



Building Community Mental Well-Being

A collaborative assessment of behavioral health in Teton County

Miya Cain, Allison Kaika, Abigail Ridgway

About this report

This report and research were made possible by the Community Foundation of Jackson Hole and the guidance of a steering committee comprised of 19 organizations. The group sought to understand the behavioral health needs of those who live and work in Teton County, Wyoming, particularly in the face of the COVID-19 pandemic. FSG, a nonprofit social impact consulting firm, was engaged to facilitate a collaborative research process to identify needs and opportunities to improve community mental well-being. To inform this report, FSG designed and administered two surveys (in partnership with a survey firm called Professional Research Consultants), conducted secondary research, interviewed community leaders, and facilitated a series of four cross-sector steering committee workshops.

About FSG

FSG is a nonprofit social impact consulting firm supporting leaders in creating large-scale, lasting equitable social change. Through strategy, evaluation, and research, we help many types of actors—individually and collectively—make progress against the world’s toughest problems. Our teams work across all sectors by partnering with leading foundations, businesses, nonprofits, and governments in every region of the globe. We seek to reimagine social change by identifying ways to maximize the impact of existing resources, amplifying the work of others to help advance knowledge and practice, and inspiring change agents around the world to achieve greater impact. The head of FSG’s US health practice grew up in and currently lives in Jackson. Learn more about FSG at www.fsg.org.

This research was done in partnership with the Behavioral Health Needs Assessment Steering Committee, who represented the following organizations:

| | |
|--|-----------------------------------|
| Children’s Learning Center | Jackson Police Department |
| CLIMB Wyoming | One 22 Resource Center |
| Community Entry Services | The Senior Center of Jackson Hole |
| Community Foundation of Jackson Hole | St. John’s Health |
| Community Safety Network | Teton County Department of Health |
| Curran-Seeley Foundation | Teton County School District |
| Jackson Hole Chamber of Commerce | Teton Literacy Center |
| Jackson Hole Community Counseling Center | Teton Youth and Family Services |
| Jackson Hole Mountain Resort | Voices JH |
| Jackson Hole Therapy | |



CONTENTS

| | |
|----|--|
| 5 | Introduction |
| 8 | Assets and Challenges: Results from the behavioral health needs assessment, including findings from the community and provider surveys |
| 8 | <i>Prevention</i> |
| 14 | <i>Treatment</i> |
| 18 | <i>Crisis</i> |
| 21 | Opportunities: Promising avenues to promote a healthy, vibrant, and resilient Teton County through collaboration and alignment of resources |
| 25 | <i>Behavioral Health Collaborative Infrastructure (e.g., Steering Committee and Backbone)</i> |
| 25 | <i>Community Connection and Culture</i> |
| 26 | <i>Resilient Children and Families</i> |
| 27 | <i>Workplaces Supporting Health and Well-Being</i> |
| 27 | <i>Behavioral Health Navigation and Access</i> |
| 28 | <i>Strong Provider Workforce</i> |
| 29 | <i>Behavioral Health First Response</i> |
| 30 | <i>Behavioral Health Facility</i> |
| 30 | Teton County Behavioral Health Services Index |

Introduction

Mental health and substance use issues have been a growing concern in Teton County for many years, but they have perhaps never been more top of mind than during the COVID-19 pandemic. Over the last two years, people in Teton County have experienced the same stresses that have impacted the entire nation—social isolation from friends and family, school closures, family pressures, illness and death, economic insecurity, fear and anxiety in dealing with constantly shifting and uncertain situations. New national data have shown the profound impact the pandemic has had on our social and economic well-being,ⁱ and Teton County has suffered more than many areas around the country.

In recent years, the Rocky Mountains have been recognized as the “suicide belt.” Wyoming was ranked 50th in the nation on mental health by Mental Health America’s 2022 rankings and has one of the highest suicide rates.ⁱⁱ Within the Rocky Mountains, there is increasing awareness that mountain resort towns like Jackson Hole have particularly acute challenges with behavioral health.ⁱⁱⁱ While there were some things that were uniquely helpful about being in Teton County during the pandemic, such as access to the outdoors, there were also many ways in which the pandemic was especially challenging for the mental well-being of those living and working in Teton County. In particular, soaring land and housing prices displaced many people and created new forms of economic insecurity and hardship. Community members saw neighbors and friends leave, and many others questioned whether they could, in fact, continue to call the valley home. At the same time, many new people struggled to integrate into the community during the isolation of the pandemic, especially remote workers who comprise the “Zoom boom.”

“One result of COVID-19 is families that were teetering but getting enough resources just slid off and were not okay anymore.” – Sarah Cavallaro, Executive Director, Teton Youth and Family Services

Amid these sweeping changes, we have a chance to examine who we are as a community and to ask ourselves what we want to become. In this report, we examine community factors that have an impact on behavioral health and offer recommendations for improvement. A few findings rise to the top:

- **Community members report high satisfaction with Teton County as a place to live.** People travel from all over the world to experience the outdoors and wildlife, to seek refuge and rejuvenation in the natural beauty this land has to offer, and to enjoy the intimate small town feel. That said, in what is sometimes referred to as the “paradise paradox,” living in a place that represents an escape or vacation for others can make it hard for residents who feel lonely, depressed, isolated, or hopeless to reconcile or talk about their feelings—and they can end up feeling much worse.^{iv}
- **Many people in Teton County are experiencing social isolation and economic strain.** The flip side of the coziness of a small town is that it can be hard for some to find a sense of belonging and acceptance. For those who are LGBTQ+, people of color, or represent other marginalized identities, and for those who can’t afford, aren’t physically able, or are not interested in the outdoor culture, this sense of isolation can be even more challenging.

- **As in other mountain resort towns, many people in Teton County are navigating their sense of identity and belonging in the context of a transient tourist culture that normalizes widespread substance use, particularly excessive alcohol use.** Drinking among both young people and adults is far higher in Teton County than in the rest of the state or the nation overall. Social isolation, economic insecurity, and an extensive party culture all contribute to alcohol overconsumption. Moreover, seasonal workers and many full-time residents live far away from their families, leaving them with limited or fragile support systems and social networks.
- **People in Teton County are navigating their way through mental health and substance use issues, now more than ever.** These topics are no longer on the margins of our community—they are at the center. Over half of all people surveyed said that in the last year they needed some type of mental health service. Luckily, for a small town, Teton County has a large number of mental health providers. However, many still are not able to get what they need—whether because they do not know how to find services they can afford, cannot find a person they feel comfortable with, or simply do not know how to ask for help. Teton County is also missing some vital services, so some people must travel hundreds of miles to get the support they need or forego assistance altogether. Our behavioral health system needs to adapt to accommodate these new circumstances and demands.

The fields of mental health and substance use emerge from a history of blaming individuals for challenges they face. A common narrative—based on stigma—tells us that mental health and substance use issues are a result of *individual* choices, weakness, or moral failing. As a country, we’ve increasingly made mental health issues a crime rather than a health issue, but it doesn’t have to be that way.

Perhaps one of the greatest blessings of the COVID-19 pandemic is the opportunity to view mental health issues as *community* issues. We must remember that mental well-being is not only a result of our individual choices, it is also determined by the quality of connections and connectivity we have to others, our sense of belonging, and our ability to access resources. As a community, we have the power to shape our collective experience and trajectory, and we hope that this report is one step toward strengthening behavioral health supports across the spectrum in Teton County.

“Behavioral health isn’t just about an individual’s problems. We have to address it more broadly because there are lots of people that have impact on individuals’ mental health. Lots of people impact connectivity, including employers, and a focus on supporting everyone’s behavioral health will improve both employee retention and well-being.” – Anna Olson, Jackson Hole Chamber of Commerce

In the subsequent behavioral health needs assessment, we describe the main assets and challenges to advancing behavioral health in Teton County in prevention, treatment, and crisis. This assessment concludes with potential opportunities for how the community can address these challenges.

Teton County Behavioral Health System Assets and Challenges

Prevention

Teton County is a desirable place to live and many invest heavily in the community; however, due to economic instability and cultural dynamics, a sense of belonging is not guaranteed, and many people experience a lack of strong community connections.

Overall, people who live and work in Teton County rated their experience of living in the community highly, and, on average, they report a stronger sense of community membership than people do across the country. This high sense of community membership is a strength Teton County has in common with other ski towns, and the rich community fabric is a protective factor that supports behavioral health. For instance, 75% of people in Teton County agree that being a member of the community is part of their identity, and 66% of community members agree they put significant time and effort into the community, exceeding both peer and national averages. Moreover, 81% of community members agree they can trust the community (almost double the national average), and 69% believe the community is a good or very good place to live.

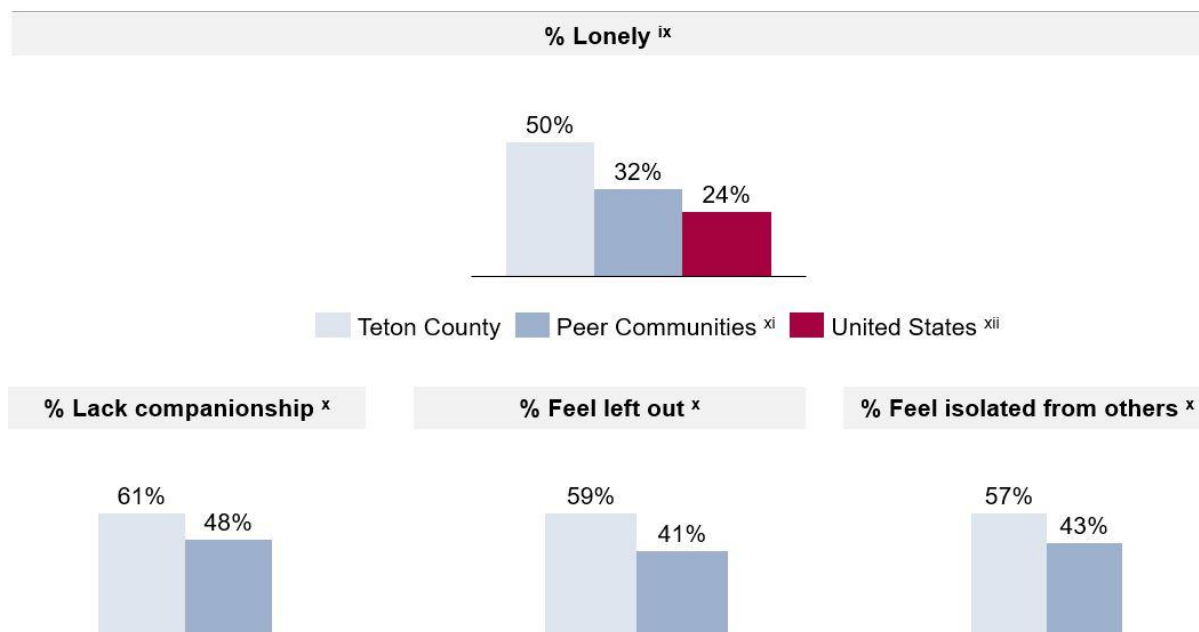
Yet being part of such a well-loved community does not guarantee well-being. Many people suffer from poor mental health, particularly in the wake of the COVID-19 pandemic. On average, community members reported that their mental health was not good for one week of the past month (6.8 days). This is higher than both the most recent national average (4.3 days in 2019) and the most recent recorded value in Teton County (3.3 days in 2018).^y This means that a quarter of the time our community members are dealing with mental health challenges that impair their ability to flourish as workers, neighbors, parents, and friends.

An unusually high portion of the community suffers from feeling left out, isolated, or lacking companionship. These feelings of loneliness are widespread, and are particularly acute among young adults, LGBTQ+, non-Latinx people of color, and women. Over half of people in Teton County are lonely, significantly higher than the national average before the pandemic (24%). This may be tied not only to COVID-19-related social isolation but also to the overall economic challenges people are currently facing.

“I think people are feeling lonely because they are feeling stuck. They love this community but it isn’t exactly as good as it seems and stuckness is lonely. Having no options is lonely. Whether it’s housing, health access, lack of child care, etc., nothing is ‘easy’ here. It all takes tremendous work, which also leads to loneliness. With so much wealth in the community, it can be lonely to feel like you are the only one navigating all the crap of daily life here.” – Community Member

Additionally, marginalized populations experience fewer of the positive community experiences that support mental well-being. For instance, one third of LGBTQ+, very low income, and non-Latinx people of color reported lower levels of trust in the community. In addition, the Latinx population reports almost three times more dissatisfaction with quality of life than non-Latinx people.^{vi}

The seasonal nature of the ski town’s tourist-based economy may also contribute to high levels of loneliness, as people are often coming and going from town. In addition to the seasonal workers arriving and leaving, the COVID-19 pandemic brought an influx of people looking to relocate to Teton County in the pandemic. In 2020, the valley’s real estate market broke over 42 statistical records due to the increase in sales to wealthy buyers.^{vii viii} Individuals who have been in the community for less time report higher loneliness and more poor mental health days than those who have been in the community longer. More specifically, among young adults who have lived in the Teton County area for less than one year, 74% report experiencing loneliness and 77% report having four or more poor mental health days in the past month.



Many community members in the Teton County area live in unstable financial situations that cause or exacerbate poor behavioral health outcomes. COVID-19 and a severe housing shortage have further destabilized many families economically.

Many people are living with the daily stress and anxiety of not knowing whether they can afford to continue living in the community. In fact, the community survey showed that 46% of residents have considered leaving in the past year due to housing instability, lack of stable employment, or insufficient income to cover expenses. For Latinx, young, and LGBTQ+ populations these numbers are even higher—for instance, 77% of LGBTQ+ individuals considered leaving in the last year. The inability to retain community members leads to a feeling of transiency within the community, which may contribute to

experiences of loneliness, especially for people who are new to the community or for those who feel that they may have to leave at any moment.

“Fifty percent of our community is thinking about moving because of cost. Half of our community is thinking about pulling up stakes—that’s heart breaking. I remember thinking that the feeling of being always on alert about COVID-19 at the beginning of the pandemic—wiping down Amazon boxes, not knowing how it was spread—is how people without housing security may feel all the time.” – Community Member

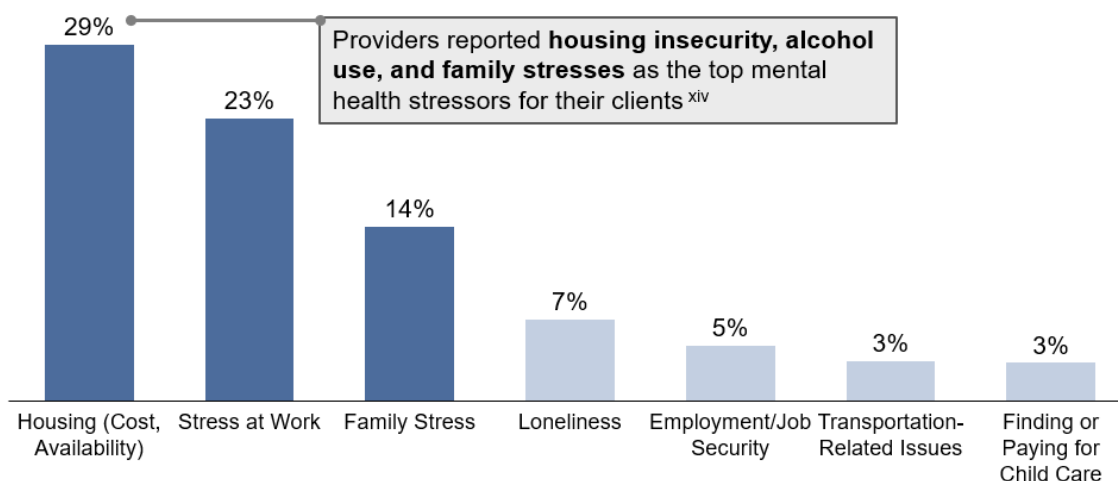
Unstable housing and work-related stress have detrimental effects on individual mental health and well-being. Almost a third of community members (29%) reported housing as the most significant stressor to their mental health, and behavioral health providers also reported that housing is a top strain on their clients’ mental health. Without a secure and stable place to call home, individuals are faced with daily worry of where they will sleep and confronting the possibility of uprooting their family and leaving their social network. Housing strain puts pressure on people to find and maintain adequate employment, potentially causing or heightening the significant work-related stress many community members already face. Almost a quarter (23%) of the community reported stress at work to be the main challenge to their mental well-being.

Community members are dealing with increased family stress. Many families experience elevated stress when coping with significant economic pressure, especially with dependents in the household. COVID-19 has worsened this situation, with increased time at home and fewer outlets to create connections and find support outside of the family. Moreover, many pre-COVID-19 coping mechanisms—including outings and celebrations with friends and family, indoor activities such as fitness, dance, art classes, and social clubs—have been unavailable during the pandemic. Consequently, both community members and behavioral health providers identified family stress as a top challenge for mental well-being.

Intimate partner violence contributes to poor mental health outcomes. Fourteen percent of the community reported having been hit, slapped, pushed, kicked, or hurt by an intimate partner. People in Teton County named domestic violence as the fourth most pressing health issue in the community in the 2021 Community Health Needs Assessment. Intimate partner violence is more prevalent in communities that bear the brunt of social and economic stressors—the very low-income (30%) and Latinx communities (21%). Research shows that intimate partner violence negatively affects survivors’ mental health: 20% of survivors develop a new psychiatric disorder as a result.^{xiii} Moreover, these experiences do not only affect survivors, but their families and loved ones as well.

Greatest Challenges for Community Mental Health

In general, what do you feel creates the biggest challenge for your mental well-being?



Excessive stressors in early childhood without adequate supports can change the course of children's brain development and put them at greater risk of behavioral health issues. As of 2019, Wyoming had the third highest percentage of children who experience adverse childhood experiences (ACEs) in the country.^{xv} One quarter of children in Wyoming have experienced two or more of the following events, which have been proven to affect long-term mental and physical health: poverty, violence in the home, victim/witness of neighborhood violence, lived with someone who struggles with mental illness or substance misuse/abuse, or had their parent or guardian divorced or separated.

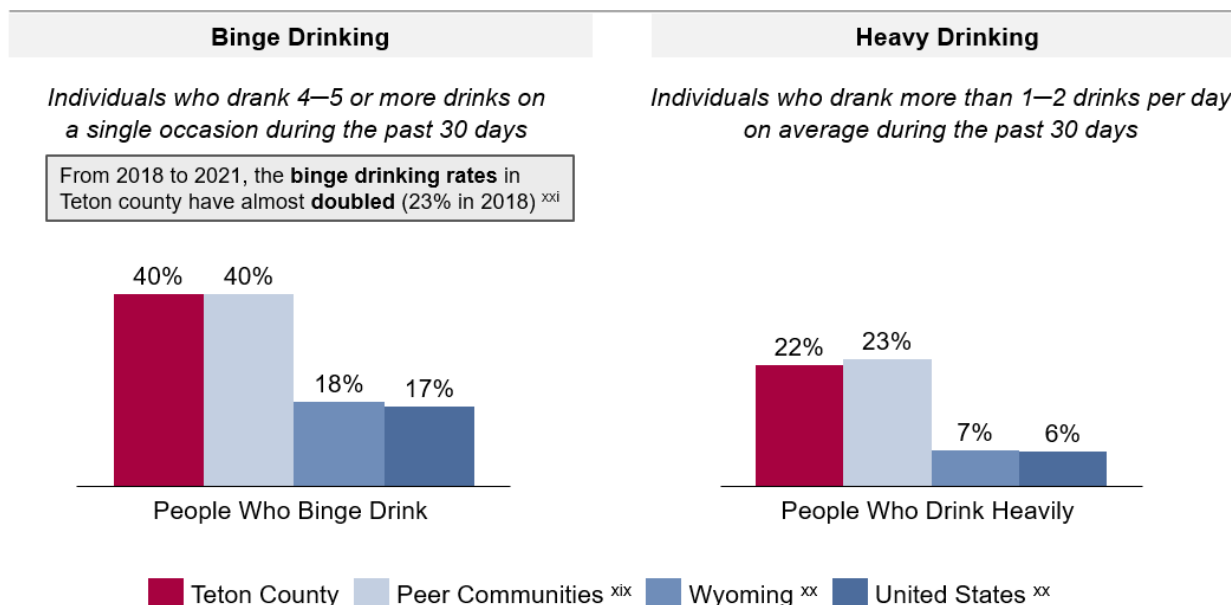
The strained housing and economic situation erodes community social fabric. Longtime community members are being pushed out of the community due to the lack of available, affordable housing. This phenomenon is made worse by wealthy individuals' increasing desire to buy property in Teton County, disrupting established social networks and increasing tensions related to income inequality.^{xvi} Calculations comparing the Jackson Hole area's top 1% to the remaining population demonstrates the highest income inequality in the United States.^{xvii} Teton County has the highest per capita income in the country (\$148,002), while the average worker makes only \$41,052 a year.

The housing shortage also means that key social service and mental health organizations cannot run at full capacity, in part because they cannot find workers who can afford to live in the area. All of the Human Services Council organizations, which is a group of the valley's 10 largest social services providers, continue to experience staff shortages, a topic of ongoing shared concern.

"Because we have no housing, we lack employees. You look through our help wanted section and see page, after page, after page, of help wanted ads, and then you will see maybe one paragraph for housing [availability]." – Beverly Shore, Community Prevention Coalition of Teton County

A tourism-focused economy and mountain town culture enable and normalize excessive drinking.

With elevated economic pressures and a widespread tourism-based culture that normalizes drinking, alcohol can become a coping mechanism for stress. The survey showed a high level of excessive drinking in Teton County (44%) compared to the national average (27%). Teton County also has the highest rate of excessive drinking in Wyoming.^{xviii} In particular, men, young adults (18–39), and mid- to high-income individuals are drinking the most. One in every two men in Teton County, regardless of race or ethnicity, reported drinking excessively.



Substance use is having a detrimental impact on community members’ mental health. Many community members (40%) report being negatively affected by their own or someone else’s substance use, almost double the national average. A majority of behavioral health providers (68%) name alcohol use as a top factor that strains community members’ mental health. Alcohol is also leading to legal consequences. In 2020, 80% of custodial arrests in Teton County were due to alcohol, the highest in the state. Individuals of greater means and with better legal representation are likely to face fewer consequences as a result of these arrests, while those of less means are more likely to shoulder financial and legal burdens.

“People who struggle with substance use disorder (SUD) often find themselves having legal consequences, and the stigma surrounding substance abuse as a crime is an obstacle to recovery. Getting into legal trouble has a more financial impact on our low-income community...The affluent are less influenced by the consequences than someone who may need to miss work to attend a SUD treatment.” – Dr. Mani Faez, Curran-Seeley Foundation

It can be challenging for people to engage socially in ways that do not involve or revolve around alcohol. Seventy-six percent of community members agree that alcohol is important to social life. This is especially true for the white and mid- to high-income populations.

“Social norms and culture are pretty hard to change. A student coming back from treatment has said that it is so hard to be sober when drug and party conversations are such a big part of culture.” – Pier Trudelle, Teton County School District

Teton County middle and high-school students are drinking at rates higher than average for Wyoming students. In 2018, almost one in five eighth graders reported drinking one or two times in the past month, about twice the state average. In the same year, 13% of high school students reported binge drinking two times in the past two weeks, which is over triple the state average.^{xxii}

The high levels of adult drinking have an impact on young people in the community, who often observe normalization and overconsumption of alcohol by adults and replicate the behaviors. In 2018, three out of four students (74%) reported having been to a community event where adults were drunk. Young people also report that alcohol is easy to obtain. Over half of Teton County eighth graders reported that alcohol was “very easy” or “sort of easy” to obtain (55%), higher than the state average (46%). Almost a quarter (24%) of eighth graders in Teton County obtained an alcoholic beverage from their parents.^{xxiii}

Alcohol puts young people at risk for future behavioral health challenges and has an impact on their developing social and emotional coping skills. Researchers have found that even subtle changes in neurodevelopmental trajectories due to alcohol could affect neurocognitive performance later in life, possibly carrying functional consequences into adulthood.^{xxiv} Studies also demonstrate that adolescents who misuse alcohol frequently are at a higher risk for depressive disorder in adulthood, and symptoms can start at a younger age.^{xxv}

Treatment

Fortunately, although Teton County has an unusually high demand for behavioral health services, many are getting the care they need thanks to a large supply of hardworking providers.

The need for behavioral health services in Teton County is on the rise. Nearly half (48%) of all community members reported that their mental health has gotten worse since the beginning of the pandemic. Similarly, nearly half (48%) of people said they needed mental health services over the last year. When St. John’s Health expanded their behavioral health offerings in 2019, the number of appointments doubled, signaling that they were fulfilling a significant and growing need.

Fortunately, due to the dedication and skill of local behavioral health and social service providers, 81% of people were able to get the services they needed. Part of the reason that so many people are getting

the care they need is due to a COVID-19-inspired pilot project conducted by Mental Health Jackson Hole (MHJH), which offered six free visits to anyone who needed it from September 2020 to July 2021. This effort supplemented the community's pre-existing low and no-cost services available through the Jackson Hole Community Counseling Center at a time when many more people needed care. A total of 950 people applied to the MHJH program, 44% of whom did not have insurance, indicating that important access gaps were temporarily filled by the program. Young adults between the ages of 19 and 39 and people who identify as female also made significant use of the program (47% and 78% of program participants respectively). In addition, Jackson Hole Community Counseling Center used Coronavirus Aid, Relief, and Economic Security (CARES) Act funds to serve 600 additional individuals with free coverage for all services.

One reason so many people receive the services they need is that there is a relatively large and accessible group of public and private therapists available in our community. Teton County has a mental health provider to resident ratio of 200:1, far outperforming Wyoming and US averages.^{xxvi} Eighty-eight percent of providers surveyed are accepting new patients, and 74% of providers have a wait time less than one week, demonstrating quick intake for those needing care with a provider for the first time. Around 40% of providers offer services before or after work hours, and 10% of providers offer services on the weekends, facilitating accessibility for those who need to get care outside of work hours. Finally, at least 90% of providers accept some form of private insurance, a rate much higher than in peer communities.

“There are a lot of providers with great skills, solid clinicians taking their education seriously. The group is remarkable both in private practice and human services. There is really good care available. There are also lots of providers. People get frustrated with waitlists, but it is not nearly as bad as other rural communities.” – Elizabeth Cheroutes, Jackson Hole Therapy

Moreover, providers are generally able to deliver the types of services that people in Teton County are looking for. The robust provider network has a broad range of specialties tailored to specific behavioral health challenges. For example, over half of providers offer trauma and abuse services, around half of providers can address post-traumatic stress disorder and women's issues, and one-third of providers focus on sexual abuse, substance use disorders, and parenting support. Around 19% of providers offer services in a language other than English (17% speak Spanish and 2% speak an Eastern European language). This is comparable to the approximately 19% of the population that speaks a language other than English at home recorded in the American Community Survey 5-year estimate (although local non-profit leaders that work directly with the Latinx community estimate that around 30% to 40% of Teton County residents and workers speak Spanish at home, signaling a potential greater need than indicated).^{xxvii}

Unfortunately, during the pandemic, behavioral health providers have experienced challenges to their own mental health and well-being. On average, behavioral health providers reported that their mental health was not good an average of 7.2 days a month, slightly more than the average community member (6.8). In addition, 54% of providers shared that their mental health has worsened since the

COVID-19 pandemic, compared to 48% of the general Teton County population. About half of providers surveyed reported peer support as the most needed resource for their practice, signaling a desire to find better avenues to support each other with processing challenging experiences and building new skill sets.

"We saw a surge of demand for mental health services, and mental health workers are holding on to a lot of people's stuff, which is really hard to do when you are isolated from other people." – Deidre Ashley, Jackson Hole Community Counseling Center

Despite the robust set of behavioral health providers, some people in the community still face significant barriers to accessing care, including the cost of treatment, lack of awareness of appropriate and affordable resources and how to navigate them, and stigma surrounding mental health.

The cost of behavioral health treatment is the most significant barrier to access. About one-third (31%) of the community cites cost as the main reason for not getting services. Only 44% of people with very low incomes reported being able to get the care they needed in the last year.

Cost is a more significant barrier for those who lack insurance coverage, particularly people with low incomes and Latinx people. Additionally, people with insurance often still cannot afford care. Over half (58%) of the Latinx community and 54% of people with very low incomes have no insurance to cover their behavioral health treatment. Moreover, those with insurance may still not be able to afford care due to high deductibles, high co-pays, or because their type of insurance is not accepted by their provider. Wyoming State provides funding for reduced cost (sliding fee) services through local community mental health and substance use centers, but funding has decreased despite a significant increase in demand.

"Immigrant families face a series of barriers in accessing mental supports. Often working multiple jobs, they rarely have the time, or the flexibility in their schedule to seek counseling. Limited English speaking individuals have few options outside of Vista Counseling and Teton Behavior Therapy for first language counseling services. And most importantly, due to documentation status they often do not have health insurance to help cover the cost of mental health supports." –Jordan Rich, Voices JH

One particular challenge is the limited number of providers that accept public insurance. Only 30% of Teton County providers accept Medicare and only 45% accept Medicaid. One reason is that providers have to have certain credentials or supervision to qualify for these programs. Even when providers are qualified to participate as Medicaid or Medicare providers, the complicated billing process and low reimbursement rates serve as additional deterrents to accepting this insurance. This means that low-

income and elderly patients with Medicaid and Medicare are likely to have a higher degree of difficulty getting care.

“It is a pain to become and maintain being a Medicare provider. The reimbursement rate [for services provided] is really prohibitive [because it is so low]. This is unfortunate because most of the geriatric patients use Medicare.” – Deidre Ashley, Jackson Hole Community Counseling Center

The behavioral health system is challenging to navigate. Many folks do not know where to go or who to go to. Many people are also unaware of what affordable and appropriate resources exist, and this is especially true among marginalized populations. Only 58% of Latinx and 59% of very low-income community members reported being aware of any providers, programs, or resources available in this community to help people with mental health concerns. This could be due to limited Spanish language outreach and resources available in the community. In addition, navigating insurance coverage can be confusing and difficult. Many individuals have Employee Assistance Program (EAP) options or mental health coverage but are unaware of how to take advantage of these benefits.

Stigma surrounding behavioral health is declining, but people still have a hard time talking about mental health. Due to the diligent work of many community entities around reducing stigma, 62% of the community believes people are sympathetic to those with mental illness, which is slightly better than the national average.^{xxviii} In addition, 45% of the community reported that it is easy to discuss mental health, signaling great inroads to normalizing behavioral health needs and conversations. Despite this progress, the other half of the community finds these topics difficult. In particular, young adults ages 18–39 and LGBTQ+ populations reported the most difficulty discussing mental health (only 12% and 0% respectively strongly agree that talking about these issues is easy). Moreover, 22% of women of color reported stigma as the main reason they did not access the behavioral health care that they needed.

A lack of representation in the provider community can pose further challenges for marginalized communities seeking care. While 52% of the Teton County population identifies as male, only around 12% of providers are male. Additionally, while at least 15% of the population identifies as Latinx (estimated to be closer to 30–40% by local non-profit leaders), only 3% of providers identify as Latinx.^{xxix} All of the 61 providers who completed the survey identified as white, and none identified as LGBTQ+. These mismatches pose a challenge for those seeking a provider who can understand their life experiences.

“Latinx and LGBTQ+ communities are sorely underrepresented in the provider community. Vista Counseling is bilingual and represents [the community] well, but they are chipping away at a mountain. We need culturally and linguistically appropriate training available to providers.” – Elizabeth Cheroutes, Jackson Hole Therapy

In particular, Latinx, LGBTQ+, low-income, and elderly individuals face significant barriers to accessing the care that they need. These access barriers can be compounded for people at the intersections of these identities.

The following are some of the population-specific barriers to behavioral health access highlighted by the needs assessment:

| Populations LEAST Likely to Get Mental Health Services | % That Got Access to Needed Treatment (Compared to 81% for Teton County overall) | Barriers to Behavioral Health |
|---|---|--|
| People with very low incomes^{xxx} | 44% | <ul style="list-style-type: none"> Unsurprisingly, cost is the most significant barrier for the majority of the very low-income population, with 71% citing it as the main reason they did not get care. 58% of very low-income residents are uninsured and there are few treatment options for those without insurance. This population primarily relies on sliding scale and free services. People with very low incomes are one of the least likely groups to be aware of behavioral health resources in the community (59% vs. 80% overall). |
| Men of color | 54% | <ul style="list-style-type: none"> 65% named job-related concerns as the cause for not getting care, signaling an underlying economic stressor as a barrier, non-flexible work hours to allow for appointments, or potential concerns about behavioral health-related stigma in the workplace. The lack of male providers and providers of color may also be a contributing factor. |
| LGBTQ+ community members | 59% | <ul style="list-style-type: none"> The LGBTQ+ population reported being less aware of resources to support behavioral health than the Teton County average (70% vs. 80% overall). This may be due to high levels of loneliness and low levels of trust in the community, limiting access to networks that can provide resources. The lack of LGBTQ+ providers and appropriate resources curated for the LGBTQ+ community may also be a factor. Members of the LGBTQ+ community also report stigma as being a larger barrier than other groups: Only 39% of LGBTQ+ individuals (vs. 62% non-LGBTQ+) believe that people are sympathetic to those with mental illness, and 41% (vs. 46% non-LGBTQ+) believe it is easy to discuss mental health. |
| Latinx community members | 69% | <ul style="list-style-type: none"> Latinx respondents were twice as likely (60%) to report cost as a barrier to accessing care: 47% of the Latinx community falls below the poverty line, and 54% of the Latinx population is not insured. In addition, despite a strong sense of community connection, the Latinx population is less aware of behavioral health resources than the rest of the community (58% vs. 80% overall). This may be due to limited resources that are culturally and linguistically appropriate for the Latinx community. |
| People age 65 and up | 72% | <ul style="list-style-type: none"> There are limited providers for people age 65 and over, as only 40% of providers report offering services to seniors and only 10% of providers specialize in geriatric services. Cost is by far the primary barrier for the 65+ population (89%). This may be explained by the fact that only 30% of providers take Medicare due to difficulty getting certified and listed as a covered provider. For seniors living on a fixed income, the lack of insurance acceptance for seniors can become a major hurdle to getting the care they need. |

| | | |
|-------|---------------------|---|
| Youth | n/a ^{xxxi} | <ul style="list-style-type: none"> • Only 40% of providers offer services to youth ages 0–11. In addition, very few medical professionals prescribe mental health medications to young people, making it challenging for students to gain access to necessary prescriptions. • Due to COVID-19 limitations, providers are restricted from working with students on-site at the school, pushing students away from care. |
|-------|---------------------|---|

Crisis

Sometimes, mental health or substance use challenges significantly disrupt people’s lives, and, in some cases, people are at risk of harming themselves or others. In these situations, the police, sheriff, EMS, courts, and hospital may be involved and longer-term services and treatments might be needed. Many of these situations involve both mental health and substance use, and, as noted above, alcohol is involved in many adult crisis situations.

Those who face acute behavioral health challenges face significant barriers to getting care they need in Teton County.

Our community is finding more and younger people in acute behavioral health situations. As the severity of behavioral health challenges has grown in recent years, so has the number of these crisis situations: Title 25 intakes in the first half of 2021 were 93% of the entire number of intakes in 2020. Although it is very rare that youth are involuntarily held, there is sadly a rise in the number of young people experiencing suicidal ideation or behaviors. For instance, in 2021 there were crisis calls for two nine-year-olds who had, in completely unrelated events, been suffering from suicidal ideation on the same day.

What is Title 25?

Title 25 is a Wyoming statute that allows law enforcement or medical professionals to detain a person who is determined to be a threat to themselves or others due to behavioral health challenges.

Despite the increased need, our current system is not adequately equipped to handle the volume of individuals requiring support. Over the last year, behavioral health crisis calls have been increasing to the police department, and the Community Counseling Center supports the majority of these calls. Managing crisis and Title 25 cases is taking up more of the Jackson Hole Community Counseling Center staff’s time than it has in the past, which leaves staff with less time to do other types of treatment or prevention work. Additionally, there are only two rooms at the hospital equipped for people under a Title 25 holds, which means the hospital might not have space for people in the middle of a mental health crisis. Other communities have decreased behavioral health holds by coordinating law enforcement officials with mental health practitioners (co-responders) to manage and mitigate behavioral health crises. This reduces the need to take a person to the emergency room or hospital. Jackson does not currently have a mobile crisis or co-responder service.

“We had 31 calls for crisis services during the month of February, 2021. Of those calls, approximately 20% may have benefited from support from people with behavioral health experience. Law enforcement contacted the Community Counseling Center every time it was appropriate or we thought they could be of assistance;

however, they were only able to come out into the field one time [because of how busy they are].” – Michelle Weber, Jackson Hole Police Department

The crisis care system lacks sufficient residential inpatient care for youth. Teton Youth and Family Services is the primary organization to support youth with behavioral health challenges who are in crisis—they offer a suicide holding facility (Adam’s Canyon Holding Facility), a group home and crisis shelter (Van Vleck House), and residential treatment facility (Red Top Meadows). The Van Vleck House offers important crisis services for youth, such as a crisis shelter (youth can stay up to 30 days and receive individual and family therapy) and a group home (voluntary and court-ordered placements for 6–8 months in conjunction with therapeutic services). However, there are limited residential inpatient treatment facilities for youth in Teton County. Red Top Meadows offers a nine-month residential treatment program for adolescent boys age 12–18, and there are not options in the county for other young people. The only other in-state placements are 5–7 hours away (St. Joseph’s Children’s Home and Wyoming Behavioral Institute), and both are estimated to have a six-week waitlist. Moreover, inpatient care can be costly for families, and the state only pays for this care if a child is under state guardianship or enrolled in Wyoming Medicaid.

Other youth crisis services are limited as well. For instance, few health care providers can manage the use of psychiatric medications in adolescents, and they can be difficult to access. There is also a limited number of local pediatricians or nurses who are trained, qualified, and willing to perform sexual assault exams. If youth must travel outside of the community to get an exam, that presents a further barrier to reporting and providing evidence of sexual assault and for adolescents to get the trauma-informed care they need in the aftermath of such an event.

Teton County also does not have some of the critical facilities and services people need during and after a crisis, including detox, inpatient, and intensive outpatient. There is no inpatient mental health facility for adults or youth in Teton County where patients can receive 24-hour support and treatment for acute behavioral health challenges. There are outpatient programs for substance use at Curran-Seeley, and there is a drop in center (Jackson Hole Community Counseling Center’s Mountain House) that provides intensive, wrap around supports for people experiencing severe or chronic mental health issues. However, there is no local intensive outpatient service for mental health treatment (e.g., day programs) for those who need more robust care and oversight than a weekly therapy appointment but less than an inpatient program. Lastly, there is also no detox facility to support and supervise someone through the experience of acute substance withdrawal. Several factors inhibit the development of these facilities: large capital investments would be required to build and staff them, it is challenging to find and retain staff due to the high cost of living, and some community members have a “not in my backyard” mentality about behavioral health centers due to stigma surrounding behavioral health challenges.

The lack of local facilities means that people must travel outside of the community for care, limiting or impeding successful treatment. If services don’t exist locally, community members either forego getting these services, are sent to a facility elsewhere in Wyoming or nearby states, or—if they can afford it—seek services at high-priced facilities outside of Teton County. The absence of local crisis services puts additional strain on individuals and families who have to navigate to other towns in the middle of some of the hardest moments of their lives. During treatment, people have to leave their

community support systems of friends and family, and often leave their jobs as well. When they return, they may face challenges with reintegration, such as difficulty finding housing or employment, setting them up for recurring behavioral health challenges. With the current system, individuals who need longer-term care often do not receive it, and where people end up depends a lot on their economic situation—people with financial means have access to needed services, and those with lower incomes and other barriers to care end up facing serious physical, emotional, and sometimes legal consequences of their health condition.

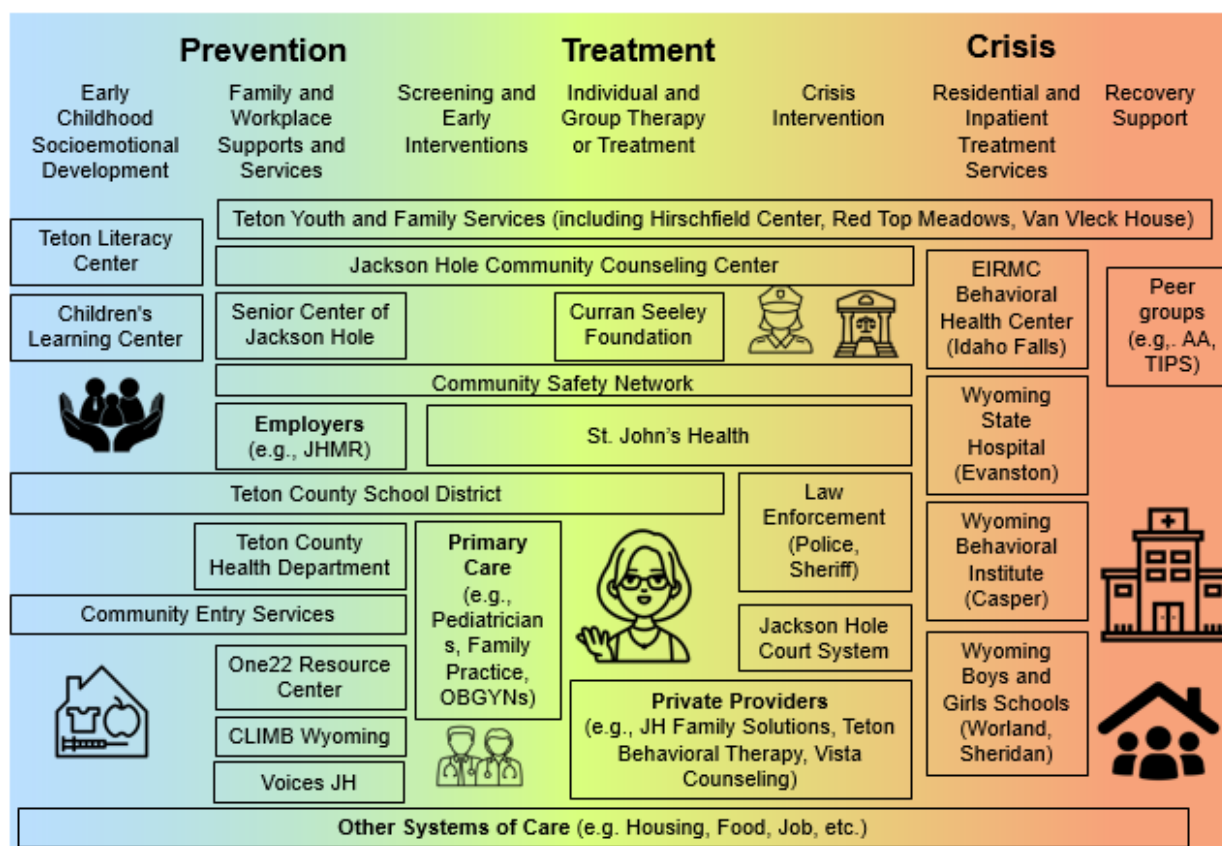
“Having a job and housing is essential for a sense of security and stability. If a client were to be admitted to a three-month residential program for substance use disorder, they might risk losing their work and housing, making recovery more difficult.” – Dr. Mani Faez, Curran-Seeley

Community organizations are doing their best to cope with the lack of available local facilities, but the demand places significant strain on many organizations, while also inhibiting positive outcomes for people in Teton County.

Opportunities

Teton County is facing some significant behavioral health challenges, but the community has what it needs to overcome and address these gaps.

There are many strong individual organizations with deep community histories and relationships to each other and the community. There is fairly limited duplication of services, and staff members and leaders have been doing this work for a long time and have significant content expertise and institutional memory. The following organizations are all part of the behavioral health system, playing key roles in addressing behavioral health prevention, treatment and crisis:



Provider and social service organizations in Teton County engage in regular coordination and communication and are extremely resourceful in the face of challenges. In the midst of the pandemic, organizations have pulled together to create coordinated and efficient systems to serve the community. There have been many past and current collective efforts to address prevention, treatment, and crisis challenges, including:

- **Community Prevention Coalition of Teton County** is a combination of concerned citizens, business-people, healthcare professionals, schools (public and private), local government, youth-serving organizations, and civic groups who have come together to work on the following four priorities: (1) reducing underage drinking and consumption of all other drugs, (2) reducing adult over-consumption of alcohol, (3) reducing tobacco use, and (4) ending suicide.

- **Human Services Council** exists to ensure collaboration among those human services agencies contracted by the government to provide essential services to Teton County residents. (The town and county contract with these non-profits to provide the services that meet the statute of protecting the health, welfare, and safety of individuals.) This group meets monthly for focused discussion on policy, legislation, and statewide advocacy, as well as coordination of services.
- **Systems of Care** is comprised of Teton County human services agencies with a focus on coordination of services and minimizing service duplication. Systems of Care includes all members of the Human Services Council along with additional human services providers in the county. This collaborative is open to any of the community's human services providers that have an interest in optimizing service delivery through enhanced inter-organization coordination.
- **Mental Health Jackson Hole** is a collaboration of community behavioral health experts, service providers, business leaders, and funders partnering to increase the availability of behavioral health resources to the Teton County community. Their initial programming included a pilot program that offered six free mental health counseling sessions with providers from across the community and messaging to address stigma, coordinated by St. John's Health Foundation and funded by both St. John's Health Foundation and the Community Foundation of Jackson Hole. In addition, the collaboration created the "Let's Talk" campaign focused on shedding light on mental health issues that adults, children, and families face and bringing awareness to available resources. The collaboration is now seeking their next opportunity to support community mental health.
- **Group of 165** is a communication network of behavioral health providers working in Jackson facilitated through email with a purpose to readily access and share information among the behavioral health service provider community. There is also a group of case managers that meets regularly.

Jackson Hole is home to several multidisciplinary teams that coordinate to support people and prevent exacerbation of behavioral health challenges.

- **Teton County's Court Supervised Treatment Program or "Drug Court"** helps "nonviolent offenders with substance use problems find long-term sobriety, which in turn reduces recidivism and improves public health and public safety."^{xxxii} "The program provides Teton County's criminal justice system an important research-based alternative to lengthy incarceration sentences or standard probation for repeat substance abuse-related offenses."
- **The Teton County Child Protection Team (CPT)** is made up of representatives from the School District, the County Attorney's Office, Jackson Hole Community Counseling Center, Teton County Victim Services, Department of Family Services, and Teton Youth and Family Services. Their purpose is to track and monitor cases where child abuse has taken place. This multidisciplinary group supports children and families with services to support the household.
- **The Adam's Canyon Holding Facility** came to fruition in response to a drastic rise in suicidal youth who were showing up in the emergency room. Representatives from the county, the hospital, and human services organizations joined together to raise funds to form a holding facility where suicidal youth, who are assessed and deemed an appropriate fit by the Jackson Hole Community Counseling Center and Teton Youth and Family Services, can de-escalate with appropriate care for 72 hours.

- **Crisis Intervention Training (CIT)** is offered to first responders through a partnership between the Jackson Hole Community Counseling Center and Jackson Hole Police Department in order for law enforcement to operate in more trauma-informed ways when serving those experiencing acute behavioral health challenges.

Teton County professionals also work together to prevent unnecessary escalation when someone is in crisis. For example, the Jackson Hole Community Counseling Center works with providers and partners (e.g., school, police) to do Title 25 assessments outside of the emergency room in order to avoid a hospital visit. Additionally, the Hirschfield Center conducts forensic interviews for youth who have made allegations of abuse or neglect, in order to provide a therapeutic setting for the young person to talk about what happened and seek justice, as opposed to going to court. The Jackson Hole Community Counseling Center also provides mental health trainings at least once a month to community members, organizations, and businesses to look for signs of crisis and know how to assist in suicide de-escalation and direct an individual to the appropriate resources.

Still, addressing Teton County's behavioral health challenges will require recognizing and overcoming three major barriers.

Teton County faces a lack of stable funding for prevention, treatment, and crisis work. Wyoming has cut mental health funding significantly in recent years and made dramatic cuts in 2021, destabilizing many nonprofits that provide behavioral health services. State funds in the future are likely to be even more restricted. Only a fraction of philanthropic dollars in Teton County (0.1% in 2019) go toward behavioral health.^{xxxiii} Moreover, prevention has historically received paltry and unstable funding from both public and private entities. The state grant for the Community Prevention Coalition is limited in both scope and dollar amount. Many past prevention efforts that were successful, like the Teton Mentor Project, were stopped due to a lack of long-term funding. Ongoing budget cuts, a conservative fiscal environment at the state level, limited federal funding, and one-time grant cycles create a climate in which it is difficult for people in the behavioral health field to build the sustainable and robust behavioral health system the community deserves.

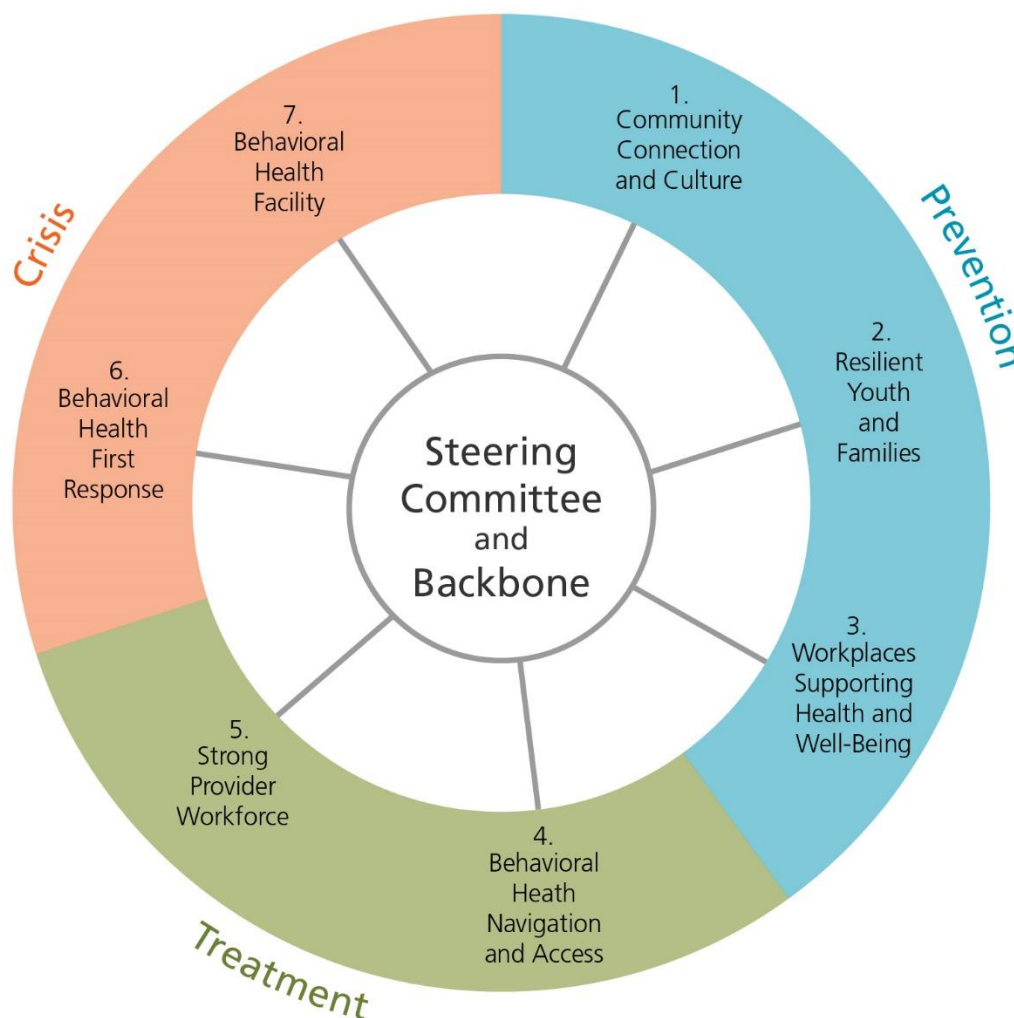
The work of aligning efforts and supporting coordination is undercompensated and underappreciated. Because there is no person or group who is responsible for (or compensated for) coordinating across the entire behavioral health spectrum, people end up doing this critical work on top of full-time jobs and personal responsibilities—with spare time and energy they do not have. Participation in efforts like Systems of Care and the Human Services Council, which are critical to supporting coordinated work, require additional effort and commitment from social services leaders. It is important for people to be recognized for doing the hard work of showing up and aligning services, and that these efforts are resourced appropriately.

Due to the limited funding and structural support for behavioral health coordination, many people involved in these efforts are experiencing burnout. Individuals working on these issues have been doing so for a long time and are constantly innovating. The pandemic has taken a toll on them. At an organizational level, retaining and hiring staff can be a critical challenge when staff consistently feel stretched thin. Additionally, in the atmosphere of scarcity, the policies and practices of social services organizations do not always support staff mental well-being. For instance, some social services organizations that are part of the behavioral health system do not provide employees with parental

leave, bereavement leave, or health insurance. The incongruence between the goals of the work and the staff's experiences further inhibits staff retention and vitality.

Teton County can consider several options for addressing significant behavioral health challenges, building on the community's great existing work.

Many of the systemic challenges we face in behavioral health can be addressed with a community response. The Behavioral Health Needs Assessment Steering Committee members would like to see a sustained, coordinated effort across the community to address these challenges. As a starting point, they have identified seven high-potential opportunities to be further explored. These opportunities are shown in the diagram below, and each is described in this section:



Behavioral Health Collaborative Structure (e.g., Steering Committee and Backbone)

Ongoing work to address the challenges in this assessment will require some structure and cross-sector leadership. Specifically, this might include:

- **Steering Committee:** A group of people dedicated to guiding the overall vision for the work, helping to prioritize among shared goals, holding community attention on these issues, and coordinating work across the community. Many members of the Behavioral Health Needs Assessment Steering Committee are willing to continue to shepherd this effort.
- **Backbone Support:** Backbone support refers to having dedicated staff whose job is to support ongoing alignment and collaboration. These staff are charged with helping to guide the work forward, facilitate meetings and aligned action, establish and collect data to monitor progress, build public support for the work, mobilize funding for the work (both for the backbone itself and the initiatives), and advance related policy changes.

Opportunity 1 – Community Connection and Culture

Goal: Reduce loneliness and decrease the normalization of excessive drinking

Potential Activities:

- Create **affinity and/or support groups** that foster a sense of belonging while building coping skills through relationships. Examples:
 - **ALMA (Amigas Latinas Motivando el Alma):** Peer support for Hispanic and Latinx women who are going through challenging times.
 - **Reflect and Connect Cafes:** A Summit County program that offers free virtual support groups for a wide range of people (e.g., expecting moms, parents of teens, food service workers, a CrossFit oriented group for people in recovery). During the pandemic, 30% of residents participated in at least one group.
- Build **mentorship programs** to bridge the gap between age groups and connect newcomers and young people to build trusted relationships within the community. Examples:
 - **Northland Foundation's AGE to age program:** A program to connect young people with elders and adults to build friendships and benefit rural communities.
 - **Big Brothers Big Sisters:** A community-based mentoring program that matches youth ages 6-18, predominantly from low-income, single-parent households, with adult volunteer mentors, typically college graduates ages 20-34. Teton Youth and Family Services and the school district had a Big Brothers Big Sisters program in the past, but the funding no longer exists.
- Normalize **substance-free socialization** for youth and adults. Examples:
 - Offer enticing substance-free beverage options at social events and bars to reduce the stigma of not drinking (e.g. **Kin Euphorics**, **Seedlip Non-Alcoholic Spirits**, **Drink Ghia**).
 - **LUNA (Late & Unique Nighttime Alternatives) program** provides fun, alcohol-free nightlife events for local young adults age 18–35 years in Whistler and an offering of an annual membership for \$20, which includes membership discounts, free yoga, access to the LUNA lounge, and entry into monthly prize drawings.

Examples of existing organizations and activities to build on: Girls Actively Participating provides spaces and opportunities for young girls to get connected to the community and each other. The Senior Center of Jackson Hole offers programming for seniors to increase a sense of community. Voices JH builds bridges between immigrant and limited-English-speaking families to the community and each other. The Community Prevention Coalition works to reduce excessive consumption of alcohol and increase community connectedness and awareness about behavioral health. Teton Mentor Project existed previously to connect local students to adults in order to develop long-lasting relationships between youth and adults across the community.

Opportunity 2 – Resilient Youth and Families

Goal: Support parents to provide safe and enriching environments for youth social and emotional learning

Potential Activities:

- **Gather additional qualitative data** and information about youth behavioral health challenges to accompany and expand on the yearly quantitative Prevention Needs Assessment conducted in schools.
- Develop **community programming for youth** to cultivate coping skills and strong trusted relationships, while engaging in activities to reduce high-risk behaviors. Example:
 - **Communities That Care:** A national program that uses prevention science to promote healthy youth development and reduce high-risk behaviors by utilizing cross-sector collaboration that is data-driven and allows the community to control decision-making.
- Expand use of evidence-based **home visiting opportunities** for parents to be the best parent they can be. Examples:
 - **Parents as Teachers:** A multi-level intervention for pre-kindergarten children living in low-income neighborhoods, designed to create safe, nurturing, and predictable environments at home and in the classroom and improve relationships and communication between parents and teachers, currently in five Wyoming counties.
 - **Nurse-Family Partnership:** A nurse home visiting program for first-time mothers designed to improve prenatal and parenting practices through the child's second birthday.
- **Reduce the incidence and effects of adverse childhood experiences** by promoting adoption of trauma-informed policies and practices, raising awareness of brain development, and providing resources to survivors of violence.
- **Co-design strategies with community to reduce high rates of intimate partner violence** in the low-income and Latinx communities.

Examples of existing organizations and activities to build on: The Community Prevention Coalition is a multi-sector collaborative already meeting to work on prevention issues, they use the annual Prevention Needs Assessment survey of students to inform decision-making about priorities. Teton Youth and Family Services programs work to prevent child abuse and neglect. They also currently offer home visiting programs to the families they serve at the Hirschfield Center. Community Safety Network offers

education and awareness about domestic violence and sexual assault, a 24/7 helpline line for those in need of support, and a safe place for those affected.

Opportunity 3 – Workplaces Supporting Health and Well-Being

Goal: All employees have access to equitable workplace environments that support positive behavioral health outcomes

Potential Activities:

- Promote the provision of benefits and policies that support **access to behavioral health treatment** (e.g., insurance, employee assistance programs [EAPs]) particularly for nonprofit and social services employees. Example:
 - **Mountain Strong Behavioral Health EAP Program:** Vail and other employers receive access to six free behavioral health sessions by local behavioral health specialists per incident. The program provides coverage for individual, family, and couples therapy, as well as for medication management services. It also includes a “Caring for Co-worker” program to train colleagues on stress management, suicide prevention, and alcohol and drug abuse.
- Promote the provision of benefits and policies that **support mental well-being of employees and their families** (e.g., parental leave, anti-harassment and reporting mechanisms, **recovery-friendly workplaces**, wellness checks that help first responders process trauma), particularly for nonprofit and social services employees.

Examples of existing organizations and activities to build on: The Jackson Hole Mountain Resort offers EAPs and/or insurance assistance to full-time staff. The Jackson Hole Chamber of Commerce is currently collaborating with employers to explore options of expanding benefits to staff, especially seasonal or part-time employees who are not currently covered.

Opportunity 4 – Behavioral Health Navigation and Access

Goal: Facilitate access to affordable behavioral healthcare, especially for populations facing the greatest barriers

Potential Activities:

- Develop and promote health service **navigation tools**. Examples:
 - **Building Hope Summit County:** A directory of providers offers an updated list of behavioral health providers that is searchable by insurance, availability, population served, specialties, and language. In addition, they offer a self-service tool in both English and Spanish to walk through finding the right provider for your needs, a referral form to connect to a mental health navigator who can guide you through the process and help people understand how to use their insurance and seek higher levels of care when necessary.

- Conduct **targeted outreach** to communities that are least accessing the behavioral health resources they might need (LGBTQ+, elderly, Latinx, low-income) in order to meet them where they are, in ways that work for them. Example:
 - **MIRA Bus** (Vail Health): A mobile van for health services, including basic health education and screenings, applications for public assistance programs, food resources, workforce development, mental health supports, early childhood education coordination, and physical activity programming. MIRA Bus is staffed by a community connector who is bilingual and bicultural, and all services are free.
- Provide **back-end insurance and certification support** for providers so they can more readily accept Medicaid and Medicare.
- Expand access to **low-cost or free behavioral health services** for low-income and uninsured community members. Example:
 - **Eagle Valley Behavioral Health Olivia's Fund**: Scholarships to provide financial assistance to anyone who lives or works in Eagle County to help pay for mental health and/or substance use services for up to six sessions per person per year.
- Integrate **behavioral health screenings into primary care visits** across all primary healthcare clinics. Example:
 - **Screening, Brief Intervention, and Referral to Treatment (SBIRT)**: Primary care centers, hospital emergency rooms, and other community settings provide opportunities for early intervention with people who are using substances or facing risk before more severe consequences occur.

Examples of existing organizations and activities to build on: Jackson Hole Community Counseling Center provides low-fee or free services to anyone who walks through the door regardless of insurance status or income level. The sliding fee is calculated by income, and in many circumstances, the center provides scholarships for people who cannot afford the nominal fee—which requires support from the county and funds from donors. St. John's Health offers behavioral health screenings at every primary care visit at their locations. After the 2017 Mental Health Report by St. John's Hospital Foundation highlighted a need for mental health service navigation, St. John's Health developed a navigation service or "warm line" that connects community members to behavioral health services and providers. They are currently working to augment that type of service.

Opportunity 5 – Strong Provider Workforce

Goal: Increase behavioral health provider vitality and retention, the ability of current providers to provide culturally competent care to underserved and marginalized groups (e.g., BIPOC, LGBTQ+), and the diversity of the provider population

Potential Activities:

- Develop a **provider community of practice** to offer continuing education opportunities, seek community support, and understand larger community challenges.
- **Support providers to develop and maintain healthy mental well-being** at work and at home through alternative access to behavioral health treatment, such as telehealth services and group therapy options

- Recruit and retain a **more diverse provider population** with alternative certifications in order to better serve the changing population. Examples:
 - **Latino Behavioral Health Services Professional Development Training:** A program that helps members of marginalized communities to become certified peer support specialists, family resource facilitators, case managers and community leaders through scholarship opportunities.
 - **Whistler Community Services Society's Peer Educator Program:** A program where participants are trained to listen, empathize, make referrals to mental wellness resources in the community, and foster healthy, meaningful connections.

Examples of existing organizations and activities to build on: Previously, the Jackson Hole CEU (Continuing Education Unit) Collaborative offered a space to bring mental health professionals together on a quarterly basis to share experiences, learn new clinical information, gain continuing education credits, and connect with one another. The Teton Interagency Peer Support program (TIPS) has a well-functioning and effective model of first responders who are trained to support each other through critical incident stress and burnout. Systems of Care serves as a space for collaboration among social service providers that could potentially explore opportunities for a community of practice, especially among the Group of 165, which is a listserv to reach the majority of behavioral health providers in Jackson.

Opportunity 6 – Behavioral Health First Response

Goal: Ensure that people in crisis get support from behavioral health professionals, when possible diverting unnecessary use of emergency rooms and jails to stabilize community members

Potential Activities:

- Create a **mobile crisis unit** to respond to behavioral health emergencies instead of law enforcement when possible and to partner with law enforcement in responding to calls only as needed. Example:
 - **Eagle Valley Behavioral Health Hope Center Crisis Response Team:** The Hope Center provides a 24/7 confidential Hopeline to ensure that anyone who calls for help reaches an on-call clinician and receives the appropriate help in a timely manner. The Hope Center clinicians conduct an initial clinical assessment over the phone, and often-times they arrange for an in-person evaluation. This is when the crisis team becomes “mobile” and the clinician meets the client at the Hope Center office or wherever the caller may be at the time. If an individual evaluated is deemed high risk and their safety may be in jeopardy, they may be entered into the Stabilization Program.

Examples of existing organizations and activities to build on: Jackson Hole Community Counseling Center currently offers crisis services, such as Title 25 assessments, a crisis line, and liaison services with the Wyoming State Hospital to facilitate care. Jackson Hole Community Counseling Center's Mountain House is a drop-in center that provides more intensive, wrap around supports for those experiencing severe or chronic mental health issues. Curran-Seeley offers an outpatient program, intervention services, and evaluations and assessments for those struggling with substance use disorders. The

Jackson Hole Police Department trains officers in crisis response and has secured funding for a full-time behavioral health specialist to assist with crisis response calls.

Opportunity 7 – Behavioral Health Facility

Goal: Increase access to acute behavioral health treatment in Teton County

Potential Activities:

- Build a **crisis stabilization facility** that incorporates short-term inpatient treatment, a detox facility, and 24/7 walk-in service that would allow residents to detox from excessive drinking in a space outside of the hospital, remove pressure from the emergency room for behavioral health-related challenges, and provide specific behavioral health services in crisis scenarios with appropriate providers and resources. Example:
 - **Eagle Valley Behavioral Health cross-functional behavioral health facility:** This facility includes a crisis stabilization unit with six adult and six adolescent beds, a social detox unit, and a psychiatric urgent care with 24/7 walk-in service.

Examples of existing organizations and activities to build on: As there is no designated facility for crisis stabilization, St. John's Health Emergency Room has become the primary space available for people experiencing acute behavioral health issues. Moreover, the lack of a detox facility means the emergency room and the local jail are the main locations for drug and alcohol detox. However, neither the jail nor the emergency room are equipped to offer appropriate behavioral health treatment. For young people experiencing acute behavioral health issues, Teton Youth and Family Services offers the Adam's Canyon Holding Facility; however, they are not able to offer psychiatric care.

Conclusion

The COVID-19 pandemic has contributed to poor mental health and exacerbated substance use issues all over the world. These challenges have hit particularly hard in a state that was already one of the worst in the nation for behavioral health outcomes, and in mountain resort communities like Teton County that have especially challenging social and economic dynamics. On the other hand, due to the pandemic, people are thinking about behavioral health in new ways. Many more people are increasingly aware, concerned, and engaged in this issue than ever before.

Behavioral health is a result of many different factors. Some factors are individual, like genetics, but many more factors are a result of the community, such as our sense of connectedness, social norms around drugs and alcohol, behavioral health stigma, and awareness of and access to support. This assessment has clarified a picture of where we are today and identifies opportunities to improve our behavioral health. Now, we must to decide what type of community we want to be.

There is no one vaccine or pill that can solve this issue; rather, it will require many different remedies. People in this community continue to work diligently on this issue, and given the chance to align, support, and focus attention together, there are opportunities to create impactful change. In coming months, the community will hold conversations on where to go, who will be involved, which initiatives to focus on first, and how to garner resources to support this work. Please join us.

Appendix

Steering Committee members, contributing community members, and organizations:

| | |
|---------------------|--|
| Andy Cavallaro | Community Safety Network |
| Anna Olson | Jackson Chamber of Commerce |
| Becky Zaist | Senior Center of Jackson Hole |
| Beverly Shore | Community Prevention Coalition of Teton County |
| Carolyn Worth | Community Entry Services |
| Christy Thomas | Climb Wyoming |
| Connie Kemmerer | Jackson Hole Mountain Resort |
| Deidre Ashley | Jackson Hole Community Counseling Center |
| Dr. Mani Faez | Curran-Seeley Foundation |
| Elizabeth Cheroutes | Jackson Hole Therapy |
| Jodie Pond | Teton County Public Health Department |
| Jordan Rich | Voices JH |
| Laura Soltau | Teton Literacy Center |
| Laurie Andrews | Jackson Hole Community Foundation |
| Lindsay Long | St. John's Health |
| Mackenzie Cole | Jackson Hole Mountain Resort |
| Michelle Weber | Jackson Police Department |
| Patti Boyd | Children's Learning Center |
| Pier Trudelle | Teton County School District |
| Sarah Cavallaro | Teton Youth and Family Services |
| Sharel Lund | One22 Resource Center |

Teton County Behavioral Health Services: Prevention

| | Children's Learning Center | CLIMB Wyoming | Community Entry Services | Community Safety Network | Curran Seeley Foundation | JH Community Counseling Center | Jackson Hole Police Department | One22 Resource Center | Private Providers | Senior Center of Jackson Hole | St. John's Health | Teton County School District | Teton Literacy Center | Teton Youth and Family Services |
|--|----------------------------|---------------|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------------|-----------------------|-------------------|-------------------------------|-------------------|------------------------------|-----------------------|---------------------------------|
| Mental health screenings | | | | | | ✓ | | | ✓ | | ✓ | | | |
| Programs to address isolation and loneliness | | ✓ | | | | ✓ | | | | ✓ | | | | ✓ |
| Mentorship programs | | | | | | | | | | | | | ✓ | ✓ |
| Youth activities related to behavioral health | | | | | ✓ | | | | | | | ✓ | ✓ | ✓ |
| Parenting programs for emotional childhood development | ✓ | ✓ | | | | | | | | | | | | ✓ |
| Family mediation/ conflict resolution | | ✓ | | | ✓ | | | | | | | | | ✓ |
| Early childhood development | ✓ | ✓ | | | | | | | | | | | ✓ | |
| Violence prevention and reduction | | ✓ | | ✓ | ✓ | | ✓ | | | | | | | ✓ |
| Substance use prevention | | ✓ | | | ✓ | ✓ | | | | | | | | |
| Suicide prevention | | | | | | ✓ | | | | | ✓ | | | |
| Workplace behavioral health training | | ✓ | | | | ✓ | ✓ | | ✓ | | | | | ✓ |
| Food provision for behavioral health | | | ✓ | | | | | | | ✓ | | | | |
| Crisis housing support | | | ✓ | ✓ | | | | ✓ | | | | | | |

Teton County Behavioral Health Services: Treatment and Crisis

| | CLIMB Wyoming | Community Safety Network | Curran Seeley Foundation | JH Community Counseling Center | Jackson Hole Police Department | Private Providers | Senior Center of Jackson Hole | St. John's Health | Teton Youth and Family Services |
|---|---------------|--------------------------|--------------------------|--------------------------------|--------------------------------|-------------------|-------------------------------|-------------------|---------------------------------|
| Individual therapy | ✓ | | ✓ | ✓ | | ✓ | | ✓ | ✓ |
| Group therapy | ✓ | ✓ | ✓ | ✓ | | ✓ | | ✓ | ✓ |
| Peer support groups (e.g. AA, TIPS) | | | ✓ | ✓ | | ✓ | ✓ | | |
| Peer support specialist services | | | ✓ | ✓ | | ✓ | | | |
| Outpatient mental health treatment | | | ✓ | ✓ | | ✓ | | ✓ | ✓ |
| Outpatient psychiatric treatment | | | | ✓ | | | | ✓ | |
| Intensive outpatient mental health programs | | | ✓ | ✓ | | | | | |
| Substance use outpatient rehabilitation | | | ✓ | | | | | | |
| Crisis services | | ✓ | | ✓ | ✓ | | | ✓ | ✓ |
| Residential mental health inpatient treatment | | | | | | | | | ✓ |
| Intensive outpatient psychiatric programs | | | | | | | | | |
| Partial hospitalization programs | | | | | | | | | |
| Psychiatric inpatient treatment | | | | | | | | | |
| Substance use detox programs | | | | | | | | | |

Endnotes

- ⁱ Selena Simmons-Duffin and Joe Neel, “NPR Poll: The delta surge pushed Americans further behind in all walks of life,” *NPR*, October 12, 2021.
- ⁱⁱ “Adult Ranking 2022,” Ranking the States 2022, Mental Health America, <https://mhanational.org/issues/2022/ranking-states>.
- ⁱⁱⁱ Kristen Fuller, MD, “An Increase in Suicide Rates Among Residents in Ski Towns?” *Psychology Today*, January 24, 2020, <https://www.psychologytoday.com/us/blog/happiness-is-state-mind/202001/increase-in-suicide-rates-among-residents-in-ski-towns>.
- ^{iv} Kelley McMillan, “Here’s Why Ski Towns Are Seeing More Suicides,” *National Geographic*, May 16, 2016, <https://www.nationalgeographic.com/adventure/article/why-are-ski-towns-suicides-happening-at-such-an-alarming-rate>.
- ^v “Wyoming: Teton County Rankings (2021),” County Health Rankings & Roadmaps, <https://www.countyhealthrankings.org/app/wyoming/2021/rankings/teton/county/outcomes/overall/snapshot>.
- ^{vi} 2018 Community Health Needs Assessment, <https://www.stjohns.health/documents/content/SJMC-Community-Health-2018.pdf>.
- ^{vii} Staff Report, “Jackson Hole real estate shattering records in 2020,” *Jackson Hole News & Guide*, October 14, 2020, https://www.jhnewsandguide.com/this_just_in/jackson-hole-real-estate-shattering-records-in-2020/article_c3ee6606-73de-59a6-a1b7-f3cb12a309f6.html.
- ^{viii} Justin Farrell, PhD, “Where the Very Rich Fly to Hide,” *New York Times*, April 15, 2020, <https://www.nytimes.com/2020/04/15/opinion/jackson-hole-coronavirus.html>.
- ^{ix} Composite score of three questions as part of the loneliness index, asking how often (“often,” “some of the time,” or “hardly ever”) they feel: Left out; Isolated from others; or That they lack companionship. Here, “lonely” is defined as respondents who score 6–9 points in the series of three questions from the loneliness index.
- ^x Percentage of respondents who answered “often” or “some of the time.”
- ^{xi} PRC Community Engagement & Behavioral Health Survey: Eagle County, Colorado; Teton County, Colorado; North Tahoe, California; March 2020.
- ^{xii} PRC National Health Survey (PRC).
- ^{xiii} “Intimate Partner Violence,” American Psychiatric Association, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/intimate-partner-violence>.
- ^{xiv} FSG Survey of Jackson Hole Providers.
- ^{xv} “Percent of children with adverse childhood experiences (ACEs),” State Health Compare, State Health Access Data Assistance Center, <http://statehealthcompare.shadac.org/map/243/percent-of-children-with-adverse-childhood-experiences-aces-by-total#173/31/279>.
- ^{xvi} “Land Use,” Town of Jackson, <https://www.jacksonwy.gov/202/History>.
- ^{xvii} Kathleen Elkins, “This is the most unequal place in America in terms of income—and it’s not in New York or California,” *CNBC* make it, July 26, 2018, <https://www.cnn.com/2018/07/26/the-most-unequal-place-in-america-is-jackson-wyoming-idaho.html>. Excessive drinkers are those who report either heavy drinking or binge drinking in the past 30 days.
- ^{xviii} “Wyoming: Teton County Rankings (2021),” County Health Rankings & Roadmaps, <https://www.countyhealthrankings.org/app/wyoming/2021/rankings/teton/county/outcomes/overall/snapshot>. Excessive drinkers are those who report either heavy drinking or binge drinking in the past 30 days, <https://www.countyhealthrankings.org/app/wyoming/2021/measure/factors/49/description>.
- ^{xix} PRC Community Engagement & Behavioral Health Survey: Eagle County, Colorado; Teton County, Colorado; North Tahoe, California; March 2020.
- ^{xx} “Behavioral Risk Factor Surveillance Survey Prevalence & Trends Data,” Centers for Disease Control and Prevention, <https://bit.ly/2ZFjh2q>.
- ^{xxi} 2018 Community Health Needs Assessment, <https://www.stjohns.health/documents/content/SJMC-Community-Health-2018.pdf>.
- ^{xxii} “Alcohol—Binge Drinking,” Wyoming Prevention Needs Assessment, <https://bit.ly/3w5claG>.

^{xxiii} Ibid.

^{xxiv} Lindsay M. Squeglia, et al., “The Effect of Alcohol Use on Human Adolescent Brain Structures and Systems,” *Handbook of clinical neurology* 125 (2014): 501–10. <https://doi.org/10.1016/B978-0-444-62619-6.00028-8>.

^{xxv} P. Pedrelli et al., “Alcohol Use and Depression during Adolescence and Young Adulthood: A Summary and Interpretation of Mixed Findings,” *Current Addiction Reports* 3, no. 1 (2016): 91–97. <https://doi.org/10.1007/s40429-016-0084-0>.

^{xxvi} “Mental Health Providers,” Wyoming: Teton County Rankings (2021), County Health Rankings & Roadmaps, <https://www.countyhealthrankings.org/app/wyoming/2021/measure/factors/62/datasource>.

^{xxvii} “QuickFacts: Teton County, Wyoming,” United States Census Bureau, <https://www.census.gov/quickfacts/fact/table/tetoncountywyoming,US/PST045219>.

^{xxviii} Centers for Disease Control and Prevention (CDC), “Attitudes toward Mental Illness—35 States, District of Columbia, and Puerto Rico, 2007,” *MMWR Morbidity and Mortality Weekly Report* 59, no. 20 (2010): 619–25. <https://pubmed.ncbi.nlm.nih.gov/20508592/>.

^{xxix} “QuickFacts: Teton County, Wyoming,” United States Census Bureau, <https://www.census.gov/quickfacts/fact/table/tetoncountywyoming,US/PST045219>.

^{xxx} Living below the poverty line of \$26,500 for a family or household of 4 persons.

^{xxxi} Youth (people under the age of 18) were not surveyed as a part of this assessment.

^{xxxii} Evan Robinson-Johnson, “A life transformed: Teton County’s latest drug court grad,” *Jackson Hole News & Guide*, June 2, 2021, https://www.jhnewsandguide.com/news/cops_courts/a-life-transformed-teton-countys-latest-drug-court-grad/article_db9dde9d-76e0-5e9f-8326-e710d242389a.html.

^{xxxiii} Foundation Maps, accessed October 25, 2021.