The State of Behavioral Health in Teton County, Wyoming

An Analysis of Community Perceptions

Teton Behavioral Health Alliance

THIRD HORIZON STRATEGIES

Community Foundation OF JACKSON HOLE

Table of Contents

Executive Summary

The Teton Behavioral Health Alliance (Alliance), an initiative of the Community Foundation of Jackson Hole, partned with the Katz Amsterdam Foundation on this project, to conduct a community-wide survey to better understand behavioral health needs and gaps in care. The first survey was conducted in the summer of 2021. A second iteration of the survey was completed in February 2024. Both surveys included two separate surveys administered to the the Greater Teton Area's community members and behavioral health providers. In 2024, the community survey received 1142 total responses and the provider survey received 131.

The purpose of the surveys was to gain understanding and feedback on the community's perceptions of the mental health challenges of living in a rural mountain community, the sense of belonging and personal connectedness, and access to care when needed. With multiple data sets now available, the Alliance contracted with Third Horizon Strategies (THS) to analyze the survey data and produce this report.

This report aims to identify trends or changes between the two surveys, provide a communication vehicle to the general community and key constituents, and help inform strategic planning efforts in response to identified needs. It provides a summary of the behavioral health landscape in the United States, key findings from the community and provider surveys, and examination of health disparities, particularly among Latine/Spanish-speaking populations, and recommendations for community leaders to consider as it develops its strategic response to the findings.

This information will help inform the Alliance's strategic efforts to mitigate behavioral health needs and develop community-based strategies.

THS' analysis found:

- There have been little to no improvements in insurance coverage compared to the first survey was conducted in 2021.
- The ability to access care is more challenging for specific populations, and there is evidence of disparities between Latine or Spanish-Speaking and non-Latine and non-Spanish-speaking residents.
- Some populations, particularly young adults and Latine and Spanish-speaking respondents, generally rated their community less favorably as a place to live and expressed lower levels of trust in community members compared to other demographic groups.

- Mental health needs appear to be growing. The 2024 survey found a significant increase in the number of days per month respondents indicated poor mental health, with a mean of 7.6 days in 2024 compared to a mean of 6.8 in 2021.
- The number of respondents who responded that they were not able to access needed services increased significantly from about 19 percent in 2021 to about 30 percent in 2024.
- Alcohol use plays a predominant role in social activities in Teton County, and there are growing concerns related to the impact of substance use.

- While many behavioral health providers are accepting new patients, there continue to be access barriers such as a lack of services available in the evening or on weekends, and limited culturally and linguistically appropriate services.
- Teton County lacks some critical elements of a comprehensive behavioral health continuum of care. Most notably, Teton County does not have an in-patient treatment facility for either mental health or substance use concerns.
- There is a national shortage of licensed behavioral health providers, and in Teton County, providers are experiencing various stressors at work that threaten their mental well-being. Providers report the need for increased administrative support, peer services, and grant funding to augment insurance reimbursement/billing.

The behavioral health landscape across the nation, and especially in rural mountain communities, is characterized by significant challenges related to the lingering effects of the COVID-19 pandemic, rising demand for behavioral health services, the behavioral health workforce crisis, and barriers to access to care. Addressing these issues requires a comprehensive approach that considers the unique needs and circumstances of rural mountain populations to ensure services are accessible in a timely manner and in culturally responsive ways.

Teton County has a unique opportunity to address the behavioral health needs of community members. This report aims to identify trends or changes over the last three years, provide a communication vehicle to the general community and key constituents, and help inform strategic planning efforts in response to identified needs.

Based on these findings, THS offers five recommendations to the Alliance.

1. **Focus on behavioral health equity**, through targeted outreach to Latine/Spanish speaking community members, promoting the Culturally and Linguistically Appropriate Services (CLAS) Standards, and investing in the behavioral health workforce.
2. **Increase prevention and early intervention activities**, with the goals of increasing social connectedness, reducing the perception that alcohol is essential for communal activities in the county, and combatting stigma surrounding behavioral health.
3. **Assess the existing continuum of behavioral health care** and conduct a market analysis to better understand the need for and feasibility of developing inpatient services, intensive outpatient care, and additional crisis services.
4. **Build on the findings** by making some needed modifications to the survey instruments and augmenting the surveys with additional qualitative data.
5. **Explore the feasibility** of bolstering peer supports and other services from non-licensed behavioral health professionals.

Introduction

Teton Behavioral Health Alliance (Alliance) operates under the auspices of the Community Foundation of Jackson Hole. The Alliance uses the collective impact model to improve Teton County, Wyoming's behavioral health care system. The Alliance partnered with the Katz-Amsterdam Foundation to conduct two community-wide surveys to better understand behavioral health needs and gaps in care.

The community survey and an accompanying provider survey are designed to help mountain communities, such as Teton County, obtain data about community perceptions of needs and availability of services. The first survey was conducted in the summer of 2021 and included two separate survey instruments, one administered to community members and one to behavioral health providers. Based on the 2021 survey findings, the Alliance facilitated community-wide actions that enhance prevention, treatment, and crisis response efforts while addressing the gaps and inequities present in the system.

A second iteration of the survey was completed in February 2024 and again was administered to both community members and behavioral health providers. The purpose of the surveys was to gain understanding and feedback on the community's perceptions of the mental health challenges of living in a rural mountain community, the sense of belonging and personal connectedness, and access to care when needed. With multiple data sets now available, the Alliance wanted to compare the 2024 results to the 2021 results to draw insights and learnings, identify trends, and determine needs. This information will help inform the Alliance's strategic efforts to mitigate behavioral health needs and develop community-based strategies.

The Alliance contracted with Third Horizon Strategies (THS) to analyze the survey data and produce this report. THS is a strategic, boutique advisory firm focused on shaping a future system that actualizes a sustainable culture of health nationwide. THS has deep expertise in behavioral health and provides strategic planning, data analytics, facilitation, policy analysis, and payment model design services designed to improve access and quality of care. This report aims to identify trends or changes between the two surveys, provide a communication vehicle to the general community and key constituents, and help inform strategic planning efforts in response to identified needs.

Teton Behavioral Health Alliance (Alliance) works to improve the behavioral health care system in Teton County, Wyoming by facilitating community-wide actions that enhance prevention, treatment, and crisis response efforts. The Alliance addresses the gaps and inequities in the system to benefit all who live and work in Teton County.

Understanding the National Behavioral Health Landscape

Many people across the United States are experiencing mental and emotional distress and substance use issues. According to the National Survey on Drug Use and Health Data, in 2022, almost 1 in 4 adults aged 18 or older had any mental illness (AMI) in the past year (59.3 million or 23.1 percent).[i] Among adolescents aged 12 to 17, in 2022, 19.5 percent (or 4.8 million people) had a past year major depressive episode (MDE).[ii] The current behavioral health landscape is characterized by unique challenges and disparities that impact access to and quality of care.

COVID-19 Impacts

The COVID-19 pandemic has led to a significant rise in mental health concerns, including anxiety, depression, and stress. A recent Trilliant Health study shows behavioral health visit volumes were 18 percent above pre-pandemic levels in 2022.[iii] These numbers are projected to increase; forecasts indicate that by 2026, 25.2 percent of Americans will require behavioral health services.[iv] Prolonged social isolation and economic uncertainty have increased the prevalence of mental health and substance use concerns.

Economic instability and lower socioeconomic status prevalent in many rural mountain areas can negatively impact mental health. Limited employment opportunities, lower income levels, and high rates of poverty contribute to stress and mental health concerns.

Telehealth, which has become a vital tool for providing behavioral health care, has improved access to an extent, especially for those in rural or underserved areas. Still, it has also highlighted the need for better digital infrastructure. The pandemic underscored the importance of community support and social connectedness, leading to a renewed focus on building resilient support networks and integrating behavioral health care into broader community services.

The end of the public health emergency declaration on May 11, 2023 has significant implications for health care access and coverage. Temporary measures such as expanded Medicaid eligibility and increased flexibility for telehealth services have expired. This has reduced access to care for individuals who relied on these provisions. Some people have lost Medicaid coverage if they no longer meet eligibility requirements, and the reduced availability of telehealth services has limited care options for those in remote or underserved areas. The uncertainty and stress associated with changes in health care access, financial stability, and the lingering effects of the pandemic have exacerbated behavioral health issues. Simultaneously, a national shortage of behavioral health providers has made it more difficult for individuals with behavioral health conditions to obtain the support they need in many parts of the country. Fortunately, Teton County has not experienced shortages.

Rising Demand

The demand for behavioral health services has surged due in part to the effects of the COVID-19 pandemic and increasing rates of mental health issues such as anxiety, alcohol and substance use disorders, depression, and bipolar disorder. Since 2019, there have been significant increases in visit volume for eating disorders (52.6 percent), anxiety (47.9 percent), alcohol and substance use disorders (27.4 percent), depression (24.4 percent), and bipolar disorder (12.2 percent).[v] In 2021, the Children's Hospital Association, the American Academy of Pediatrics, and the American Academy of Child and Adolescent Psychiatry declared a national emergency in child and adolescent mental health.[vi] Americans under 18 are experiencing higher rates of select behavioral health conditions, especially eating disorders. The treatment rate for major depressive episodes among adolescents increased from 41 percent in 2021 to 57 percent in 2022.[vii] The use of mental health services also differs by gender, race, and ethnicity. From 2015

to 2019, non-Hispanic White adolescents used behavioral health services more than adolescents in other racial or ethnic groups.[viii]

Improved awareness of mental health concerns and efforts to reduce stigma have led more people to seek help. Educational campaigns such as #LetsTalk and Mental Health Awareness Month have encouraged individuals to prioritize their mental well-being and pursue professional support.

Finally, economic instability, job loss, and financial stress have exacerbated substance use. There has been a 130 percent increase in deaths due to overdose from 2015-2022.[ix] According to a 2023 report from Mental Health America, 15 percent of adults had a substance use disorder in the past year, and a staggering 93.5 percent did not receive treatment.[x] Substance use, including the misuse of alcohol, prescription medications, and illicit drugs, is a significant concern in rural mountain communities. The opioid crisis has had a notable impact, with high rates of opioid addiction and overdose deaths. Limited access to substance use disorder treatment and recovery services further complicates this issue.

Behavioral Health Workforce Challenges

The behavioral health workforce is experiencing a crisis. Contributing factors include provider burnout, low reimbursement rates, complex regulatory requirements, and lack of diversity among the workforce, leading to recruitment and retention issues, particularly in underserved and rural areas. Behavioral health providers are struggling with burnout, citing large increases in client caseload, client severity, and the burden of administrative tasks. According to a 2023 National Council for Mental Wellbeing survey, 93 percent of behavioral health workers experience burnout, with 62 percent saying the burnout is moderate or severe.[xi] Nearly two-thirds of workers reported increased client caseload, and over 70 percent reported increased client severity.[xii] One-third report spending most of their time on administrative tasks.[xiii]

In addition, behavioral health providers have historically had low reimbursement rates and face complex regulatory requirements. A 2019 study found disparities in network use and reimbursement rates between physical and behavioral health care.[xiv] Reimbursement rates for office visits were nearly 24 percent higher for primary care than for behavioral health.[xv] In some plans, for every $1.00 reimbursed to a primary care provider (PCP), behavioral health providers only made $0.76.[xvi] In 2022, Medicaid fee-for-service rates for commonly billed psychiatric services were 81 percent of those in Medicare, with substantial payment variation across states.[xvii] Complex regulations, including prior authorization requirements, lengthy credentialing processes, licensing requirements, and lack of alignment between payers on key performance indicators and covered services, also contribute to the challenges.

Finally, the behavioral health workforce lacks diversity, which contributes to care not being provided in a way that is representative of the communities being served. Much of the behavioral health workforce identifies as female and non-Hispanic White. According to the American Psychology Association Center for Workforce Studies, although Hispanic and Black people account for 30 percent of the U.S. population, they only make up 9 percent of the psychology workforce.[xviii] Furthermore, most Black, Indigenous, and other people of color (BIPOC) providers in the health care workforce, including behavioral health, are employed in non-licensed, lower-paying, lower-level positions that lack standardized career ladders for professional advancement.[xix]

These factors present significant challenges to recruiting and retaining a workforce that regularly experiences emotionally taxing situations, high-stress environments, lack of career advancement, low salaries, and high caseloads.

Access to Care Issues

Despite the growing demand for behavioral health services, there is a significant shortage of behavioral health professionals, leading to longer wait times and limited availability of services. According to April 2024 data released by the Health Resources and Services Administration, over 50 percent of the U.S. population lives in a behavioral health workforce shortage area.[xx] Rural counties, like Teton County, are more likely than their urban counterparts to lack behavioral health providers and see more behavioral health services administered by primary care providers due to lack of access. This shortage is exacerbated by the difficulty in attracting and retaining health care professionals in mountain regions due to limited professional support, fewer educational and career advancement opportunities, and the rural lifestyle that may appeal to only some practitioners. Projections indicate that by 2036, there will be shortages in nine out of 11 behavioral health professions, with the most significant shortage in psychiatrists projected only to meet 38 percent of the need.[xxi]

In 2023, 55 percent of adults with a mental illness nationwide received no treatment, equating to over 28 million individuals.[xxii] This disparity highlights the need for more trained professionals and better support for existing providers. Unmet behavioral health needs are linked to social determinants of health and barriers to care that hinder an individual's access to services. Stigma at the individual, interpersonal, and structural levels affect the perceived need for care and the ability to access care, especially for racial and ethnic minority groups. Inequities associated with the rising rates of death by suicide and drug overdose among people of color directly correlate to people of color facing disproportionate barriers to accessing mental health care. Overall, rates of mental illness and substance use disorder are lower for people of color compared to White people but may be underdiagnosed among people of color. A lack of culturally sensitive screening tools that detect mental illness coupled with structural barriers may contribute to the underdiagnosis of mental illness among people of color.

Structural inequities can contribute to disparities in behavioral health care, including lack of health insurance coverage and financial and logistical barriers to accessing care.

Unique Behavioral Health Needs in Mountain Communities

In recent years, there has been a growing awareness of mountain resort communities' unique and serious behavioral health needs. A State of Mind, a documentary series exploring the mental health crisis in Wyoming, featured Jackson in season 1, episode 4. According to the Centers for Disease Control and Prevention, of the six states with the highest suicide rates in 2021, four were in the Rockies, and Wyoming led the list. [xxiii] This was similarly covered by Outside Magazine's feature, "We Need to Talk About Mental Health in the Mountains."

According to the Katz-Amsterdam Foundation, "populations in mountain communities have become increasingly culturally and linguistically diverse, and providers are often unable to offer culturally responsive care for non-English speakers. As a result, historically marginalized communities can have even more significant barriers to care." For example, communities of color in mountain resort towns experience additional risk factors (e.g., loneliness, lack of community trust) and more barriers to getting

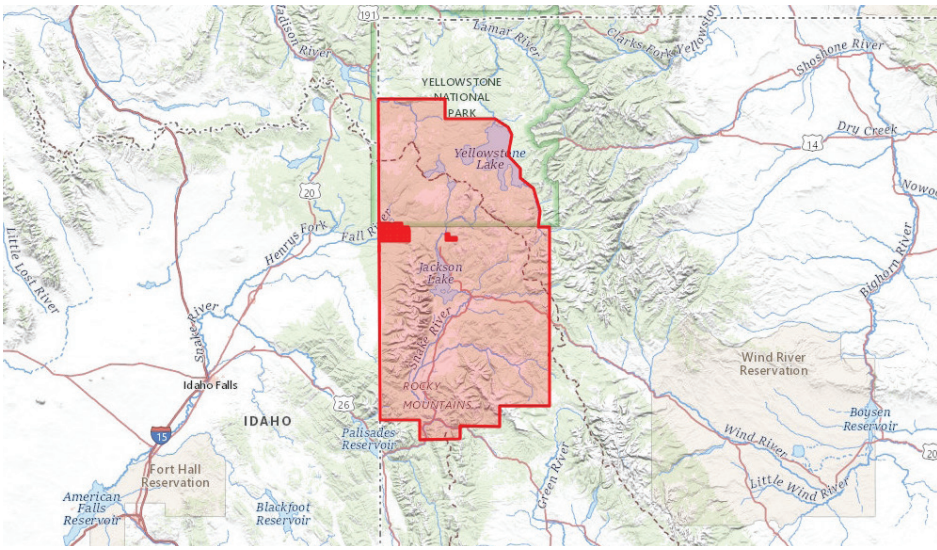
In recent years, there has been a growing awareness of mountain resort communities' unique and serious behavioral health needs.

care when needed (e.g., few bilingual bi-cultural behavioral health providers). These challenges may be compounded by seasonal fluctuations in population driven by tourism and agriculture, which can exacerbate feelings of social isolation for both seasonal and year-round residents. High living costs, housing insecurity, and lack of available childcare and other services to address social determinants of health can also erode financial stability and overall well-being.

Geographic isolation, limited transportation options, and a shortage of health care providers contribute to these difficulties. Rural and remote regions often face challenges due to fewer providers and longer travel distances to receive care. Many residents must travel long distances to receive care, which can be a considerable barrier, especially in harsh weather conditions typical of mountain regions. Individuals with lower income levels may struggle to afford care, even with insurance. Finally, stigma associated with behavioral health disorders can deter individuals from seeking care, with cultural beliefs and attitudes towards mental health varying, affecting willingness to access services. There is often a higher level of stigma associated with seeking behavioral health services in rural mountain communities. Tight-knit communities and cultural attitudes towards mental health can discourage individuals from seeking help.

The behavioral health landscape across the nation, and especially in rural mountain communities, is characterized by significant challenges related to the lingering effects of the COVID-19 pandemic, rising demand for behavioral health services, the behavioral health workforce crisis, and barriers to access to care. Addressing these issues requires a comprehensive approach that considers the unique needs and circumstances of rural mountain populations to ensure services are accessible in a timely manner and in culturally responsive ways.

Overview of Teton County, Wyoming



Teton County is in northwestern Wyoming, encompassing a diverse landscape, including mountain ranges, valleys, and national parks. Teton County contains the Jackson Hole Mountain Resort, Grand Teton National Park, and 40.4 percent of Yellowstone National Park's total area. Jackson is the largest town in Teton County and is a popular tourist destination due to its proximity to ski resorts and national parks.

Demographics and Diversity

On average, between 2018 and 2022, Teton County had a population of 23,346 people, with 79.7 percent of its residents identifying as non-Hispanic White and 15.2 percent identifying as Hispanic.[xxiv] The minority groups within the county include Native American and Alaska Native (0.63 percent), Chinese (0.08 percent), Indian (Asian) (0.18 percent), and Filipino (0.39 percent).[xxv] Teton County had a race diversity index of 0.34 between 2018 and 2022, meaning two randomly chosen people will be from different race and ethnicity groups 34 percent of the time.[xxvi] Teton County

had 107.85 males per 100 females between 2018 and 2022. These demographic characteristics highlight a predominantly White population with a slight male majority and a relatively low level of racial diversity.

Health and Health Care

Wyoming has not expanded Medicaid. State studies indicate expansion would provide coverage for roughly 19,000 people and help with the tens of millions of dollars' worth of uncompensated care that hospitals provide to the uninsured and write off each year.[xxvii] However, opponents remain wary of expanding a federal insurance program in general and Medicaid in particular. According to U.S. News and World Report, 17.5 percent of people in Teton County are uninsured.[xxviii] This is higher than the national and state averages. Medicaid plays a vital role in the coverage and financing of behavioral health treatment for low-income Americans.

Teton County had a life expectancy of 83.1 years, on average, between 2010-2015, with a median age of 39.9.[xxix] The dependency ratio was 52.15 dependents per 100 working-age adults from 2018 to 2022.[xxx] Approximately 2,762 residents were uninsured during this period, with Medicaid and Medicare coverage rates at 5.54 percent and 16.16 percent, respectively.[xxxi] In 2021, 10.4 percent of adults had no insurance, and the average age of Medicare beneficiaries was 73 years old in 2018.[xxxii] Common chronic conditions in 2021 included high cholesterol (27.5 percent), high blood pressure (24.2 percent),[xxxiii] and obesity (21.7 percent).[xxxiv] Additionally, 17.40 percent of adults reported experiencing depression, and the drug overdose mortality rate was 9.44 deaths per 100,000 people between 2016 and 2020.[xxxv] According to the Kaiser Family Foundation, drug overdose death rates have increased in Wyoming from 15.2 per 100,000 in 2011 to 18.9 per 100,000 in 2021.[xxxvi] This was higher than the national average. While this data is only available at the state level and not for Teton County, it represents a concerning trend. Over the same period, drug overdose death rates increased from 13.2 to 32.4 per 100,000 in the U.S.[xxxvii] These figures underscore significant challenges in health care access, chronic disease management, and behavioral health within the county.

Social isolation, economic insecurity, and an extensive party culture may be contributing factors to excessive alcohol consumption in Teton County. 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.

Economy and Employment

On average, between 2018 and 2022, Teton County had a median household income of $99,284.[xxxviii] The poverty rate stood at 6.9 percent, and about 18 percent of residents were living below 200 percent of the poverty level.[xxxix] The unemployment rate during this period was notably low at 2.09 percent.[xl] Despite its overall economic prosperity, the county faced challenges related to income inequality and food insecurity, with 23 percent of residents experiencing low food access and around 610 individuals living in a food desert in 2019.[xli] These economic indicators reflect a generally affluent community. Yet, there are underlying issues of income disparity and limited access to the basic necessities for some residents. The high cost of living also poses unique challenges to hiring and retaining mental health professionals. The smaller population size in the region may also make it difficult for providers to sustain services that depend on funding based on the number of people seen or service encounters.

Transportation and Infrastructure

Teton County boasts high vehicle ownership, with 99.9 vehicles per 100 adult residents, on average, between 2018 and 2022,[xlii] indicating a strong reliance on personal transportation. Given the

county's rural nature and significant distances to nearby cities, this high vehicle ownership is essential. Jackson is approximately 107 miles from Idaho Falls, Idaho and 278 miles from Salt Lake City, Utah, the closest cities. There is very limited public transportation available in the region. This may pose challenges to accessing needed behavioral health services.

Teton County is characterized by its predominantly non-Hispanic White population, high median household income, low unemployment rate, and significant challenges related to health care access, chronic health conditions, and food insecurity. The county also faces issues related to uninsured residents and mental health, underscoring the need for comprehensive community health and economic support services.

Survey Methodology

In conjunction with the Katz-Amsterdam Foundation, the Alliance developed and administered two surveys in 2024: a community survey and a provider survey, using a survey company called PRC. The community survey aimed to comprehensively assess mental health and social connectedness among residents of Teton County. This survey targeted various demographic groups, including different age ranges, ethnic backgrounds, and socioeconomic statuses, to ensure a representative sample. Key focus areas included the prevalence of mental health conditions, access to mental health services, perceived barriers to seeking care, and levels of social support and community connectedness. The provider survey aimed to gather insights on the availability of mental health services, the challenges faced in delivering care, and resource needs. Data collected will help identify gaps in behavioral health services, inform policy decisions, and guide the development of targeted interventions to improve behavioral health outcomes and strengthen community ties in Teton County.

The Alliance conducted extensive outreach throughout the county to encourage participation in the community survey. They developed marketing materials for the community survey in English and Spanish, including a press release, a postcard, a flyer, and social media posts on Facebook and Instagram. The Alliance's Steering Committee and working group conducted targeted outreach with representation from 20 community-based organizations. This included tabling at in-person events, distributing flyers to Teton County School District #1 and independent schools, and direct outreach to 34 nonprofit organizations and businesses, including the Jackson Hole Mountain Resort and local grocery stores.

Additionally, the Community Foundation of Jackson Hole staff and board promoted the survey through a weekly email reaching approximately 5,000 community residents. Community listservs for specific sectors, including nonprofits, real estate, and business through the Chamber of Commerce, were utilized to reach community members. News outlets, including the Jackson Hole Daily, the Jackson Hole News and Guide, Buckrail, KHOL radio, and TODO TV, were utilized to spread large-scale messaging about the survey and the importance of participation. The comprehensive outreach approach ensured residents knew about the survey and how to participate.

The community survey received 1142 total responses, an increase of 11 percent compared to 2021. The provider survey received 131 responses in 2024, a 115 percent increase compared to 2021. The survey respondents were disproportionately female (72 percent) compared to the community as a whole and slightly less diverse regarding race and ethnicity. PRC applied weighting to address this disparity and ensure the data is more representative. This method uses multipliers for each record to adjust the aggregate data to reflect better the population's age, gender, race/ethnicity, and income levels.

THS analyzed data collected from the community and provider surveys to identify common themes and demographic variations. THS also compared data between the 2024 and 2021 surveys to ascertain trends. As part of the firm's analysis, THS cleaned and organized the raw data and applied statistical and thematic analyses to identify key patterns, relationships, and insights into mental health, community connectedness, and service access for Teton County. This approach ultimately helped to identify key issues and highlight opportunities to create community-based solutions and targeted interventions.

When writing this report, THS utilized the Alliance's preferred terminology. The approved glossary can be found here: https://docs.google.com/document/d/1mctUnX9IpL2zetM_mtYHdVxo7PfqRps1xmP90NIZ70E/edit

Limitations

THS had access to the raw data from the 2021 and 2024 community surveys; however, for the provider survey, THS had only the data presented in the 2021 report as opposed to the raw data. This limited the firm's ability to fully compare changes over time in provider perspectives and resources.

Due to a small sample size, data on gender identities other than male/female has been omitted to maintain confidentiality. Similarly, data on sexual orientation was omitted due to a small sample size. This means that additional health disparities may exist but could not be scientifically analyzed.

A third-party entity created the survey, and therefore, neither the Alliance nor THS had control over the order or phrasing of the questions. THS observed some constraints to the survey content and includes recommendations for further research towards the end of this report.

The survey data are based on self-report and may have validity and reliability limitations. Self-report surveys may not account for individual biases or efforts to provide socially acceptable answers rather than being 100 percent truthful. Self-reported data may also underrepresent needs or not accurately reflect clinical diagnoses.

Finally, there may be sample bias in who the survey was disseminated to; behavioral health needs in the county may be exaggerated if people connected to behavioral health or human services were oversampled. Providers were not precluded from completing the community survey, and some completed both instruments which may have skewed the data.

Key Research Findings

- There have been little to no improvements in insurance coverage since the first survey was conducted in 2021.
- The ability to access care is more challenging for specific populations, and there is evidence of disparities between Latine/Hispanic and non-Latine/non-Hispanic residents.
- Some populations, particularly young adults and Latine- and Spanish-speaking respondents generally rated their community less favorably as a place to live and expressed lower levels of trust in community members compared to other demographic groups.
- Mental health needs appear to be growing. The 2024 survey found a significant increase in the number of days per month respondents indicated poor mental health, with a mean of 7.6 days in 2024 compared to a mean of 6.8 in 2021.
- The number of respondents who responded that they were not able to access needed services increased significantly from about 19 percent in 2021 to about 30 percent in 2024.
- Alcohol use plays a predominant role in social activities in Teton County, and there are growing concerns related to the impact of substance use.
- While many behavioral health providers are accepting new patients, there continue to be access barriers such as a lack of services available in the evening or on weekends, and limited culturally and linguistically appropriate services.
- Teton County lacks some critical elements of a comprehensive behavioral health continuum of care. Most notably, the county does not have an in-patient treatment facility for either mental health or substance use concerns.
- There is a national shortage of licensed behavioral health providers, and in Teton County, providers are experiencing various stressors at work that threaten their mental well-being. Providers report the need for increased administrative support, peer services, and grant funding to augment insurance reimbursement/billing.

Community Survey

The community survey included several demographic questions, a section related to the respondents' feelings about life in their community, a series of questions pertaining to their perceptions of their own mental health and availability of services, and a section on substance use (specifically alcohol).

Demographics of Respondents

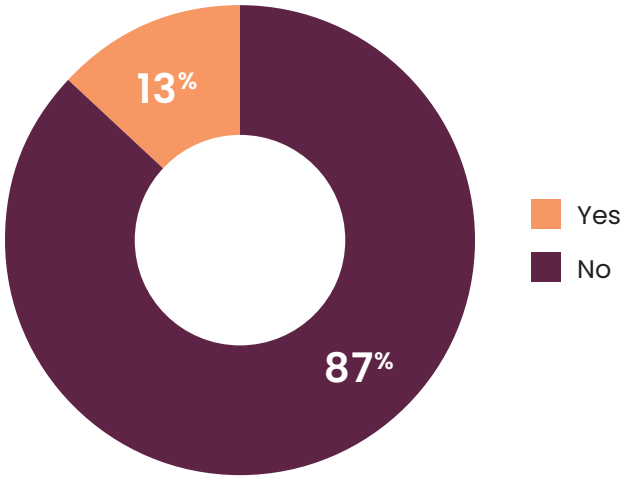
Similar to the 2021 survey, 40 percent of respondents in 2024 lived in zip code 83001 containing Jackson proper, with the remaining 60 percent from surrounding communities. Approximately 33 percent of respondents were between the ages of 18-39. Almost half of respondents were between the ages of 40-64, while 19 percent of respondents were 65 and over. There were no respondents under the age of 18.

Eighty-five percent of respondents lived or worked in Teton County for 11 or 12 months of the past year, indicating strong local representation. About 85 percent of respondents identified as heterosexual or straight, with less than 5 percent identifying as bisexual, asexual, gay, queer, or selecting "prefer not to say."

As shown in Figure 1, the percentage of respondents identifying as of Latine origin was similar between the 2021 and 2024 surveys, with both years showing approximately 11 percent. Over 90 percent of respondents were White.

Figure 1: Percent of Respondents of Latine Origin

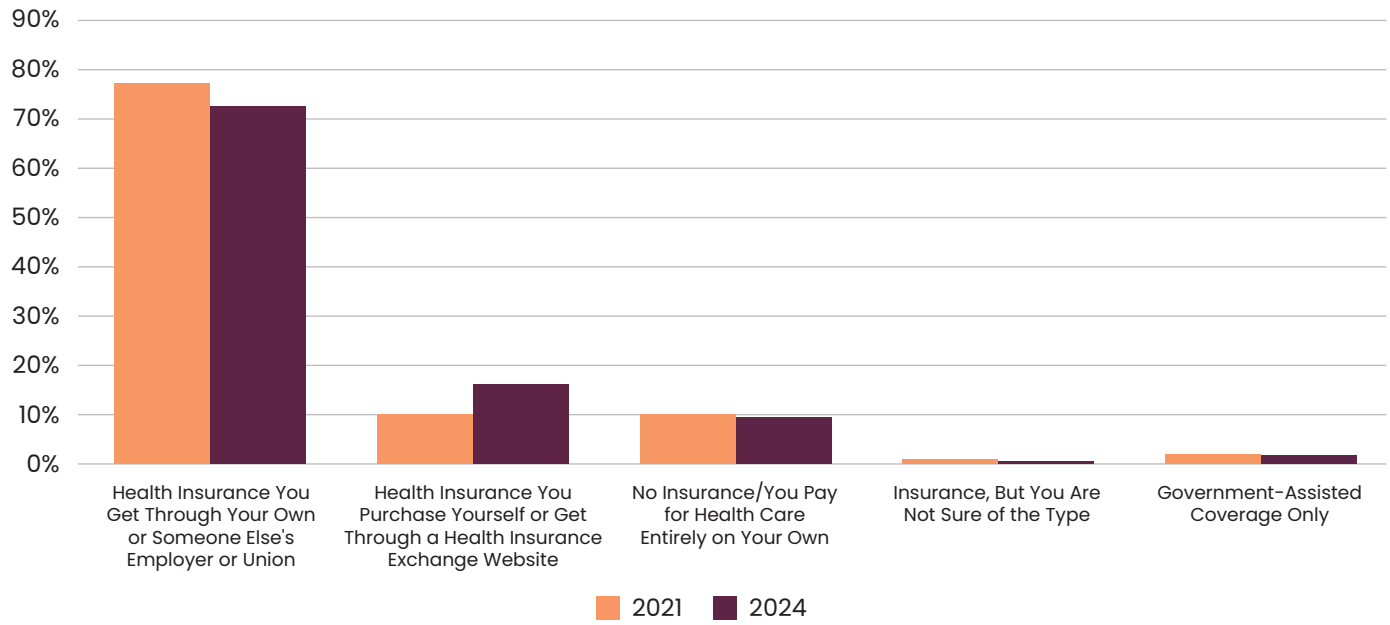
Are you of Hispanic or Latine origin, or is your family originally from a Spanish-speaking country?



In the 2024 survey, there was a slight downtick in respondents receiving health insurance through their employers, corresponding with a slight uptick in those obtaining insurance through the individual health insurance marketplace (see Figure 2). This shift may indicate changing dynamics in employment benefits or increased utilization of the health insurance marketplace. The number of respondents indicating they had no insurance remained level at about 10 percent. This lack of improvement in the number of uninsured respondents may be reflective of the fact that the State of Wyoming has not expanded Medicaid.

Figure 2: Health Insurance Breakdown

What type of health insurance do you currently have?



Life in the Community

The community survey asked several questions about community life, using a Likert rating scale, collectively labeled as community happiness measures, and effectively gauging the respondents' sense of social connection.

In 2024, 80 percent of respondents reported that they could either mostly or completely trust people in their community, with less than 2 percent indicating no trust. However, there was a notable decline of nearly 10 percent in respondents who selected "completely" compared to the 2021 survey (see Figure 3). This decrease suggests a potential shift in the perception of community trustworthiness over time.

As illustrated in Figure 4, Latine- and Spanish-speaking respondents generally rated their community less favorably as a place to live. They expressed lower levels of trust in community members compared to other demographic groups. This trend highlights underlying disparities that may need to be addressed to improve community cohesion and trust across different cultural and linguistic groups.

Younger individuals tended to rate their community lower and trust their community members less than older respondents. Despite this trend, the differences between each group were relatively small, indicating that perceptions of community trust are broadly consistent across different age brackets.

Results showed the least change over time when assessing whether respondents felt the community was part of their identity (see Figure 5).

However, unlike the other measures, about 40 percent of respondents indicated either "somewhat" or "not at all" (30 percent and 10 percent, respectively), suggesting a significant portion of the population does not feel a strong

Figure 3: Comparison of Trust in the Community

I can trust people in this community

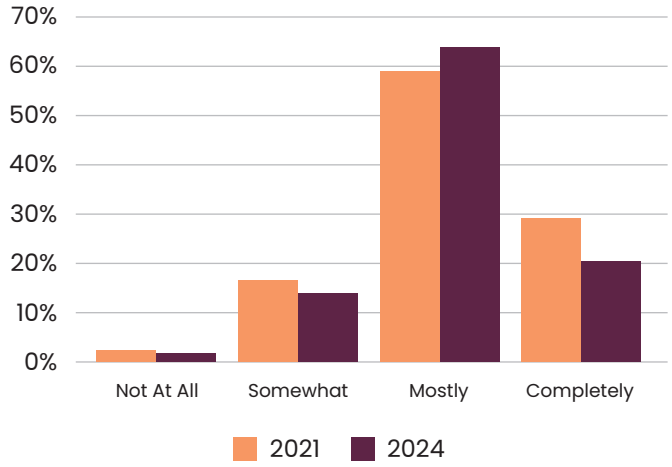


Figure 4: Latine/not Latine Trust in the Community Comparison

Can you trust members of your community?

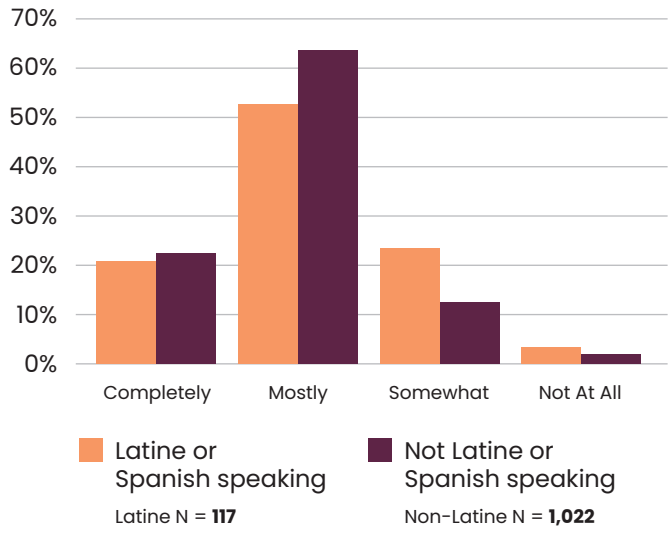
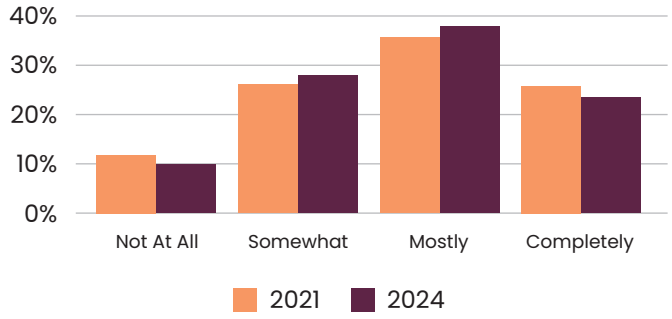


Figure 5: Community as Part of Identity

Being a member of this community is part of my identity



personal connection to the community. About 5 percent fewer people "agreed completely" in 2024 compared to 2021 when asked about the time and effort they invested in their community. Nonetheless, the proportion of respondents who "disagreed completely" (not at all) remained very low, similar to previous findings (see Figure 6).

As illustrated in Figure 7, approximately 20 percent of respondents often feel isolated, left out, or lacking companionship. The percentage of those often feeling isolated increased slightly from 2021 to 2024. Middle-aged individuals, 40-64, noted the highest levels of feeling isolated (see Figure 8). This is an interesting result, given that the 2021 survey was administered during the COVID-19 pandemic. The persistence and a slight increase in feelings of isolation highlight a potential ongoing issue that warrants further monitoring and intervention.

These findings indicate that while most of the community feels they can trust others, there are significant variations based on demographic factors such as age, ethnicity, and language. These variations are crucial for understanding and addressing the underlying issues affecting community trust and cohesion. The consistent responses across questions and over time, coupled with the slight uptick in feelings of isolation, suggest the need for continued attention to community engagement.

Mental Health Challenges

The next section of the survey included questions related to the individual respondent's mental health well-being and the availability of services to address mental health challenges or otherwise obtain support in the community.

The survey asked, "How many days during the past 30 days would you say your mental health was not good?" The 2024 survey found a significant increase in the number of days per month respondents indicated poor mental health, with a mean of 7.6 days in 2024 compared to 6.8

Figure 6: Community Involvement

I put a lot of time and effort into being part of this community

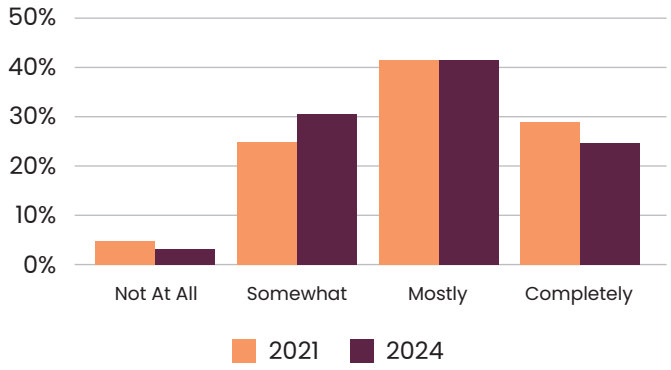


Figure 7: Feelings of Isolation

How often do you feel isolated from others?

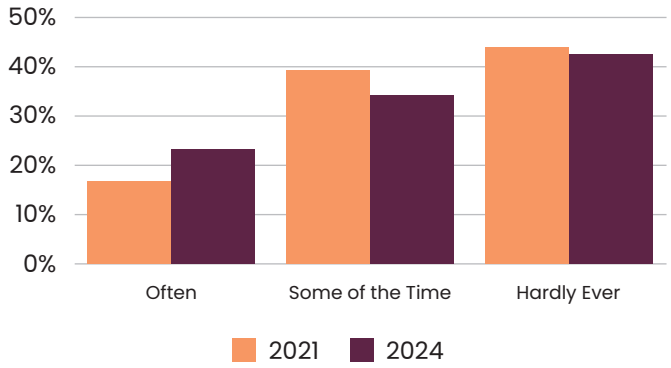


Figure 8: Feelings of Isolation by Age Group

How often do you feel isolated from others?

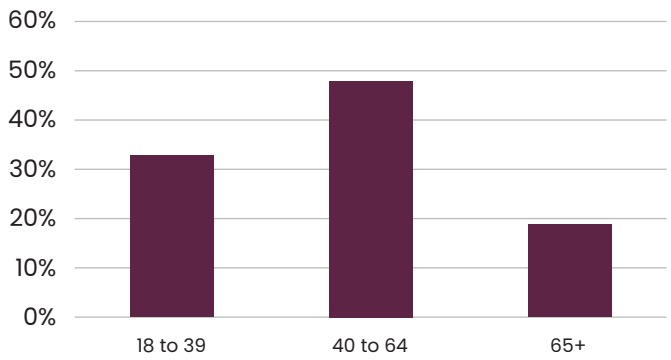
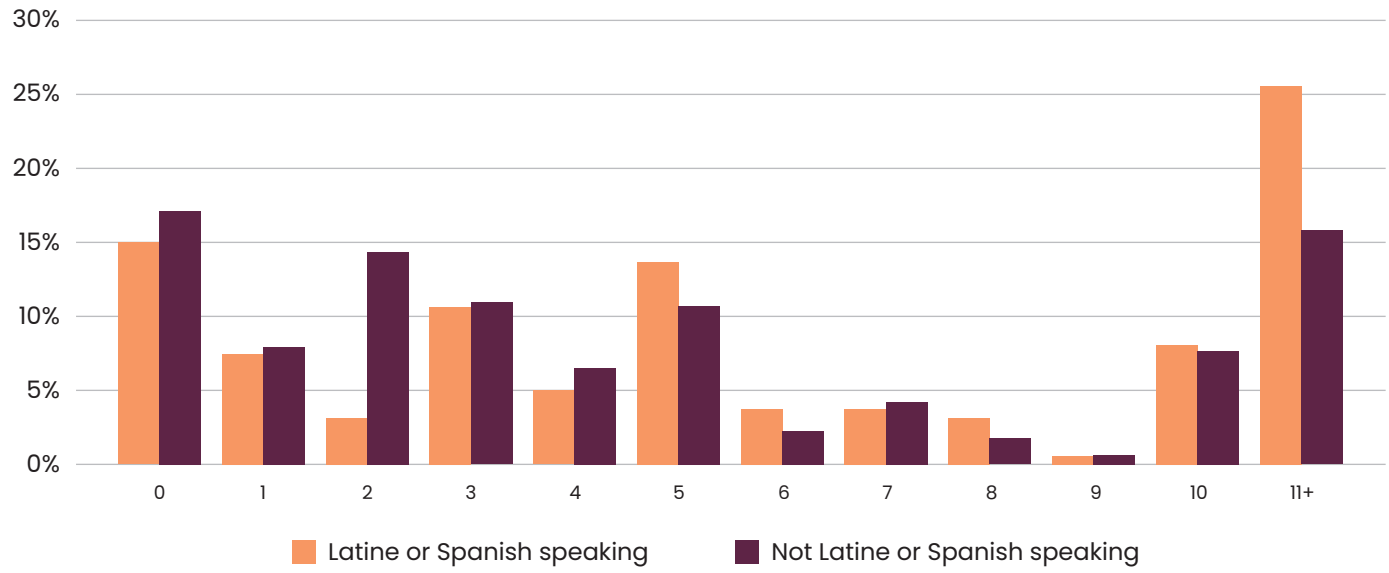


Figure 9: Poor Mental Health Days, Latine or Spanish Speaking vs. Not Latine or Spanish Speaking

How many poor mental health days have you had in the last 30 days?

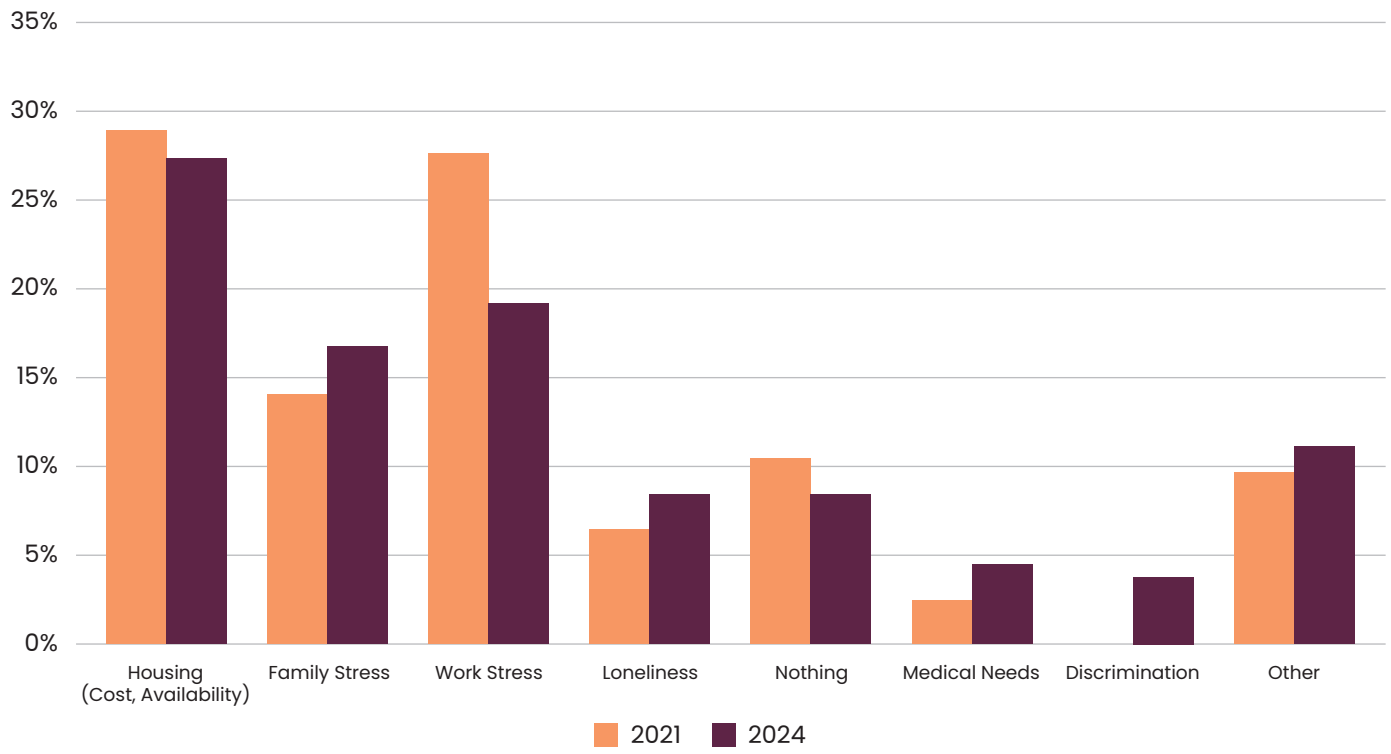


in 2021. Those reporting no bad mental health days decreased by about 3 percent, while those experiencing 11 or more bad days increased by a similar amount. Notably, as shown in Figure 9, while both Latine and non-Latine individuals reported a similar number of poor mental health days, about 15 percent more Latine individuals had 10 or more bad days compared to non-Latine individuals.

The survey also asked respondents to identify what creates challenges to their mental well-being from among a list of choices. In both 2024 and 2021, the top three choices selected most frequently by respondents were housing costs, family stress, and work stress. However, the number of people selecting work stress decreased over time (from about 28 percent to about 19 percent) while family stress slightly increased (about 14 percent to about 17 percent). The survey did not address the causes of increased family stress; however, it is often correlated with economic insecurity. Additionally, in 2024, more respondents indicated loneliness and medical needs were contributing factors (see Figure 10).

Figure 10: Challenges to Mental Well-Being

What do you feel creates the biggest challenge to your mental well-being?

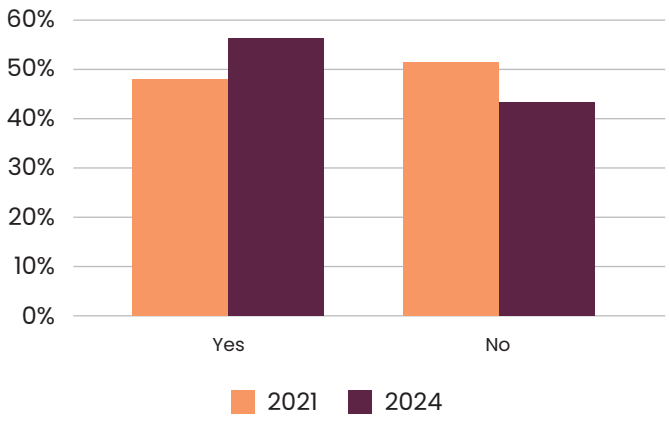


Individuals younger than 65 were much more likely to report poor mental health days over the past 30 days, with about 25 percent of those aged 18 to 39 experiencing 10 or more poor mental health days in the past 30 days. Females were also more likely to report poor mental health days compared to males, though about 16 percent of both genders reported having ten or more bad mental health days per month. Younger people were more likely to live independently in the county, whereas older individuals were more likely to live with a companion. This can be a contributing factor to the younger population (aged 18 to 39) feeling more isolated and, therefore, reporting more poor mental health days.

From 2021 to 2024, there was an approximately 7 percent increase in people reporting they needed mental health services in the past 12 months (See Figure 11). While this may indicate greater needs in the county, it may also be attributed to increased

Figure 11: Mental Health Treatment Needs

During the past 12 months, was there any time when you needed mental health treatment or services for yourself?



awareness and understanding of the benefits of mental health treatment.

Mental health treatment needs vary by age and gender. Respondents aged 18-39 were the most likely to indicate that they needed mental health treatment in the last 12 months, with approximately 65 percent saying yes. Approximately 53 percent of adults aged 40-64 said yes. Older adults were much less likely to respond that they needed mental health treatment, with only 25 percent indicating yes (see Figure 12). Historical stigma, cultural issues related to mental health, and help-seeking behavior may be contributing to fewer older adults suggesting that they needed mental health treatment.

Females responded yes at a much higher rate than male respondents when asked if they needed mental health treatment in the last 12 months. This may again be due to the stigma and cultural factors (see Figure 13).

The survey asked respondents, "Were you able to get the treatment or services that you needed?"

Figure 12: Mental Health Treatment Needs by Age Group

During the past 12 months, was there any time when you needed mental health treatment or services for yourself?

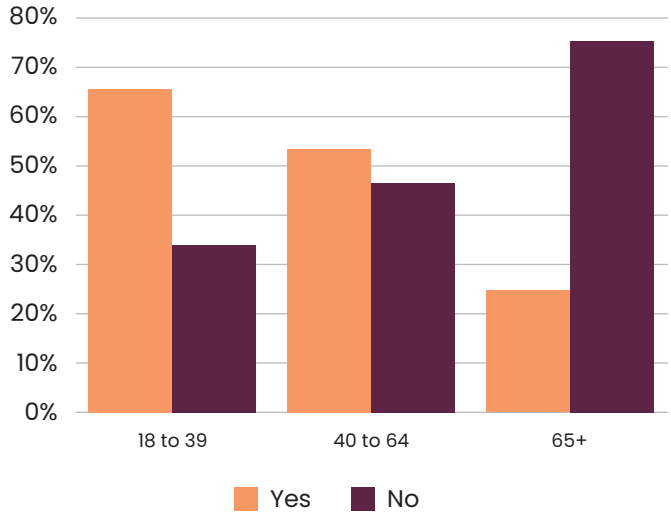
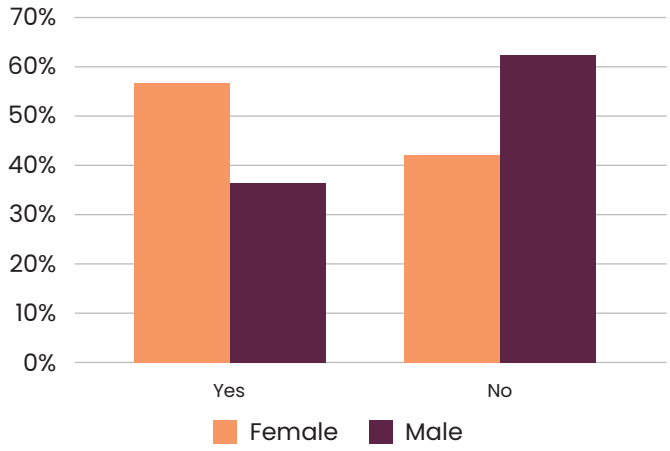


Figure 13: Mental Health Treatment Needs by Gender

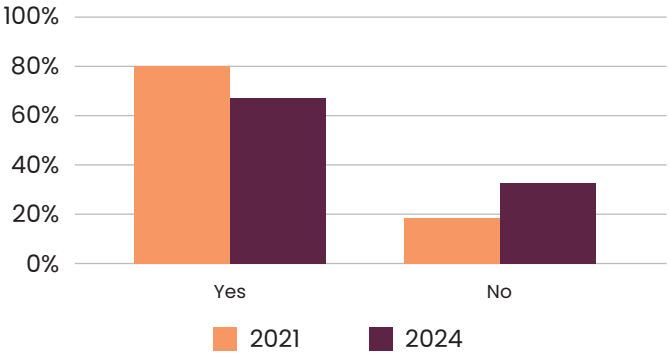
During the past 12 months, was there any time when you needed mental health treatment or services for yourself?



As shown in Figure 14, respondents who responded "no" increased significantly from 19 percent 2021 to 30 percent in 2024. This is a notable trend in the wrong direction, particularly given the restrictions in place in 2021 due to the COVID-19 pandemic.

Figure 14: Mental Health Treatment Needs

During the past 12 months, was there any time when you needed mental health treatment or services for yourself?



Among those who needed services, older individuals found it slightly easier to access them. For those who could not get services, cost was the most significant barrier for those under 65, while health insurance issues were the main barrier for those 65 and older.

Females were much more likely to have needed mental health services in the past 12 months; however, the rate of receiving services was nearly identical for both genders (see Figure 15). Confidentiality concerns were a significant reason for not seeking help among males who did not receive services.

Despite similar proportions of Latine and non-Latine individuals needing mental health services, Latine individuals were much less likely to have received the services they needed.

For those who did not receive services, the cost of services was a much more significant barrier for Latine/Spanish-speaking individuals (60 percent) compared to non-Latine/Spanish- speaking individuals (30 percent), as shown in Figure 16.

In 2024, individuals were more likely to seek in-person services compared to 2021, with a 10 percent increase in those preferring in-person care. Additionally, fewer individuals reported not looking for services at all, indicating a growing awareness and willingness to seek mental health support. Despite more people indicated they needed mental health services in 2024, fewer individuals reported receiving them compared to 2021. The top barriers in 2024 were cost, appointment availability and insurance issues. Notably, stigma was a significant barrier in 2021 but was not mentioned in 2024; however, cost was highlighted as a more prevalent barrier in the most recent survey.

Although about 80 percent of respondents were aware of resources to help with mental health, only about 40 percent were very likely to reach out if they needed services. While most individuals (60 percent) either strongly or somewhat agreed that people are generally sympathetic to those with mental health concerns, about 20 percent fewer respondents strongly or somewhat agreed that it is easy to talk about mental health challenges. These data points may indicate that people with mental health needs continue to feel a sense of shame or experience stigma.

Figure 15: Treatment Barriers by Gender

Why did you not get treatment or services?

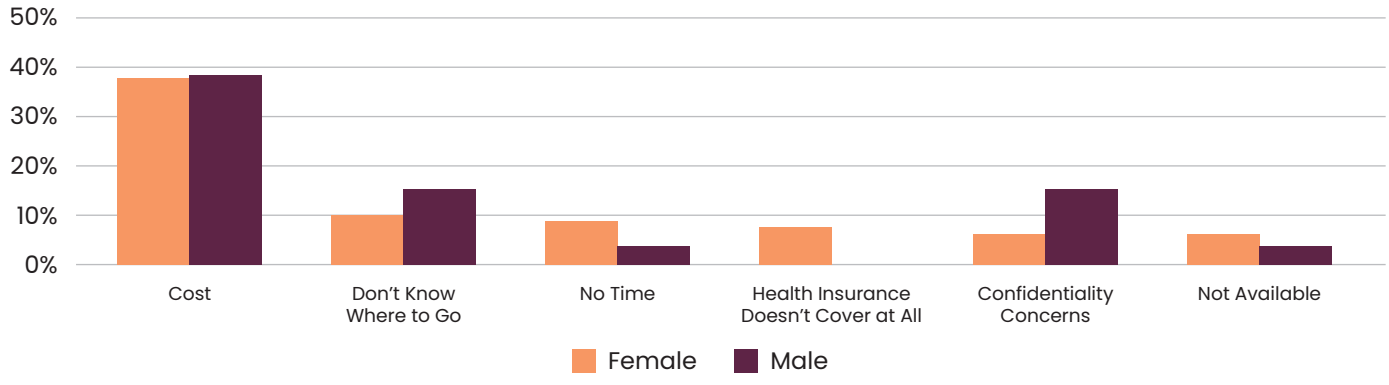
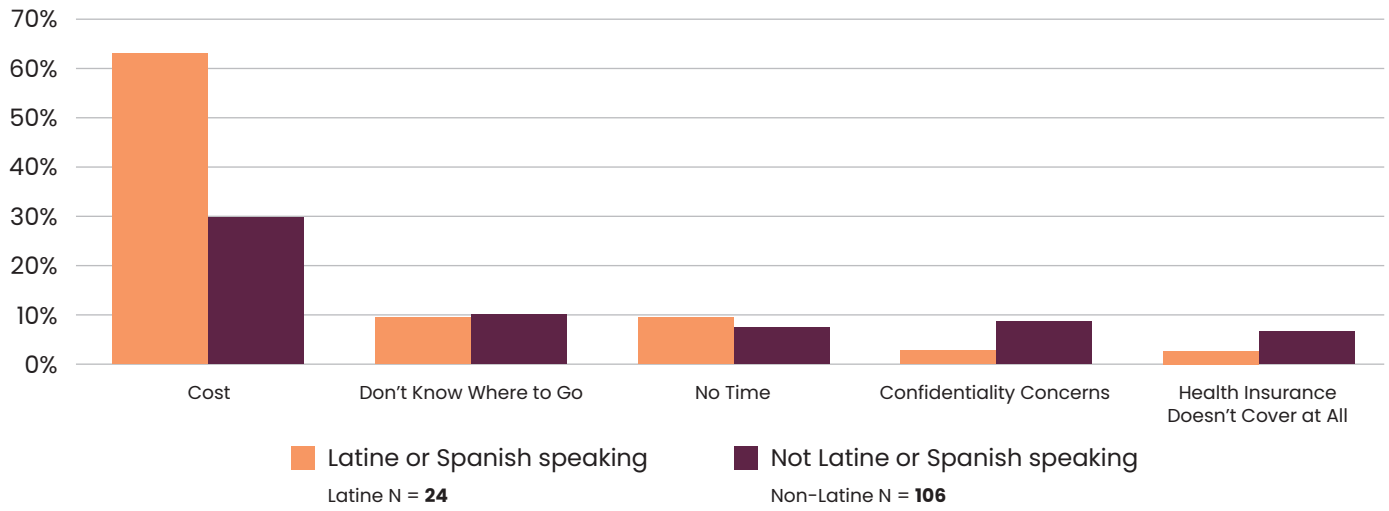


Figure 16: Treatment Barriers by Race

Why did you not get treatment or services?



The survey highlights several key trends and disparities in mental health needs and access to services. While awareness of mental health resources is high, actual utilization remains a challenge, mainly due to cost and health insurance limitations. The data also indicate stigma is still prevalent, and some members of the community do not feel connected. Addressing these barriers and improving access to mental health services, especially for younger individuals, Latine individuals, and those concerned about confidentiality, is crucial for enhancing community well-being. These findings underscore the importance of targeted interventions and continued monitoring to ensure that mental health needs are adequately met across all demographic groups.

While awareness of mental health resources is high, actual utilization remains a challenge, mainly due to cost and insurance issues.

Substance Use

The survey asked a series of questions related to substance use. However, only one question asked broadly about substance use, while most focused solely on alcohol use.

The survey findings indicate that, as in many mountain resort communities, alcohol use is normalized and plays a predominant role in social activities. As shown in Figure 17, 75 percent of respondents believe that alcohol is essential to the social life of most people in the area.

Furthermore, just over 40 percent indicated that they had been negatively affected by substance use either personally or through others to some degree (see Figure 18). The survey did not unpack the role of alcohol vs. other substances. Notably, the number of respondents indicating "a great deal" increased from 2021 to 2024, and the number of respondents indicating "not at all" to this question decreased over the two time intervals. This reflects a concerning trend that substance use is having a greater negative impact on the community.

Figure 18: The Impact of Substance Use Issues

To what degree has your life been negatively affected by your own or someone else's substance use issues?

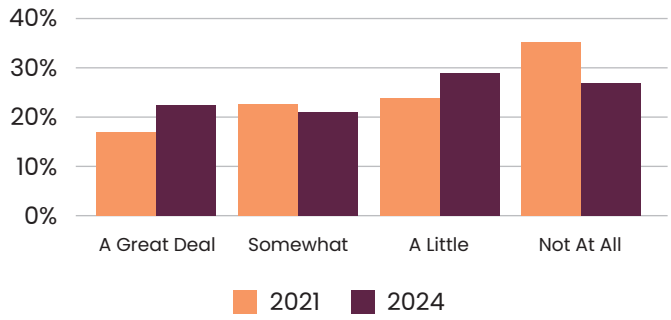
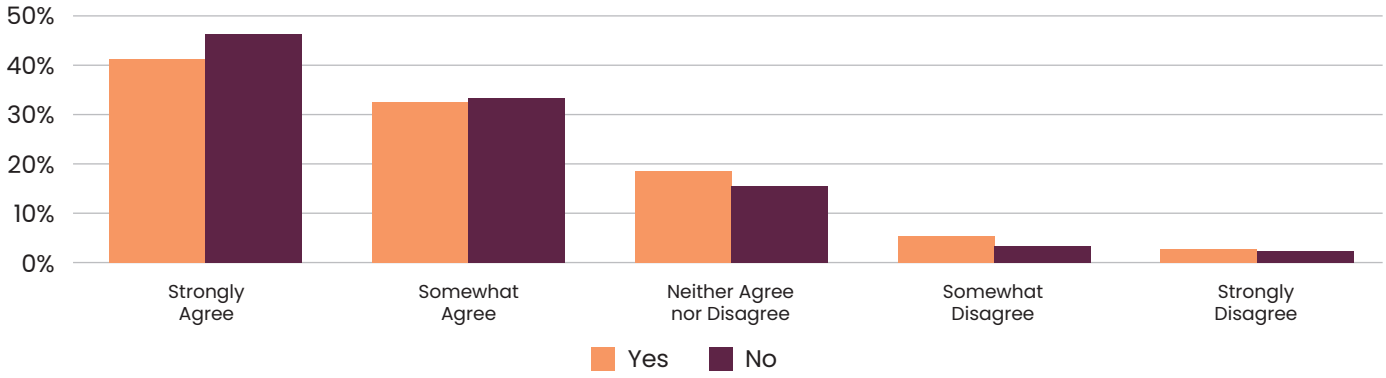


Figure 17: The Importance of Alcohol to Social Life

For most people in this community, alcohol is important to social life



The survey asked respondents, "In a typical month, on how many days did you have at least one alcoholic beverage?" In 2021, the mean response was 9.8 days, while in 2024, the mean increased to 10 days. While not a significant increase, 30 percent of respondents also reported having an alcoholic drink 11 or more days a month.

One of the following questions was, "On the days when you drank, about how many drinks did you have on average?" As shown in Figure 19, 76 percent of respondents indicated they had either one or two alcoholic drinks. However, on days when they drank, Latine individuals were more likely to consume three or more drinks.

Figure 19: Average of Alcoholic Drinks by Latine/Spanish-Speaking or Non-Latine/Non-Spanish Speaking

On the day(s) when you drank in the last month, about how many drinks did you have on average?

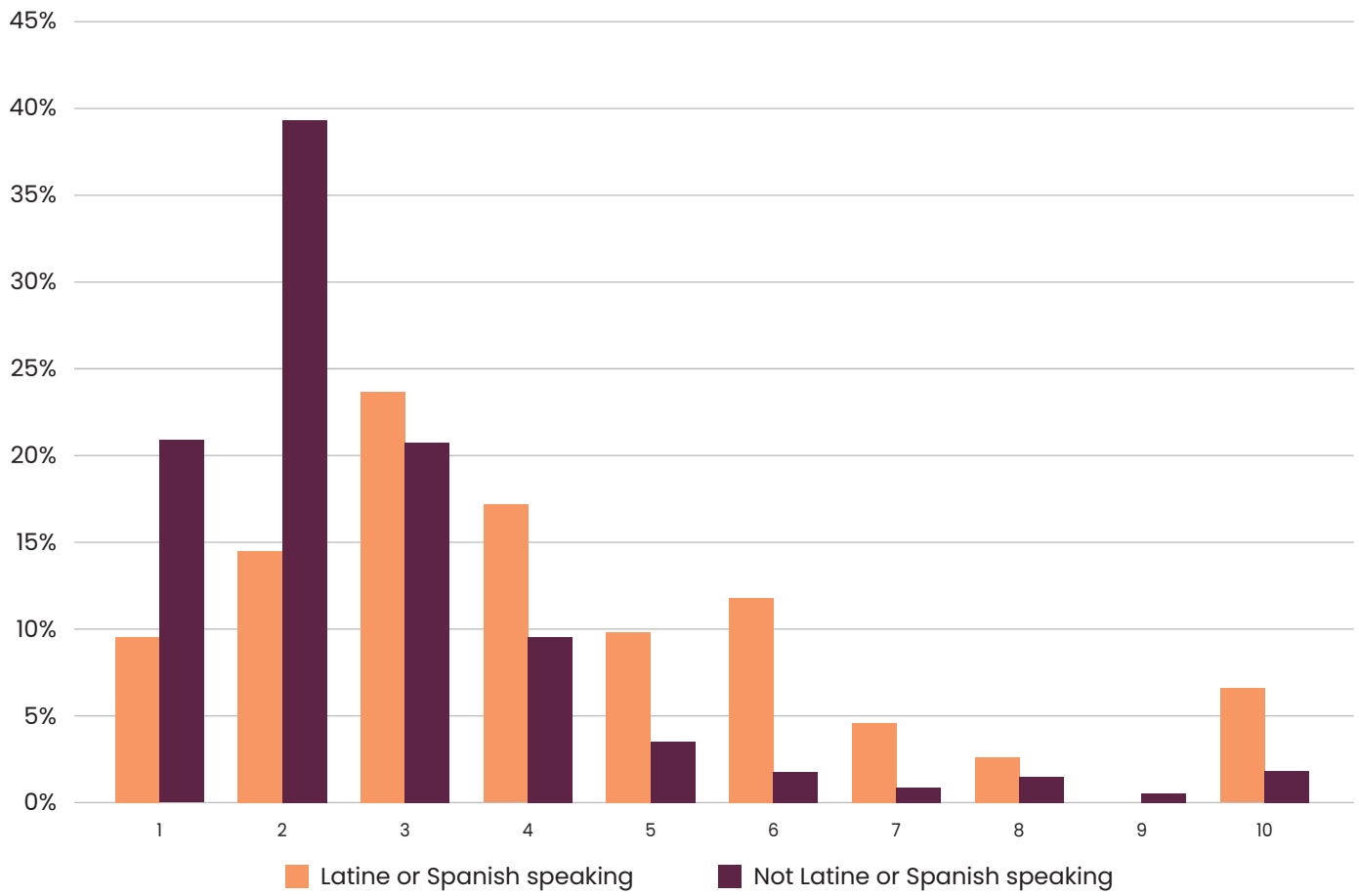
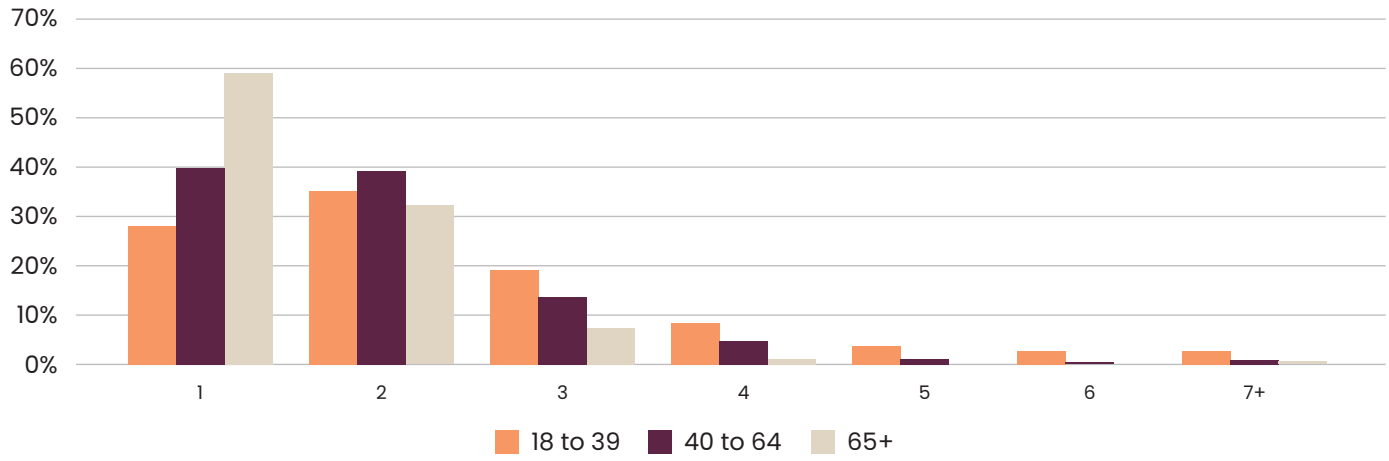


Figure 20: Average Number of Drinks by Age

On the day(s) when you drank, about how many drinks did you have on the average?



As illustrated in Figure 20, individuals younger than 65, generally consume more alcoholic drinks on the days they drink. Additionally, men were much more likely to drink more than women on these occasions.

It is important to note that these findings are based on self-reported data, which may be subject to inaccuracies due to participants' reluctance to provide truthful information for fear of judgment. Additionally, the results may be skewed due to seasonal factors such as Dry January, which could impact certain cultures more than others. The survey also only asks about alcohol use and not the use of any other substances or illicit drug use. In future years, it may be important to include additional questions to help understand the full spectrum of substance use in Teton County, given the drastic increase in substance use disorder across the country.

The survey highlights notable trends in alcohol consumption patterns and perceptions across the region. Supported by a slight increase in the frequency of drinking, a substantial portion of the population continues to consume alcohol regularly, with variations across different demographic groups. The perception of alcohol's importance in social life and its negative impact on some individuals point to the need for targeted interventions and ongoing monitoring to address alcohol-related issues in the community.

Provider Survey

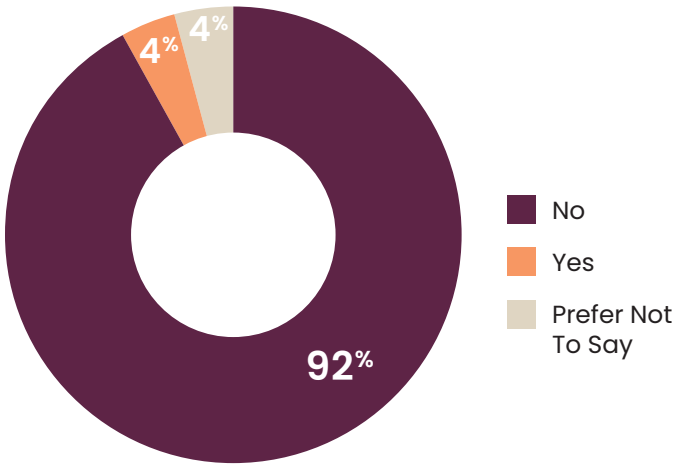
The provider survey aimed to obtain insights from mental health professionals on the availability and accessibility of services and unmet community needs. The survey instrument includes demographic questions, a series of questions related to the availability of services, a section about gaps in care, and some questions about the well-being of behavioral health providers.

Respondents

There were 131 responses to the provider survey in 2024, compared to 61 respondents in 2021. Providers in Teton County predominantly identify as White and heterosexual and do not speak Spanish. Seventy-six percent of those surveyed identify as females. Only 20 percent of respondents identify as male, an increase from the 2021 responses, where 12 percent of providers identified as male. Additionally, while at least 11 percent of respondents to the community survey identify as Latine, only 4 percent of providers identify as Latine, highlighting a potential gap in culturally and linguistically appropriate services (see Figure 21).

Figure 21: Percent of Respondents of Latine Origin

Are you of Hispanic or Latine origin, or is your family originally from a Spanish-speaking country?



While there were zero providers in 2021 who identified as LGBTQ+, approximately 10 percent of providers who responded to the survey in 2024 identified as LGBTQ+. This increases the availability of services for members of the LGBTQ+ community who want a provider identifying as having a similar sexual orientation and can better understand their life experiences. The overall pool of respondents to the provider survey is slightly less diverse than those for the community survey and the wider community overall.

Availability of Services

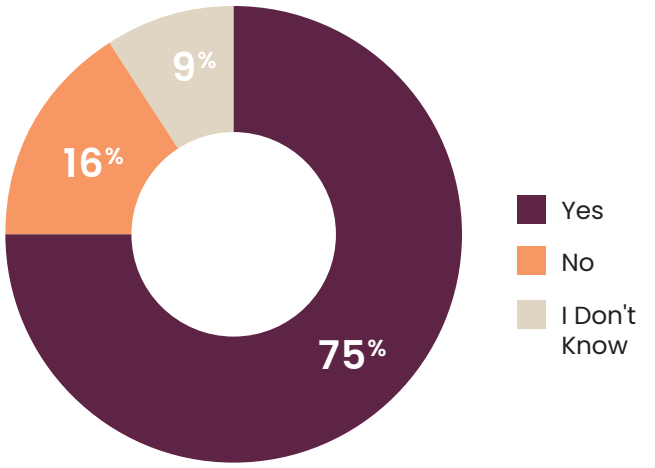
Teton County's provider network has well-trained practitioners and highly diverse specialties. Over half of the providers surveyed were licensed clinicians with master's degrees, about 15 percent were licensure candidates, and just over five percent held a PhD or a PsyD. Fewer survey respondents indicated they are psychiatric providers (4.6 percent) community health workers (4.6 percent), and peer support specialists (1.5 percent). This may reflect that there are fewert of these types of professionals in the community. Respondents identified as being self-employed (36 percent), worked for a non-profit agency (33 percent), or worked at a group private practice (17 percent).

The survey identified many specializations among respondents, including trauma or abuse, Post Traumatic Stress Disorder (PTSD), parenting, women's issues, and family counseling. There was one mental health provider for every 160 residents in Teton County, outperforming both the Wyoming and national averages. This ratio has improved from 1:200 in 2021, meaning more people can access mental health services within the county. Providers in Teton County serve a wide range of age populations, including young adults ages 18-25, adults, adolescents ages 12-17, LGBQ+/gender diverse, and families.

At the time of the 2024 survey, 75 percent of providers indicated they were accepting new patients, which is higher than in many communities nationwide. However, this was lower than in 2021, when 88 percent of respondents indicated they were accepting new patients (see Figure 22).

Figure 22: Providers Accepting New Patients

Are you accepting new patients at this time?



There is a limited amount of time between when a client outreaches for assistance and their first appointment among providers in Teton County. Eighty-three percent of providers responded that they could get clients in for their first appointment within 14 days. However, only 68 percent of providers can get clients in for the first appointment within one week, compared to 74 percent in 2021.

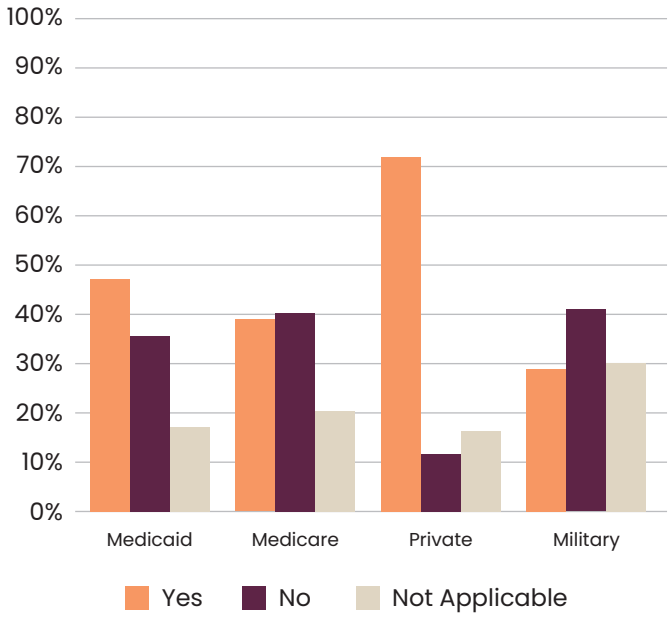
Only 35 percent of providers surveyed indicated they offer remote or telephonic care. This may be sufficient as the community survey found that more people prefer in-person appointments.

The number of providers offering care outside typical office hours significantly decreased. In 2021, around 40 percent of providers offered services before or after work hours, compared to just 11 percent in 2024. This may make it more difficult for community members who have traditional 9 a.m.- 5 p.m. jobs and for school-aged children to access behavioral health care.

Over the past three years, Teton County has struggled to increase the number of providers accepting public insurance, such as Medicare and Medicaid. In 2024, over 70 percent of provider respondents indicated they accept private insurance, while just under 50 percent accept Medicaid, compared to 45 percent in 2021 (see Figure 23). While this is trending positively, there may still be a need for more providers to accept Medicaid to ensure the community's most vulnerable citizens can receive needed mental health care. Complicated credentialing processes, administrative burdens, and low reimbursement rates may deter behavioral health providers from accepting public insurance.

Figure 23: Type of Insurance Accepted

Do you accept the following types of insurance?



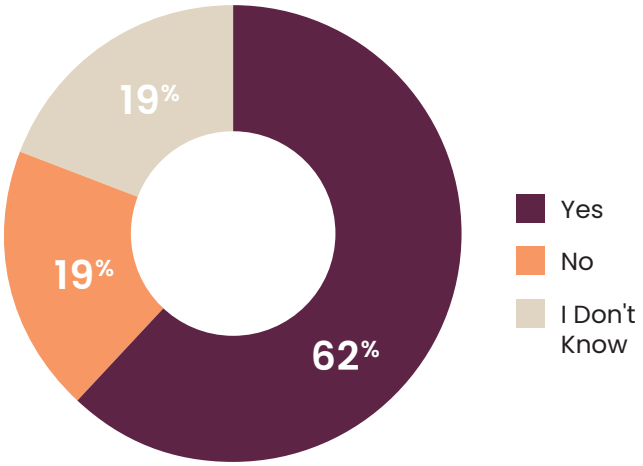
In addition, as shown in Figure 24, 62 percent of providers have a sliding fee scale for self-pay. However, the survey did not ask for information about the fee schedules used.

Gaps in Care

As demand for behavioral health services and the acuity of client needs increase nationwide, enhanced services are required at a community level. Teton County lacks some essential services in the behavioral health continuum of care, forcing some people to travel hundreds of miles to get the support they need or forego assistance altogether.

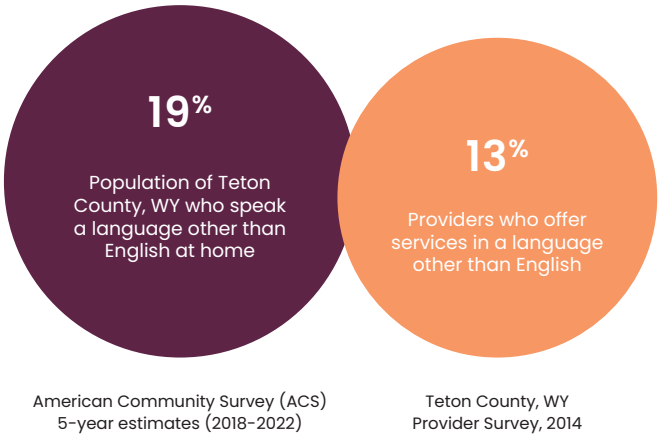
Figure 24: Percent of Providers with a Sliding Fee Scale

For people who pay for their own appointments, do you offer a sliding scale based on the ability to pay?



A vital component of offering culturally and linguistically competent levels of care and increasing health equity is a provider workforce representing the community they serve. Only 13 percent of those surveyed provide services in a language other than English, a decrease of 6 percent since 2021. This is in comparison to approximately 19 percent of the population identified through the American Community Survey in 2022, which indicates a broader range of Teton County residents speak a language other than English in the home (see Figure 25).

Figure 25: Language Other Than English Provider to Population Comparison



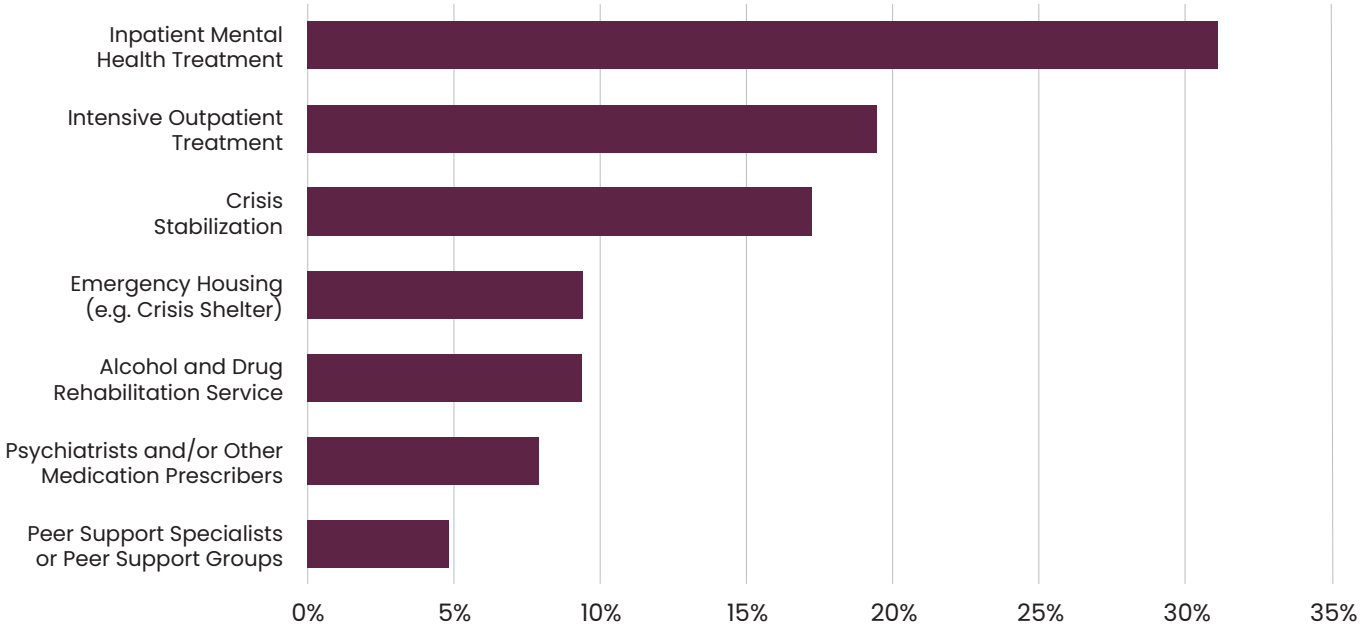
The 2021 report highlighted the need for an inpatient mental health facility for adults. As illustrated in Figure 26, Teton County providers still cite inpatient mental health treatment as the biggest gap in the community in their 2024 survey responses. This level of care, where patients can receive 24-hour support and treatment for acute behavioral health challenges, continues to be a need for Teton County. The following two highest, and the only remaining two choices chosen by 10 percent or more of providers, were intensive outpatient treatment (IOPT) and crisis stabilization. Together, those three choices made up about 67 percent of all responses. Since the 2021 survey, Teton County has seen an increase in service offerings throughout the region including two examples of increased access to IOPT and crisis stabilization. Mental Health and Recovery Services of Jackson Hole operates IOPT Programs for adults and adolescents with group sessions, individual and group therapy, and case management offered daily, Monday-Friday.

In addition, the Mountain House, operated by Mental Health and Recovery Services of Jackson Hole, provides intensive, wrap-around support for people experiencing severe or chronic mental health issues in a drop-in environment. The need for additional IOPT programs and crisis stabilization services continues to be cited by providers across the county.

The 2024 survey asked providers about resource gaps within their organizations. Over 20 percent of providers chose administrative support as their top resource need. However, when combining providers' first and second choices, respondents identified grant funding and peer support networks as the most significant gaps. This is comparable to providers' responses in 2021, when about half of the providers surveyed reported peer support as the most needed resource for their practice. Each of these resources helps to address gaps in services, sustainability, and enhanced productivity, leading to better outcomes for the individuals served.

Figure 26: Identified Gaps in Care

In your opinion, what is the biggest gap in your community for people in crisis?



Provider Well-Being

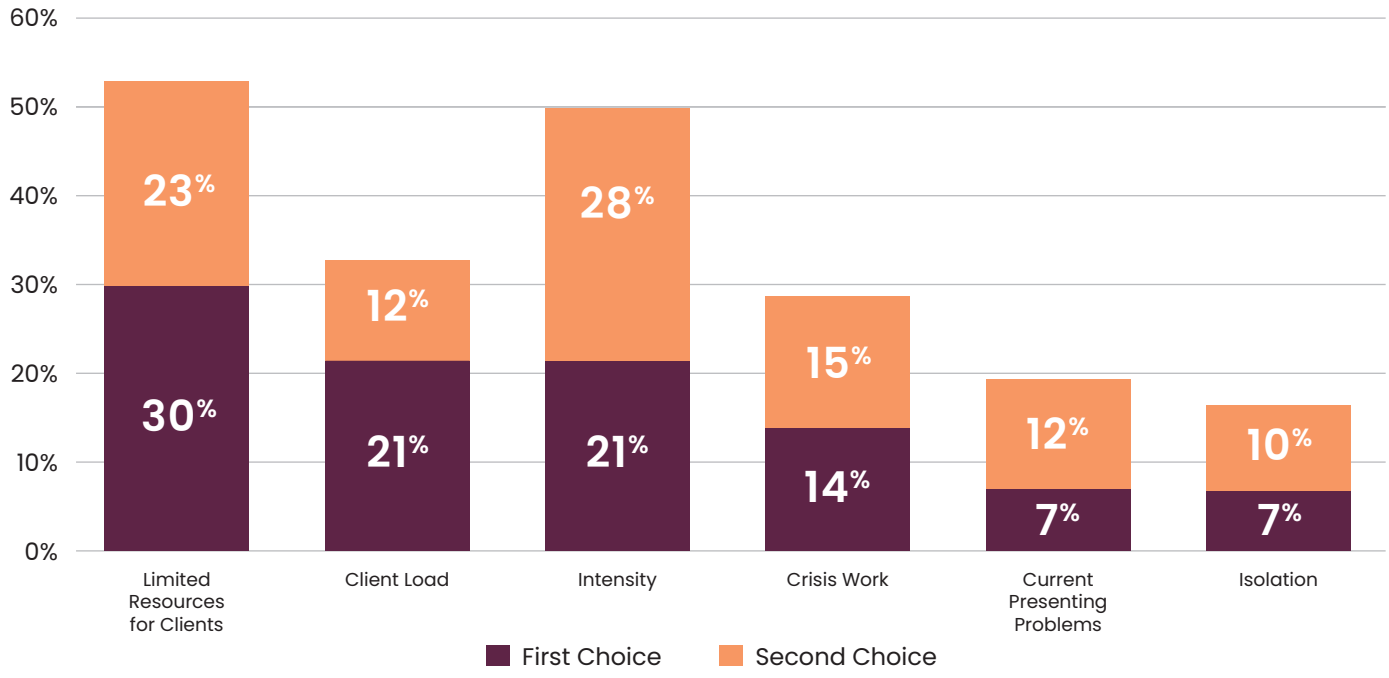
The behavioral health workforce crisis, coupled with the lingering effects of the COVID-19 pandemic, continues to strain provider well-being. The survey asked providers which two factors contribute the most to stress in their work. Providers identified limited resources as the biggest contributor to stress at work. Client load and intensity of work were also ranked highly as sources of stress (see Figure 27). This highlights the need for the continued expansion of services across the county and higher acuity treatment resources to combat the identified rising acuity of mental health needs.

Providers continue to struggle with their own mental health challenges as the effects of the COVID-19 pandemic continue to plague local communities, client needs are more severe, and resources remain limited. The mean number of poor mental health days reported by providers over the past 30 days was 5.3. While this represents an improvement from the survey results of 2021, which found a mean of 7.2 days, it is still worse than the averages reported overall by adults in Wyoming (4.1 days per month) and the United States (4.8 days per month), according to the 2024 Behavioral Risk Factor Surveillance System (BRFSS) data.

Furthermore, over 20 percent of providers reported 10 or more poor mental health days per month. These data point to the need for additional wellness supports for behavioral health providers.

Figure 27: Factors Impacting Provider Stress

Which TWO factors are the biggest contributors to stress in your work?



Implications for Teton County

The community survey and provider survey offer insights that can help inform a strategic planning process to improve the quality of life, mental well-being, and access to behavioral health services in Teton County. The following recommendations are intended as a starting point for discussion; they do not represent any firm decisions or strategic planning goals, as THS has not been engaged in those efforts to date.

Recommendation 1: Focus on behavioral health equity

Survey data revealed disparities in behavioral health needs and access to care, particularly for Latine/Hispanic community members. This points to the need for Teton County to focus efforts on improving behavioral health equity. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health equity as the right of all individuals, regardless of race, age, ethnicity, gender, disability, socioeconomic status, sexual orientation, or geographical location, to access high-quality and affordable services and support.

The Alliance could adopt several strategies to advance behavioral health equity. The first is to conduct a targeted outreach and anti-stigma campaign, with messaging available in both English and Spanish. This may help normalize discussing behavioral health concerns, promote help-seeking behaviors, and build a greater sense of community.

Second, only 13 percent of providers currently offer services in a language other than English. To move the needle on this statistic, Teton County and the Alliance could promote and incentivize the Culturally and Linguistically Appropriate Services (CLAS) standards. CLAS are required for federally funded programs and provide a framework for meeting the needs of diverse populations. Similarly, the Alliance could invest in cultural competency training and workforce recruitment to expand health care access for underserved populations. Organizations that offer a recruitment incentive or bilingual pay differential may be more likely to recruit and retain bilingual, bicultural staff.

Third, only 11 percent of providers who responded to the survey offer after-hours care, and only 50 percent accept Medicaid. These limitations represent significant access barriers for historically underserved populations and contribute to health disparities. The Alliance should explore opportunities to incentivize providers to make services more accessible through expanded hours, locations, or modalities. Furthermore, continued advocacy is needed with the State of Wyoming to maximize federal matching funds and expand Medicaid, the primary coverage source for people with serious behavioral health conditions.

Lastly, behavioral health equity means ensuring all community members can be as healthy as possible. Often, this involves addressing social determinants of health—such as employment and housing stability, insurance status, and access to services—all of which impact behavioral health outcomes. It will be important for behavioral health strategic planning efforts to be connected to and coordinated with other efforts in Teton County related to economic well-being. Partnerships with community-based organizations serving Latine populations will be critical to reducing behavioral health disparities.

Recommendation 2: Increase prevention and early intervention activities

The survey findings indicate there is a need for additional activities that address prevention at the primary, secondary, and tertiary levels.

The Alliance could coordinate more sober or substance-free social activities, with the dual aims of increasing social connectedness while reducing the perception that alcohol is essential for communal activities in the county. These may be particularly beneficial to young adults and middle age cohorts in the community. Health fairs that include mental health and substance use treatment providers, twelve-step groups or other affinity and support groups, public service announcements, earned and paid media, and other messaging tactics could be used to help build public awareness of local resources.

The Alliance could also promote workplace wellness campaigns and increased mental health and substance use screenings in primary care, schools, and other community-based settings. Positive screenings should be accompanied by referrals or warm hand-offs to services. Peer support/recovery support specialists, community health workers, and other non-licensed health professionals can play a critical role in engaging community members, building life skills, and preventing behavioral health conditions from escalating. These are proven tactics to reduce stigma and promote early intervention.

Recommendation 3: Assess the existing continuum of behavioral health care and conduct a market analysis

As discussed earlier in this report, respondents to the provider survey in 2021 and 2024 cited inpatient mental health treatment as the biggest gap in the community. Intensive outpatient treatment (IOPT) and crisis stabilization were also identified as gaps in the treatment continuum. However, these perceived needs have yet to be supported through a thorough community needs assessment, market research, or feasibility/sustainability analysis. Therefore, it is unclear what the level of demand is for inpatient, IOPT, and crisis stabilization services and what resources would be needed to develop and sustain such services. Many rural or mountain communities find it challenging to maintain bed-based services in fee-for-service payment models, given low client volume or inconsistent number of encounters. Alternative payment models or "firehouse" model financing may support such services. THS recommends Teton County and the Alliance conduct a market analysis and financial modeling to assess the level of demand and the feasibility of supporting services to fill these identified gaps in care.

The Alliance could coordinate learning opportunities for local behavioral health providers and agencies to learn from each other about how to implement best practices for communities in alignment with national guidelines. SAMHSA's National Guidelines for Behavioral Health Crisis Care (2020) and its National Guidelines for Child and Youth Behavioral Health Crisis Care (2022) offer detailed best practices for communities. These are increasingly recognized as the essential principles for a modern behavioral health crisis system and provide a guiding vision and overarching framework for Teton County and the Alliance to use with partners and constituents.

Recommendation 4: Build on the findings

THS recommends that the Alliance build on the existing findings and utilize additional tactics to obtain a more robust understanding of behavioral health needs in Teton County. First, a comprehensive review of how questions are worded and ordered in the community and provider surveys would be helpful. Second, it would be helpful to add questions about substance use (beyond alcohol). Third, including a larger pool of respondents would help mitigate confidentiality concerns and facilitate a deeper analysis of health disparities, such as for LGBTQ+ populations. Lastly, the surveys could be augmented with key informant interviews, focus groups, or facilitated town hall conversations to provide more in-depth information about needs, barriers, and potential solutions to fill gaps in care.

Recommendation 5: Explore the feasibility of bolstering peer supports and other services from non-licensed behavioral health professionals

A peer (also known as "peer specialist" or "peer recovery specialist") is someone with the lived experience of recovery from a mental health condition, substance use disorder, or both. They provide non-clinical support to others experiencing similar challenges. By sharing their lived experience and practical guidance, peers help people develop personal goals, access community resources, and take concrete steps towards building fulfilling, meaningful lives. Peers can also be essential in reaching and engaging people with behavioral health needs who may not otherwise be accessing services.

Nationally, the importance of peers and other non-licensed behavioral health professionals is increasingly recognized. The provider survey identified the need for additional peer support in Teton County. THS recommends that the Alliance and its community partners explore the feasibility of building additional peer support through training, grant funding, and third-party billing.

Conclusion

The behavioral health landscape across the nation, and especially in rural mountain communities, is characterized by significant challenges related to the lingering effects of the COVID-19 pandemic, rising demand for behavioral health services, the behavioral health workforce crisis, and barriers to access care. Addressing these issues requires a comprehensive approach that considers the unique needs and circumstances of rural mountain populations to ensure services are accessible in a timely manner and in culturally responsive ways.

THS' analysis found some concerning trends, such as increases in the number of poor mental health days, increases in the number of respondents who indicated that they were not able to access needed services, decreases in the number of providers offering after-hours care, and a small pool of providers who offer services in a language other than English. Furthermore, the data show a heavy reliance on alcohol in social activities in the county and increases in people indicating that substance use has been problematic in their life or the life of a loved one.

Teton County has a unique opportunity to address the behavioral health needs of community members. The survey findings and this analysis should help inform strategic planning efforts in response to identified needs. THS advises that the Alliance focus its efforts on improving health equity, increasing prevention and early intervention, assessing the existing behavioral health continuum of care and conducting a market analysis, and building on the findings through refinements to the surveys and additional qualitative research.

Endnotes

i Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

ii Substance Abuse and Mental Health Services Administration. (2023). Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/report/2022-nsduh-annual-national-report

iii Trilliant Health. (2023). Trends Shaping the Health Economy. Retrieved from https://www.trillianthealth.com/reports/2023-health-economy-trends

iv Trilliant Health. (2023). Trends Shaping the Health Economy. Retrieved from https://www.trillianthealth.com/reports/2023-health-economy-trends

v Trilliant Health. (2023). Trends Shaping the Health Economy. Retrieved from https://www.trillianthealth.com/reports/2023-health-economy-trends

vi American Academy of Pediatrics (2021). AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. Retrieved from https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/

vii National Institute of Mental Health (2023). Major Depression. Retrieved from https://www.nimh.nih.gov/health/statistics/major-depression

viii Center for Behavioral Health Statistics and Quality. (2021). Racial/ethnic differences in mental health service use among adults and adolescents (2015-2019) (Publication No. PEP21-07-01-002). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/

ix Ahmad FB, Cisewski JA, Rossen LM, Sutton P. (2024) Provisional drug overdose death counts. National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

x Reinert, M, Fritze, D. & Nguyen, T. (October 2022). "The State of Mental Health in America 2023" Mental Health America, Alexandria VA. Retrieved from https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf

xi National Council for Mental Wellbeing (2023). Behavioral Health Workforce Shortage will Negatively Impact Society. Retrieved from https://www.thenationalcouncil.org/news/help-wanted/

xii National Council for Mental Wellbeing (2023). Behavioral Health Workforce Shortage will Negatively Impact Society. Retrieved from https://www.thenationalcouncil.org/news/help-wanted/

xiii National Council for Mental Wellbeing (2023). Behavioral Health Workforce Shortage will Negatively Impact Society. Retrieved from https://www.thenationalcouncil.org/news/help-wanted/

xiv Milliman (2019). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Retrieved from https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

xv Milliman (2019). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Retrieved from https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

xvi Milliman (2019). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Retrieved from https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

xvii Milliman (2019). Addiction and mental health vs. physical health: Widening disparities in network use and provider reimbursement. Retrieved from https://assets.milliman.com/ektron/Addiction_and_mental_health_vs_physical_health_Widening_disparities_in_network_use_and_provider_reimbursement.pdf

xviii APA. (2016). 2015 Survey of Psychology Health Service Providers. Retrieved from www.apa.org/workforce/publications/15-health-service-providers.

xix APA. (2016). 2015 Survey of Psychology Health Service Providers. Retrieved from www.apa.org/workforce/publications/15-health-service-providers.

xx HRSA (2024). Health Professional Shortage Areas-Mental Health. Retrieved from https://data.hrsa.gov/ExportedMaps/MapGallery/HPSAMH.pdf

xxi HRSA (2023). Behavioral Health Workforce, 2023. Retrieved from https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/Behavioral-Health-Workforce-Brief-2023.pdf

xxii Trilliant Health. (2023). Trends Shaping the Health Economy. Retrieved from https://www.trillianthealth.com/reports/2023-health-economy-trends

xxiii Centers for Disease Control (2024). Suicide Rates by State. Retrieved from https://www.cdc.gov/suicide/facts/rates-by-state.html

xxiv American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xxv American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xxvi American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xxvii Wyoming Department of Health (2023). Medicaid expansion in Wyoming. Enrollment and cost projections. Retrieved from https://health.wyo.gov/wp-content/uploads/2023/01/J-2023-118-WDH-Medicaid-Expansion-Estimates-2023.pdf

xxviii U.S. News and World Report (2024). How healthy is Teton County, Wyoming? Retrieved from https://www.usnews.com/news/healthiest-communities/wyoming/teton-county

xxix Centers for Disease Control (2018). U.S. Small-area Life Expectancy Estimates Project. Retrieved from https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

xxx Centers for Disease Control (2018). U.S. Small-area Life Expectancy Estimates Project. Retrieved from https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html

xxxi American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xxxii American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xxxiii Centers for Disease Control (2022). BRFSS Prevalence & Trends Data. Retrieved from https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByLocation&rdProcessAction=&SaveFileGenerated=1&irbLocationType=States&islLocation=56&islState=&islCounty=&islClass=CLASS01&islTopic=TOPIC03&islYear=2022&hidLocationType=States&hidLocation=56&hidClass=CLASS01&hidTopic=TOPIC03&hidTopicName=Alcohol+Consumption&hidYear=2022&irbShowFootnotes=Show&rdICL-iclIndicators=DRNKANY6&iclIndicators_rdExpandedCollapsedHistory=&iclIndicators=DRNKANY6&hidPreviouslySelectedIndicators=&DashboardColumnCount=1&rdShowElementHistory=&rdScrollX=0&rdScrollY=0&rdRnd=3015

xxxiv Centers for Disease Control (2022). United States Diabetes Surveillance System. Retrieved from https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html

xxxv Centers for Disease Control (2020). National Vital Statistics System-Mortality. Retrieved from https://wonder.cdc.gov/wonder/help/ucd.html

xxxvi Kaiser Family Foundation (2021). Mental Health in Wyoming. Retrieved from https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/wyoming/

xxxvii Kaiser Family Foundation (2021). Mental Health in Wyoming. Retrieved from https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/wyoming/

xxxviii American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xxxix American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xl American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xli American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xlii American Community Survey (2023). Teton County, Wyoming. Retrieved from https://data.census.gov/table?q=DP03&g=050XX00US56039

xliii County Health Rankings and Roadmap (2024). Teton, Wyoming. Retrieved from https://www.countyhealthrankings.org/health-data/wyoming/teton?year=2024

Teton
Behavioral
Health
Alliance

THIRD HORIZON
STRATEGIES

Community Foundation
OF JACKSON HOLE

Appendices

THE TETON BEHAVIORAL HEALTH ALLIANCE
2024 Quality of Life and Behavioral Health Survey

The Teton Behavioral Health Alliance is conducting this survey as part of a project studying ways to improve the quality of life in your community.

Please read each question and select your desired response.

1. Please indicate the ZIP Code area that you live in.

83001
83002
83011
83012
83013
83014
83025
83414
83422
83424
83452
83455
83110
83128
My ZIP Code Is Not Listed

The next questions are about gender identity. We ask these questions in order to better understand the health and health care needs of people with different gender identities.

3. What is your gender? (If your gender is not listed, please self-describe in the box provided.)

Female
Male
Nonbinary
Agender
Prefer Not to Say
Self-Describe _____

29. Do you identify as transgender? (Transgender is a term that refers to people whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth.)

Yes
No
Prefer Not to Say

(End of Series)

4. The next questions are about life in your community. For the purposes of this study, please consider "your community" to be your neighborhood.

Overall, how would you rate your community as a place to live? Would you say:

Excellent
Very Good
Good
Fair
Poor

The next statements are about life in your community. Again, for the purposes of this study, please consider "your community" to be your neighborhood.

How well do each of the following statements represent how you feel about your community: _____ Would you say:

5. I can trust people in this community.

Completely
Mostly
Somewhat
Not At All

6. I put a lot of time and effort into being part of this community.

Completely
Mostly
Somewhat
Not At All

7. Being a member of this community is part of my identity.

Completely
Mostly
Somewhat
Not At All

(End of Series)

How often do you feel: _____Would you say:

8. That You Lack Companionship

Often
Some of the Time
Hardly Ever

9. Left Out

Often
Some of the Time
Hardly Ever

10. Isolated From Others

Often
Some of the Time
Hardly Ever

(End of Series)

To what extent do you agree or disagree with each of the following statements: _____ Do you:

11. People in this community are generally caring and sympathetic to people with mental health concerns.

Strongly Agree
Somewhat Agree
Neither Agree Nor Disagree
Somewhat Disagree
Strongly Disagree

12. Generally, it is easy for people in this community to talk about mental health or emotional challenges.

Strongly Agree
Somewhat Agree
Neither Agree Nor Disagree
Somewhat Disagree
Strongly Disagree

(End of Series)

302. In general, what do you feel creates the biggest challenge for your mental well-being? (If your preferred response is not listed, please write your answer in the space provided.)

Nothing
Discrimination
Employment/Job Security
Family Stress
Finding or Paying for Child Care
Food Security
Housing (Cost, Availability)
Loneliness
Medical Needs
Stress at Work
Transportation-Related Issues
Other _____

13. During the past 12 months, was there any time when you needed mental health treatment or services for yourself?

Yes

(SKIP to 18) No

303. What kind of provider or service were you looking for? (If your preferred response is not listed, please write your answer in the space provided.)

(SKIP to 18)

I Didn't Look for Services
AA/Substance Abuse Support Group
Counselor/Therapist (In-Person)
Counselor/Therapist (Remote)
Detoxification Program
Family Therapy
Group Therapy
Hospital Service Provider
Inpatient/Residential Mental Health or Substance Use Facility
Intensive Outpatient Care
Primary Care Provider
Psychiatrist (In-Person)
Psychiatrist (Remote)
Social Worker
Suicide Hotline
Other _____

14. Were you able to get the treatment or services that you needed?

(SKIP to 18) Yes

No

15. What would you say was the main reason that you did not get these services? (If your preferred response is not listed, please write your answer in the space provided.)

Confidentiality Concerns

Cost

Didn't Need Treatment

Don't Know Where to Go

Health Insurance Doesn't Cover at All

Health Insurance Has High Deductible

Health Insurance Has Only Partial Coverage

Inconvenient Hours

Job-Related Concerns

Location

No Time

Lack of/No Transportation

Stigma

Treatment Wouldn't Help

Worried About Treatment

Other _____

16. For what other reason did you not get these services? (If your preferred response is not listed, please write your answer in the space provided.)

Confidentiality Concerns
Cost
Didn't Need Treatment
Don't Know Where to Go
Health Insurance Doesn't Cover at All
Health Insurance Has High Deductible
Health Insurance Has Only Partial Coverage
Inconvenient Hours
Job-Related Concerns
Location
No Time
Lack of/No Transportation
Stigma
Treatment Wouldn't Help
Worried About Treatment
Other _____

17. Was there any other reason? (If your preferred response is not listed, please writee your answer in the box provided.)

Confidentiality Concerns
Cost
Didn't Need Treatment
Don't Know Where to Go
Health Insurance Doesn't Cover at All
Health Insurance Has High Deductible
Health Insurance Has Only Partial Coverage
Inconvenient Hours
Job-Related Concerns
Location
No Time
Lack of/No Transportation
Stigma
Treatment Wouldn't Help
Worried About Treatment
Other _____

18. Still thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days would you say your mental health was <u>not</u> good?

Number of Days:_____

19. Are you aware of any providers, programs, or resources available in this community to help people with mental health concerns?

Yes
No

20. If you needed mental health services in the future, how likely would you be to reach out to local providers, programs, or resources for help? Would you be:

Very Likely
Somewhat Likely
Not At All Likely

21. Currently, mental health providers offer teletherapy visits, in which a patient uses a computer or smartphone to communicate with a mental health professional in real time without being face-to-face.

If teletherapy were available to you at a cost you could afford, how likely would you be to use this type of visit for mental health or substance abuse support? Would you be:

Very Likely
Somewhat Likely
Not At All Likely

304. This question is about sexual violence. This is an important public health issue, but we realize that it can be a difficult topic to confront.

Have you ever been forced or coerced into sexual activity without your consent in Teton County, Wyoming? This could be with an intimate partner or not.

Yes
(SKIP to 22) No

As mentioned, this is a sensitive topic and help is available. If you or someone you know wants to talk to someone, the Community Safety Network has a 24-hour support line that is confidential and free. That number is 307-773-SAFE (7233). More information can also be found by visiting this website: https://csnjh.org/

22. The next question is about alcohol as it relates to your community. What is your level of agreement or disagreement with the following statement:

"For most people in this community, alcohol is important to social life."

Do you:

Strongly Agree
Somewhat Agree
Neither Agree Nor Disagree
Somewhat Disagree
Strongly Disagree

23. The next few questions are about your own alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During a typical month, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

(NOTE: A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)

Number:_____

NOTE:	If Q23 is "0", "Don't Know/Not Sure", or "Refused", SKIP to 26. All Others, CONTINUE.

24. On the day(s) when you drank, about how many drinks did you have on the average?

Number:_____

25. Considering all types of alcoholic beverages, how many TIMES during a typical month did you have (5 if male, 4 if female) or more drinks on an occasion?

Times:_____

26. To what degree has your life been negatively affected by <u>your own</u> or <u>someone else's</u> substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

A Great Deal
Somewhat
A Little
Not at All

27. This last section of the survey asks for some general information about you.

What is your age?

Age:_____

28. The next question is about sexual orientation. We ask this question in order to better understand the health and health care needs of people with different sexual orientations.

Do you consider yourself to be:

Asexual
Bisexual
Gay
Heterosexual or Straight
Lesbian
Pansexual
Queer
Prefer Not to Say
Self-Describe _____

30. In total, how many people live in this household, including roommates? Please include yourself, all the children and adolescents in the household, and anyone else who lives with you.

Number:_____

31. How many years have you lived or worked in Teton County, Wyoming?

(Please round partial years down. Please enter less than one year as 0.)

Years:_____

32. And, out of the past 12 months, for how many months did you live or work in Teton County, Wyoming? (Please round partial months down. Please enter less than one month as 0.)

Months:_____

33. Do you have any government-assisted health care coverage, such as:

(SKIP to 35)	Medicare
(SKIP to 35)	Medicaid
(SKIP to 35)	Veterans or Military Benefits
(SKIP to 35)	Medicare and Medicaid
	Another Government-Sponsored Program
	No/None of These

34. What type of health insurance do you currently have:

(Please think about insurance plans that cover the cost of doctor and hospital bills in general, and not insurance that covers only dental care, vision care, accidents, or that pays you extra cash while in the hospital.)

Health Insurance You Get Through Your Own or Someone Else's Employer or Union
Health Insurance You Purchase Yourself or Get Through a Health Insurance Exchange Website
No Insurance/You Pay for Health Care Entirely on Your Own
Insurance, But You Are Not Sure of the Type
Government-Assisted Coverage Only

35. What is your marital status? Are you:

Married
Divorced
Widowed
Separated
Never Been Married
A Member of an Unmarried Couple
[Domestic Partnership/Civil Union]

36. Are you of Hispanic or Latine origin, or is your family originally from a Spanish-speaking country?

Yes
No

37. What is your race?

(Please note that this question uses U.S. Census categories, which we recognize are imperfect. If you identify with multiple races, or your racial identity is not listed, please write your answer in the space provided.)

First Nations (American Indian, Alaska Native)
Native Hawaiian, Pacific Islander
Asian
Black/African American
White
Self-Describe _____

305. This question is about your immigration status. We ask this question in order to better understand the health and health care needs of immigrants in our community. Your individual information will not be shared with anyone, including government agencies.

Were you born in the United States?

Yes
No

38. For employment, are you currently:

Employed for Wages at One Job
Employed for Wages at More Than One Job
Self-Employed
Out of Work for More Than 1 Year
Out of Work for Less Than 1 Year
A Homemaker
A Student
Retired
Unable to Work

39. And finally, please select the response below that best describes your total family household income.

Under $13,600
$13,600 to $18,299
$18,300 to $22,999
$23,000 to $27,499
$27,500 to $32,499
$32,500 to $36,899
$36,900 to $41,899
$41,900 to $46,399
$46,400 to $51,399
$51,400 to $55,799
$55,800 to $60,799
$60,800 to $65,199
$65,200 to $74,399
$74,400 to $83,799
$83,800 to $93,299
$93,300 to $102,699
$102,700 to $112,099
$112,100 to $121,599
$121,600 to $130,999
$131,000/Over

That's the last question! Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.

FSG
2024 Provider Survey

The Teton Behavioral Health Alliance is conducting this survey with mental health professionals as part of a community effort to improve quality of life and mental wellbeing. We encourage you to respond to each item as candidly as possible.

Please read each question and select your desired response. If you can't finish this short survey in one sitting, close the window. When you log back on, the survey will take up where you left off. Once you are finished, be sure to click "SEND SURVEY" to make sure your responses are sent to PRC.

1. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days would you say your mental health was NOT good? (0 to 30)

2. Which of the following best describes your background or training? Is it:

   (If your background or training is not shown below, please enter it in the box provided.)

   - ☐ Psychiatry (MD)
   - ☐ Advanced Practice Registered Nurse (APRN), Psychiatric Mental Health Nurse Practitioner (PMHMP)
   - ☐ Licensed Doctoral – Ph.D., PsyD
   - ☐ Licensed Masters –Licensed Prof Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage/Family Therapist (LMFT), Master of Social Work (MSW), Clinical Mental Health Counselor (CMHC)
   - ☐ Provisional Licensure Candidates – Licensed Professional Clinical Counselor (LPCC), Licensed Social Worker (LSW)
   - ☐ Master's Level (But Unlicensed) - MA in Counseling, Licensed Associate Counselor (LAC)
   - ☐ Certified Addiction Counsellor (CAC I-III)
   - ☐ Community Health Workers, Case Managers
   - ☐ Peer Support Specialist or Behavioral Health Aide
   - ☐ Other (Specify)

3. Do you provide mental health services in a language other than English? (Yes/No)
   (If "No ", SKIP to 5)

4. Please select the language(s) that you offer mental health services in from the list provided below. (Mark All That Apply.)

- ☐ Spanish
- ☐ French
- ☐ German
- ☐ Romanian
- ☐ Italian
- ☐ Korean
- ☐ Mandarin
- ☐ Portuguese
- ☐ Russian
- ☐ Tagalog
- ☐ Ukrainian
- ☐ Vietnamese
- ☐ Other Language (Specify Below)

a. Please specify any other language here. (Open-Ended)

5. Please select your area(s) of specialization from the list provided below. (Mark All That Apply.)

- ☐ Anger Management
- ☐ Anxiety Disorders
- ☐ Bi-Polar Disorder I & II
- ☐ Co-Occurring Mental Health and Substance Abuse Disorders (Excluding Obesity and Diabetes)
- ☐ Codependency
- ☐ Court-Ordered/Court-Appointed
- ☐ Depression
- ☐ Divorce
- ☐ Domestic Violence
- ☐ Eating-Food Disorders
- ☐ Faith-Based Counseling
- ☐ Gender Identity
- ☐ Family Counseling
- ☐ Geriatric Counseling
- ☐ Grief
- ☐ LGBQ+
- ☐ Learning Disabilities
- ☐ Motivational Interviewing
- ☐ Maternal Mental Health
- ☐ Medication Management
- ☐ Obsessive-Compulsive Disorder (OCD)
- ☐ Parenting
- ☐ Peer Support Services

- ☐ Personality Disorders
- ☐ Psychological Testing and Evaluation
- ☐ Psychotic Disorders
- ☐ PTSD
- ☐ Relationship Counseling
- ☐ Respite
- ☐ Sexual Abuse
- ☐ Substance Use Disorders
- ☐ Supervision Services for Providers in Training
- ☐ Trauma/Abuse
- ☐ Women's Issues
- ☐ Other Specialization (Specify Below)

a. Please specify any other area of specialization here. (Open-Ended)

6. In your opinion, what is the biggest gap in your community for people in crisis? (This could be something that is either missing entirely or under-resourced.)

(If the biggest gap is not shown below, please enter it in the box provided.)

- ☐ Inpatient Mental Health Treatment
- ☐ Alcohol and Drug Rehabilitation Services
- ☐ Intensive Outpatient Treatment
- ☐ Psychiatrists and/or Other Medication Prescribers
- ☐ Peer Support Specialists or Peer Support Groups
- ☐ Emergency Housing (e.g. Crisis Shelter)
- ☐ Crisis Stabilization

7. Please select the population(s) that you serve from the list provided below. (Mark All That Apply.)

- ☐ Children (Ages 0-11)
- ☐ Adolescents (Ages 12- 17)
- ☐ Young Adults (Ages 18 -25)
- ☐ Gender Diverse/Transgender
- ☐ LGBQ+
- ☐ Immigrants
- ☐ Adults
- ☐ Couples
- ☐ Families
- ☐ Seniors
- ☐ Veterans
- ☐ Members of Military Families
- ☐ First Responders
- ☐ Individuals in the Criminal Justice System
- ☐ Other Population (Specify Below)

a. Please specify any other population you serve here. (Open-Ended)

8. Generally, what days of the week do you see clients? (Mark All That Apply.)

- ☐ Weekdays (Monday-Friday)
- ☐ Weekends (Saturday and Sunday)

9. Generally, when do you see clients? (Mark All That Apply.)

- ☐ Typical Office Hours (9am-5pm)
- ☐ Outside of Typical Office Hours (Before 9am or After 6pm)

10. Which of the following types of visits do you offer? (Mark All That Apply.)

- ☐ In-Person Visits
- ☐ Telephone Only Visits
- ☐ Online Visits with Both Video and Audio

11. Do you accept the following types of insurance?

Medicaid (Yes/No/Not Applicable)
Medicare (Yes/No/Not Applicable)
Commercial/Private Insurance (Yes/No/Not Applicable)
VA or Military Benefits (Yes/No/Not Applicable)

12. For people who pay for their own appointments, do you offer a sliding scale based on the ability to pay? (Yes/No/I Don't Know)

13. Which of the following best describes your current employment?

(If your current employment is not shown below, please enter it in the box provided.)

- ☐ Self-Employed (Independent Private Practice)
- ☐ Employed by a Group Private Practice
- ☐ Hourly/Salaried Staff Employed at an Agency, Social Service, or Non-Profit Organization
- ☐ Both Private Practice AND Agency, Social Service, or Non-Profit Organization
- ☐ Contractor Employed by a Third-Party Providing Services to an Organization
- ☐ Student, Intern, or Trainee
- ☐ Other (Specify Below)

14. On average, how many sessions (appointments) do you provide to clients on a weekly basis (time spent providing direct services to clients)?

- ☐ 0-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51 or More
- ☐ I Don't Know

15. Are you accepting new patients at this time? (Yes/No/I Don't Know)

16. What is the average time between when a new client first reaches out for non-crisis services (e.g., phone call, online appointment request) and their first date of receiving treatment by you?

- ☐ Same Day
- ☐ 1 to 2 Days
- ☐ 3 to 5 Days
- ☐ 6 to 7 Days
- ☐ 8 to 14 Days
- ☐ 15 to 30 Days
- ☐ 31 to 60 Days
- ☐ More Than 60 Days
- ☐ I Don't Know

302. In which of the following counties do you provide mental health services? (Mark All That Apply) (Teton County, WY, Teton County, ID, Sublette County, WY, Lincoln County, WY)

303. Please indicate below which factors are the BIGGEST CONTRIBUTORS OF STRESS in your work.

- Factor That Contributes the MOST: (Client Load/Intensity/Crisis Work/Current Presenting Problems/Isolation/Limited Resources for Clients)
- SECOND Most Contributing Factor: (Client Load/Intensity/Crisis Work/Current Presenting Problems/Isolation/Limited Resources for Clients)
- THIRD Most Contributing Factor: (Client Load/Intensity/Crisis Work/Current Presenting Problems/Isolation/Limited Resources for Clients)
- FOURTH Most Contributing Factor: (Client Load/Intensity/Crisis Work/Current Presenting Problems/Isolation/Limited Resources for Clients)
- FIFTH Most Contributing Factor: (Client Load/Intensity/Crisis Work/Current Presenting Problems/Isolation/Limited Resources for Clients)
- SIXTH Most Contributing Factor: (Client Load/Intensity/Crisis Work/Current Presenting Problems/Isolation/Limited Resources for Clients)

304. In the past 12 months, which of the following resources do you feel you/your organization lacked most significantly?
(If the resource you/your organization lacks the most is not shown below, please enter it in the box provided.)

A. Resource #1:

- Administrative Support
- Continuing Education Opportunities
- Grant Funding
- Non-Subsidized Clients
- Office Space
- Peer Support Networks or Groups
- Steady Client Load

B. Resource #2:

- Administrative Support
- Continuing Education Opportunities
- Grant Funding
- Non-Subsidized Clients
- Office Space
- Peer Support Networks or Groups
- Steady Client Load

305. In the spaces below, please list up to 2 training opportunities that you would like to see offered for local providers.

1. Training Opportunity #1:
2. Training Opportunity #2:

306. In the spaces below, please list up to 2 training or informational sessions that would be useful to the community at large.

1. Training or Informational Session #1:
2. Training or Informational Session #2:

The last questions are about gender, sexual orientation, race, and ethnicity. We strive to ensure that providers in our community represent the full diversity of the community. We are asking the following questions to ensure that we meet this goal.

17. What is your gender?
(If your gender is not listed, please self-describe in the box provided.)

- ☐ Female
- ☐ Male
- ☐ Non-Binary
- ☐ Agender
- ☐ Prefer Not to Say

18. Do you identify as transgender?

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say

19. Do you consider yourself to be:
(If your sexual orientation is not listed, please self-describe in the box provided.)

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual or Straight
- ☐ Lesbian
- ☐ Pansexual
- ☐ Queer
- ☐ Prefer Not to Say

20. What is your race? (Please note that this question uses U.S. Census categories, which we recognize are imperfect. If you identify with multiple races, or your race is not listed, please type your response in the box provided.)

- ☐ First Nations (American Indian or Alaska Native)
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer Not to Say

21. Are you of Hispanic or Latine origin, or is your family originally from a Spanish-speaking country?

- ☐ Yes
- ☐ No
- ☐ Prefer Not to Say
- ☐ I Don't Know

22. And finally, is there anything else you would like to share about the behavioral health needs in your community? (Open-Ended)

Thank you for your time and cooperation in completing this confidential survey. Have a great day!

THIRD HORIZON STRATEGIES

Preliminary Survey Data Analysis

Teton Behavioral Health Alliance

May 24, 2024

1

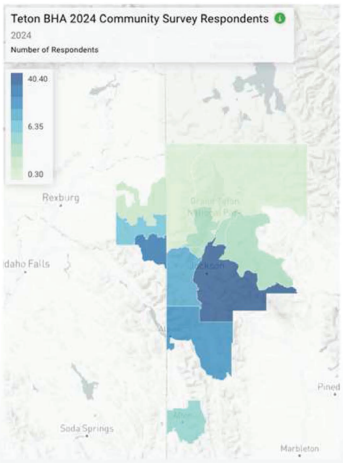
THIRD HORIZON STRATEGIES

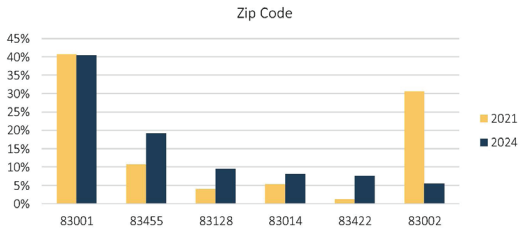
Community Survey

Overview

2

2024 Community Survey: **Place of Residence**

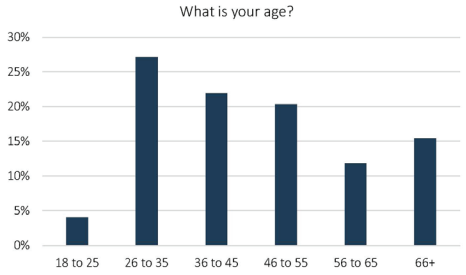


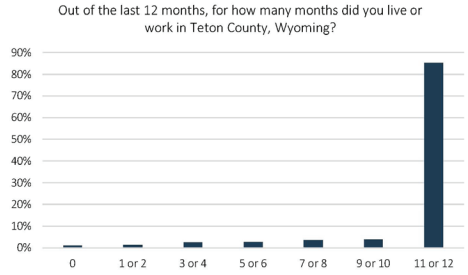


NOTES
Some survey responses may have been excluded due to a few selections.

3

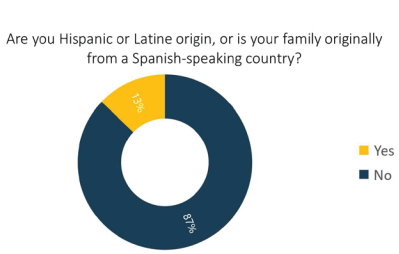
Community Survey: **Background**

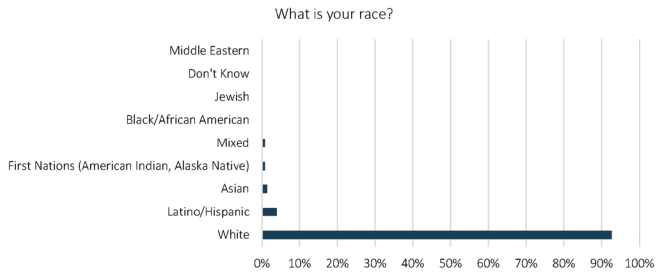




4

2024 Community Survey: **Background**

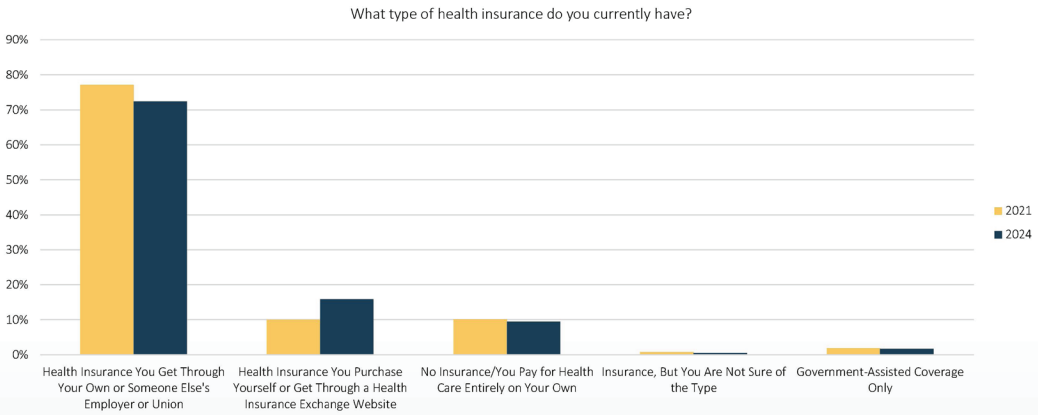




NOTES
Some survey responses may have been excluded due to a few selections.

5

Community Survey: **Insurance**



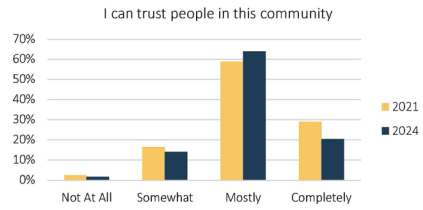
NOTES
Some survey responses may have been excluded due to a few selections.

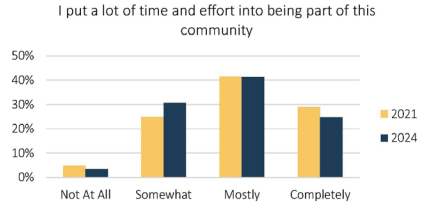
6

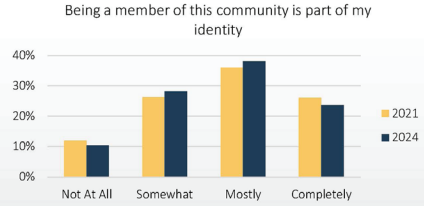
Community Survey: **Community**

THIRD HORIZON STRATEGIES

How well do each of the following statements represent how you feel about your community:







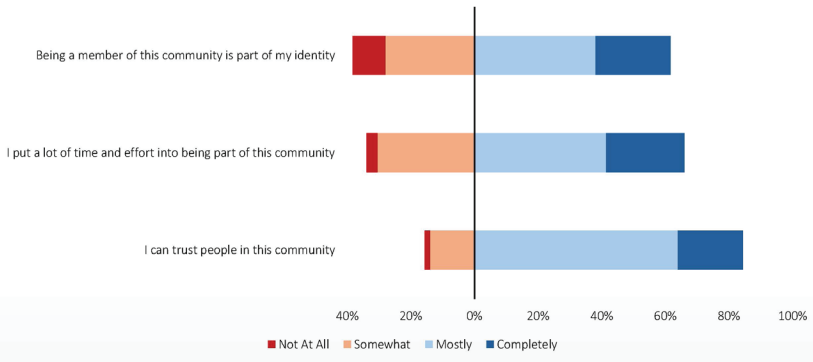
NOTES
Some survey responses may have been excluded due to a few selections.

7

Community Survey: **Community**

THIRD HORIZON STRATEGIES

How well do each of the following statements represent how you feel about your community:



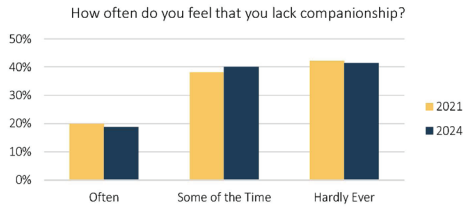
NOTES
Some survey responses may have been excluded due to a few selections.

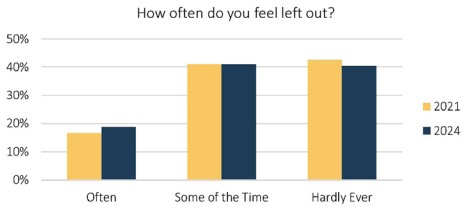
8

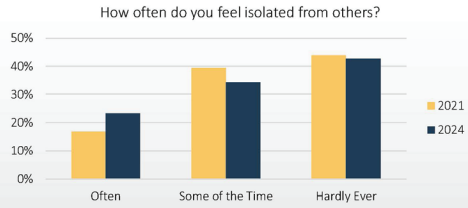
Community Survey: **Community**

THIRD HORIZON STRATEGIES

How well do each of the following statements represent how you feel about your community:



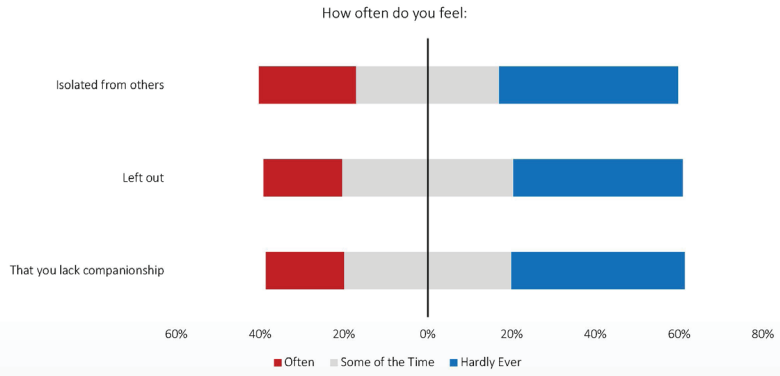




9

Community Survey: **Community**

THIRD HORIZON STRATEGIES

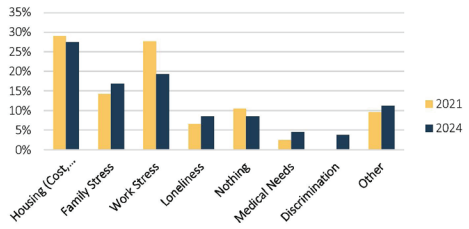


10

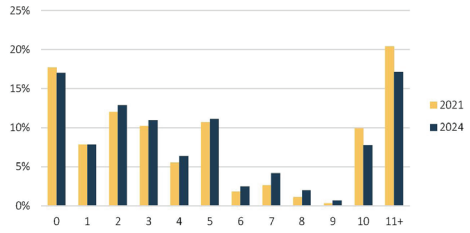
Community Survey: **Mental Health**

THIRD HORIZON STRATEGIES

What do you feel creates the biggest challenge to your mental well-being?



For how many days during the past 30 days would you say your mental health was not good?



2021 mean: 6.8
2024 mean: 7.6

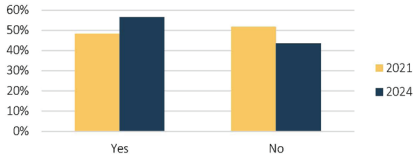
NOTES
Some survey responses may have been excluded due to a few selections.

11

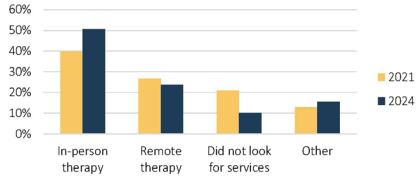
Community Survey: **Mental Health**

THIRD HORIZON STRATEGIES

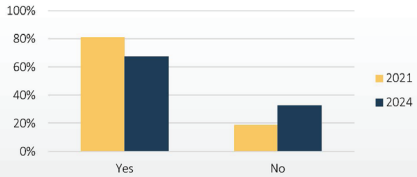
During the past 12 months, was there any time when you needed mental health treatment or services for yourself?



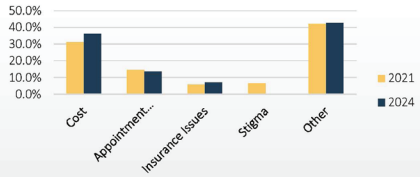
What kind of provider or service were you looking for?



Were you able to get the treatment or services that you needed?



What would you say was the main reason that you did not get these services?

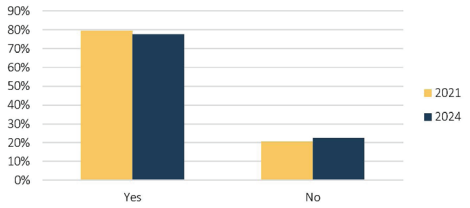


12

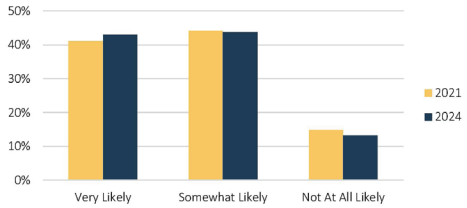
Community Survey: **Mental Health**

THIRD HORIZON STRATEGIES

Are you aware of any providers, programs, or resources available in this community to help people with mental health concerns?



If you needed mental health services in the future, how likely would you be to reach out to local providers, programs, or resources for help?

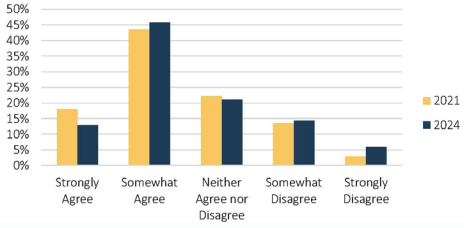


13

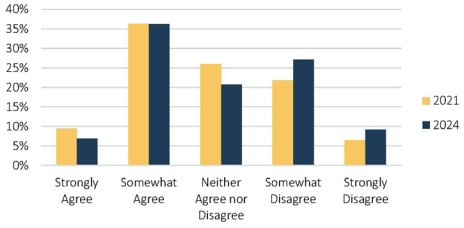
Community Survey: **Mental Health**

THIRD HORIZON STRATEGIES

People in this community are generally caring and sympathetic to people with mental health concerns



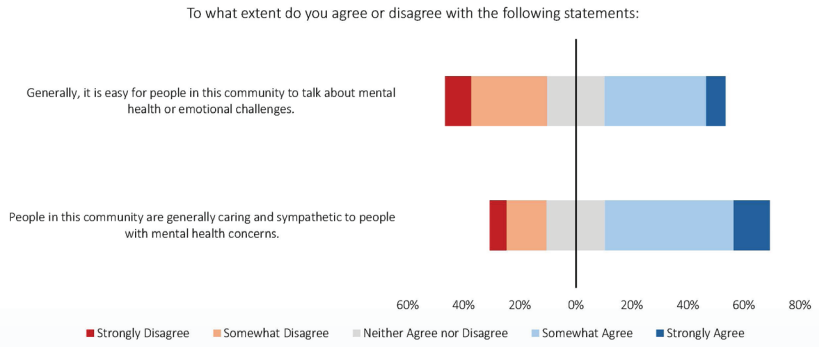
Generally, it is easy for people in this community to talk about mental health or emotional challenges



NOTES
Some survey responses may have been excluded due to a few selections.

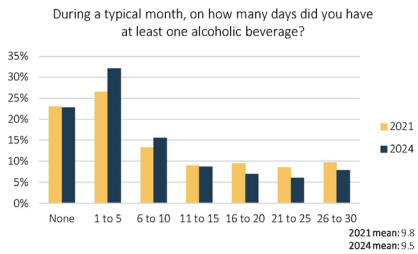
14

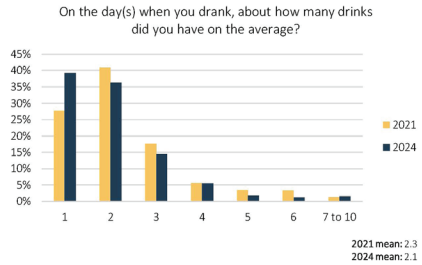
Community Survey: **Mental Health**

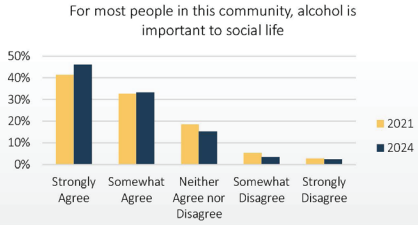


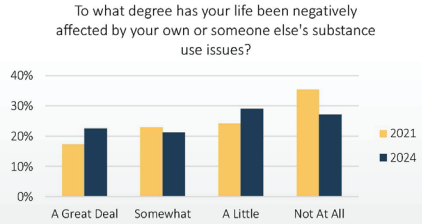
15

Community Survey: **Substance Use**



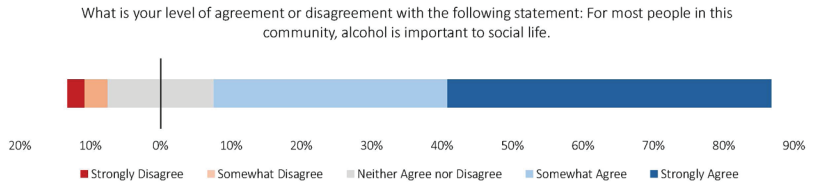


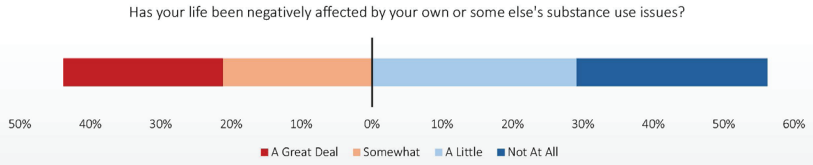




16

Community Survey: **Substance Use**





17

17

2024 Provider Survey

Overview

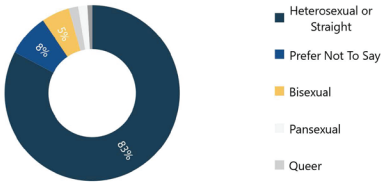
18

18

Provider Survey: **Demographics**

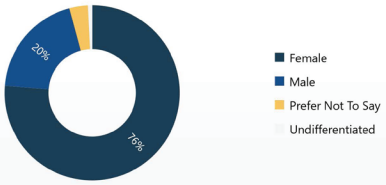
THIRD HORIZON STRATEGIES

What is your sexual orientation?

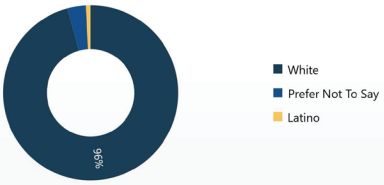


Are you of Hispanic or Latine origin, or is your family originally from a Spanish-speaking country?

What is your gender?



What is your race?



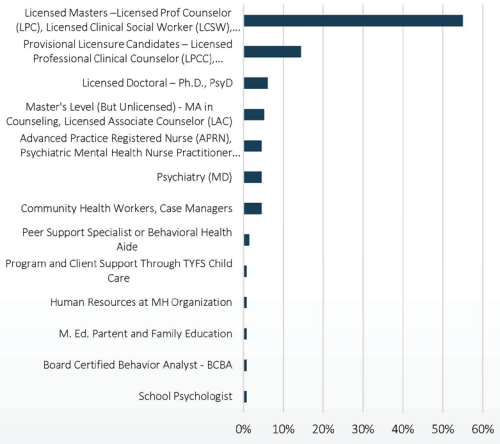
NOTES
Some survey responses may have been excluded due to a few selections.

19

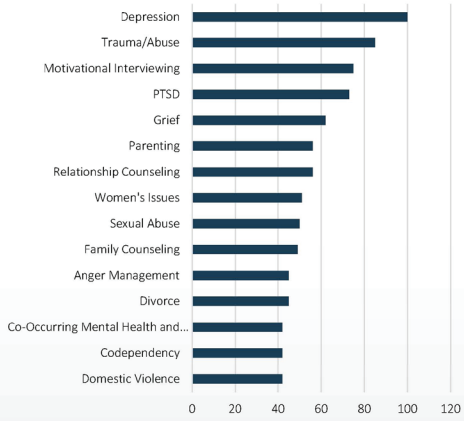
Provider Survey: **Training and Specialty**

THIRD HORIZON STRATEGIES

Which of the following best describes your background or training?



Please select your area(s) of specialization from the list provided below (mark all that apply).



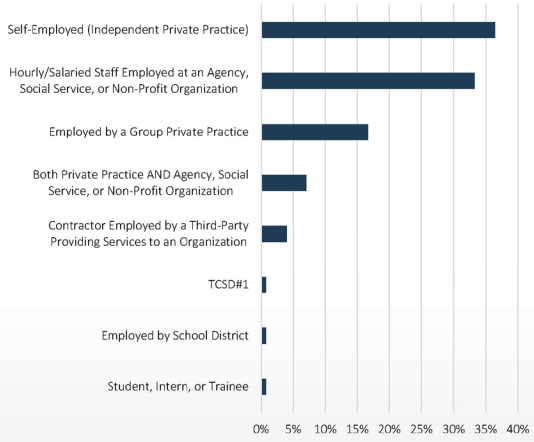
NOTES
Some survey responses may have been excluded due to a few selections.

20

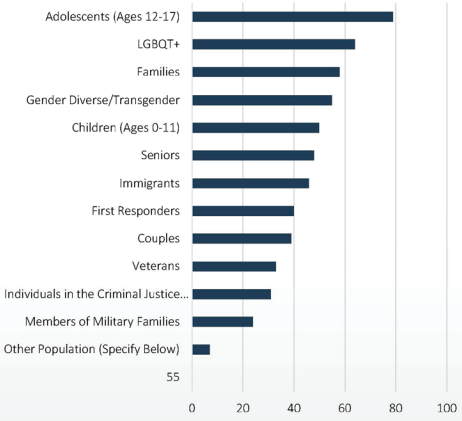
Provider Survey: **Populations Served**

THIRD HORIZON STRATEGIES

Which of the following best describes your current employment?



Please select the population(s) that you serve from the list provided below (mark all that apply).



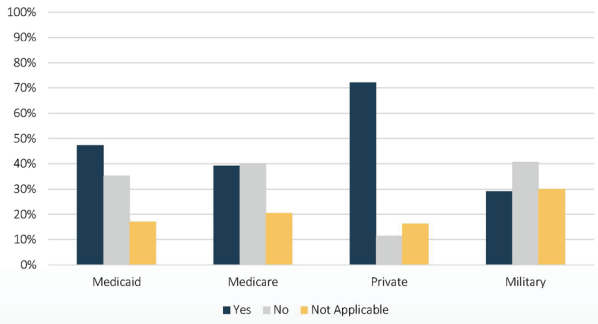
NOTES
Some survey responses may have been excluded due to a few selections.

21

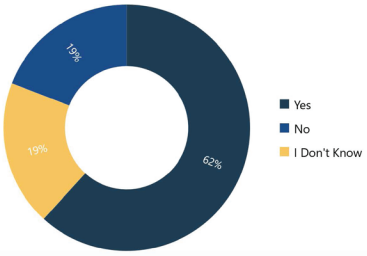
Provider Survey: **Insurance and Payment**

THIRD HORIZON STRATEGIES

Do you accept the following types of insurance?



For people who pay for their own appointments, do you offer a sliding scale based on the ability to pay?



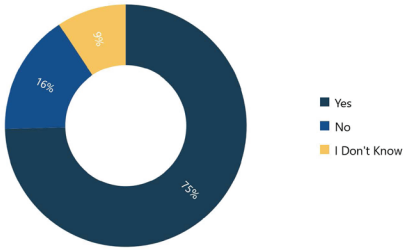
NOTES
Some survey responses may have been excluded due to a few selections.

22

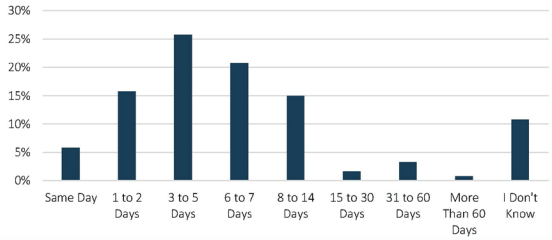
Provider Survey: **Access**

THIRD HORIZON STRATEGIES

Are you accepting new patients at this time?



What is the average time between when a new client first reaches out for non-crisis services (e.g., phone call, online appointment request) and their first date of receiving treatment by you?



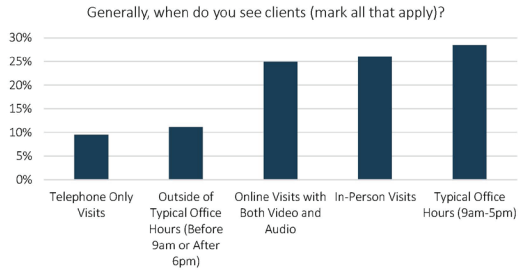
NOTES
Some survey responses may have been excluded due to a few selections.

23

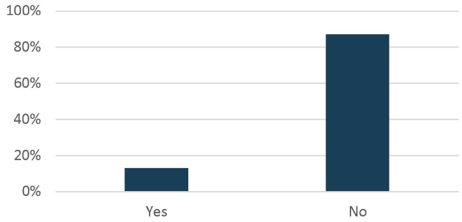
Provider Survey: **Access**

THIRD HORIZON STRATEGIES

Generally, when do you see clients (mark all that apply)?



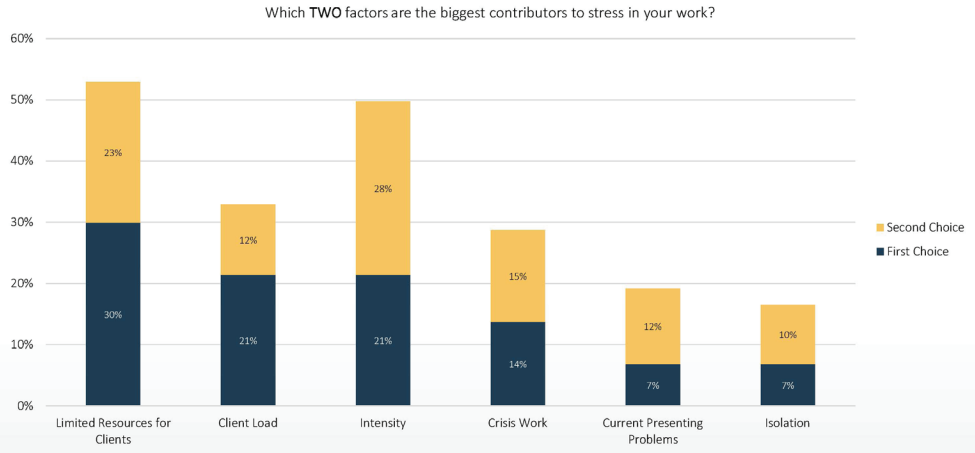
Do you provide mental health services in a language other than English?



NOTES
Some survey responses may have been excluded due to a few selections.

24

Provider Survey: **Work Stress**

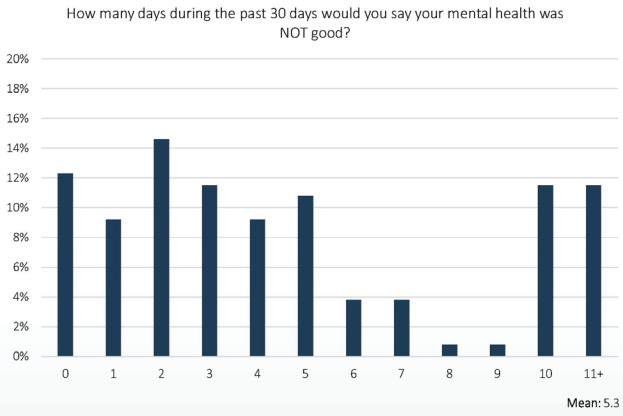


NOTES
Some survey responses may have been excluded due to a few selections.

25

25

Provider Survey: **Provider Mental Health**



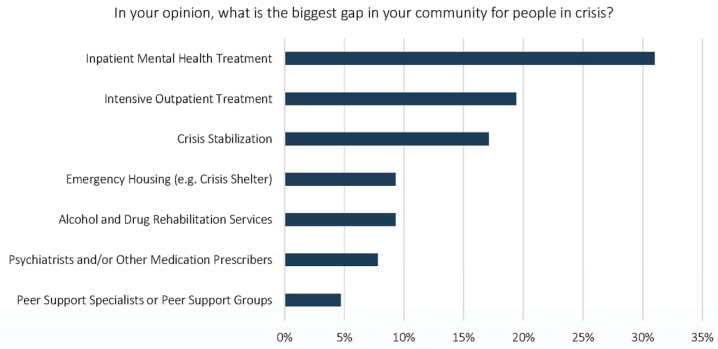
NOTES
Some survey responses may have been excluded due to a few selections.

26

26

Provider Survey: **Community Gaps**

THIRD HORIZON STRATEGIES

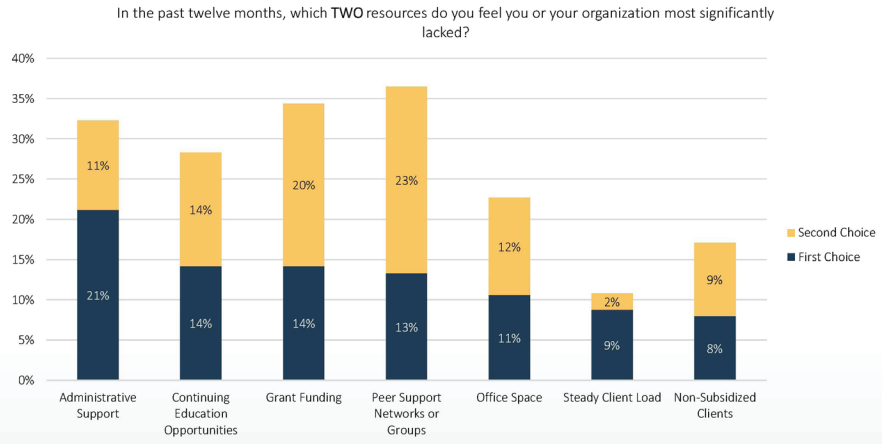


NOTES
Some survey responses may have been excluded due to a few selections.

27

Provider Survey: **Provider Resource Gaps**

THIRD HORIZON STRATEGIES



NOTES
Some survey responses may have been excluded due to a few selections.

28

Demographic

Analysis

29

Demographics: **Overview**

Below are tables outlining the number of 2024 survey respondents by demographics. The demographic splits in the following slides do not include data on sexual orientation, gender other than male and female, and race other than White and Latine (and those who speak Spanish) due to the small number of respondents who identified themselves in groups other than those mentioned above. Not only would including groups with smaller respondent counts be difficult to analyze, but individuals could be identified in some cases because there are such small counts.

Sexual Orientation	Count
Heterosexual or Straight	1,003
Bisexual	57
Asexual	38
Gay	9
Pansexual	8
Queer	8
Lesbian	6
Don't Know	2
Female	2
Aromantic/Asexual	1
Demisexual	1
Grand Total	**1,135**

Gender	Count
Female	827
Male	308
Nonbinary	5
Prefer Not to Say	2
Grand Total	**1,142**

Race	Count
White	1,055
Latino/Hispanic	37
Asian	15
Mixed	14
First Nations (American Indian, Alaska Native)	11
Middle Eastern	1
Don't Know	1
Black/African American	1
Grand Total	**1,135**

Latine or Not	Count
Not Latine or Spanish-speaking	1,025
Latine or Spanish-speaking	117
Grand Total	**1,142**

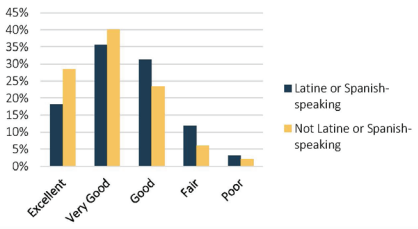
Age	Count
18 to 39	373
40 to 64	551
65+	218
Grand Total	**1,142**

30

Demographics: **Latine**

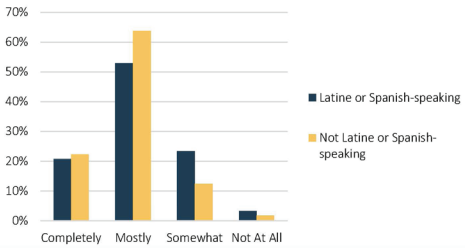
THIRD HORIZON STRATEGIES

How would you rate your community as a place to live?



Latine N = **117**, Non-Latine N = **1,025**

Can you trust members of your community?



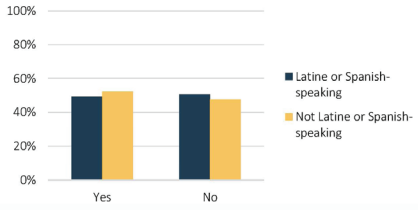
Latine N = **117**, Non-Latine N = **1,022**

31

Demographics: **Latine**

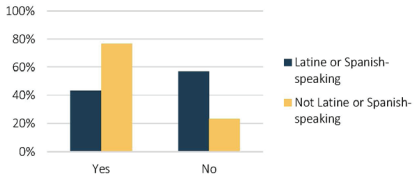
THIRD HORIZON STRATEGIES

During the past 12 months, was there any time when you needed mental health treatment or services for yourself?



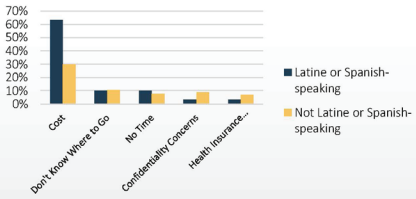
Latine N = **117**, Non-Latine N = **1,025**

Were you able to get the treatment or services that you needed?



Latine N = **59**, Non-Latine N = **484**

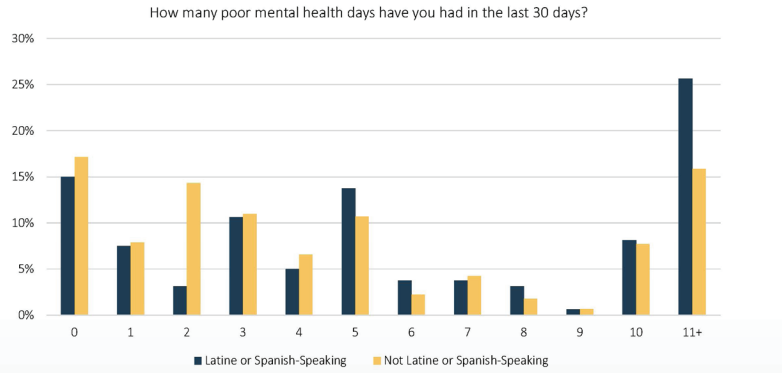
Why did you not get treatment or services?



Latine N = **24**, Non-Latine N = **106**

32

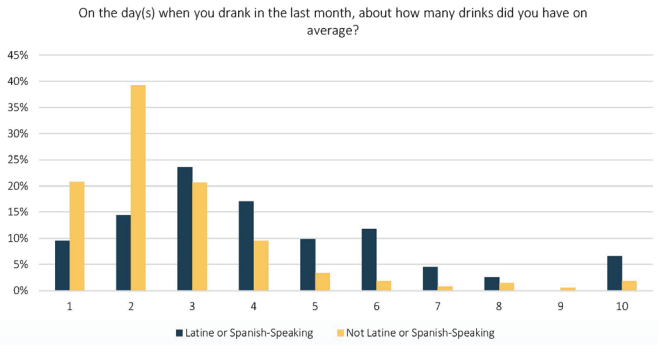
Demographics: **Latine**



Latine N = **160**, Non-Latine N = **1,067**

33

Demographics: **Latine**

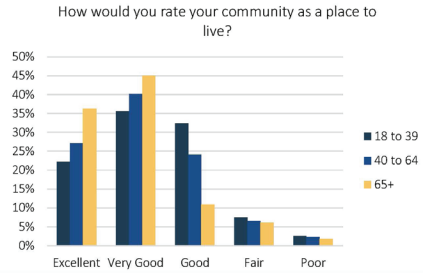


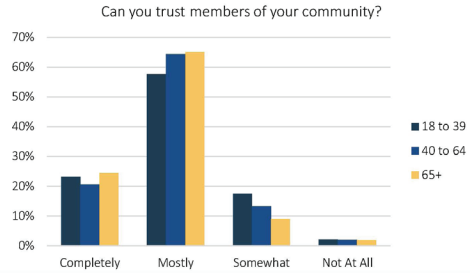
Latine N = **105**, Non-Latine N = **839**

34

Demographics: **Age**

THIRD HORIZON STRATEGIES

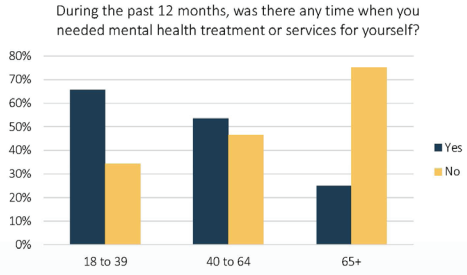


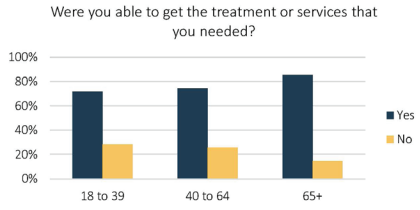


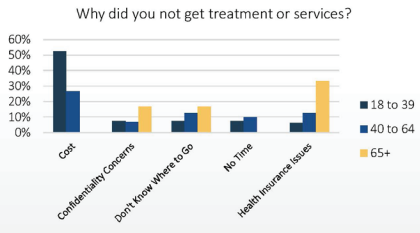
35

Demographics: **Age**

THIRD HORIZON STRATEGIES

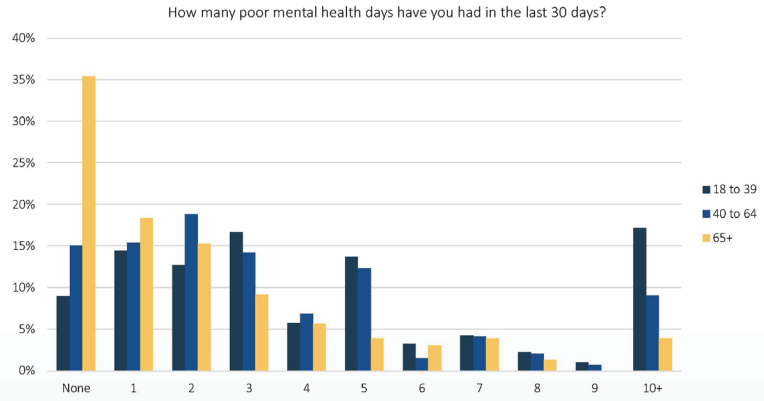






36

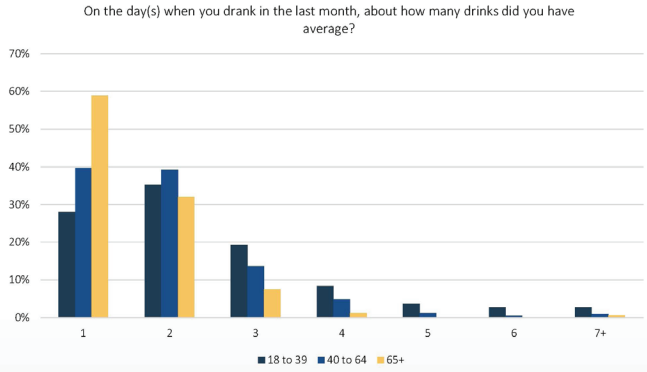
Demographics: **Age**



37

37

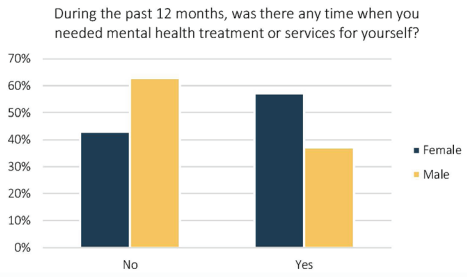
Demographics: **Age**

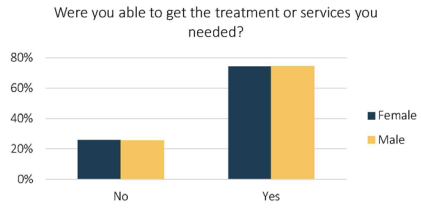


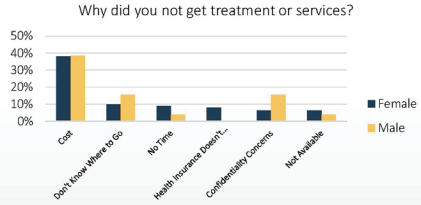
38

38

Demographics: **Gender**



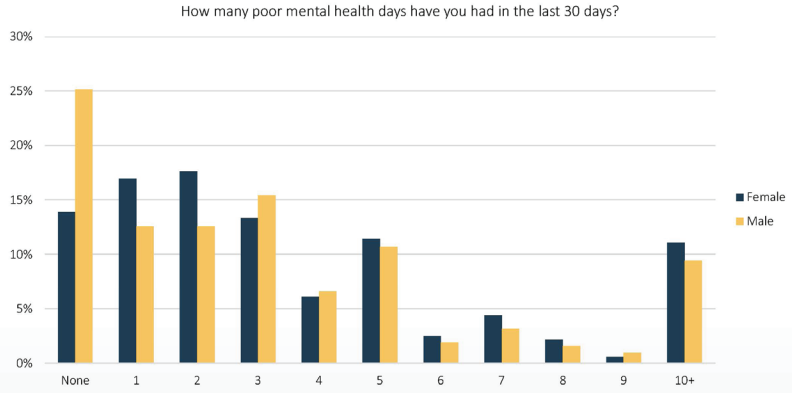




39

39

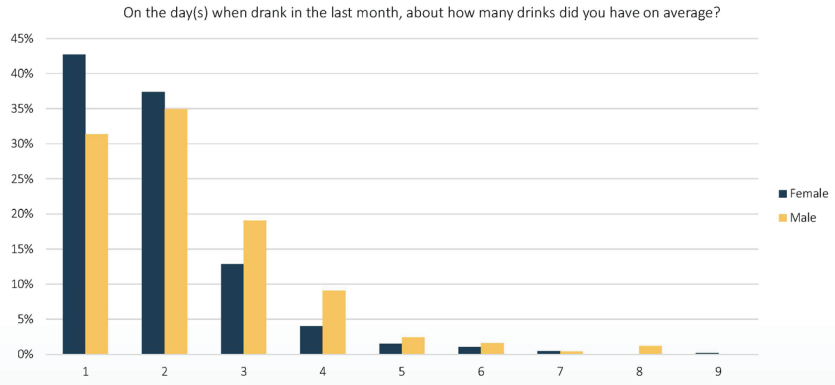
Demographics: **Gender**



40

40

Demographics: **Gender**



41

41

About the Teton Behavioral Health Alliance

The Teton Behavioral Health Alliance is an initiative of the Community Foundation of Jackson Hole. It emerged from the Community Emergency Response Fund (CERF) which was launched by the Community Foundation and local nonprofit partners in 2020 to address the challenges brought on by the COVID-19 pandemic, including severe impacts on behavioral health.

In the months that followed, the Community Foundation sought to better understand local behavioral health needs and hired FSG, a consulting firm that specializes in equitable systems change, to guide the process. FSG assembled the original steering committee to map the behavioral health continuum of care and administer the 2020 behavioral health needs assessment survey. The survey was the first behavioral health specific survey conducted in Teton County, Wyoming.

The data from the survey was analyzed and an action plan with recommendations was provided to the community in November 2021. From winter to spring of 2022, the steering committee formalized to become the Teton Behavioral Health Alliance and started working towards the recommendations, one of which was to hire a backbone leader. During this time, the Teton Behavioral Health Alliance transitioned from an emergency response to an initiative with support from the Community Foundation's Board of Directors.

Kate Schelbe started as the Backbone Leader in September 2022. Since then, leaders from multiple sectors, representing over 20 local agencies, have participated in various working groups and continue to meet regularly with the shared goal of addressing the gaps and inequities in the behavioral health care system to benefit all who live and work in Teton County.

Purpose

Teton Behavioral Health Alliance convenes, coordinates, and facilitates behavioral health efforts in Teton County, Wyoming.

- We convene individuals who are affiliated with organizations, agencies, and practices that are invested in the behavioral health outcomes of our community. Our framework enhances communication and the sharing of ideas and experiences.
- We coordinate efforts to create a more effective and responsive behavioral health system, leveraging our collective strengths to work toward shared goals.
- We facilitate meetings and events within the Alliance and the community to cultivate collaboration and promote our work through shared action.

Vision

Everyone living and working in Teton County experiences wellbeing and has access to the care, resources, and community support necessary to achieve their full potential.

Mission

Teton Behavioral Health Alliance works to improve the behavioral health care system in Teton County, Wyoming by facilitating community-wide actions that enhance prevention, treatment, and crisis response efforts. We address the gaps and inequities in the system to benefit all who live and work in Teton County.