiatives of particular high priority and create Requests for Proposals to address these areas.
5. Continue to formalize outcome reporting requirements and require that repeat grantees demonstrate an impact on expected outcomes and operational efficiency.

2024 Behavioral Health Assessment

Summit County Government, in partnership with key community stakeholders and with the assistance of the non-profit organization, Building Hope, has been working for over a decade to identify gaps and expand critical behavioral health infrastructure in Summit County. These partnerships have increased community awareness of mental health and substance use and its impact on the community and resulted in the passage of the *Strong Future* fund, a ballot Initiative that provides funding for mental health and substance use services in Summit County.

The goal of this report is to update prior analyses related to the community's need for mental health and substance use services, document changes in the availability of services, and identify opportunities to improve services and resources. The information provided in this report will be used by the County and its local and state partners to increase the availability, accessibility, quality and efficiency of the local behavioral health service system.

Background

Summit County, Colorado has a population of just over 30,000 and roughly half of the population is concentrated in the mountain towns that include Breckenridge, Copper Mountain, Dillon, Frisco, Heeney, Keystone and Silverthorne. The remaining half of the population is spread throughout the unincorporated areas in the County. The County is a popular year-round recreation area both for visitors from Colorado and for tourists from outside the state. Tourism is the primary source of economic activity in the County and jobs have outpaced workers in recent years.

Summit County has a strong core of stakeholders who are highly engaged in understanding and responding to the behavioral health needs of the community. Over the past several years, the County has prioritized increasing resources to address mental health and substance use during its strategic planning processes. In November 2018, voters approved Referred Measure 1A, authorizing a 4.7 mill property tax levy and requiring the County to use a portion of the funds raised to support the Summit County community with mental health and substance use programs and services. This appropriation is administered as the *Strong Future* fund.

Trends in Behavioral Health in Summit County

Capturing a point in time picture of Summit County's behavioral health is challenging for a number of reasons. First, the availability of behavioral health prevalence data at the county level is limited and when data are available, they are often delayed by a few years, making their use in planning challenging. Further, the significant impact of the COVID-19 pandemic on the nation's behavioral health complicates the County's ability to discern progress made in reducing stigma and increasing access to care prior to or following the pandemic. Therefore, this report focuses heavily on comparing trends over time and anchoring this to state and national trends, where available. In addition, the report relies on recent local surveys that include small samples and anecdotal data to help paint a more nuanced picture of the behavioral health trends and needs.

Three recent surveys of Summit County residents and providers offer a glimpse into the current state of attitudes and perceptions about mental health and substance use. However, sampling limitations prevent deep investigation into subpopulation differences or other variables that may be driving the trends. Nonetheless, available prevalence data, community survey data and anecdotal experiences of people living and working in the community suggest that the behavioral health of the community is

mixed. The community has experienced an increase in the number of programs and services available, increased accessibility of services and observed some improvements in mental health and substance use, especially in adolescents. Nevertheless, problem alcohol use is generally higher in the County than the State as a whole, and Colorado's rates are already higher than most other states. Further, while very little data exist on the health of young children in the County, research has demonstrated that parental mental health and substance use, and parental stress contribute to poorer outcomes in children[1]. Colorado's rates of maternal mortality related to mental health and substance use are alarming and suggest that more could be done to support young children and their families.

The sections of this report that follow provide an overview of the available prevalence, survey and anecdotal data at the county-level. When local data is not available, state-level data is included. The purpose of presenting state and national data is to help local decision makers better understand the trends and current needs of adults, adolescents and children and their families and how these trends compare to other parts of the state and the nation as a whole.

Indicators and trends in adult behavioral health

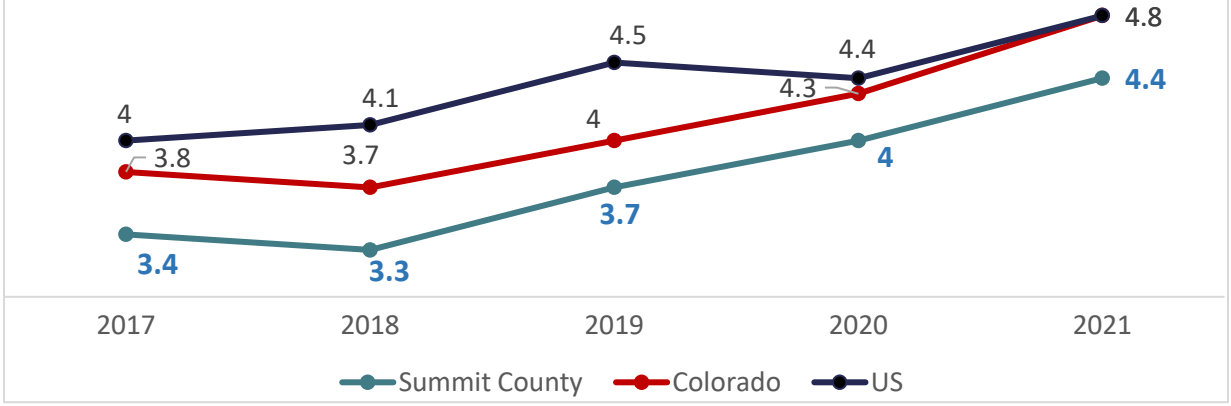
The trend data presented on adults includes standardized indicators of mental health, suicide risk, substance misuse and behavioral health crisis. When available, regional, state and national comparisons are presented.

Poor mental health days

Poor mental health days is a widely applied measure of mental health that is used in national and local prevalence surveys such as the Behavioral Risk Factor Surveillance System (BRFSS)[3]. The question asks "*Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?".* Because this question is used broadly across populations, settings and time, it can be used to examine trends across years and compare populations.

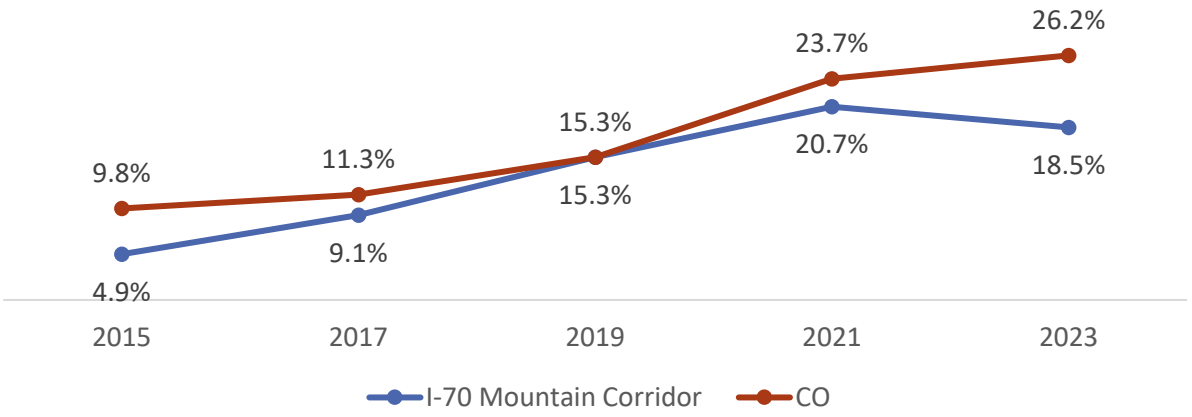
As shown in Figure 1, Summit County residents have historically experienced slightly better mental health when compared with the state and the nation[3] when looking at data from 2017-2021. However, this indicator shows slightly worsening mental health for Summit County adults during this time period, a trend that is also mirrored in state and national averages.

Figure 1: Average number of poor mental health days in last month in adults
(BRFSS, 2022)



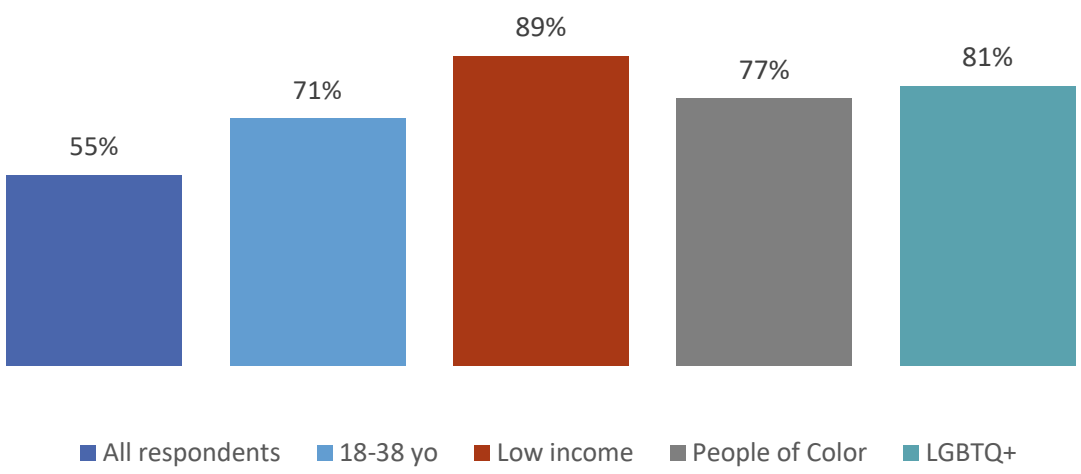
Using the same measure of mental health, Figure 2 shows trends among adults who reported eight or more days of poor mental health in the last month. Eight days or more of poor mental health is considered to be an indicator of "mental distress" and is captured on the Colorado Health Access Survey (CHAS)[4]. While these data are not available at the county level, they are available for the I-70 Mountain Corridor region comprising Garfield, Pitkin, Eagle, Summit and Grand Counties. Data for the I-70 Mountain Corridor show that 18.5% of adults in the region reported mental distress in 2023 as compared with 26.2% of adults in Colorado 2023[4]. Interestingly, the percentage of adults reporting mental distress appears to have stabilized or trailed off in the region over the past few years as compared with the state.

Figure 2: Adults with 8 or more days of poor mental health in last month
(CHAS, 2023)



For a more local look at mental health in the County, the Katz Amsterdam Foundation commissioned the Community Engagement and Behavioral Health Survey, examining mental health indicators across a range of rural resort communities, including Summit County[5]. This survey has been administered three times since 2020 and its most recent administration was conducted by telephone and online with 200 randomly sampled Summit County community members and a convenience sample of 367 people. The analysis from this survey presented the proportion of adults who reported three or more days of poor mental health in the past month. Figure 3 shows that slightly over half of all people responding in 2024 reported three or more days of poor mental health in the past month. It also shows some disparities in reported mental health based on population. Specifically, the survey reveals that individuals with lower incomes, young adults, People of Color, and individuals identifying as LBTQ+ experience poor mental health days at higher rates than average. Interestingly, adults over age 65 reported lower rates of poor mental health with only 13% of this age group reporting three or more days of poor mental health in the past month as compared with 55% of all respondents.

Figure 3: Adults with three or more days of poor mental health in past month
(Community Engagement & Behavioral Health Survey, 2024; N=537)



Serious mental illness

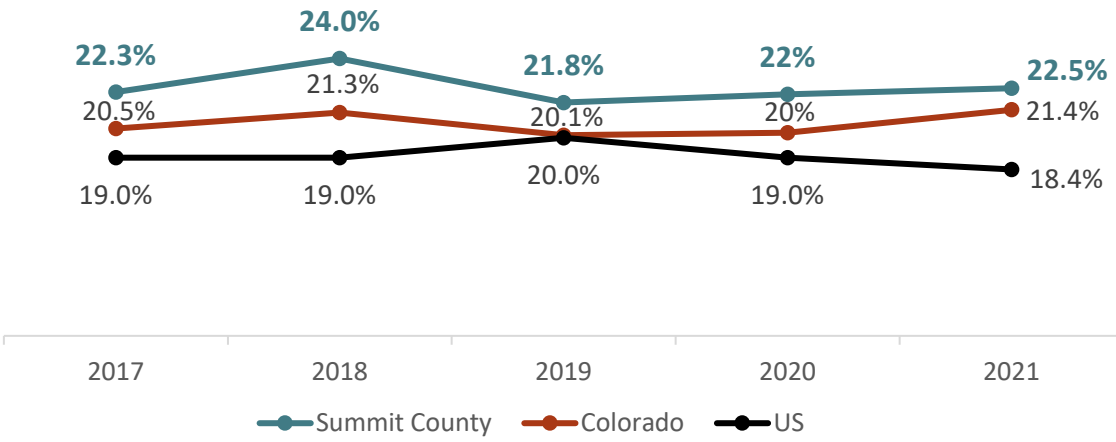
Serious mental illness is defined as a diagnosable mental, behavioral or emotional disorder (excluding substance use or developmental disorders), that results in serious functional impairment. While the percentage of the local population with serious mental illness is not available, state estimates suggest that 6.92% of adults in Colorado are currently experiencing a serious mental illness as compared with 5.86% of adults in the nation[6]. Extrapolating from census data for Summit County[7] results in an estimate that roughly 1,500 adults in the County are experiencing a serious mental illness.

Binge or heavy drinking

Summit County is known to have a culture that accepts excessive use of alcohol[i]. Rates of excessive use of alcohol in the County have historically been higher than either state or national rates. Figure 4 displays data on the prevalence of excessive drinking based on the 2022 National Survey of Drug Use and Health (NSDUH). This survey shows that 23% of adults in Summit County reported binge or heavy drinking as compared with 18% of adults in the United States and 21% of adults in the state[3]. Putting this in context, Colorado has one of the highest rates of excessive drinking in the nation. In 2022, Colorado was ranked among the five highest states in the nation for rates of excessive drinking and Summit County's rate of excessive drinking was among the highest in the state during the same year.

[i] Excessive alcohol use is defined as either binge drinking, defined as consuming four or more drinks on one occasion for women and five or more drinks on one occasion for men, or heavy drinking, defined as consuming eight or more drinks per week for women and fifteen or more drinks per week for men.

Figure 4: Percent of population engaging in binge or heavy drinking
(NSDUH, 2022)

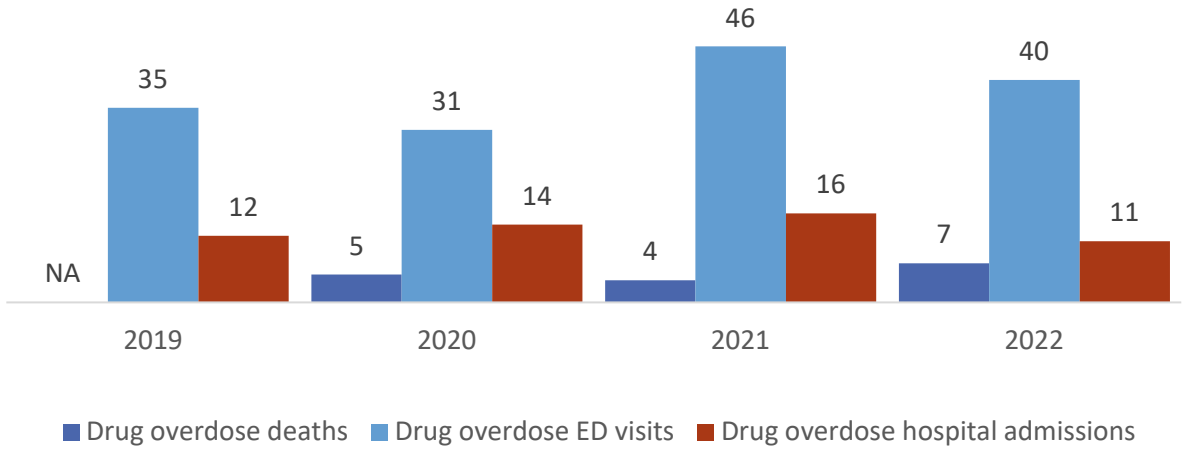


Summit County's rate of excessive drinking is high when compared with other rural resort communities in the western US. In a survey of rural resort communities conducted by the Katz Amsterdam Foundation, Summit County had the second highest rate of excessive drinking as compared with seven other communities surveyed[5,8].

Drug overdose

As reported by the Colorado Department of Public Health and Environment (CDPHE), since 2019 Summit County's emergency department visits for overdose have mirrored the state, increasing in 2021 and then decreasing slightly in 2022. While the numbers are too small to identify trends, Figure 5 shows that the rates of drug overdose deaths, emergency room visits and hospital admissions peaked in 2021 and then decreased slightly in 2022[9]. However, overdose indicators remain higher than prior to the COVID-19 pandemic.

Figure 5: Summit County drug overdoses
(CDPHE, 2024)

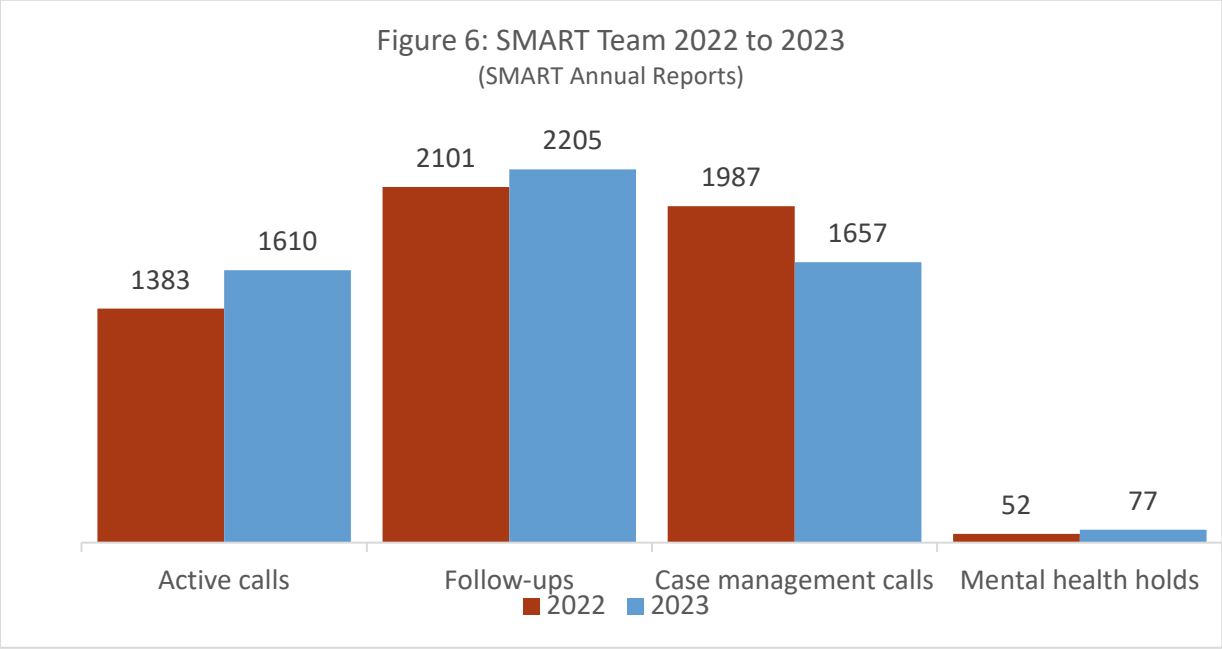


Behavioral health crisis

The rising number of behavioral health crises can indicate challenges in access to routine care in addition to indicating the need for urgent care services. Crisis services include calls to 988, Colorado Crisis Services; mobile crisis interventions, walk-in crisis centers, emergency departments, withdrawal management facilities, and law enforcement calls with a behavioral health component. The latter are increasingly fielded by co-response teams such as the System-wide Mental Health Assessment Response Team (SMART).

SMART is a specialized unit within the Summit County Sheriff's Office (SCSO) that responds to 911 calls presenting with a public safety and mental health concern. A master's level mental health professional and a SCSO deputy specializing in behavioral health, provide de-escalation and assessment, with the goal of stabilizing the crisis utilizing the least restrictive means and providing access to appropriate follow-up care. Following an active crisis, SMART provides free case management services to assist individuals to identify and progress towards mental health goals and prevent future crises.

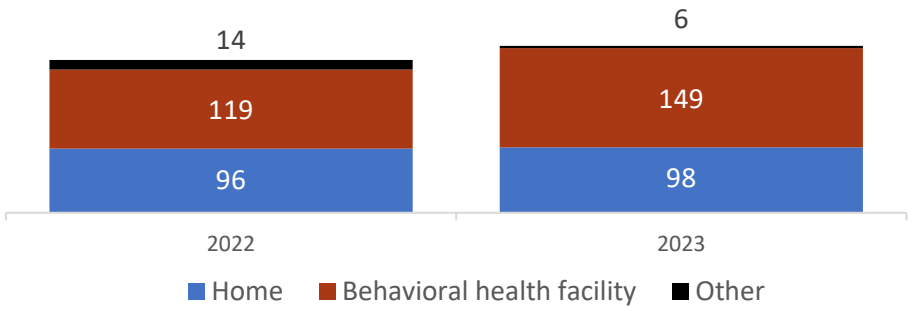
Since its inception in 2020, SMART has experienced a consistent increase in active calls. As illustrated in Figure 6, total calls (including dispatches, follow-up calls, and case management calls) were stable from 2022 to 2023. Active calls (dispatches) rose from 1,383 in 2022 to 1,610 in 2023, reflecting a 16% increase. Consistent with the increase in active calls, follow-up engagements by co-responders and case managers increased. The reduction in case management calls noted in Figure 6 is attributed to improved referral efficiency and enhanced collaboration with community partners, indicating that individuals enrolled in SMART's case management services required fewer visits to establish effective social support and healthcare connections. While the total number of mental health holds increased slightly from 2022 to 2023, this rise coincides with the increase in SMART call volume.



Consistent with SMART data showing a slight increase in mental health holds, Figure 7 indicates that the number of people seen on mental health holds in the emergency department at St. Anthony Summit Hospital grew by 10% between 2022 and 2023. The hospital data suggest that people seen in the emergency department for mental health holds were experiencing slightly more severe problems as

measured by the larger proportion of individuals who were discharged to a psychiatric hospital versus home.

Figure 7: Disposition of hospital emergency visits for mental health holds
(St Anthony's Summit Hospital data reported to Strong Futures)



Indicators and trends in adolescent behavioral health

Colorado is known to have higher rates of youth mental health and substance use concerns as compared with national averages. As shown in Table 1, prevalence studies conducted in 2021-22 by the Substance Abuse and Mental Health Services Administration (SAMHSA) estimated that 23.3% of Colorado youth ages 12-17 had at least one major depressive episode in the past year[10]. This is compared with an average of 20.2% among youth in the nation. The percentage of Colorado youth that have had serious thoughts of suicide over the past year is also slightly higher than national rates.

Similarly, it is estimated that 8.4% of Colorado youth used alcohol in the prior month as compared with 7.0% of youth in the nation[10]. As with Colorado adults, marijuana use among young people is also high compared with other states. In 2021-22, SAMHSA estimated that 14.6% of Colorado youth had used marijuana in the prior year as compared with 11.2% of youth nationally[10]. Rates of opioid misuse among Colorado youth are similar to national rates[10].

Table 1: Indicators of Youth (ages 12-17) Mental Health and Substance Use Concerns, 2022[10]

Indicator	Colorado	US
Major depressive episode	**23.3%**	20.2%
Serious thoughts of suicide	**14.3%**	13.2%
Alcohol use past 30 days	**8.4%**	7.0%
Marijuana use past year	**14.6%**	11.2%
Opioid misuse past year	**1.9%**	1.8%

Trends in youth mental health

The Healthy Kids Colorado Survey (HKC)[11], is a collaboration between CDPHE and local school districts across Colorado. The survey is administered every two years and provides a snapshot of key health indicators among middle and high school students. CDPHE compiles statewide data and compares it to Health Statistics Region (HSR) data where Summit County is grouped with counties in the 1-70 Mountain Corridor region. In addition, Summit School District releases their own data for high school and middle school students.

Data from HKC are presented in Figure 8 and show worsening mental health symptoms among high school students leading up to and following the COVID-19 pandemic. However, the number of young people experiencing these symptoms appears to be declining both in Summit County[12] and across the state[11]. In response to the question, "*have you felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that you stopped doing some usual activities"*, 28.8% of Summit High School students responded "*yes"* in 2019 and this proportion increased to 36% in 2021 before dropping to just under 20% in 2023. High school students in Colorado and in the 1-70 Mountain Corridor also show reductions in feelings of sadness and hopelessness and these results track similarly over time with Summit County High School students. HKC data also show that the proportion of female Summit County High School students reporting feelings of sadness or hopelessness is higher than males at 25% versus 14%.

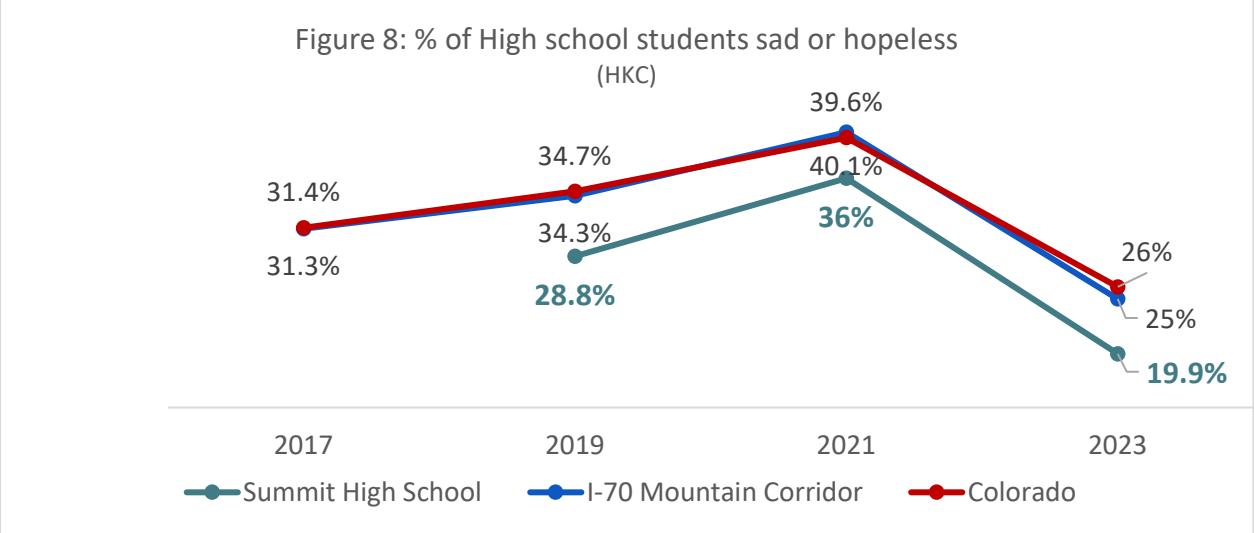
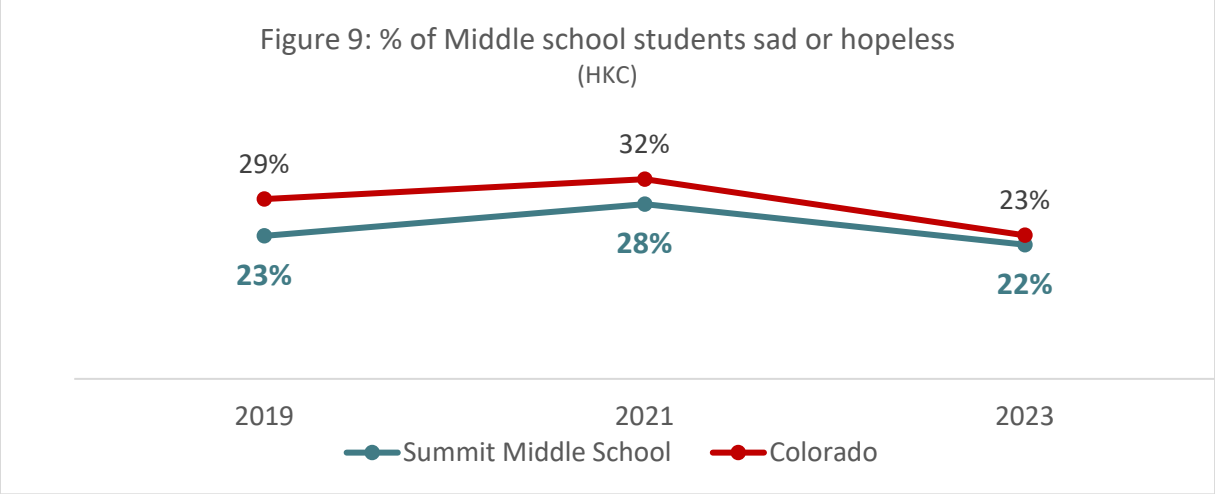


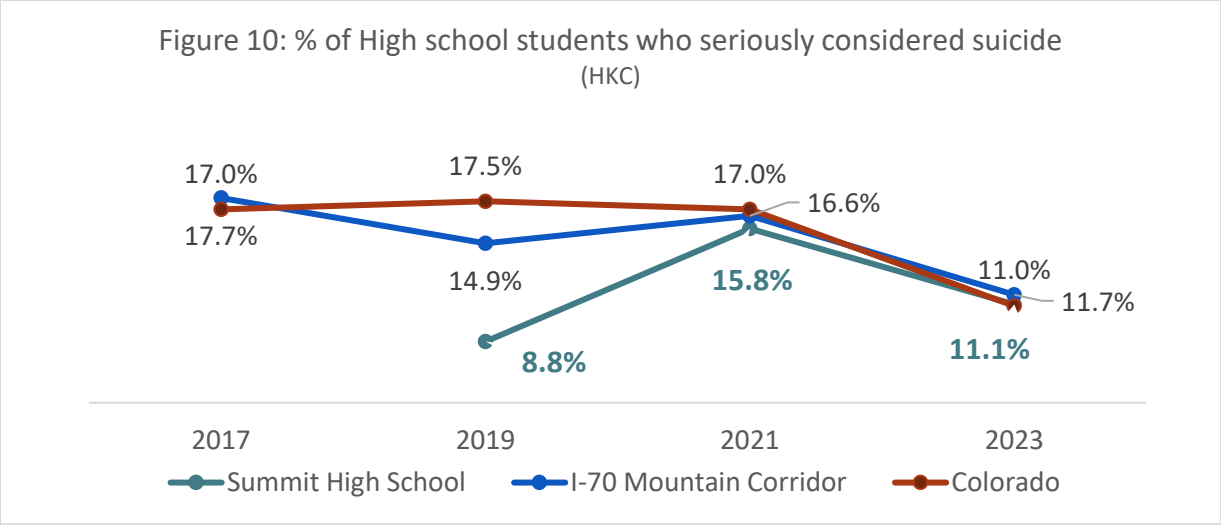
Figure 9 includes the response to the same question for Summit Middle School students. In 2019, 23% of middle school students reported that they "*felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities*". This percentage increased to 28% in 2021 and then dropped again to 22% in 2023[13]. As with high school students, female Summit Middle School students reported feeling sad or hopeless at much higher rates than males, 28% as compared with 13%.



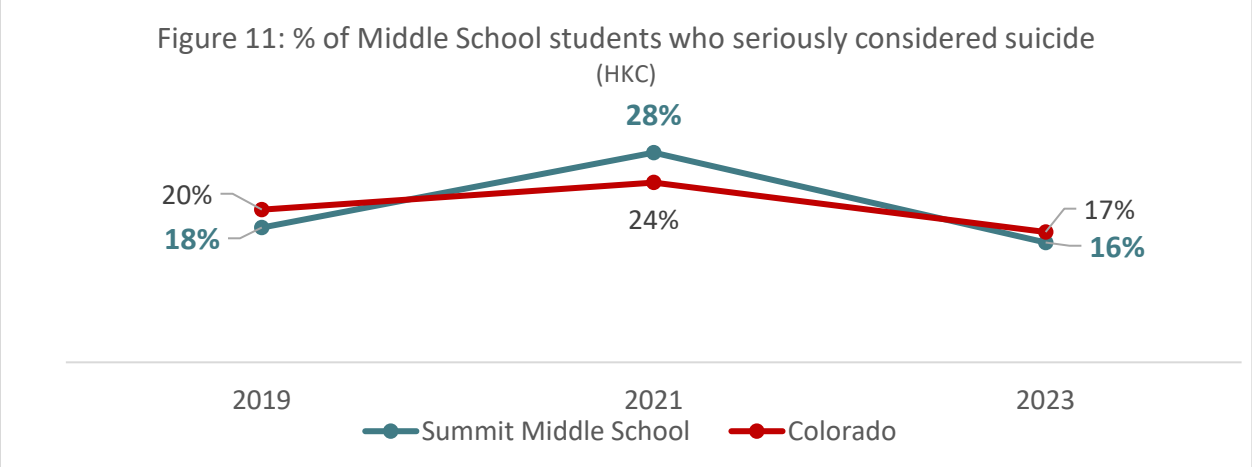
Trends in youth suicide

Colorado's teen suicide rate is high compared with other states and suicide is the leading cause of death among Colorado youth[14]. Colorado is among the seven states with the highest rates of teen suicide with 21.8 deaths by suicide per 100,000 among teens ages 15-19[15]. This rate is double the national rate of 10.6 per 100,000 teens[3]. While still alarming, the suicide rate among youth in the I-70 Mountain Corridor region is lower than the state and national average at 8.3 deaths per 100,000 individuals ages 10-19.[16]

Figure 10 shows that 11% of Summit High School students, completing the HKC survey in 2023, reported that they had" seriously *considered suicide"* in the past 12 months[12]. While this is a reduction from 2021, it is a slight increase as compared with the percentage reporting thoughts of serious suicide in 2019. As with poor mental health, the proportion of female students reporting that they seriously considered suicide is higher than male students at 12% versus 7%.



Alarmingly, the HKC survey shows that nearly 30% of Summit Middle School students reported seriously considering suicide in 2021[13]. As shown in Figure 11, while this percentage dropped from 2021 to 2023, at 16%, it still reflects one in six middle school students having "seriously" considered suicide in the prior year. Further, female middle school students reported serious thoughts of suicide at much higher rates than males, 24% versus 14%.

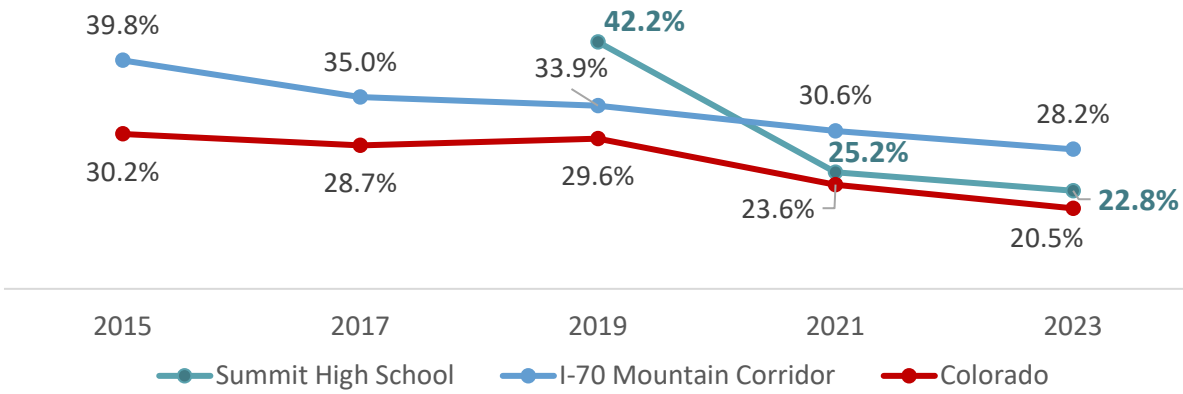


Consistent with findings from HKC, state and national mental health and suicide risk data show disparities based on the young person's gender, race, ethnicity and sexual orientation. Adolescent females are much more likely than males to consider suicide, however, males represent 72% of suicide deaths due to their higher likelihood to use firearms[16]. State and national data also show that youth who are part of historically marginalized populations based on race, ethnicity, sexual orientation and gender identity experience sadness and hopelessness at higher levels than other youth[16].

Youth alcohol and drug use

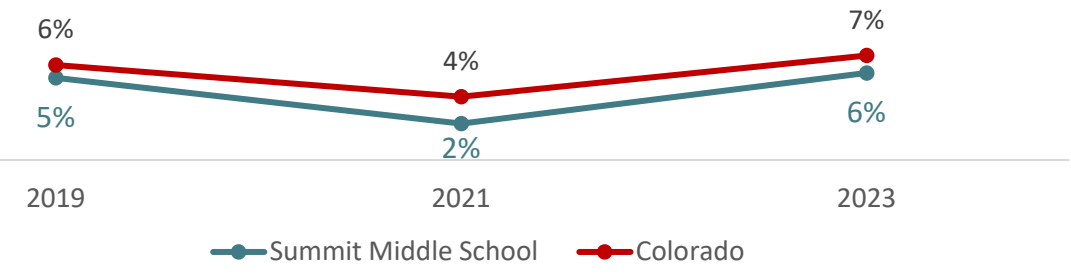
HKC data indicate a decline from 2019 to 2023 in alcohol use among Summit High School students[12], among students in the I-70 Mountain Corridor region and the state as a whole[11]. As shown in Figure 12, in 2019 Summit County High School students had a higher rate of alcohol use than either the region or the state but since that time, the rates of use have dropped to lower levels than the region and slightly higher levels than Colorado averages. Among Summit High School students, the proportion of female and male students reporting alcohol use in the past 30 days is nearly identical to the average and shows no gender differences in use.

Figure 12: % of High School students who drank alcohol in past month
(HKC)



As expected, the proportion of Summit Middle School students who report having drank alcohol in the past month is much lower than at the high school level[13]. Female and male middle school students reported drinking at similar rates, with 6% of females and 5% of males reported having one or more drink in the prior 30 days. As shown in Figure 13, there has been little change in the percentage of students engaging in alcohol use in middle school from 2019 to 2023.

Figure 13: % of Middle School students who drank alcohol in past month
(HKC)



As with adults in Colorado, rates of youth marijuana use are higher than the nation while rates of other drug use are generally comparable[6]. This is also true of misuse of prescription pain medicine[ii] where HKC data show that 4% of Summit County High School students reported misuse of prescription pain medicine in the past 30 days[12]. This rate is identical to the regional and statewide rates[11]. While the youth overdose rate statewide has historically been low at 2.1 per 100,000 youth, the rate has increased significantly since 2020[14].

Indicators and trends in child behavioral health

Addressing early childhood risk factors can make a profound difference in a child's mental and physical health in later life. This includes addressing parental risk factors during pregnancy and in the postpartum period, as well as in early childhood. Research shows that mental health and substance use disorders among pregnant and parenting people increase the risk for poor outcomes to both the parent and the child[17,18]. In Colorado, behavioral health concerns, including suicide and drug overdose are the leading cause of maternal mortality[19].

Additionally, multiple studies have demonstrated that Adverse Childhood Experiences (ACEs) such as parental divorce, substance use, mental illness, incarceration and violence, impact an individual's later physical and mental health resulting in poorer outcomes for individuals who have been exposed to these events[1]. It is estimated that 15.7% of Colorado children ages birth to 17 have experienced two or more ACEs[20,21] suggesting that providing support to families of young children is important to prevent mental and physical health problems and increase the wellbeing of children.

Maternal mental health

Untreated depression and anxiety are common among new parents and can create an unhealthy environment for both parent and child. Yet societal stigma related to mental health, especially during pregnancy, creates an environment where new parents can be reluctant to seek help. In a survey of 1,028 postpartum people in Colorado who agreed to participate in the EMoms survey, 12% reported depressive symptoms and 35% reported anxiety symptoms[22]. The Colorado Pregnancy Risk Assessment Monitoring System (PRAMS), showed that in 2022, 31.9% of postpartum people surveyed reported that they felt down, depressed or hopeless either sometimes often or always and 19.4% reported

[ii] Misuse of prescription pain medication is defined as having ever used prescription medicine that was not prescribed to the individual or was used differently than the instructions provided by a doctor.

experiencing depression[23]. This level of parental distress during the postpartum period presents substantial risk factors for both parent and newborn.

Maternal mortality poses a significant, and often preventable, risk for both parent and child. Suicide and unintentional drug overdoses in Colorado are the leading causes of pregnancy-associated deaths, most often occurring between six weeks and one year postpartum. The Maternal Mortality Review Committee determined that 100% of the deaths by suicide and overdose during their two-year study period were preventable[19]. They further found that mental health or substance use contributed to 52.5% of all pregnancy-related deaths[19].

Despite the level of co-occurrence of pregnancy related deaths and behavioral health conditions, accessing care can be challenging. The EMoms project found that 4 of 10 postpartum parents were able to access the mental health care that they needed and those who were unable to access care reported not knowing where to go for care, concerns about cost and lack of child care as primary reasons they were unable to access care[22].

Childhood mental health

Early identification of developmental concerns can assist parents in securing the support their child needs to thrive. The American Academy of Pediatrics recommends that all children receive developmental and behavioral screening during well visits at 9 months, 18 months and 30 months[24]. This screening is designed to identify areas where children may need more support. Despite this recommendation, only 40% of Colorado children ages 9-35 months received screening[25].

National studies of children's health estimate that 10% of Colorado children experience anxiety problems and 4.4% experience depression. Table 2 below shows the estimated prevalence of various emotional challenges in children in Colorado as compared with the US. As shown, Colorado ranks higher than the nation on nearly all of these indicators.

Table 2: Estimates of emotional challenges among Colorado children ages 3-17[25]

Indicator	Colorado	US
Depression ages 3-17	**4.4%**	4.2%
Anxiety ages 3-17	**10.5%**	9.2%
ADHD treatment ages 3-17	2.4%	2.8%
Adverse Childhood Experiences ages 0-17	**15.7%**	14%
Childhood maltreatment	**10.0 per 1000**	8.1 per 1000

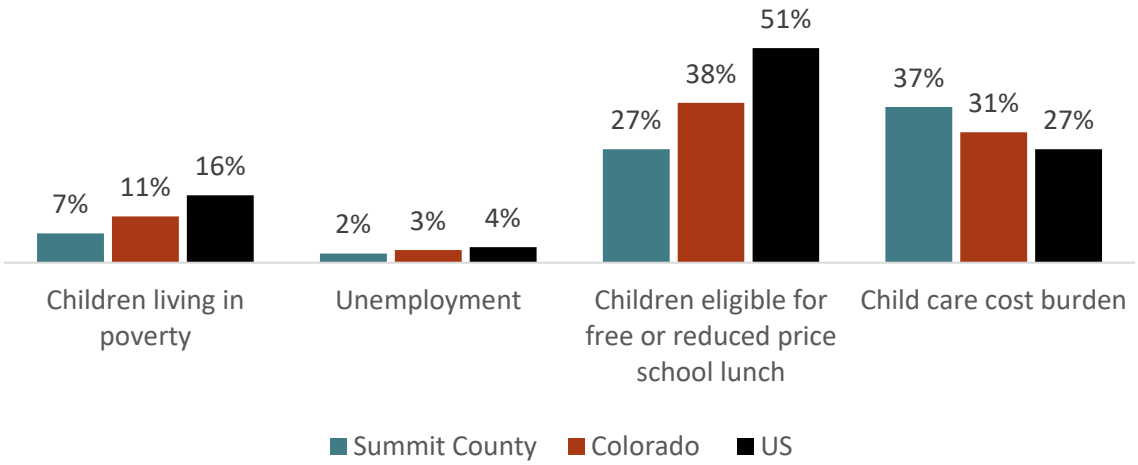
While state rankings of women and children's health show that Colorado generally ranks better on environmental factors affecting family health, the state ranks 37th in the nation on housing cost burden among households with children and 33rd on severe housing problems[26]. This represents nearly one third of Colorado households with children facing extreme housing cost burden[27]. Within Colorado, Summit County is facing an extreme housing shortage that negatively affects children and families[28] Housing costs contribute to both stress among families and barriers in accessing behavioral health care when needed.

Social determinants of health

A variety of social and economic factors including housing costs influence an individual or family's emotional wellbeing and facilitate or prevent access to care when problems arise. These factors include

income, access to food, affordable housing and child care. As shown in Figure 14, Summit County has a higher median income and a smaller proportion of the population living in poverty as compared with the state as a whole[15], however, the higher cost of living means that food, child care, and housing are less affordable than other parts of the state.

Figure 14: Economic Factors
(County Health Rankings and Roadmaps, 2022)



Income and cost of living

While rates of poverty in Summit County are low compared with the rest of the state, it is estimated that over 7% or 350 Summit County families live below the federal poverty level (FPL)[7,16,29]. The proportion of families below the FPL increases to 11% among Hispanic families. Additionally, 27% of children in public schools in the County qualify for free or reduced-price school lunches because their family's income is less than 185% of FPL[30]. Despite lower proportions of households with incomes below the poverty level, the higher cost of living places a different burden on individuals and families. For families with low or even moderate incomes, affordability of food, housing, and child care can create emotional strain and prevent access to mental health or substance use services. The strain can be particularly apparent for Hispanic families. The 2022 Summit County Community Health Assessment[31] surveyed 276 community members and found that:

- 11% of respondents had lived on the street, in a car, RV or temporary housing during the prior two years;
- 5% of all respondents and 17% of Hispanic respondents reported that they worried that food would run out before they received more money; and
- 9% of all respondents and 30% of Hispanic respondents received assistance from food banks or food pantries in the prior 30 days.

As summarized in Table 3, the cost of living in the rural resort communities of Colorado, including Summit County, creates challenges to both individuals and families. Colorado's rental rates are already high compared to other states and Summit County experiences rental rates that are higher than state averages[32]. This is further demonstrated through living wage data estimating that Summit County workers need an hourly wage of $68.95 to cover basic household expenses for one adult and two

children as compared with the living wage of $58.79 per hour required for the same size family across Colorado as a whole[33].

The impact of a high cost of living on families is also felt through child care costs. It is estimated that the average Summit County household must spend 37% of its income on child care for two children[15] and that 58% of Summit County renters are paying more than 30% of their income for housing[28].

Table 3: Summit County Affordability		
Indicator	Summit County	Colorado
Living wage[33] (hourly rate)	**$69**	$59
Average childcare costs per year for two children[33]	**$35,538**	$30,695
% of income of spent by average household on childcare for two children[34]	**37%**	31%[3]
Percentage of renters paying more than 30% of income on housing	**58%**[28]	50%[32]

Cost of living has an impact on the stress level and mental health of families. When examining access to health care across the state, the Colorado Health Access Survey (2024)[4] found that in the I-70 Mountain Corridor region which is heavily comprised of rural resort communities:

- 9.1% of individuals in the region reported eating less than they thought they should because there wasn't enough money for food;
- 8.6% reported being worried about not having stable housing within the next two months; and
- 11.2% had trouble paying the mortgage in the past year.

Housing concerns related to cost and availability were reported as the greatest challenge to Summit County residents' mental health in the 2024 Community Engagement and Behavioral Health Survey Report[5]. This was followed by work stress and family stress. Housing affordability and security are a particular challenge in Summit County. According to the 2023 Summit County Housing Needs Assessment[28], rental costs have increased dramatically since 2019. In most recent surveys, the median rent per bedroom was $1,667.

Housing insecurity, driven by cost and housing availability, is of particular concern for Spanish speaking renters. Results from a survey of 1,810 residents, showed that 17% of residents responding lived with someone sleeping on the couch or the floor[28]. The rate was significantly higher among Spanish speaking residents at 47% and among single parents at 34%[28].

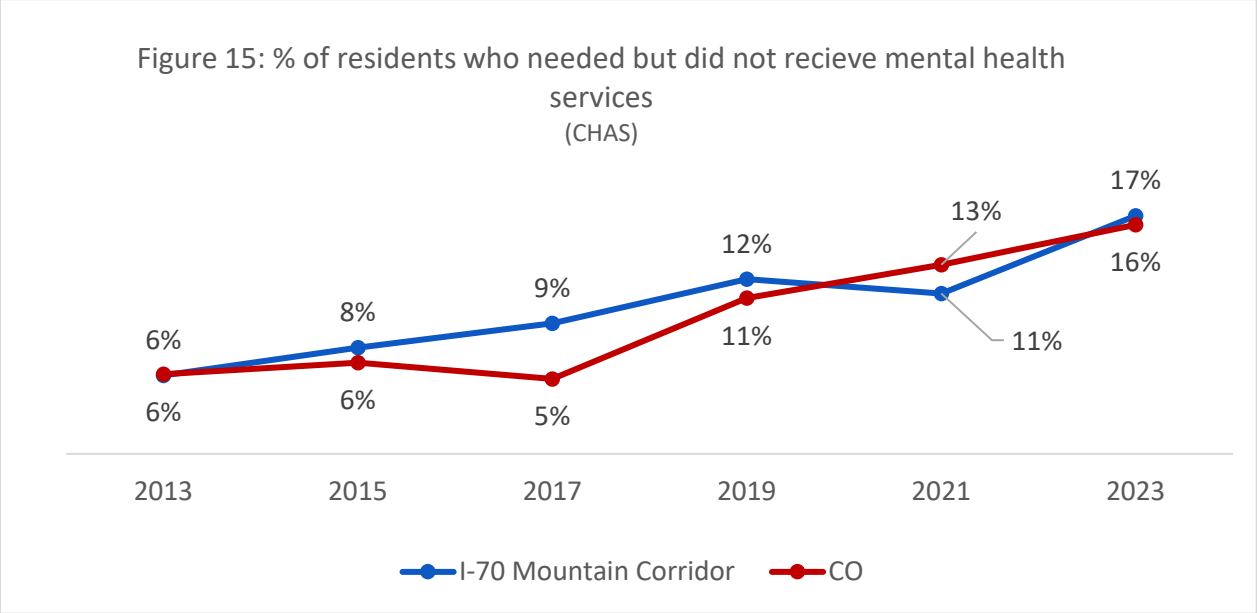
All of these factors - income and employment, stable housing, secure access to food, and affordable child care, play a strong role in individual and family stress and emotional well-being and influence accessibility of behavioral health care in Summit County.

Access to care indicators

A variety of individual and systems level factors influence access to healthcare services. These factors include the community perceptions and stigma, having adequate services that are available and accessible, knowing how and where to find services, and having the resources to pay for services.

Figure 15 shows a steady increase, since 2013, in individuals reporting that they needed mental health services but did not receive them[4]. These data show that the I -70 Mountain Corridor had higher rates of unmet mental health needs when compared to the state, except in 2021. Both the region and the state

have seen an escalation in the number of people who report unmet mental health needs in the past decade and the growing need appears to predate the COVID-19 pandemic.

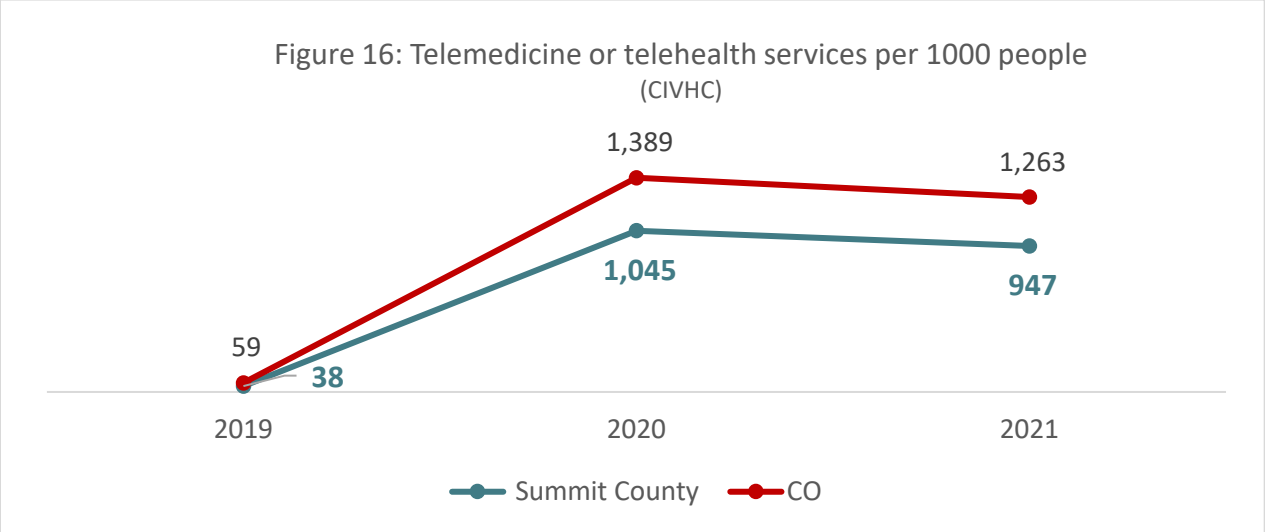


The reasons that people do not receive the care they need include provider availability as well as cost of care. Of those who reported needing but not receiving mental health care in the 1-70 Mountain Corridor in 2023, over half reported that they were not able to get an appointment (51.7%) and 54.3% reported that the cost prevented them from seeking needed care[4].

Racial and ethnic identity and age disparities also influence the likelihood that people receive behavioral health care. According to a secondary analysis of the All Payers Claims Database completed by the Colorado Health Institute, rates of mental health and substance use diagnoses among Hispanic individuals were similar to non-Hispanic individuals. However, Hispanic individuals were less likely than non-Hispanic individuals to receive treatment for a behavioral health diagnosis and received less treatment when they did receive care[35].

Telehealth and access to care

The use of telehealth to deliver behavioral health services has increased dramatically since the COVID-19 pandemic. As shown in Figure 16, the Center for Improving Value in Health Care (CIVHC), an organization that collects data on insurance claims across the state, noted a spike in telehealth and telemedicine claims across all age groups in 2020 associated with the COVID-19 pandemic[36]. They noted that while utilization of telehealth dropped slightly from 2020 to 2021, rates of telehealth use remained high across the state and that 75% of the telehealth visits were for behavioral health across all three years.



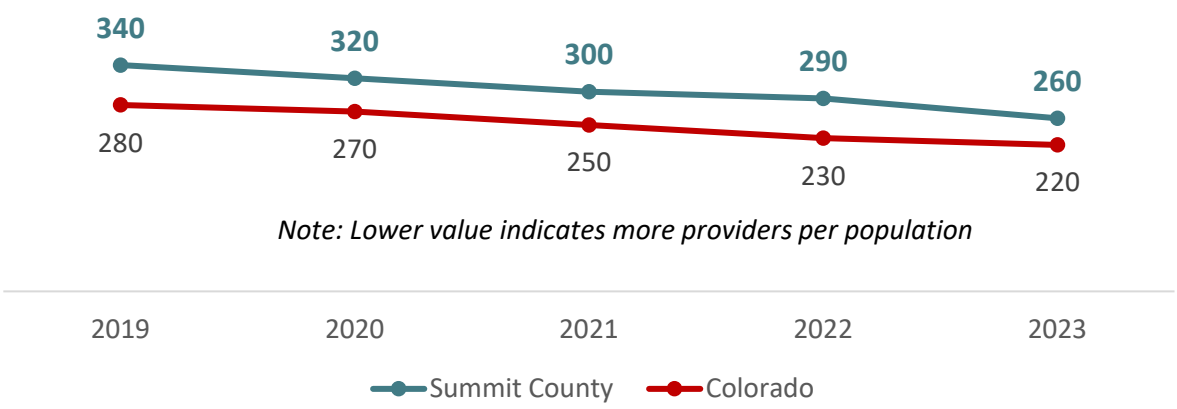
While use of telehealth for both physical and behavioral health conditions has increased among Hispanic individuals since the COVID-19 pandemic, more often these visits are for physical health conditions as compared with non-Hispanic individuals. National researchers suggest that this is, at least in part, due to communication, language, and privacy concerns[37].

Further, age appears to play a part in access to services. In addition to being less likely to use telehealth, adults over the age of 65 were the least likely of any age group to report that they were aware of local resources[5].

Behavioral health workforce shortage

As with the entire nation, Summit County has suffered the effects of the national healthcare workforce shortage. In 2023, the ratio of mental health providers to residents, while lower (better) than the national ratio was higher (worse) than Colorado as a whole. In 2023, National Professional Shortage Area Data shown in Figure 17, registered one mental health provider for every 260 people in the County, or 117 providers total[38]. The cost of living in the region affects not just people needing mental health services but also behavioral health providers, and intensifies Summit County's experience of workforce shortages. Nonetheless, the County has made some progress since 2019, showing a trend toward a higher number of providers as compared with the population.

Figure 17: Ratio of population to mental health providers
(County Health Rankings and Roadmaps)

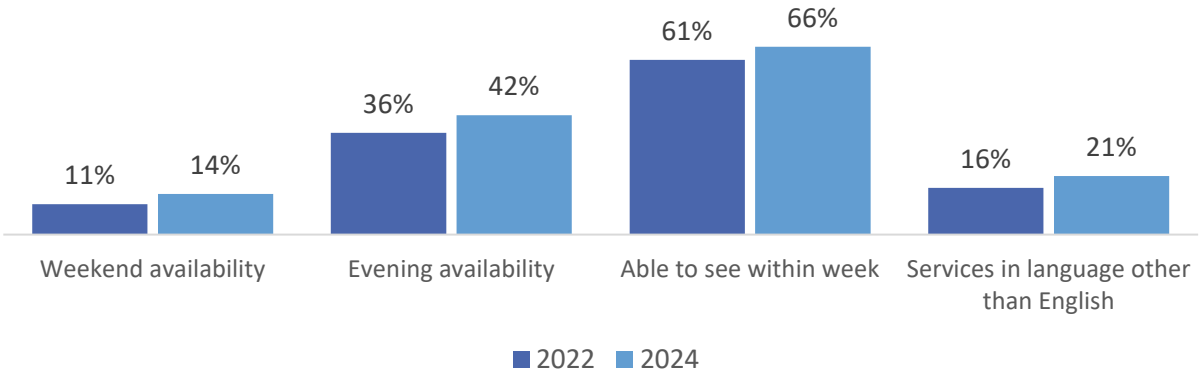


While number of providers is an important metric in determining service adequacy, the availability of a provider who is accepting new clients, will accept insurance, or who will establish sliding fees also critical to service accessibility.

Provider characteristics and accessibility

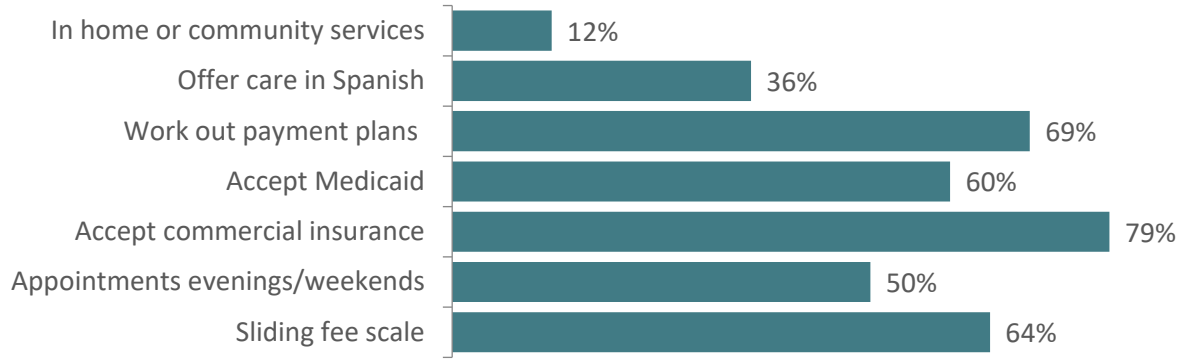
The Mental Health Provider Study, conducted by PRC and funded by the Katz Amsterdam Foundation, surveyed mental health and substance use providers in Summit and Eagle Counties in 2022 and 2024[2]. The survey shows increases in the proportion of providers accepting Medicaid, Medicare, Commercial insurance, VA/Military insurance and the percentage of providers offering a sliding fee scale. As depicted in Figure 18, it further shows increases in the number of providers offering services outside normal business hours, offering services in languages other than English and having the ability to see clients within a week of inquiry.

Figure 18: Service accessibility improvements among providers in Eagle and Summit Counties
(Mental Health Provider Survey, 2024)



A separate survey of 45 Summit County providers completed in August of 2024 revealed similar results[iii]. Figure 19 shows that nearly two-thirds of providers offer payment plans, sliding fee scales and accept commercial insurance. Over half (60%) accept Medicaid and half offer weekend or evening availability[iv].

Figure 19: Summit County providers offering accessibility improvements,
(N=45)
(Summit County Provider Survey, 2024)



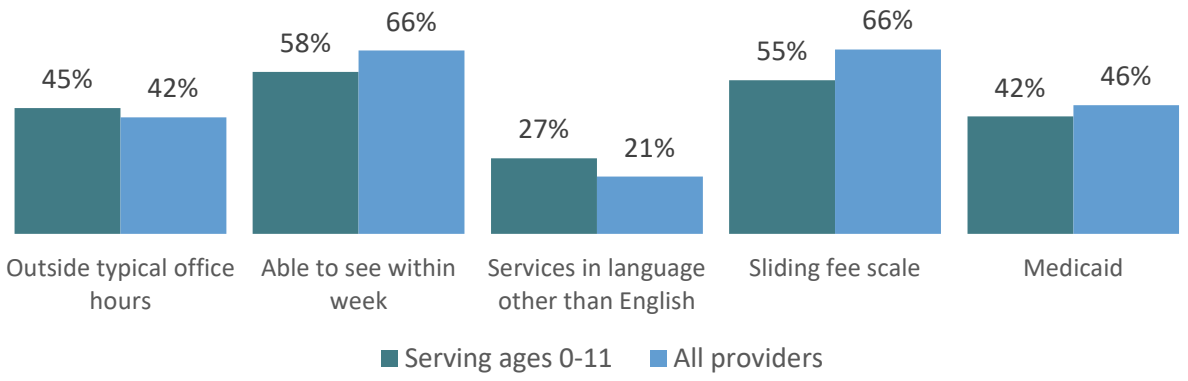
Rocky Mountain Health Plans, the Regional Accountable Entity administering Medicaid Behavioral Health Services on the western slope has tracked the number of Medicaid members served in Summit County from 2019 to 2022. They found that, while Summit County has had a lower rate of individual or small group providers as compared with other parts of the western slope, the number of individuals served per 1,000 members has more than doubled from 17.1 in 2019 to 46.7 in 2022, indicating growth in the providers willing to serve individuals enrolled in Medicaid.

Availability of services for children and families

While the providers serving children offer similar accessibility factors to providers in general, there are a few differences[2]. As shown in Figure 20, providers serving children ages birth to 11 in Eagle and Summit Counties are more likely to offer services outside typical office hours and in languages other than English. However, fewer child providers are able to see clients within a week of request, fewer offer a sliding fee scale, and fewer accept Medicaid.

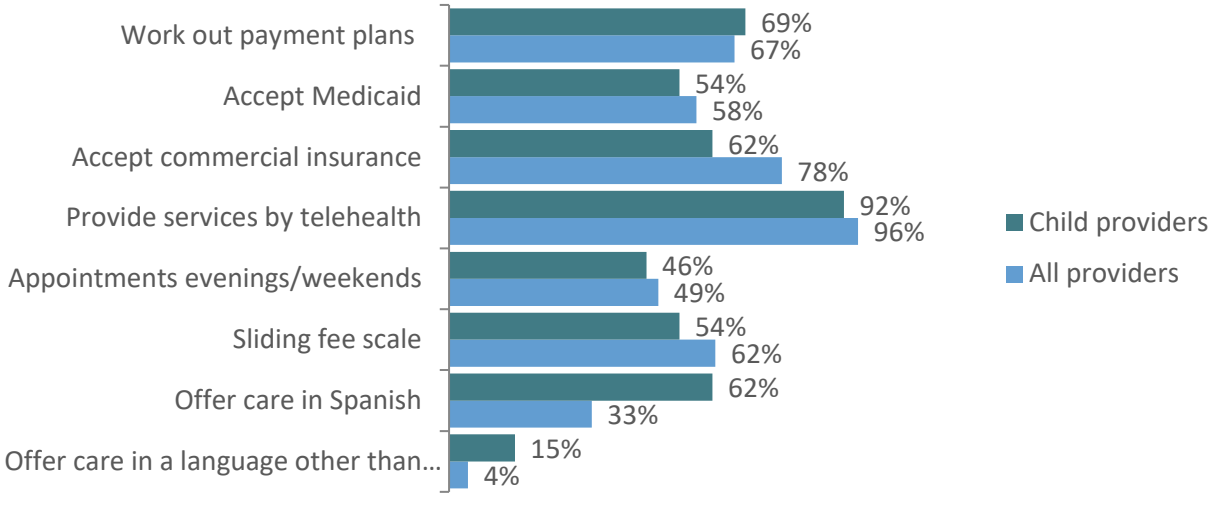
[iii] A description of the 2024 Summit County Provider Survey is found in Appendix A of this document.

Figure 20: Accessibility factors among child providers versus all providers in Eagle and Summit Counties
(Mental Health Provider Survey, 2024)



As shown in Figure 21, when comparing the Summit County providers serving children (N=13) with all 45 providers responding to a separate survey, similar findings are noted. Child providers had slightly lower rates of accepting Medicaid and commercial insurance than all providers. They were slightly less likely to provide services by telehealth, have weekend or evening appointments or offer a sliding fee scale. They were more likely to offer care in Spanish or another language other than English and slightly more likely to work out payment plans as compared with all providers.

Figure 21: Summit County providers offering accessiblity enhancements
Child providers versus all providers, (n=13,45)
(Summit County Provider Survey, 2024)

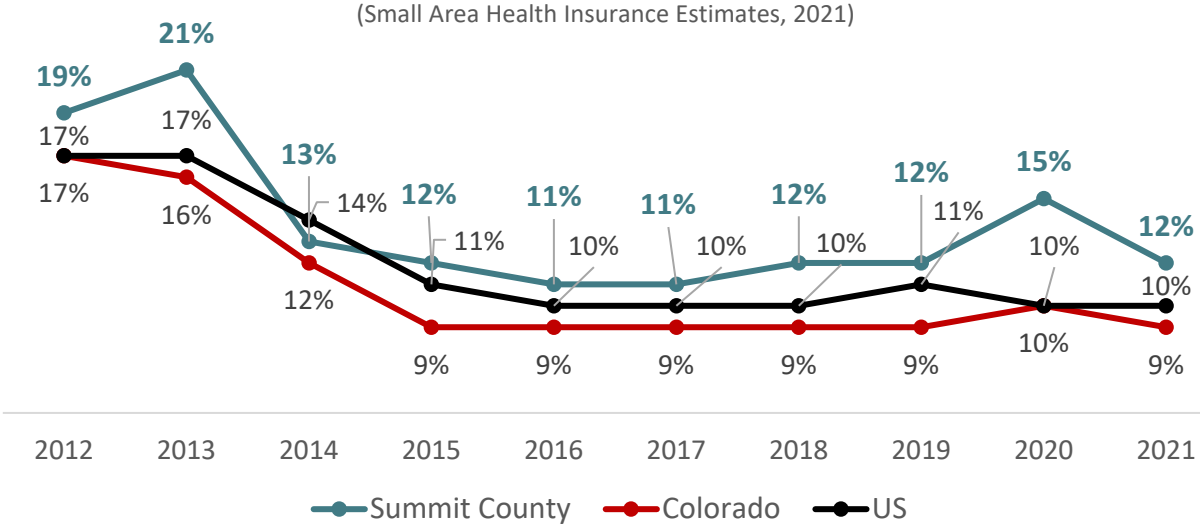


Insurance coverage

Being uninsured is a major factor influencing the affordability of behavioral health services. As shown in Figure 22, the proportion of the population that is uninsured has decreased in Summit County over the

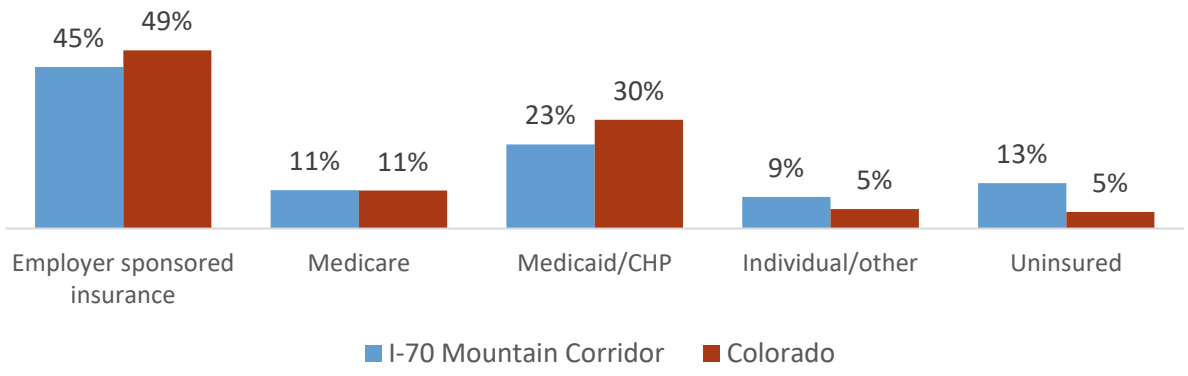
past decade, but the proportion of residents in Summit County that are uninsured remains higher than both the state and the nation[39]. Since 2015, the percentage of uninsured adults in Summit County has hovered around 12% with the exception of an increase to 15% in 2020, likely due to COVID-19 pandemic- related job loss. In 2023, the percentage of residents who were uninsured was 12.2% in Summit County, as compared with 8.3% in Colorado and 9.3% of US residents.

Figure 22: Percentage of adults who are uninsured
(Small Area Health Insurance Estimates, 2021)



Income-based eligibility for insurance and insurance subsidies can be problematic in areas such as Summit County that have a high cost of living. While incomes are higher, the cost of housing, child care and food are also higher, creating additional strain on individuals and families and leaving more people uninsured. Figure 23 shows that when compared with the state as a whole, the proportion of the I-70 Mountain Corridor that is covered by Medicaid is lower than the state average, the rate of employer-sponsored coverage is also lower and the proportion of people who are uninsured is higher. As a result, a larger proportion of the population is covered by individual insurance or remain uninsured.

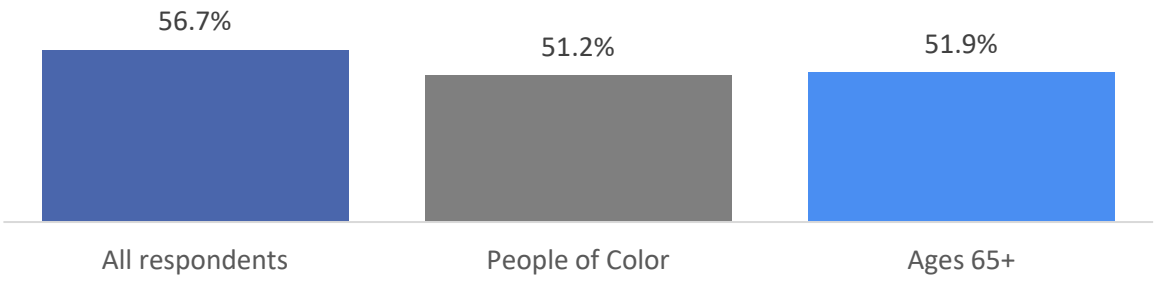
Figure 23: Insurance type 2023
(Colorado Health Access Survey)



Mental health stigma and knowledge of resources

Community perceptions and stigma about seeking help influences the likelihood that an individual will pursue mental health or substance use care when a problem arises. Over half (57%) of the 567 community members responding to the Community Engagement and Behavioral Health Survey reported that they agreed or strongly agreed that it is easy to talk about mental health or emotional challenges[5]. While this figure has increased over the past six years, it still represents a large proportion of the community who does not believe that it is easy to talk about mental health. Figure 24 reveals that People of Color and individuals over the age of 65 are slightly less likely than the population in general to feel that it is easy to talk about mental health or emotional challenges.

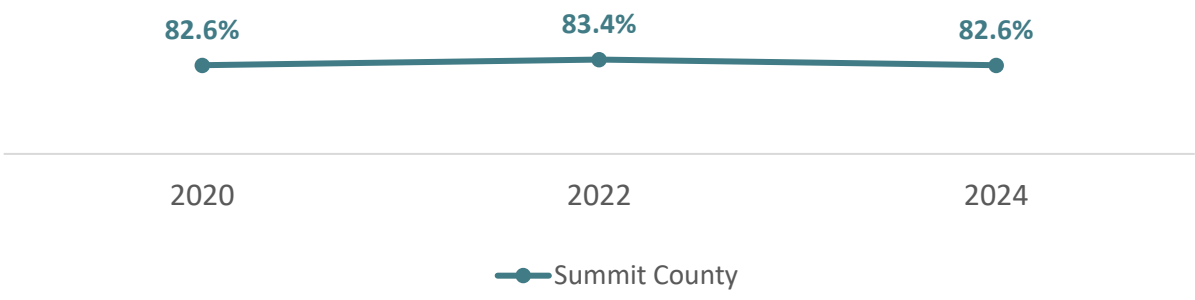
Figure 24: Easy to talk about mental health or emotional challenges
(Community Engagement and Behavioral Health Survey)



Historically, Summit County has a culture that embraces alcohol as a core element in social life. The rate of excessive use of alcohol is high as compared with other parts of the state. While this is, in part, a characteristic of rural resort areas, Summit County's rate of excessive alcohol use is even higher than the average among similar resort communities in Colorado and the western United States[5,40].

The perception that alcohol is central to social life creates challenges for individual who choose not to drink. Over 80% of the residents responding to the Community Engagement and Behavioral Health Survey reported that alcohol is important to social life[5]. As shown in Figure 25, this proportion has not changed significantly since 2020. Interestingly, individuals who identified as LGBTQ+ and older individuals were more likely to agree that alcohol is important to social life.

Figure 25: % reporting alcohol important to social life
(Community Engagement and Behavioral Health Survey)



In addition to cultural barriers, not knowing where to find help presents an obstacle to seeking care. Results comparing 2024 community survey data for Summit County with other rural resort communities in the western United States showed that Summit and Eagle counties had the highest rate of awareness of local mental health resources of any of the other six communities, with 85% of Summit County respondents reporting that they were aware of resources, a proportion that has increased since 2020[5,40].

In summary, barriers of stigma, community perceptions and attitudes toward excessive alcohol use appear to be improving overall, yet population level disparities persist. Addressing barriers based on race and ethnicity, sexual orientation, income and age is essential to continue making progress on access to care.

Recent Investments and Opportunities to Expand the Continuum of Care of Behavioral Health

When identifying the services required for a fully functional behavioral health service array, communities typically look across the range of need from prevention of impending problems through treatment of diagnosed conditions and support for ongoing recovery. Treatment is organized based on the urgency and acuity of the current need. Table 4 defines the types of services that comprise a continuum of behavioral health care based on a range of current need across Prevention, Early Intervention, Treatment, Crisis or Recovery Support.

Table 4: Continuum of Behavioral Health Services

Type of intervention	Acuity/urgency of need	Types of services and service sites
Prevention	No current concerns or higher than average risk	Community wellness or stigma reduction campaigns, policy interventions and health promotion programs designed to prevent problems in a broad population. Examples include Social Emotional Learning curricula or other school-wide interventions designed to reach the school population as a whole, media campaigns to reduce stigma and implementation of policies related to restricting access to alcohol or drugs such as keg registries or high penalties for supplying alcohol.
Early Intervention	No current concerns but at risk to develop a mental health or substance use condition	Interventions designed to reduce risk for developing a future problem. Examples of services include psychoeducation, skill or resiliency building, peer coaching, social support and brief interventions for individuals following positive screening in health settings.
Treatment	Low acuity mental health or substance use concerns	Routine services for a diagnosable mental health and substance use condition provided via telehealth or in person in a clinic or practitioner's office. Often 1-2 hours per week. Examples include school-based counseling, outpatient substance use mental health clinic services and care provided in health clinics.
	Medium acuity mental health or substance use concerns	High intensity outpatient services for a diagnosable mental health or substance use condition offered in facility, community or home settings. Interventions are delivered over multiple hours and visits per week and can include a variety of services. Examples include high intensity community treatment teams, intensive outpatient programs and partial hospitalization programs.

Table 4: Continuum of Behavioral Health Services		
Type of intervention	Acuity/urgency of need	Types of services and service sites
	High acuity mental health or substance use concerns	Inpatient and residential services for a diagnosable mental health or substance use condition that are provided in a facility where an individual stays with 24/7 support and supervision. Examples include inpatient psychiatric hospitals, withdrawal management facilities, crisis stabilization programs and residential settings for children and adults.
Crisis	Urgent mental health or substance use concerns	Services available 24 hours a day, 7 days a week to intervene in a crisis situation. SAMHSA defines a crisis system as having three core structural or programmatic elements[41] that include a regional crisis call center, crisis mobile team response and crisis receiving and stabilization facilities. Examples include crisis stabilization centers, walk-in centers and mobile crisis response
Recovery Support	Stable mental health or substance use concerns	Supportive services or resources to help people sustain recovery from a mental health or substance use concern. Examples include peer coaching, wellness planning, recovery housing and relapse prevention skill building.

Prevention, early intervention and recovery support are foundational to a functional system of care because they serve both to prevent the development of more acute problems and help people who have experienced acute problems maintain recovery. For example, healthy alcohol-free social activities can help people who are at risk for excessive drinking avoid alcohol dependence and they can also assist individuals returning to the community after an inpatient or residential stay build the social support needed to sustain recovery.

Routine care for lower acuity needs is also critical to an adequate continuum of care. Without easy access to routine care, people are often forced to wait until their problems have escalated to seek care and then require more intensive treatment. High acuity settings are not only more expensive than lower-level interventions, they are highly disruptive to the lives of the community members who need them. While every system needs to plan for access to high intensity services, unlike routine care and early intervention, high acuity inpatient and residential care can often be provided regionally with transportation and coordination occurring locally. This is especially the case in smaller communities where low utilization increases the overall cost of care.

Easy access to routine care can also help to avert crisis, and accessible crisis services can prevent the need for high intensity care. For instance, when people are able to access medications for addiction or mental health diagnoses at the time they need them, they are less likely to require psychiatric hospitalization, 24/7 withdrawal management facilities or end up in jail. Having a well-planned continuum of behavioral health care is essential for communities, even when higher acuity services are not directly available within the community.

In addition to availability of services, the accessibility and quality of the care provided is also critical to a high functioning continuum of care. Capacity building efforts with existing providers can be effective to improve both accessibility and quality of care. This capacity building includes strategies such as connecting providers so they can more easily refer when a client requires a different service, supporting providers with training to expand their skills, incentivizing expanded hours or development of specific

services needed by the community. Capacity building can also occur in the community by helping the community better understand the services available, how to access care and normalize seeking help. This approach to provider and community capacity building is based on the assumption that a high-quality service is only valuable if people are able to find it and use it.

Recent investments

Over the past three years, Summit County and its partners have made a number of investments designed to fill gaps in the continuum of behavioral health care in the community. These investments span all levels of need or acuity and include both financial investment as well as investing the time and willingness to think critically about how to improve the mental health of the community. While the County administers *Strong Future* funds based on recommendations from the Strong Future Advisory Committee, these investments are only reflective of a small part of the commitment to behavioral health care in Summit County. In addition, Building Hope functions as the coordinating entity and capacity building arm for the County and provides the support that is integral to having a system of care, rather than an array of service providers and resources. Yet, building and sustaining a continuum of care requires public and private partners including providers, payers, state agencies and others that contribute time, money and a willingness to work together. The investments described here only capture a portion of the talent and resources that have been invested in the behavioral health system in the County.

Prevention and early intervention

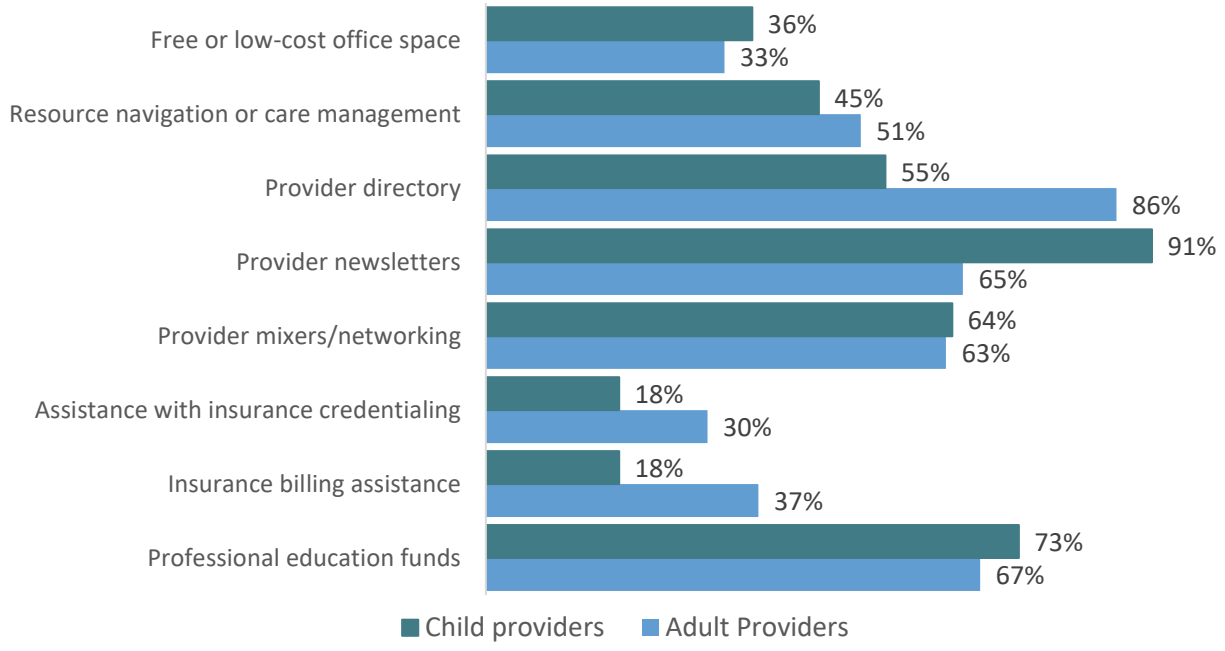
Consistent with the need to build a foundation of care at the lower levels of need, Summit County Government, in collaboration with Building Hope and local partners, has focused much attention to building community prevention and stigma reduction resources. The key investments have included building and maintaining a provider directory, expanding peer support, creating and maintaining a community calendar of events and supporting community education and wellness activities. These efforts are directed at increasing the community's resiliencies and reduce the likelihood that people will develop serious problems.

Low acuity/routine and medium acuity treatment services

Over the past few years, the County, through Building Hope, has implemented a variety of system level interventions focused on low to medium acuity treatment capacity. Many of these efforts have been designed to support outpatient providers to expand access to services and improve the quality and sustainability of the care they provide. According to the 45 Summit County providers responding to a survey conducted in 2024, the interventions implemented through Building Hope to support and expand access to behavioral health providers have been effective in enabling them to serve more people in need[v]. As shown in Figure 26, 86% of the surveyed providers cited the provider directory as an effective intervention. Two-thirds cited support for provider education and the provider newsletter as effective strategies that have helped them serve more people or enhance the quality of care they provide.

[v] A description of the 2024 Summit County Provider Survey is found in Appendix A of this document.

Figure 26: Provider perception of effectiveness of provider supports
Child providers versus all providers (n=11,43)
(Summit County Provider Survey, 2024)



Providers serving children birth to age 11 have similar perceptions of the effectiveness of the County's interventions when compared with all providers. However, the child providers were slightly more likely to rate provider newsletters, educational funds and free or low-cost office space as effective or very effective strategies to improve quality or access. They rated resource navigation/care management, provider directory and insurance billing assistance as less effective than all providers. The perception that billing and insurance assistance is not as helpful may be a result of fewer child providers billing Medicaid or commercial insurance.

Moreover, the County, through Building Hope has offered "scholarship" funds for individuals who are unable to afford care. The Summit County Provider Survey and focus group findings note that providers perceived these scholarship funds to be very effective in helping to stabilize providers.

In addition to strengthening providers offering routine care, the County has worked to fill gaps in the continuum related to medium intensity services, relying on larger facility providers that have the capacity to offer team-based care, psychiatric support and provide services in community settings. These efforts have resulted in school-based services located in every Summit County school, home-based care for families, community-based intensive treatment, medication assisted treatment for addictions, and enhanced outpatient treatment for adolescents.

High acuity treatment and crisis services

High acuity services provided in 24/7 residential settings remain the most pressing gap in care. Currently, there are no residential treatment programs, no inpatient services located in the community and no facility-based crisis centers. However, in May of 2025, Vail Health Behavioral Health will open an inpatient psychiatric center that will serve adults and adolescents throughout the region and the state.

Nonetheless, this facility will serve only the highest level of care, leaving opportunity to design solutions that can divert people from inpatient care in cases where an inpatient level of care is not needed.

Recovery supports

To enhance the recovery support services available in the community, the County, through Building Hope has seeded the implementation of peer support groups in both English and Spanish and publishes a calendar of recovery-oriented and other alcohol-free social activities.

Table 5 includes a more complete list of recent strategies that have been used to build the continuum of behavioral health care in the community.

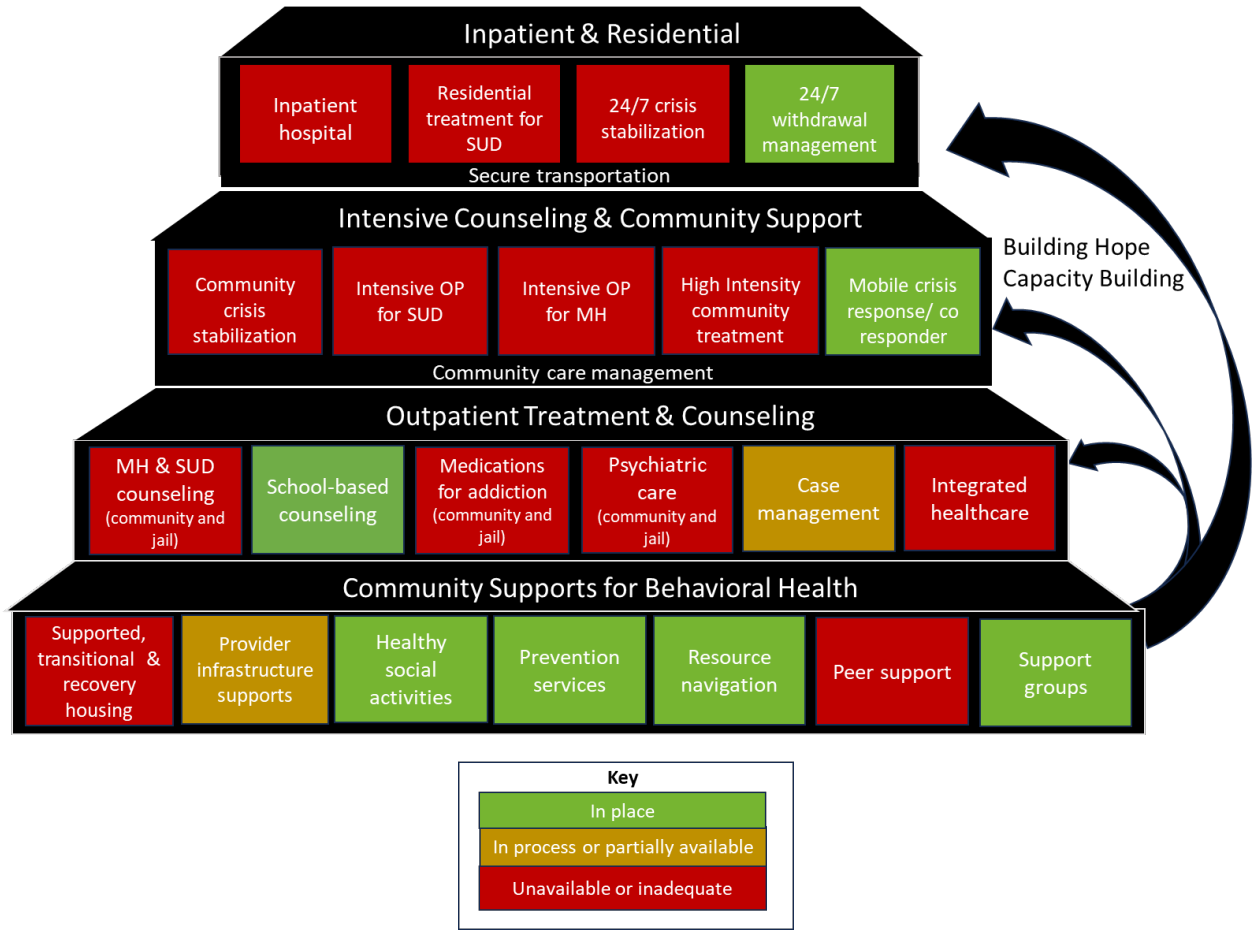
Table 5: Recent strategies to expand and enhance continuum of services	Intervention targeted	Population of focus		
		Adult	Adol	Child/ families
Established a Wellness Hub in a County-owned building that provides office space for behavioral health providers to promote easy access for residents and collaboration across providers.	Early intervention Low & medium acuity treatment Recovery support	X	X	X
Through Building Hope, implemented a range of strategies to support providers including offering provider mixers and newsletters, billing assistance, education funds and a provider directory.	Low & medium acuity treatment	X	X	X
Offered scholarships to individuals who are unable to afford treatment.	Low & medium acuity treatment	X	X	X
Provided start-up funding and space for Front Range Clinic (now Porchlight Health) to open a clinic providing medication assisted treatment for opioid addiction along with peer support in the County.	Low acuity treatment	X		
Partnered with Vail Health Behavioral Health to assume responsibility for Summit County under its Community Mental Health Center/Comprehensive Behavioral Health Provider umbrella and expanded access to outpatient treatment and psychiatric care.	Low & medium acuity treatment	X	X	X
Provided support for the SMART team's community based behavioral health response.	Crisis	X	X	X
Supported Paragon Behavioral Health (Paragon) in implementing mobile crisis, community crisis stabilization and Assertive Community Treatment.	Crisis Medium acuity treatment	X	X	X
Provided start-up, space and sustainability funding for Mile High Behavioral Health (MHBH) to expand its outpatient services in the community with particular emphasis on serving youth and individuals in the LGBTQ+ community.	Low & medium acuity treatment Recovery support	X	X	
Partnered with Rocky Mountain Health Plans to expand access to comprehensive in-home programs to serve youth and families with complex or high needs through implementation of High-fidelity Wraparound Program through MHBH and in-home services through Paragon.	Medium acuity treatment		X	X
Partnered with Spanish language providers to offer telehealth and in-person services, including forensic assessment of detained parents awaiting court hearings.	Low acuity treatment	X	X	X
Partnered with Mountain Dreamer, an organization that provides advocacy and support for undocumented individuals, to support capacity to address gaps in the availability of Spanish speaking workforce shortages through their scholarship program.	Recovery support	X		

Table 5: Recent strategies to expand and enhance continuum of services	Intervention targeted	Population of focus		
		Adult	Adol	Child/ families
Through Building Hope, implemented a provider search tool that allows individuals to search for providers based on specialty and insurance and helps individuals with navigation to resources.	Early intervention Low & medium acuity treatment Recovery support	X	X	X
Through Family and Intercultural Resource Center (FIRC), provided care navigation to support families with goal setting and accessing the necessary supports within the community.	Early Intervention Recovery Support	X	X	X
Expanded funding for school-based services to ensure that outpatient behavioral health services are available to students and families in every school in the Summit School District.	Early Intervention Low acuity treatment		X	X
Established peer support groups and programs in Spanish through FIRC and ALMA.	Recovery support	X		
Through Building Hope, provided peer support line to community members to address isolation or other concerns that require a confidential ear.	Early Intervention Recovery support	X		
Implemented Man Therapy, a mental health resource and suicide prevention campaign targeting men, that conducts outreach in home improvement stores, barbershops, breweries and other locations that men frequent.	Prevention Early intervention	X		
Established a Question, Persuade, Refer (QPR) program that equips community members to support people identified as having risk for suicide.	Prevention Early intervention	X	X	X
Expanded the opportunities for the community to engage in recovery supports and sober activities and published these on a calendar of community events managed by Building Hope.	Prevention Early intervention Recovery support	X		
Supported Mile High Behavioral Healthcare (MHBH), Porchlight, Denver Recovery Group and High Rockies Harm Reduction in expanding access to medication assisted treatment for addiction.	Low acuity treatment	X		
Expanded Spanish language services through Mountain Strong, FIRC ACCION and ALMA.	Early intervention Low acuity treatment	X	X	X
Supported expansion of recovery support services through Rock to Recovery, MHBH, Recovery Resources and FIRC.	Recovery support	X	X	

Progress on Building a Service System

While Summit County made significant progress to fill system gaps prior to 2021 through resource navigation, support groups, and school-based services, large gaps in high, medium and low acuity treatment remained. Figure 27 provides a high-level illustration of Summit County's behavioral health service system in 2021, showing the services that were available in the County in green, those that were partially available or in process in yellow and those that were unavailable in red.

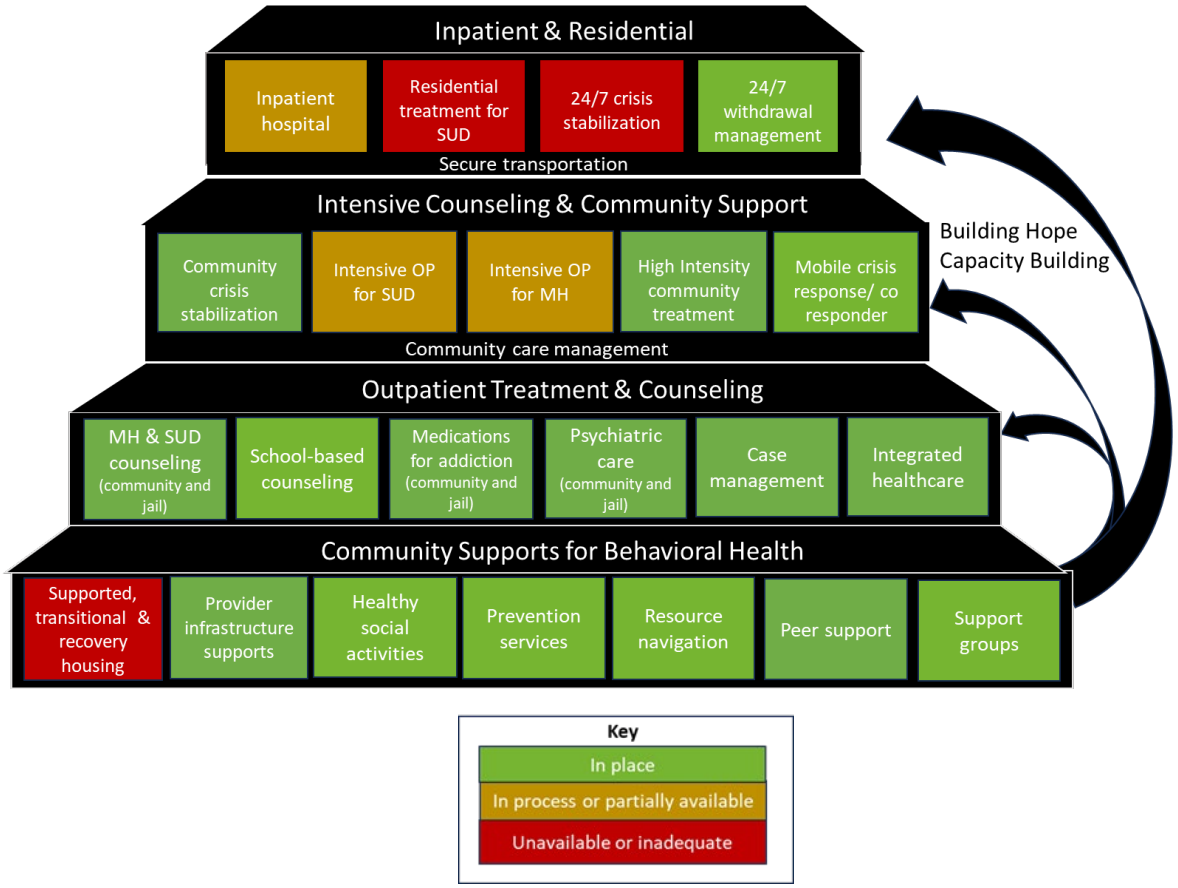
Figure 27: Summit County Adult Service System – 2021



In recent years, the County, the Strong Future Advisory Board and other partners and payers have prioritized middle tiers of services and as depicted in Figure 28, resulting in many of the gaps in services being filled. Some of the higher impact strategies affecting the increase in availability of services have been:

- providing startup funds for Porchlight (formerly known as Front Range Clinic) to offer medication assisted treatment;
- forging a partnership with Vail Health Behavioral Health to provide a full range of outpatient mental health and substance use services including psychiatric care; and
- providing startup funding for Paragon Behavioral Health, in partnership with Vail Health Behavioral Health and Rocky Mountain Health Plans to provide mobile crisis, high intensity community treatment and community crisis stabilization.

Figure 28: Summit County Adult Service System – 2024



Additionally, Building Hope has played an important role in providing system capacity building. This role included overseeing provider engagement and retention efforts, communicating and coordinating across providers and provider entities, implementing provider directories, and launching screening and community education tools. Specifically, *Strong Future* funds were used for outpatient provider supports by helping providers with insurance billing, facilitating networking opportunities and providing training grants to providers. Scholarships for treatment for individuals who are uninsured or underinsured were made available to individual community members to help them access needed services from small providers and facility providers.

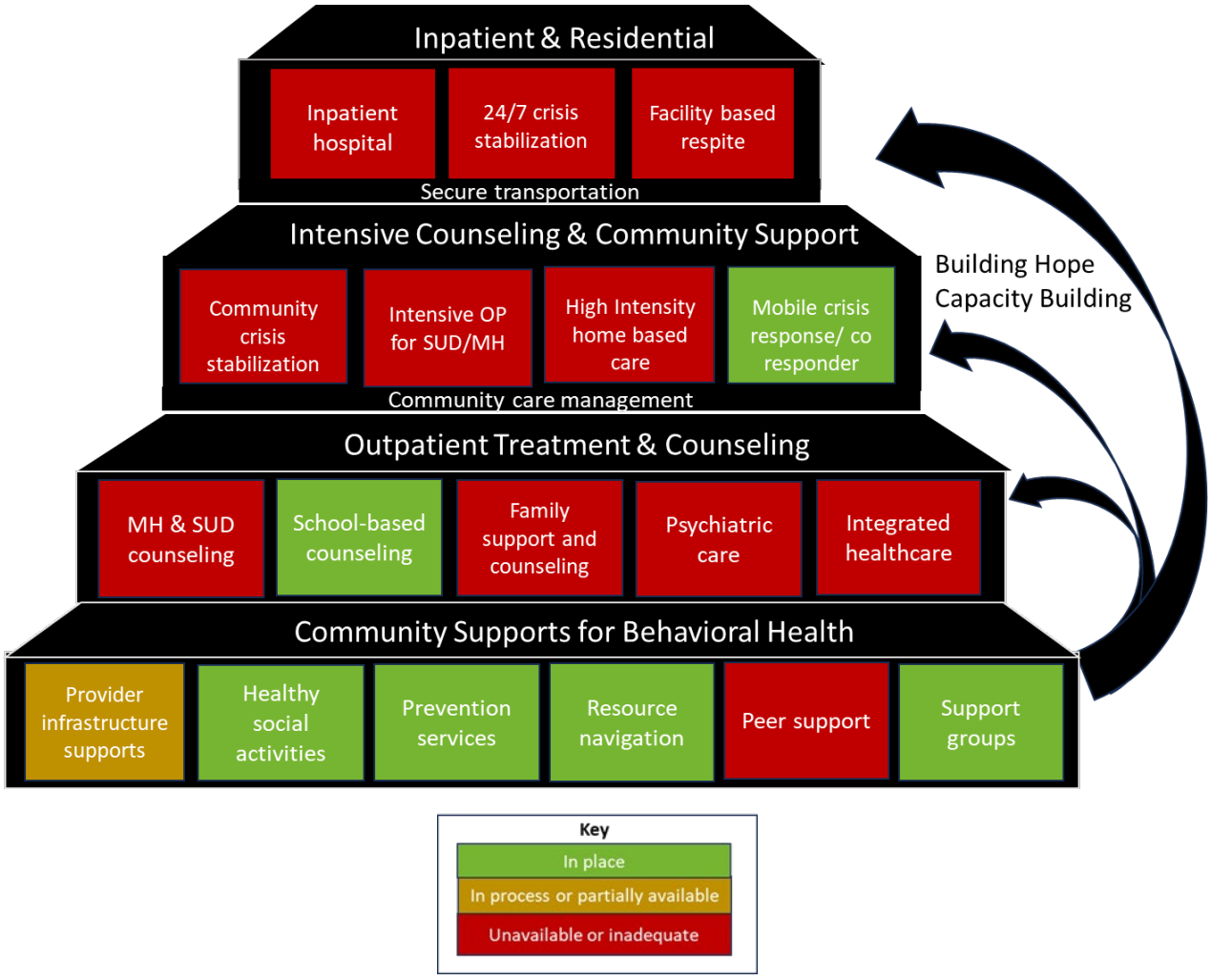
While filling gaps in the continuum of care is central to ensuring access to care, having a service available does not, on its own, ensure that the service is accessible to those who need it. The County and its partners have prioritized expansion of Spanish language services and specialty services for LGBTQ+ populations as well as the affordability of services for lower income and uninsured families. As outlined in earlier sections of this report, progress has been made in expanding the number of providers who are able to provide services in Spanish and those that offer specialty services for LGBTQ+ populations. Nonetheless, gaps remain in these areas. Additionally, scholarship funds for individuals and families who are uninsured or underinsured are not adequate to cover a full course of services for all people who need them and can mask the problems of inadequate commercial insurance coverage, shifting burden from insurance companies to the County.

Additionally, filling gaps in the continuum of care overall does not necessarily translate to access for adolescents and children. Because the specific needs of children and adolescents are distinct from adults and the regulatory and funding systems are different, the graphics shown above do not portray the nuances in the service system for young people. For this reason, this report has taken a closer look at the service system for adolescents and children in the sections that follow.

Progress on building a service system for adolescents

While some of the adult infrastructure can be used as a foundation for services for adolescents, to be effective, services for youth must be specifically tailored to adolescent development, including the role of the family, peers and identity development. Figure 29 shows the state of adolescent-specific services in 2021. Again, large gaps existed across acuity and intensity levels.

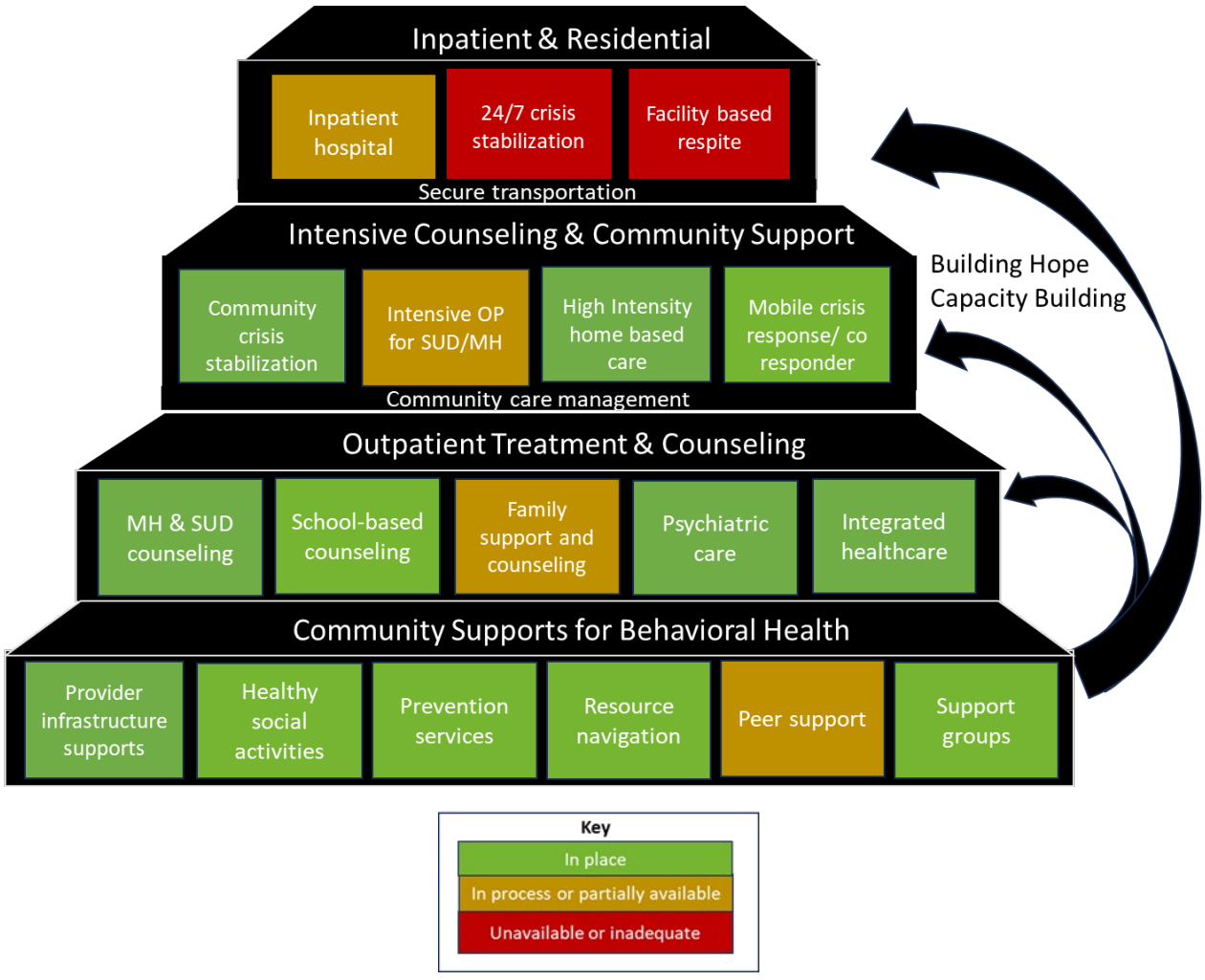
Figure 29: Summit County Adolescent Service System – 2021



As shown in Figure 30, between 2021 and 2024, substantial progress has been made to enhance and expand the mental health and substance use services needed to support youth and their families. High impact strategies included:

- extending startup funding to Mile High Behavioral Health to bring treatment and recovery support services for LGBTQ+ youth;
- funding additional teen prevention services such as Sources of Strength in Summit High School, and The Hope Squad at Snowy Peaks High School;
- partnering with Rocky Mountain Health plans on the expansion of home-based services for adolescents and families through Paragon Behavioral Health; and
- partnering with Vail Health Behavioral Health to bring adolescent specific outpatient counseling and a new psychiatric inpatient program for adolescents in Vail that is expected to open in May of 2025.

Figure 30: Summit County Adolescent Service System – 2024



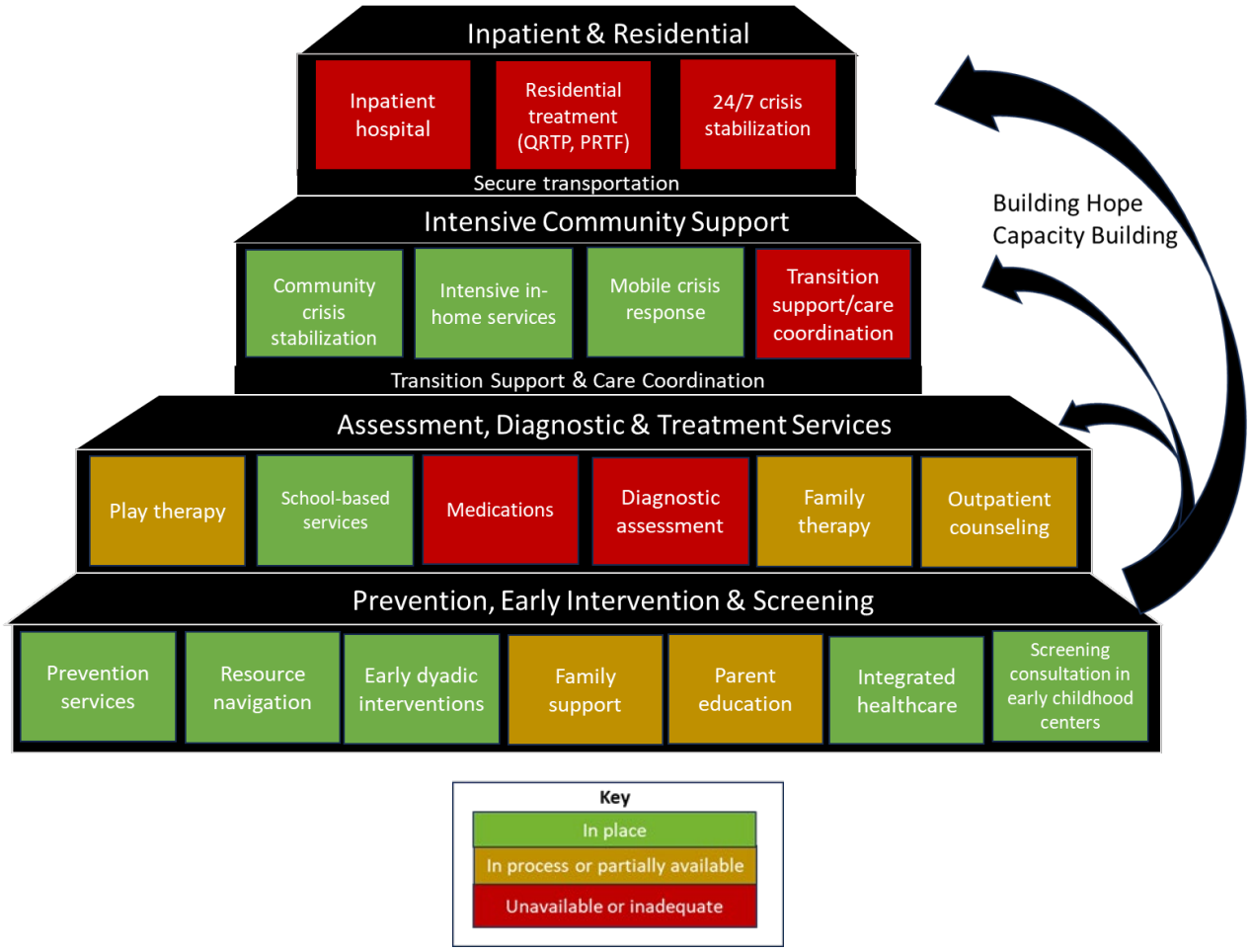
Progress on building a service system for children and families

As discussed in earlier sections of this report, children and parents face unique behavioral health risk factors requiring services that are distinct from those for adults and adolescents. While the overall

continuum from high to low acuity services is applicable to early childhood, the services differ. Pregnancy, postpartum and early childhood introduce life stressors and barriers in access to services that require a different service approach. Suicide and unintentional drug overdose are the primary causes of maternal death in Colorado[19] and ACEs such as abuse, trauma and parental behavioral health conditions can have an impact on children throughout their lives[1]. Creating a service system that is specific to families and small children places children on a path to a healthier future.

The graphic in Figure 31 is based on the optimal continuum of care for children and families described in the Behavioral Health Administration's 2023 Children and Youth Behavioral Health Implementation Plan[42] and shows the current gaps in the system. It reveals that while many of the early intervention services needed are available in the community, gaps are most evident in routine treatment services for young children and families and high intensity services for children. This lack of high intensity services for children is a statewide challenge.

Figure 31: Summit County Children's Service System – 2024



The provider survey and focus groups conducted in 2024 and summarized in Appendix A provide additional detail about the perception of child and family providers on community strengths and gaps. Providers identified the system strengths to be:

- School-based services
- Child care embedded services and support for families
- Wraparound and navigation services

Child and family providers cited the expansion of Early Childhood Mental Health (ECMH) services in the child care centers as a particular strength in the prevention and early intervention service system. They also identified the availability of school-based behavioral health services as key to a system of care for school-aged children. Providers further identified care coordination for families with complex needs and prosocial community activities as areas that have been strengthened in recent years. Overall providers were very complementary of the County's efforts to support providers through training grants. Many providers also discussed the importance of scholarship funds for individuals who are uninsured and underinsured as an effective strategy to help providers continue to serve the community. In contrast, providers noted the system gaps for children and families to be:

- Need to expand ECMH services to more child care settings
- Shortage of play therapists and family therapists
- Lack of adequate capacity for diagnostic assessments and child psychiatry
- Spanish language services
- Need to solidify the linkages to specialty care for youth receiving services in the schools and their families

Providers discussed needing to further expand ECMH services to more child care settings, stating that this service was available in most, but not all, child care settings. They noted that there is a lack of providers with specific training in children's mental health and specifically mentioned play and family therapy, child psychiatry and diagnostic assessments as gaps. Some providers suggested that additional linkage between the schools and the network of specialty providers is needed. This would help to extend care when a child needs care over a longer duration than can be provided in the school and make it easier for families to engage in care when school-based services do not provide adequate support. There were also suggestions to develop a resource guide or decision tree showing the services that are available to children and families so that providers can make better referrals when needed.

Recommendations

While Summit County has made a great deal of progress on building a continuum of committed providers, the data on community need, anecdotal perspective of providers, and analysis of the gaps in the continuum of care point to areas for additional focus in the coming years. The recommendations that follow represent the five broad priorities that include 22 specific recommendations.

Additional coordination of crisis behavioral health services

The addition of new crisis providers and services, in conjunction with impending state policy changes, indicates that additional work is needed to create a more coherent and seamless crisis service system for people experiencing mental health and substance use crises. Specifically, changes in the Behavioral Health Administration's requirements for mobile crisis, updated licensing regulations, and impending changes to how non-medical withdrawal management will be licensed by the State, create new opportunities and challenges for behavioral health crisis services. For these reasons, **it is recommended that the County convene key stakeholders to identify and address duplication and gaps in the County's behavioral health crisis service system and develop a comprehensive plan to increase efficiency and fill gaps**. The plan would address the goals that follow.

1. **Develop a concept paper or concept papers that could be used to solicit proposals to address the lack of a crisis receiving center, walk-in center, facility-based crisis stabilization, or respite program.** This would provide a place where people can go for evaluation and monitoring when they are experiencing a mental health or substance use crisis and are unable or prefer not to be stabilized at home but do not require emergency medical care. The plan would also address the need for people to be safely monitored, in a setting that does not generate an emergency department bill, while they are awaiting transfer to an inpatient or residential setting. This concept paper would also address operational inefficiencies of a stand-alone withdrawal management program and create a plan that maximizes state and federal funding, reduces service and cost duplication, and provides clear direction for increasing the efficiency in the use of County funds.
2. **Create standardized protocols for the crisis response of various community organizations at the point of initial crisis call or visit.** This would include development of standard protocols and best practice agreements outlining when SMART and mobile crisis are deployed, when a facility-based transfer to a crisis facility is completed, and when an individual must be stabilized in an emergency department or transferred to an inpatient facility. The intended outcome is continued refinement of care coordination practices across community providers resulting in enhanced quality of care.
3. **Identify standards and implement memoranda of understanding for coordination of care including warm-hand-offs between crisis and emergency providers, from crisis and emergency providers to treatment programs, and from inpatient and residential programs back to community care.** This would include making recommendations to address the need for secure and non-secure transportation between facilities and care settings.

Expansion of services for children and families

This assessment identified a number of gaps and opportunities related to the continuum of services for children and families. Promoting emotional health in children includes identifying and addressing the developmental and emotional needs of children across developmental stages and identifying and addressing mental health and substance use concerns in parents in order to mitigate the impact on both the parent and child. **To address the gaps in the current continuum of care it is recommended that the County and its partners incentivize service expansion for children and families.** The service expansion would address the areas that follow.

1. **Expand screening and outreach efforts for new parents** to ensure that they have the support needed to create a healthy environment for their children and that they are aware of the resources available to address problems, if they arise. Building on the evidence-based literature related to preventing adverse childhood events for children, these efforts would ensure that families have access to home visitation, high quality child care, and social support and that families are screened for social determinants of health and developmental risk factors in pediatric care[43].
2. **Engage the Medicaid Regional Accountable Entity (RAE) and Child Health Plan payer in identifying ways to increase support for child and family services at the individual family level**. This could include further incentivizing providers who serve children to enroll in Medicaid, expanding capacity for children's developmental assessment and planning, leveraging Early Periodic Screening, Diagnosis and Treatment to fund services, and providing additional supports for foster families.

3. **Further refine Building Hope-sponsored provider networking and communication efforts to focus on increasing coordination across child and family serving providers**. The child and family providers expressed the need for additional opportunities to become familiar with the services offered by others in the community in order to improve their collaboration. While some of the gaps identified in the provider survey are in the process of being filled by community providers, not all providers at the practice level are aware of all the resources. Increasing their knowledge of resources could be accomplished through expanding the current provider communication and collaboration efforts sponsored through Building Hope.

4. **Collaborate with Vail Health Behavioral Health to identify strategies to increase the availability of child psychiatry with a particular emphasis on Spanish speaking providers.** While Vail Health Behavioral Health has child psychiatry and Spanish-speaking psychiatry capacity, the child and family providers are not universally aware of these services. It may be that these services are relatively new to the community or there is a need for a targeted effort to increase the awareness of what services are available and how to access them.

5. **Promote and incentivize providers who are trained in and offer play therapy and family therapy.** This might include targeted recruitment of providers with these specialties in conjunction with the RAE and/or paying for specialized training and credentialing of existing providers.

Enhanced collaboration between child and family behavioral health and human services

Addressing children's mental health requires services that span prevention, early intervention and treatment services and are aligned with other service systems such as county human services, schools, juvenile justice, and pediatric health. One of the opportunities identified in this assessment is to promote additional coordination across the behavioral health service system and the child service systems, particularly, County human services. The provider survey and focus group identified some opportunities for better communication and coordination of services for children and families. **In response to these opportunities, it is recommended that the County formalize collaboration between Summit County Youth and Family Services, Building Hope, and Summit Schools,** either in conjunction with the newly launched Collaborative Management program, or independently of this effort. The collaborative efforts would address the areas that follow.

1. **Develop a catalogue or directory of child and family services that cuts across behavioral health and early childhood supports and provides up to date information about what is available and how to access various services.** This guide would be useful to both families and to providers to ensure that they are knowledgeable about the resources that exist in the community and how and when to access them.

2. **Identify gaps in the child and family service system and clarify responsibility to fill gaps**. For example, Building Hope might continue to provide infrastructure support to behavioral health providers while the County might take the lead on seeding new prevention initiatives.

3. **Improve coordination across service sites and levels of care.** This might include improving the connection between the schools and other community providers and resources.

4. **Leverage the Collaborative Management Program to bring providers, payers, and human services organizations together to plan with families and identify and fill gaps in the continuum of care.** Collaborative Management can be a highly effective way to improve the coordination of care and community collaboration across key partners in the community.

5. **Collaborate with behavioral health crisis services planning efforts to ensure that the needs of children and youth are addressed in all crisis system planning.** While there should be one behavioral health crisis system that serves adults, adolescents, and children, best practices and regulatory requirements for adolescents and children differ from those of adults. For this reason, there should be a linkage between the child and family planning efforts and the crisis system planning efforts to be sure that the needs of children and families in crisis are met.
6. **Explore the potential to leverage State Core Services and Additional Family Services funding** in collaboration with the Managed Service Organization/Behavioral Health Administrative Service organization to fill gaps in access to services for families affected by substance misuse**.**

Continued support for small providers

The provider survey and focus groups revealed that providers believe that the Building Hope infrastructure supports have been quite effective in increasing service access and capacity. Providers believe that communication and networking support, billing and credentialing assistance, education funds, and low-cost office space have helped providers remain in the County and allowed them to serve more individuals. However, some providers believe that there are too many new providers making it difficult for existing providers to maintain a viable caseload. At the same time, the provider survey indicates that fewer than half of providers serving children and families offer appointments outside of regular office hours, fewer than half accept Medicaid, and there continues to be a shortage of providers who offer services in Spanish. **For these reasons, it is recommended that the County and Building Hope continue targeted support for small providers**. Targeted support would consider the strategies that follow.

1. **Continue to provide time-limited support for providers in Medicaid and commercial insurance billing and credentialing to help providers establish the required processes and cash flow**. While support for start-up is important to help small providers with cash flow before revenue from insurance billing is realized, these costs should be covered by adequate reimbursement rates rather than subsidized by Building Hope indefinitely. Helping providers establish the needed processes should provide an on-ramp during initial months where cash flow from insurance may be limited.
2. **Assist providers in negotiating rates with commercial insurers to include providing them with technical assistance related to how to negotiate rate increases**. In order to realize reimbursement rates that cover the full costs of providing care in a high-cost area, some providers may need assistance in negotiating rates. This type of one-time technical assistance could help to create a sustainable path for providers.
3. **Continue to provide time-limited scholarships to individuals who are unable to pay for treatment, however, consider creating baseline conditions that providers must meet to be able to accept scholarship funds.** These conditions might include accepting Medicaid and/or commercial insurance, negotiating payment plans, using sliding fee scales with clients once scholarship payment has expired, or adopting extended hours. They might also focus on serving specific populations or providing services in areas where gaps exist such as providing family therapy, serving children with autism spectrum disorder or other developmental delays, providing services in Spanish, or offering substance use treatment.

Targeted Strong Future funding to address County priorities

Summit County, using Strong Future funds, has an opportunity to shape both what services are provided and how services are provided. **It is recommended that the County use its leverage through Strong Future to prioritize filling gaps and incentivize providers to enhance access or quality of care**. The County might address gaps and incentivize providers through the strategies that follow.

1. **Prioritize funding to populations or services where gaps exist.** This includes family therapy, child counseling, child assessment, behavioral treatments for children, intensive outpatient treatment for men with substance use disorders, facility-based crisis services, alternatives to unhealthy alcohol use, secure transportation, housing supports, and Spanish language services.
2. **Preapprove providers who can accept scholarship funds to incentivize low barrier care**. This might be done by requiring that eligible providers accept insurance; provide services outside of regular business hours, offer in-person care and/or demonstrate knowledge of local resources, use a sliding fee scale, and negotiate payment with individuals needing care after the scholarship money has been exhausted.
3. **Require evidence of collaboration and/or fund only collaborative proposals in areas where potential for duplication of effort or resources exists**, such as in the crisis service system. As a condition of receiving Strong Future funds, providers might be required to demonstrate that they are working with other organizations to identify and address duplication and gaps.
4. **Identify initiatives of particular high priority and create Requests for Proposals to address these areas.** This could include areas like facility-based crisis services for mental health and substance use, secure transportation, providing recovery or supported housing, or collaboration between school and community providers
5. **Continue to formalize outcome reporting requirements and require that repeat grantees demonstrate an impact on expected outcomes and operational efficiency**. These efforts would include demonstrating performance in terms of numbers served, service volume, efficiency in costs per person served, and success in leveraging other funding sources.

Conclusions

Prevalence data, community survey results, and anecdotal experiences of people living and working in the community suggest that Summit County has made much progress toward increasing the availability and accessibility of services and resources. Specifically, youth drinking and suicide risk and attitudes toward seeking care seem to be improving and the expansion of services has filled major holes in the continuum of care for both adults and adolescents. Nonetheless, there continue to be opportunities to improve the mental health of the community and to reduce the misuse of substances. Many of the gaps remaining are in 24-hour facilities that are not cheap or easy to build but multi-service sites that leverage minimum staffing requirements or regional and state partnerships might be considered to fill these gaps. Filling gaps and increasing organizational coordination in the child and family service system, could have a lasting influence on the lives of Summit County children. Summit County and its numerous partners and stakeholders are well positioned to continue work to create a healthier community.

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Appendix A: Summit County Provider Survey and Focus Groups, 2024

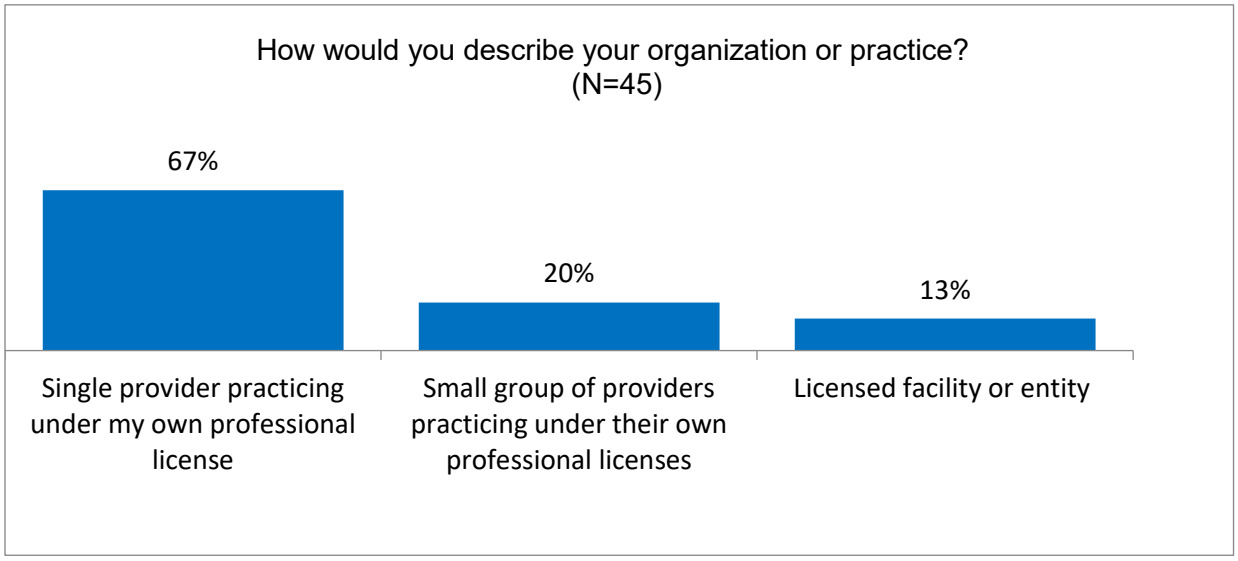
Summit County Behavioral Health Provider Survey

Methodology

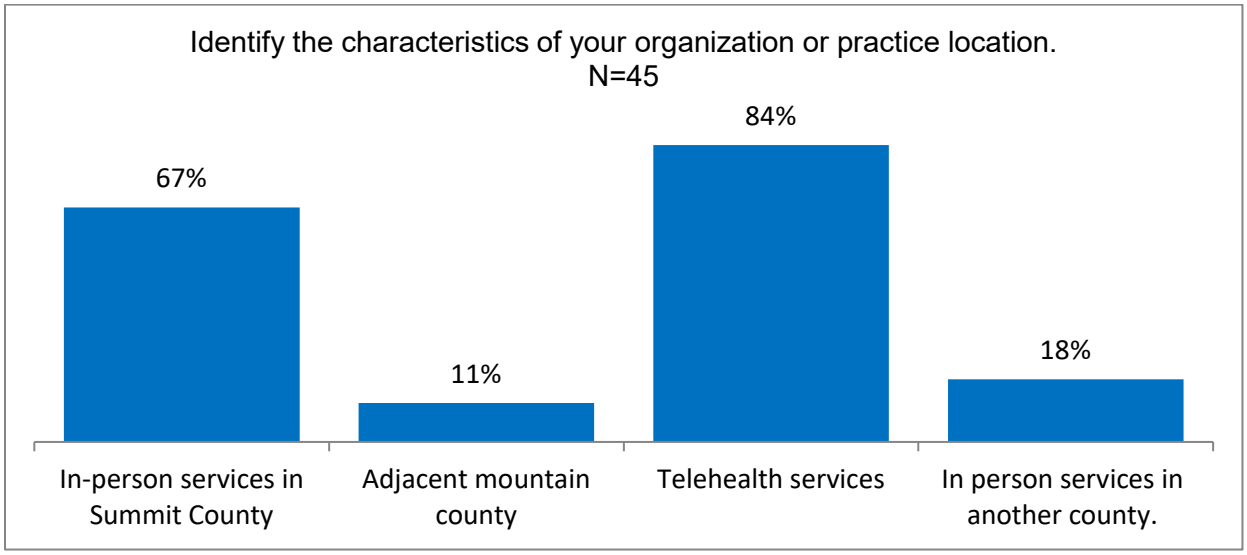
Under contract with Summit County Government, Innovela Consulting Group designed and administered a web-based survey of Summit County mental health and substance use providers that was distributed during July and August of 2024. The 15-item survey included eight closed ended and seven open-ended items focusing on the supports and resources available for providers and their perception of the behavioral health needs of the community. The survey was distributed to providers by local government officials and non-profit organizations. During the collection period from July 30 - August 30, 45 providers completed the survey. The responses to open-ended questions were analyzed using content analysis.

Characteristics of respondents

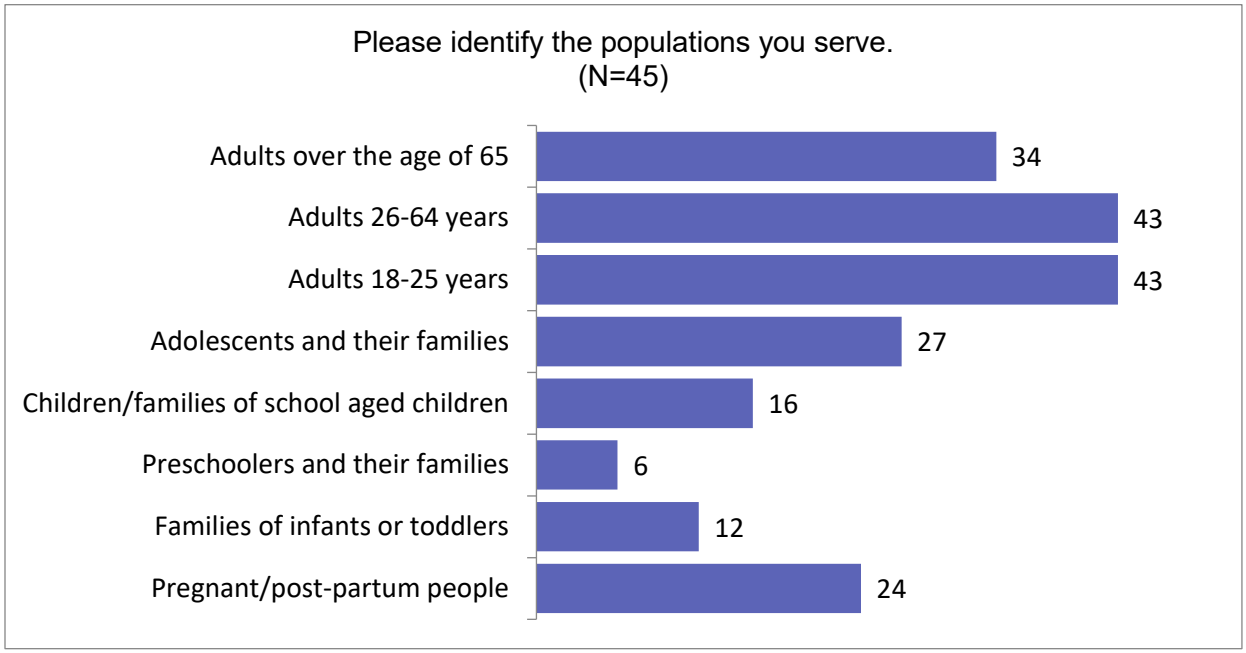
Of the providers responding, 30 of the 45 providers (67%) identified as a single provider practicing under their own license, nine providers (20%) reported practicing within a small group practice, and six providers (13%) reported that they worked for a licensed facility.



Providers were asked to indicate the county or counties where they provided in-person services, when applicable. Of the providers responding, thirty providers (67%) reported offering in-person services in Summit County, five providers (11%) reported offering services in nearby mountain counties including Eagle, Lake and Park, and eight (18%) reported providing services in the metro Denver area. Eighty-four percent of the providers responding indicated that they offered services by telehealth.



Providers were asked to indicate which populations they served in terms of client age. Forty-three of the 45 providers (95%) reported serving adults, 13 providers (29%) reported serving families with children, 27 providers (60%) reported serving adolescents, 24 providers (53%) reported serving pregnant or postpartum people, and 34 providers (76%) reported serving adults over the age of 65.



Findings

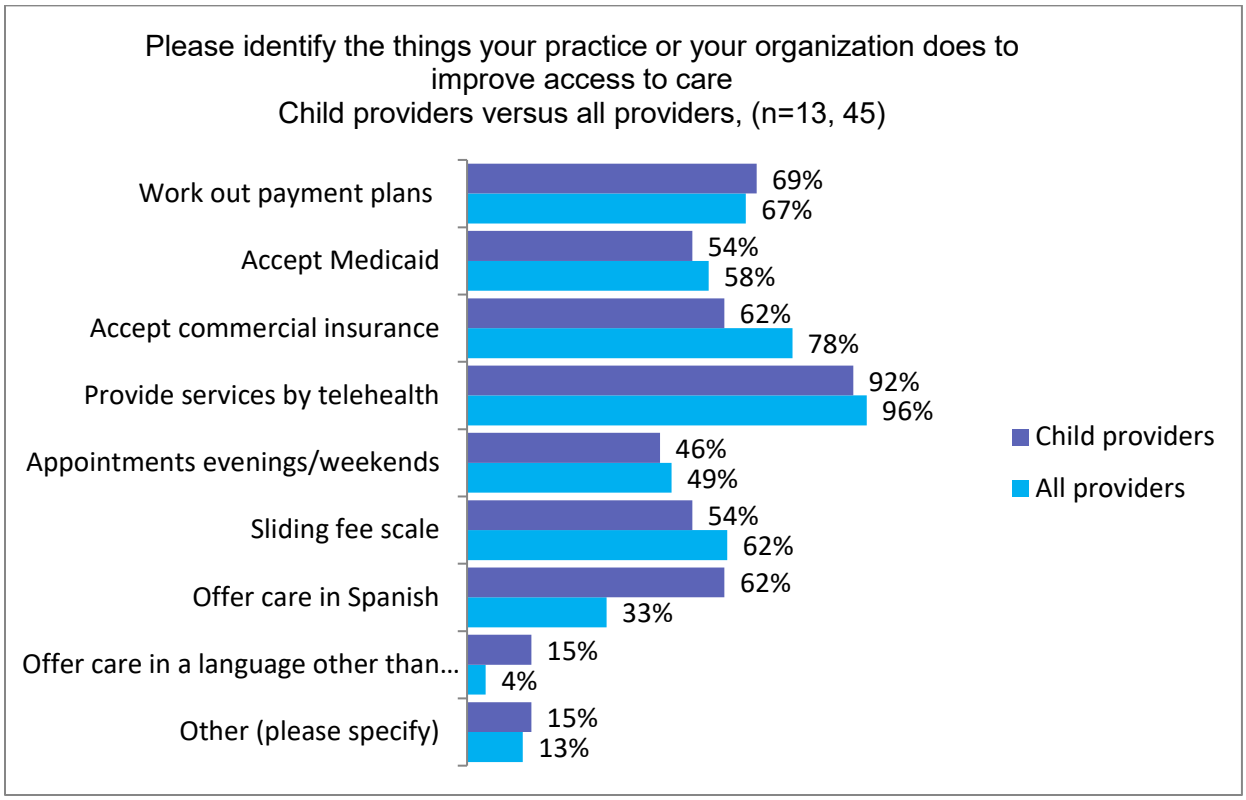
Four closed and one open-ended question focused on the strategies providers used to expand access to care and their perception of the supports that the County, through Building Hope, had used to increase the access or quality of the care they provided.

Provider strategies to increase access

As shown in the chart that follows, providers reported using a variety of measures to increase access to care. Nearly all of the providers (96%) offered services by telehealth, over three quarters (78%) reported accepting commercial insurance, over two-thirds (67%) reported working out payment plans, over half

(58%) reported accepting Medicaid, and nearly two-thirds stated that they used a sliding fee scale (62%). Less than half (49%) of providers reported offering appointments outside of normal business hours and a third (33%) reported offering services in Spanish.

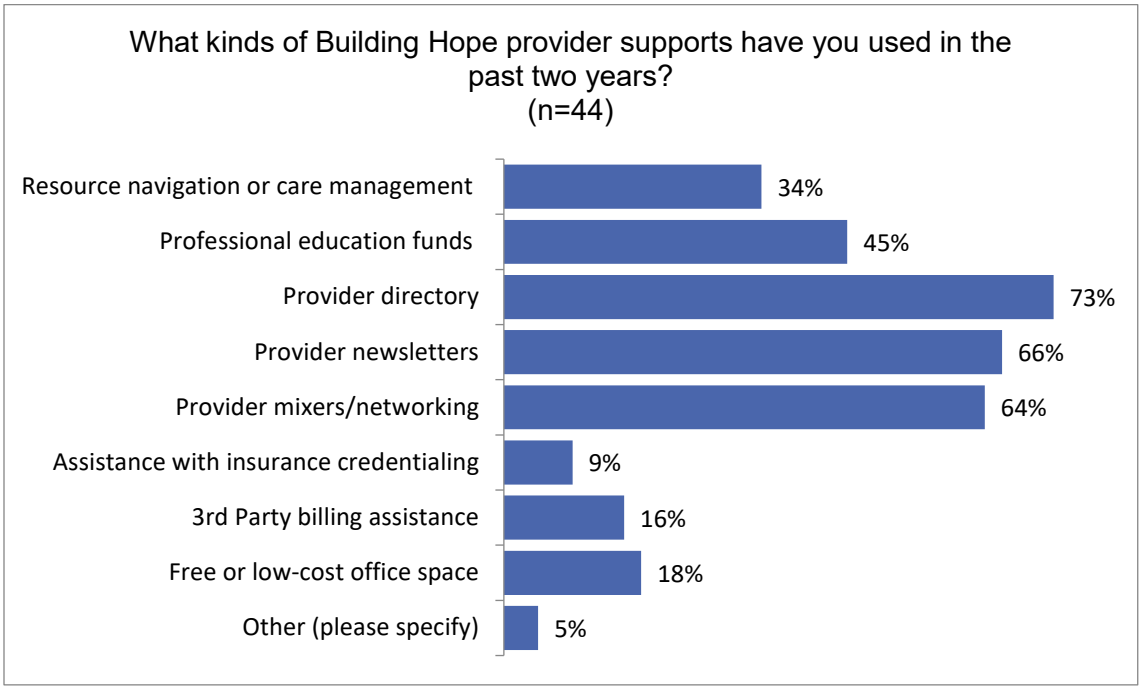
In comparison to all providers, the providers serving children ages birth to 11, reported slightly lower rates of accepting Medicaid (54%) and commercial insurance (62%). They were also slightly less likely than all providers to offer services by telehealth (92%), have weekend or evening appointments (46%), or offer a sliding fee scale (54%). They were much more likely to offer care in Spanish (62%) and slightly more likely to work out payment plans (69%) as compared with all providers.



Among the "Other, please specify" responses, providers noted that they worked with employee assistance programs, accepted Building Hope scholarship funds, and negotiated payment plans after a client has exhausted scholarship funds.

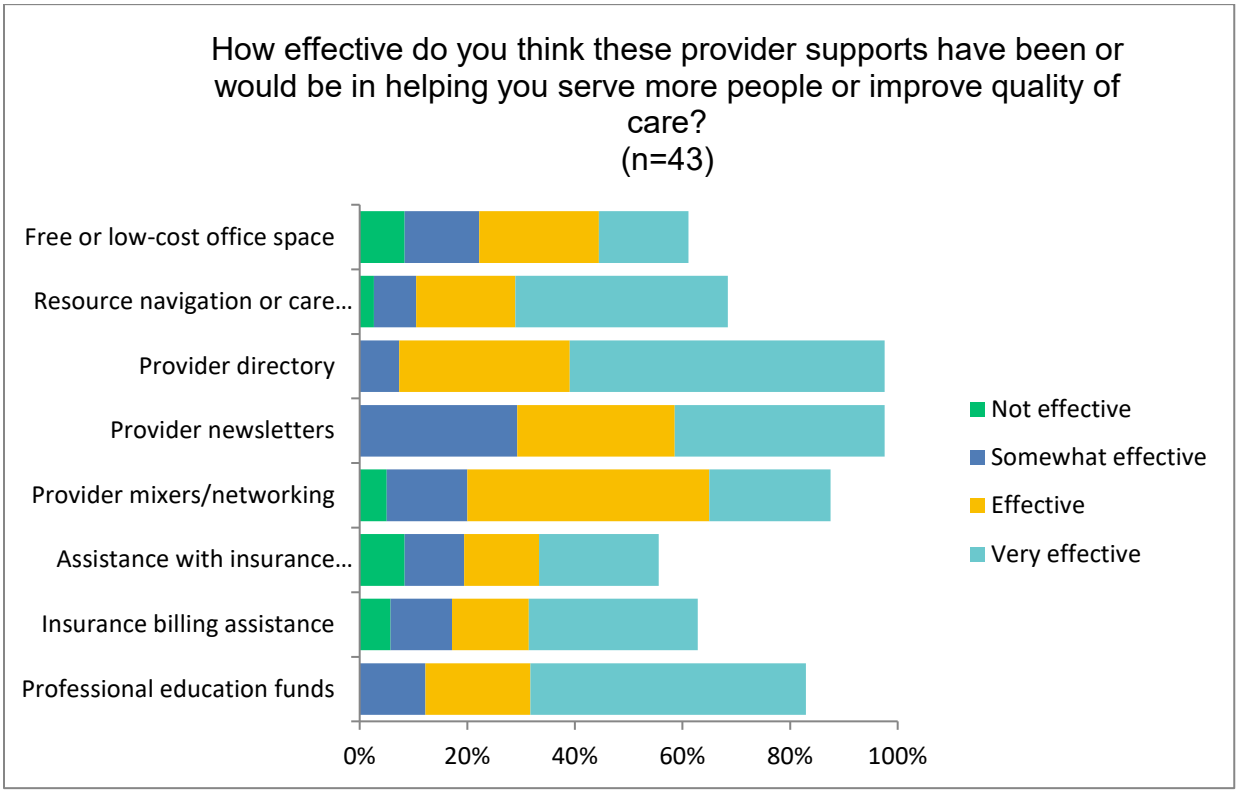
Provider supports utilized

The chart that follows shows the provider supports, implemented by Summit County through Building Hope, the respondents had utilized in the past two years. The most commonly utilized supports were the provider directory, newsletters, and provider mixers/networking. Both of the "Other, please specify" responses noted that they had also accepted Building Hope scholarship funds.



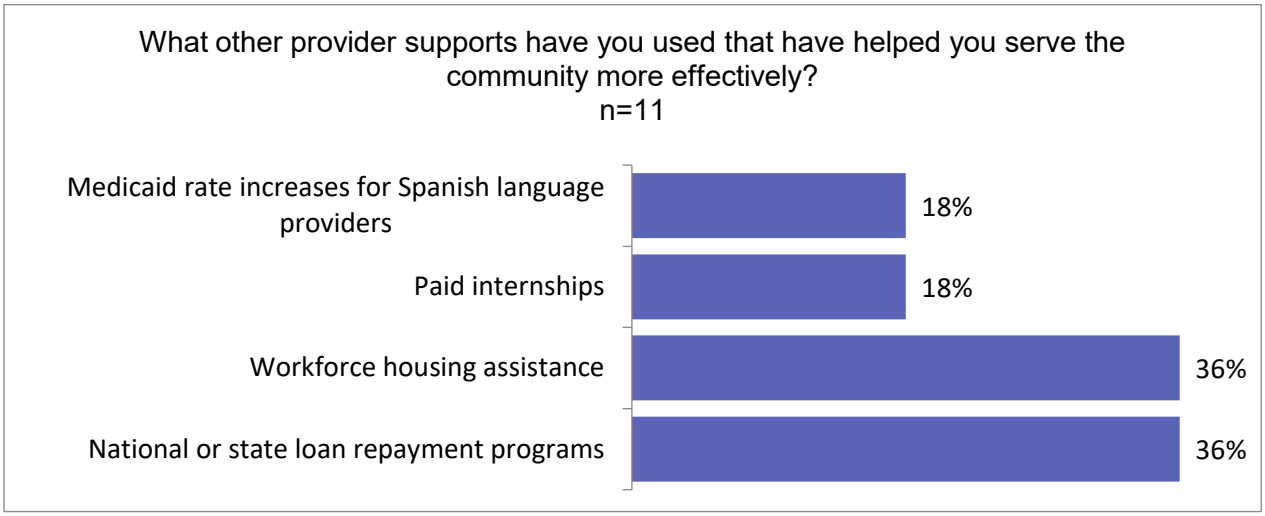
Effectiveness of provider supports

The chart that follows shows provider perceptions of the supports provided by the County through Building Hope. It shows that most providers found or would find the supports offered to be helpful to them in improving the quality of their care or increasing access to care.



Additional provider supports utilized

When asked about other provider supports utilized, about a quarter of the providers responding reported using supports provided outside of those administered by Building Hope. They included workforce housing, loan repayment, paid internships, and Medicaid rate increases for Spanish language services.



Strategies to expand and retain providers

In response to the question*, What do you think would be the most effective way to expand the number of providers available, to attract new providers, or to retain the providers that are currently available in Summit County?,* the most common themes were increases in insurance rates and reductions in barriers to insurance billing. Providers cited the high cost of dealing with insurance denials, negotiating rates, and credentialing with insurance companies as major barriers to creating sustainable practices. They also emphasized that reimbursement rates often did not cover these costs. One provider, noted the high start-up costs related to delayed payment and up-front investments as a significant barrier for new providers.

> *"Startup costs for a private practice is pretty big and you would need an alternate source of income for at least a year, if not two while building the practice."*

Some providers suggested that Building Hope's assistance with billing services has been helpful and that additional technical assistance and direct support on credentialing, negotiating rates, and billing insurance would be helpful.

> *"Continue to do what you're doing. It's very helpful. I do think support around navigating insurance is important. Also, support therapist in getting reimbursed at appropriate rates for their level of experience, etc"*

Providers mentioned that mentoring and paid supervision would be helpful as well as continued support with professional education. In addition, they mentioned that expanding incentives to providers who are willing to work with underserved or high need people would be helpful.

"Increase incentives for providers to receive training and take on more LGBTQIA+ clients, similar to the Spanish language incentive."

Additional housing support was commonly mentioned as a way to attract and retain providers. This included additional workforce and other housing initiatives specifically for behavioral health or health professionals.

"Dedicated Deed restricted housing for locally living and working mental health providers."

'Wonderful question. The high cost of living and inaccessibility of home ownership seem to be large obstacles to achieving this goal. These issues obviously effect our entire community."

Providers suggested that education of consumers on how to locate high quality services and targeted outreach to families who are undocumented are needed.

Working well in general

When asked, " *Briefly describe the things that you think are working well or have improved access to mental health or substance use resources in the community", o*ver half of those responding noted that scholarship funds were effective in improving access to care.

"Scholarship programs are helpful short term for people that normally wouldn't have access."

"BH vouchers have made a difference for undocumented families to access mental health services."

"The scholarship program for treatment is excellent and helps so many clients."

The increase in the number of providers and provider organizations that are available in the community, particularly Spanish speaking providers, was a strength that was also mentioned. Providers specifically cited the SMART team, Summit Women's Recovery, Detox, Building Hope website, navigation and Mountain Strong as resources that were working well.

"The increase in Spanish speaking providers has been a big help."

Working well for children and families

When asked specifically what is working to support children and families, many providers identified the scholarship program as a working well for children and families. Work in the schools was also frequently mentioned including school-based clinics, youth outreach events, and after-school programming.

"School-based health."

"Youth outreach event to begin school was a huge hit and very helpful to provide info. Event was sponsored by Summit County which Building hope notified us of."

A few respondents identified early childhood mental health services in child care centers as working well and a few providers also identified the expansion of early intervention programs and prosocial activities for families with young children as community strenghts.

"Early Childhood Mental Health (ECMH) Services in the childcare centers"

"Early Intervention is a great program for families with young children, BH vouchers, more therapists available"

"Improved and increase pros-social activities in the community."

A few providers noted that wrap around services and navigation have been helpful to families as well as the increase in the number of providers available.

"*We have brought in more providers and more wraparound services"*

"Wraparound services available to families who need holistic support."

Gaps in general

When asked about the biggest gaps in services or resources in the community, nearly half of those responding to the question identified services and resources for substance use. This included prevention, intensive outpatient services for men, recovery support such as substance-free spaces, and Spanish-language AA groups.

"Mental health is about community, I frequently hear that access to social mixers, groups/support around dating and mingling, and help with sober/substance-free spaces to do the above would be very helpful."

"There are not enough programs for substance abuse for clients who do not have insurance, there is no a continuation of providers who offer low scale therapy services for clients once they end up with the BH scholarship."

"There is still strong needs for levels of substance abuse services starting with prevention and mip education and treatment as well as IOP programs for youth and adults."

"Recovery support & rehab options"

"We need a local option for a Men's Substance abuse IOP program"

The lack of psychiatry and psychological assessment was also noted as a gap, specifically the lack of Spanish speaking psychiatrists and Spanish language services for families in general were identified as gaps.

"Child specific therapists, psychologists who can do assessments as well as psychotherapy"

"psychiatry, assessment"

"Spanish speaking psychiatrists, Spanish speaking AA meetings (more needed)"

A few providers noted that the lack of affordable health insurance and the inability of Building Hope Scholarships to be renewed as gaps.

"long term services for Spanish speaking families that don't have access to health care"

"Folks that are underinsured or uninsured finding resources that enable them to connect with affordable mental health care"

Gaps for children and families

When asked specifically about gaps in children's services, providers noted that there are a limited number of providers who work with children, specifically child psychiatry, play therapists, individuals who can do assessments, family therapy, family-focused legal services, and substance use services.

> *"Limited providers that specialize in children/families."*
>
> *"Again, support and education around substance abuse; especially marijuana."*
>
> *"coaching for teens who are acting out"*

Spanish language services, wrap around, and the lack of providers who offer care outside of regular business hours were noted as gaps for children and families.

> *"Providers who offer session times outside of normal working hours."*
>
> *"No enough play therapist who speak Spanish and offer in person sessions taking BH scholarship."*

The lack of providers who are able to work with children and families with intellectual or developmental disabilities or autism was also noted as a gap.

> *"Early childhood, in person family therapy--youth needing behavioral supports along with family supports (ie. family/parenting support, youth with IDDD and cooccurring mh/sud"*
>
> *"Supports for families with children with disabilities; opportunities for neurodivergent children to be successful in activities outside of school; having trained personnel across the community who can work with children with disabilities safely, respectfully, and with dignity towards the individual while supporting them to access their community.*

Some participants noted the lack of services for families of younger children and specifically mentioned the lack of services such as play therapy, parenting and family therapy as high priority needs.

> *"Play therapy, kids under 10, after school/weekend hours family therapy in person, generally in person providers"*
>
> *"services for younger kiddos"*

Some participants noted the need for additional collaboration with the schools and the need for early childhood mental health services at all of the preschools as areas for work.

> *"ECMH is not in every preschool and there is only one at ECO that is not very consistent since the pay is low and it only attracts interns until they have their license and move on. I think several are needed in the centers. State is willing to fund them and I'm confused as to why this isn't being utilized."*

Suggestions to improve services in general

When asked about the one thing that they would do to improve care or resources in the County, a number of providers mentioned improving insurance coverage and rates and reducing associated burden.

> *"No holds bar, I wish I could somehow revamp our insurance system. Third party insurance companies (how confusing benefits are, lack of parity enforcement, a general desire to avoid*

paying out, low payout rates) are a significant part of the problem across the state and country. Additionally, our Colorado Medicaid management and credentialing system is absurd. The burden of documentation and claims filing along with low payouts further prevent Medicaid from being a reasonable "investment" for providers."

"Somehow increase reimbursement rates for commercial insurance payers."

There were also multiple mentions of expanding scholarship funds so scholarships could be extended beyond 12 sessions as a priority.

"I think we should help BH to continue to have the vouchers for those that are in financial need"

"Access to additional scholarships more than 1x in their life"

"Make scholarships renewable (and also, we need more psychiatrists)."

Providing additional housing support for mental health providers was also mentioned by multiple respondents as the one thing a provider would do to improve care or resources in the community.

"Dedicated housing - hardest part of keeping in person mental health providers"

"Housing support for mental health providers"

Respondents also mentioned the need for more providers and providers with more experience, in particular individuals who could fill gaps in psychiatry, couples therapy, play therapy, diagnostic assessment, peer support, and substance use.

"psychiatrist who speaks Spanish."

"A more comprehensive network of professionals working with substance abuse"

"We would like to add providers who work with children or have play therapy training."

"more highly trained providers who can do more with diagnostic assessment and treatment planning"

"more peer support, housing"

There were also a handful of suggestions about increasing community education and stigma reduction as priorities for increasing willingness to seek treatment.

"I would increase community education about mental health and substance use as a way to reduce stigma and promote treatment."

"Offer more psycho-social educational events in the community."

Some process-oriented suggestions including suggestions to make referrals to local providers before referring outside of the community, focusing on provider pay rather than other benefits, and examining the efficiency of services funded.

"I would like to see referrals to our local therapists first, instead of referrals going to outside providers, unless it is clinically necessary to refer outside of that."

"Pay the people providing the services directly, not in terms of perks, but direct compensation for them to dictate accordingly.

"improved utilization of resources that the county has invested in previously. I think there are several programs that have limited utilization (ie. crisis/ACT/IOP) that probably could have increased utilization but the "12 visit" model for scholarships do not cover the need. Likely other ways to use resources for individuals with complex needs instead of a scholarship program."

Suggestions to improve services for children and families

When asked for suggestions to enhance services specifically for children and families, providers mentioned the need for more providers who are experienced with children.

"More experienced child therapists. New folks are lovely, but they do not have the experience to deal with complex family and child cases"

"More highly trained providers who can do more with diagnostic assessment and treatment planning, more coloration with schools."

They also mentioned the need for more preventive services including life skills, early childhood mental health in preschools, and enhancements to the social emotional learning curriculum in the schools. There were also suggestions about offering more free support to the whole family such as parenting classes.

"More options for the whole family. We used to have more parenting classes, parent support groups, etc. since Covid, we reduced those services in the community"

"Develop more preventive services including life skill coaching for students."

"I think more ECMH consultants in the preschools and even in the elementary schools would be helpful because it doesn't take time away from families who are already overloaded in surviving"

Expanded support for community level psychoeducation and stigma reduction was prioritized by a few providers and others mentioned the need for peer support and family support for families with children with needs related to neurodiversity.

"Create more mentorship and relationship opportunities across typically developing and neurodivergent children (ex. Best Buddies); provide training to any local entities who work with children to best support them with neurodivergent needs."

"Connect families / parents of children with disabilities to form a sense of community"

There were also a few process suggestions such as expanding the number of providers who are able to offer evening and weekend services and directing funding to existing rather than new providers.

"evening or weekend services"

"Put more money into already established agencies and providers rather than bringing new ones in"

Summit County Behavioral Health Provider Focus Groups

Methodology

During July, 2024 Innovela Consulting Group, under contract with Summit County Government, conducted one virtual and one in-person focus group with providers in Summit County. The purpose of the focus groups was to better understand providers' perspective on the supports and resources that have been effective to assist providers in increasing access to mental health and substance use services in the County and to identify the current strengths and gaps in the service system.

Participants were recruited through provider newsletters and communications through Building Hope. A total of eight providers participated, representing small providers and providers working as a part of larger organizations. Groups were recorded and themes were identified using content analysis.

Themes identified

School based interventions are effective in reaching children in a non-stigmatizing way.

Participants noted the school- and preschool- sited services have been particularly helpful in reaching parents, youth, and their siblings. They indicated that the non-stigmatizing nature of these services makes it easier for youth and families to participate. The participants noted that, while this approach is effective in engaging families in care, there are still challenges in engaging parents when children need more specialized care than can be provided in these settings. They suggested that more attention should be paid to identifying ways to make it easier for families to follow-up with specialized care.

More specialized interventions for young children are needed.

Participants discussed the challenges associated with both the lack of providers and the turnover of providers in the community. They identified diagnostic assessment, play therapy, family therapy, and child psychiatry, in particular Spanish speaking psychiatrists, as gaps. They noted that, in general, there is a lack of therapists who are trained to treat children ages 3-11 and that the shortage of providers who are bilingual in Spanish created significant access barriers.

Participants also discussed the impact of the lack of providers who understand the difference between mental health issues across the developmental lifespan versus neurodiversity. They suggested additional advanced training about these topics is needed with specific attention to how providers can make the determination about when they can work with families within their scope of practice and when referral and/or consultation is needed. They noted that sometimes therapists found it simpler to just refer to specialty care as opposed to working with families where mental health and neurodiversity may be co-occurring therefore increasing the demand on these services.

Providers need more support to address complex or acute needs.

Participants suggested that in some cases, the initial intensity of services needs to be higher and that reimbursement is often limiting in this area. Reimbursement (scholarship funds and commercial insurance) often don't support seeing a family multiple times per week but the higher frequency can be needed in early stages of treatment to stabilize a family. They suggested that consideration be given for rate enhancements for providers who are willing and able to treat families with higher complexity so that the therapist can provide the needed intensity. This would allow them to build in more flexibility for crises and provide the needed care coordination, allowing some private practice providers to assist in serving families with more complex needs. The participants suggested that a decision tree or other document that helps providers serving children and families to know who provides what service, the

eligibility requirements for various programs and services, and how to refer would be helpful when providers need to make referrals for other specialty care.

Scholarship funds are very helpful to therapists and families but could use some adjustments in approach

Providers participating in the focus groups agreed that the scholarship funds have been particularly helpful in helping families, who would otherwise not access care, to receive care. There was quite a bit of discussion about how the scholarship funds might better incentivize client and community outcomes. Participants discussed the possibility of tying provider eligibility to access scholarship funds to community need such as types of services, populations served, or accessibility standards. These might include creating base eligibility standards related to having evening or weekend appointments, providing services in Spanish, or serving a high need population such as individuals who are undocumented or families with particularly complex needs. There were further suggestions that the scholarship funding be limited to providers who live in the community rather than telehealth providers who are not knowledgeable of community resources.

Start-up practice support and sustainable reimbursement is needed to retain and recruit providers.

Participants believed that the Building Hope practice supports have been very helpful in recruiting and retaining providers but they agreed that continuing to pay for practice supports beyond a start-up period just masks the problem of inadequate rates. They mentioned that starting up a practice is particularly expensive and challenging and that the County and Building Hope providing assistance during the start-up period was very helpful. They identified credentialing with commercial insurance carriers as particularly challenging and suggested that technical assistance with credentialing and help with cash flow during the first year is critical to bringing up a sustainable practice. They noted that Rocky Mountain Health Plans has been good about enhancing rates to be competitive and that more is needed to ensure that the rates providers are paid cover the costs of running a practice.