

Community Partnerships: Advancing behavioral health access in rural communities

Health care leaders from two neighboring rural Colorado counties formed two separate grassroots movements in their communities to boost access to behavioral health. As suicide rates, addiction and other behavioral health needs soared in Eagle County, Colo., and adjacent Summit County, local leaders collaborated to shape local policy, raise funding and cooperate with local nonprofit organizations to fill gaps in care.

Eagle Valley Behavioral Health

In 2017, Eagle County leaders identified the lack of behavioral health services as its most consistent public health issue. Officials passed a popular recreational marijuana tax in the same year, with 100% of the revenue directed toward local mental health and substance abuse programs. Yet the proceeds were limited.

“We quickly realized that the amount of funding that would come in through that tax revenue would only scratch the surface as far as addressing the programmatic need in the community,” said Dana Erpelding, senior operations director, Eagle Valley Behavioral Health.

Eagle County’s local behavioral health community leaders (who encompassed local law enforcement, school districts, healthcare, paramedics, private clinicians, business and local nonprofits, collaborated to develop a gap analysis and corresponding pro forma to outline what actions would be necessary to transform the community’s behavioral health system. In 2019, community leaders presented this pro forma to the board of their local hospital, Vail Health, and board members unanimously voted to commit \$60 million over the coming decade to support behavioral health efforts, with a second commitment for the Vail Health Foundation to raise an additional \$100 million over the following 10 years.

Results

Though this financial commitment in 2019, Vail Health formed Eagle Valley Behavioral Health (EVBH), a 501c3 nonprofit, to lead the community collaboration ensuring access to superior behavioral health services for everyone in Eagle County. In its first year, EVBH launched an anti-stigma marketing campaign; increased the number of behavioral health providers in the community by 50%; and worked with over 50 nonprofit partners to implement a 24/7 crisis co-response program with law enforcement and community paramedics. It also added licensed clinicians to every middle and high school in the district, increased suicide prevention efforts and youth mentoring and increased support for victims of domestic violence and sexual assault. As a result, Eagle County Paramedics saw 70% fewer behavioral health transports to the emergency department during the program’s first year.

In 2021, EVBH became Colorado’s 18th community mental health center (CMHC); the first organization to receive this designation in over 40 years. Since its inception, leaders added nearly 70 clinical, behavioral-health provider and assistant-provider positions without any state or federal funding.

Community Partner: Building Hope Summit County

Eagle Valley leaders regularly coordinate with Building Hope Summit County, a neighboring county’s community-wide initiative designed to promote emotional health, reduce stigma, and improve access to care. After a stream of suicides rocked the area in 2016, community stakeholders, including the family of longtime resident Patti Casey, came together to honor Casey and to help prevent future losses. This group kickstarted the Building Hope Initiative, which now receives support from Summit County government, many local agencies, and thousands of residents.

Garnering support

Summit County leaders, like their neighbors in Eagle County, sought to generate funding for behavioral health efforts by putting taxable measures on the ballot. By bundling funding for behavioral health efforts with other funding initiatives, such as those for infrastructure and environmental goals, voters overwhelmingly approved to fund behavioral health needs, which has so far generated \$2 million annually.

The value of moving quickly

Erpelding underscored the value of acting fast. “Waiting has led to the significant crises in our community,” she said. She and other leaders refused to let projects stall while waiting for consensus. Time devot-

ed to meetings and too much discussion can often drain momentum, she said. Instead, Erpelding makes a point of quickly building programs, analyzing the data available, finding proof of concept, and continuing to invest in those community organizations and programs that prove successful.

Better together

Building Hope Summit County became a registered nonprofit in 2019 and formally began collaborating with Vail Health in the same year. Due to their proximity and an already shared behavioral health workforce, Vail Health and Building Hope often refer patients to each other instead of directing patients to more remote sites that are technically in-house, said Jennifer McAtamney, executive director, Building Hope Summit County. McAtamney likens Building Hope to a concierge service with intensive case management capabilities, using behavioral health navigators to help patients access dozens of existing, specialized resources. Building Hope also offers behavioral health scholarships and training opportunities as a way to grow their workforce.

Like Building Hope, EVBH did not initially provide therapy or any clinical service (although that has recently changed); it focused on addressing the social determinants of health. Both organizations have forged trust with each other and the community, enhanced patient access, and ultimately strengthened local care offerings by their support of and collaboration with other community behavioral health organizations.

Both McAtamney and Erpelding emphasize the significance of grassroots collaboration to meet their community's behavioral health needs. "As we've identified gaps in services in our community, where no one is providing those services, we work to pick up those pieces," Erpelding says. For instance, both Building Hope and EVBH fund private providers that fill behavioral health service gaps.

"We found that one organization can't be successful doing everything," said Erpelding. "Existing organizations, which were not recognized and significantly underfunded, were already doing a great job at serving those with domestic violence or sexual assault, suicide prevention and youth peer mentoring. Those were their niches. They each did one thing, but they did it really, really well."

McAtamney and Erpelding attribute part of their success to supporting these small, highly specialized organizations who serve the specific needs of their target populations — including LGBTQ+ communities, veterans, and many others — in culturally relevant, authentic ways.

"We're stronger together," says McAtamney. "If we can work as a collaborative, and influence our policymakers and build programs together, rather than an isolation, we will be far more successful long-term."

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