

HEALTH CARE AND ACCESS



“ACCESS TO COMPREHENSIVE, QUALITY HEALTH CARE SERVICES IS IMPORTANT FOR PROMOTING AND MAINTAINING HEALTH, PREVENTING AND MANAGING DISEASE, REDUCING UNNECESSARY DISABILITY AND PREMATURE DEATH, AND ACHIEVING HEALTH EQUITY FOR ALL AMERICANS.”

-HEALTHY PEOPLE 2020

WHY IT MATTERS IN THIS ASSESSMENT

Mesa County is a regional health care hub with a variety of providers and specialists. However, it's important to look beyond the presence of services to see whether residents are actually able to access the care they require. In Mesa County, nine out of ten people are insured and have a regular source of care. Nonetheless, rates of utilization are lower than the state, largely because of cost barriers and lack of access to timely services.

UTILIZATION OF CARE

Nearly one out of every five Mesa County residents had not visited any health care professional in the past twelve months when surveyed in 2019. While low usage could indicate general good health, rates of chronic disease and the barriers to care discussed below suggest that low usage is more likely a function of poor access. Nonetheless, most Mesa County residents had a usual source of care, and for most people that source was a doctor's office, private clinic, or community health center.

Of the nearly one in five Mesa County residents who visited an emergency room, the majority of visits were for what they deemed true emergencies, and the rate of emergency room usage for non-emergencies was lower in Mesa County than in Colorado as a whole.

One reason for this low rate is that many people at highest risk for using the emergency room for non-emergencies are specifically identified and served by a dedicated care coordination team by MarillacHealth. One intervention that makes a difference in non-emergency emergency room usage is Marillac's medical schedules, which allow for same day appointments.

However, this survey was conducted by phone calls and online surveys, not by interviewing emergency room patients. Mesa County hospitals have identified patients with substance abuse intoxication or mental health crises but no medical emergencies as a significant burden to their emergency department capacity, which indicates a population that may not have had access to this survey.

PERCENT OF RESIDENTS REPORTING HOW THEY UTILIZED CARE IN MESA COUNTY AND COLORADO (2019)*

"In the past 12 months I..."	Mesa County	Colorado
visited any health care professional.	81.3%	87.3%
visited a general doctor one or more times.	75.6%	81.1%
had a visit for a check up, physical exam, or other preventive care.	69.4%	74.0%
did not visit a general doctor.	24.4%	18.9%
visited a specialist.	39.3%	44.5%

* Adults reporting for themselves and children

92.6%
MESA COUNTY

**"I HAVE A
USUAL
SOURCE OF
CARE."**

87.6%
COLORADO

**PERCENT OF RESIDENTS REPORTING WHERE THEY SEEK USUAL CARE BY TYPE
IN MESA COUNTY AND COLORADO (2019)***

"My regular source of care is..."	Mesa County	Colorado
a doctor's office or private clinic.	82.7%	79.5%
a community health center.	3.5%	6.6%
a hospital emergency room.	N/A	1.9%
some other place/I use more than one.	13.3%	12.0%

*adults reporting for themselves and children

AREA OF ACTION

- Investigate the rate of emergency room usage by people experiencing mental health crises or substance use intoxication who are not having a medical emergency.
- Consider community resources to best keep people in non-emergency substance use intoxication or mental health crises safe while reducing public disruption so as to reduce emergency room utilization and improve recovery outcomes.



PERCENT OF RESIDENTS REPORTING EMERGENCY ROOM UTILIZATION IN MESA COUNTY AND COLORADO (2019)*

	Mesa County	Colorado
I received care in a hospital emergency room at least one time in the past 12 months.	18.6%	20.7%
If visited, my last visit was for an emergency.	73.0%	62.0%
If visited, my last visit was for a condition I thought could be treated by a regular doctor.	27.0%	38.0%

*adults reporting for themselves and children



INTERSECTING ISSUES

While these survey responses indicate that Mesa County ER utilization is more likely to be for true emergencies than for respondents statewide, the survey may have systematically excluded people who repeatedly access the ER for mental health crises or substance use intoxication that are not medical emergencies.

For further discussion of this topic, see the Mental Health section on page 105.

The Affordable Care Act dramatically decreased the percentage of the population that is uninsured in Mesa County, from 18.5% in 2013 to 9.2% in 2019. Nearly half of Mesa County residents receive their insurance benefits through a public insurance program such as Health First Colorado (Medicaid), CHP+, or Medicare.

PERCENT OF RESIDENTS REPORTING INSURANCE COVERAGE BY TYPE IN MESA COUNTY AND COLORADO (2019)

Insurance Type	Mesa County	Colorado
Uninsured	9.2% (15,295)	6.5%
Public Insurance	43.8% (72,556)	33.7%
Private Insurance	47.0% (77,892)	59.8%

●●● AREA OF ACTION

- Investigate insurance type by key demographic and socioeconomic factors to understand where disparities exist.

BARRIERS TO CARE

Barriers to health care in Mesa County can be broken into three categories—cost, availability of timely services, and personal obstacles.

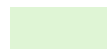
The following table lists all the barriers to care tracked by the Colorado Health Access Survey in 2019. The top barriers are cost of care and access to timely services, with personal obstacles a smaller, but not insignificant, barrier as well.

PERCENT OF RESIDENTS REPORTING BARRIERS TO CARE IN MESA COUNTY AND COLORADO (2019)

Barrier, in order of prevalence in Mesa County	Mesa County	Colorado
Cost of dental care	26.1%	20.6%
Not as soon as needed	25.3%	22.0%
Cost of care with a doctor	14.8%	12.8%
Not accepting new patients	13.0%	10.6%
Not accepting your health insurance	10.4%	10.8%
Time off work	10.0%	14.9%
Cost of specialist care	9.2%	12.9%
Cost of prescription drugs	5.3%	10.8%
Transportation (2017-2019)	3.7%	3.2%
Concern for unfair treatment/consequences	3.6%	5.3%



Red highlight indicates a higher percentage than the state



Green highlight indicates a lower percentage than the state



31.8% OF MESA COUNTY RESIDENTS
REPORTED GOING WITHOUT MEDICAL OR
DENTAL CARE OR NOT FILLING A PRESCRIPTION
BECAUSE OF THE COST.

● ● ● AREA OF ACTION

- Develop strategies to make dental care more affordable, since one in four Mesa County residents has gone without needed dental care because of cost.
- Communicate with community members about the connection between dental care and overall health and the importance of routine preventive visits.
- Investigate provider barriers to timely care, since one in four Mesa County residents was unable to get an appointment as soon as they thought one was needed.



Private Insurance

Examples:

Employer-sponsored or marketplace plans

Number of Residents **77,892**
Percent of Population **(47.0%)**

88.2%
have a usual source of care.

16.2%
had problems paying medical bills in the past 12 months.

12.8%
were told a provider wasn't accepting new patients.

9.2%
were told their insurance type wasn't accepted by a provider.

Public Insurance

Examples:

Health First Colorado (Medicaid), CHP+, or Medicare

Number of Residents **72,556**
Percent of Population **(43.8%)**

94.4%
have a usual source of care.

17.4%
had problems paying medical bills in the past 12 months.

14.7%
were told a provider wasn't accepting new patients.

11.5%
were told their insurance type wasn't accepted by a provider.

No Insurance



Number of Residents **15,295**
Percent of Population **(9.2%)**

74.2%
have a usual source of care.

22.6%
had problems paying medical bills in the past 12 months.

17.4%
were told a provider wasn't accepting new patients.

The number of individuals who had difficulty paying medical bills is an area of concern. 18.9% of Mesa County residents and 18.1% of Coloradans reported problems paying or being unable to pay a medical bill. Ideally, the purpose of public and private insurance plans is to disperse the cost of medical care into manageable premiums and copays and avoid expenses accumulating into bills large enough to burden a family's finances. Nonetheless, more than one in six insured Mesa County residents reported having problems paying a medical bill in the last 12 months. This could be related to the fact that 25.7% of insured respondents were surprised by a medical bill that they thought would be covered by insurance.

AMONG INDIVIDUALS WHO ARE INSURED, MORE THAN ONE IN SIX REPORTED DIFFICULTY PAYING A MEDICAL BILL.

● ● ● AREA OF ACTION

- Research the medical debt burden on Mesa County residents and the circumstances that lead to severe medical debt. Identify best practice interventions to reduce the frequency of medical debt among the populations most likely to encounter medical bills they cannot afford to pay.
- Investigate availability of specialty care in Mesa County to understand current gaps.
- Track rates of uninsurance to see the effects of removing the tax penalty.
- Explore opportunities to increase public insurance plan and subsidy enrollment for eligible individuals.

Providers who work with many of Mesa County's uninsured patients report that finding specialty care for them can be especially challenging. While there have been some payment reforms for uninsured people receiving primary care, these changes haven't moved into specialty care, leaving specialists and patients to navigate the extremely high costs of specialty care.

People cite many reasons for being uninsured, but cost of coverage is a frequent reason. In Mesa County, approximately one-third of the uninsured population earns less than 139% of the federal poverty level (\$36,156 per year for a family of four), one-third earns above 400% of the poverty level (\$104,800 per year for a family of four), and one-third falls between those benchmarks.

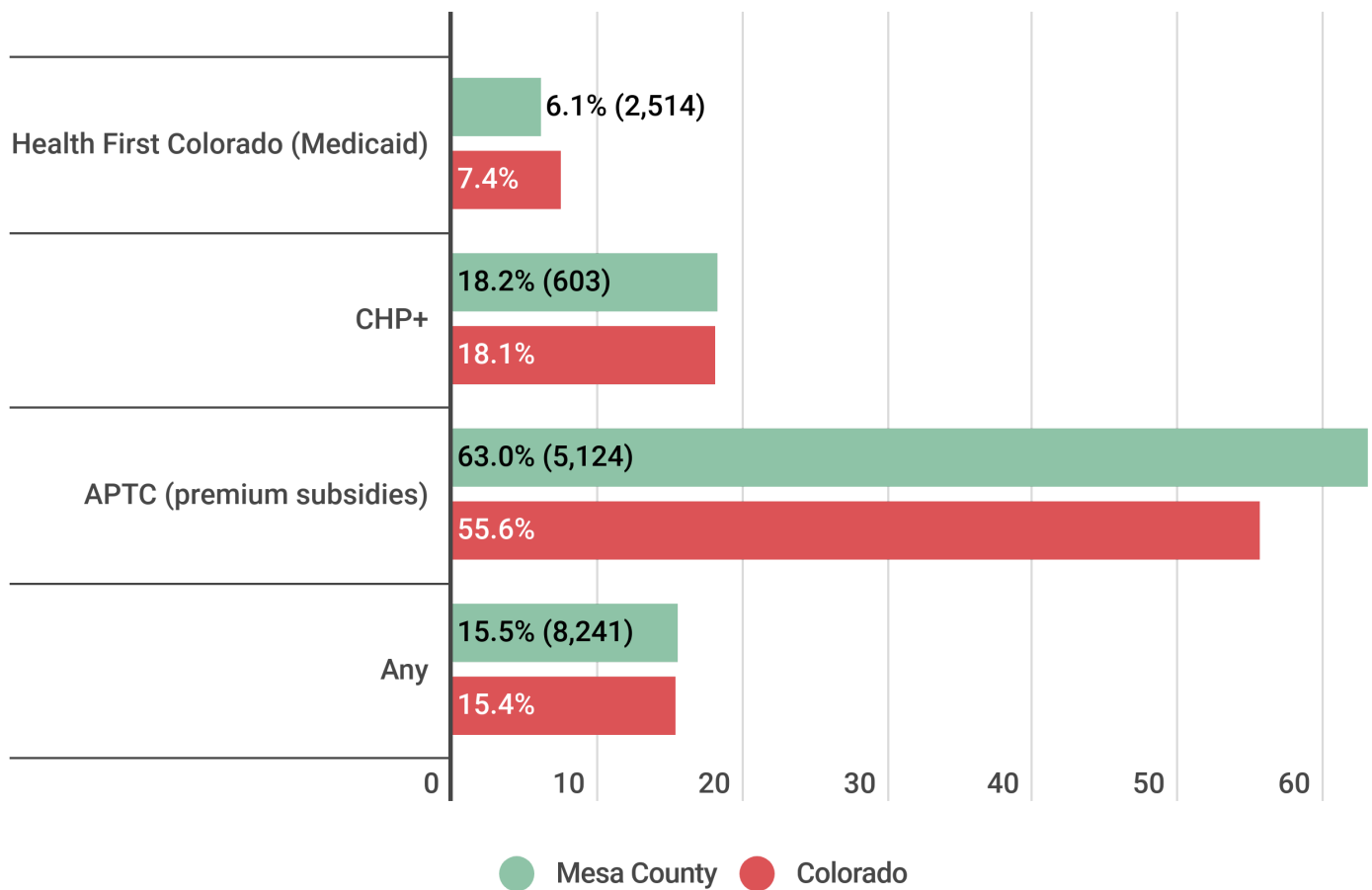
Since many households choose not to enroll in an insurance plan because premiums are too high, ensuring full enrollment in free or low-cost insurance plans and application of appropriate federal premium subsidies for all eligible residents should reduce the overall financial burden of health care and increase access.

In Mesa County, approximately half of the uninsured population is eligible for Health First Colorado (Medicaid), CHP+, or premium subsidies through the health care marketplace but is not enrolled in the programs. Enrollment could increase access to care by lowering costs and increasing the likelihood of having a regular care provider.

In particular, it appears that few Mesa County residents are taking advantage of available premium subsidies. This may be because people in the eligible income category (typically 139%-400% of the federal poverty level) are not aware the subsidies are available, or because the subsidies do not defray enough of the cost to make plans and care affordable. Prior to 2019, people in this category paid a tax penalty for lack of enrollment, but that was discontinued in 2019.

IN MESA COUNTY, APPROXIMATELY HALF OF THE UNINSURED POPULATION IS ELIGIBLE FOR PUBLIC HEALTH INSURANCE OR PREMIUM ASSISTANCE BUT IS NOT ENROLLED IN THE PROGRAMS.

PERCENT OF ELIGIBLE PEOPLE (LESS THAN 65 YEARS) NOT ENROLLED IN PUBLIC INSURANCE PLANS OR SUBSIDIES IN MESA COUNTY AND COLORADO (2018)



Based on the eligibility criteria, it is important to note that many families who may earn too much to enroll in other types of benefits programs such as SNAP (food stamps) or the Child Care Assistance Program, do, in fact, qualify for public insurance plans or subsidized premiums. In many cases, for a family earning near, but not at, self-sufficiency thresholds and ineligible for other types of assistance that could push them into self-sufficiency. This would increase health care access by reducing costs and encouraging consistent provider usage.



Barriers to access rooted in the capacity of providers are more prevalent in Mesa County than in Colorado. In the 12 months preceding the 2019 Colorado Health Access Survey, 10.4% of Mesa County residents were told a provider doesn't take their insurance, compared to 10.8% of Coloradans. 14.0% of Mesa County residents were told a provider wasn't accepting new patients, compared with 10.8% of Coloradans.

However, this doesn't break down evenly between residents who had public insurance, private insurance, or were uninsured:

PERCENT OF RESIDENTS REPORTING BARRIERS TO ACCESSING CARE BY INSURANCE TYPE IN MESA COUNTY (2017-2019)

	Was told by a doctor's office or clinic that they weren't accepting new patients	Was told by a doctor's office or clinic that they weren't accepting patients with this type of health insurance
Private Insurance	12.8%	9.2%
Public Insurance	14.7%	11.5%
Uninsured	17.4%	

●●● AREA OF ACTION

- Look at reasons why individuals on public insurance or with no insurance are told by providers that they aren't accepting new patients.

While this could indicate that people on private insurance were seeking new care providers less frequently, it could also suggest that doctor's offices and clinics are more likely to accept people with private insurance.

In addition, some personal obstacles prevented people from accessing care in the 12 months before the 2019 survey.

10.0% of employed adults ages 16 years and older went without needed care because they couldn't get time off work. This may be alleviated somewhat by the Healthy Families and Workplaces Act of 2020, which stipulates that businesses with 16 or more employees must provide one hour of sick leave for every 30 hours worked—leave that could be applied to visiting a health care provider.

Another personal obstacle that prevents people from accessing care is lack of transportation. 3.7% of Mesa County residents went without needed care because they lacked transportation to their appointment. This seems like a small percentage, but it represents roughly 6,000 Mesa County residents who went without care.

Finally, 3.6% of Mesa County residents went without needed care because of concern for unfair treatment or consequences.



●●● AREA OF ACTION

- Investigate the barrier of lack of transportation to determine what disparities exist, for whom, and where. For example, determine if the barrier is the lack of a public transportation stop nearby or not having a car.
- Improve access to transportation for health care appointments by aligning public transportation resources with health care needs and increasing social connections that might improve the likelihood of a car or a ride being in a person's network.
- Work with health care providers to ensure they are providing equitable care. Investigate which communities and sub-groups are being impacted to assure access to a regular provider with whom they can build a trusting relationship.

HEALTH CARE SYSTEM SATISFACTION

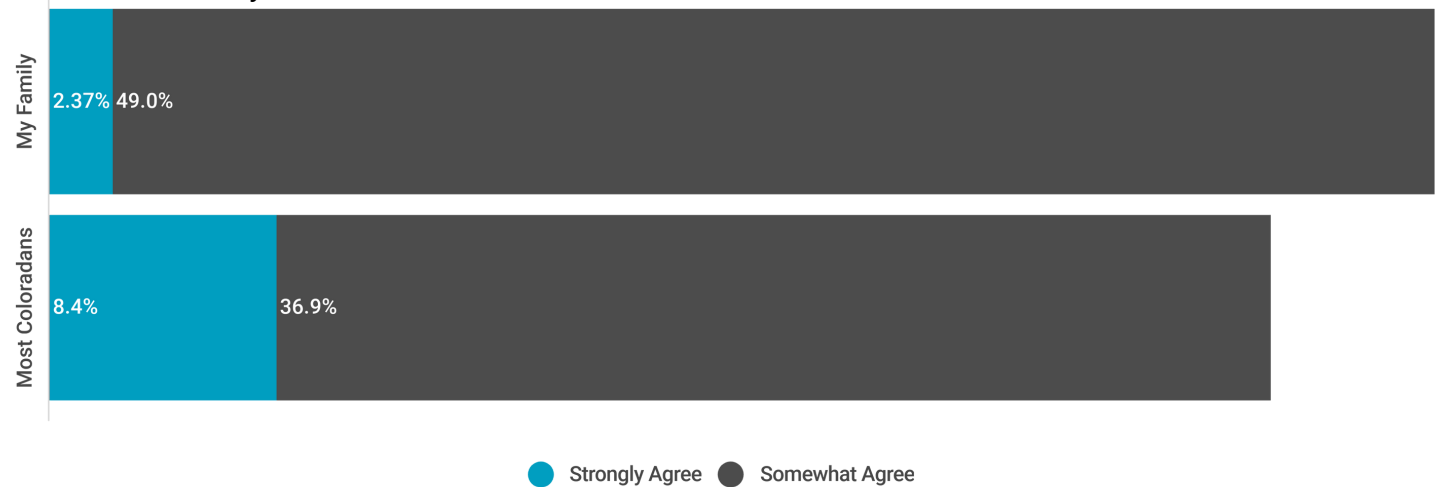
The Colorado Health Access Survey asked respondents to rate their satisfaction with the health care system. While most respondents indicated that the health care system meets the needs of their own family, fewer than half indicated that it meets the needs of most Coloradans. These opinions remained relatively stable over 2015-2019, but a misperception exists: "The health care system is working for me, but it's not working overall," whereas in reality, it's working for most people.

72.7%

AGREE WITH THE STATEMENT, "THE HEALTH CARE SYSTEM MEETS THE NEEDS OF MY FAMILY."

PERCEPTION OF HOW WELL THE HEALTH CARE SYSTEM MEETS THE NEEDS OF FAMILIES IN MESA COUNTY (2019)

The health care system meets the needs of:

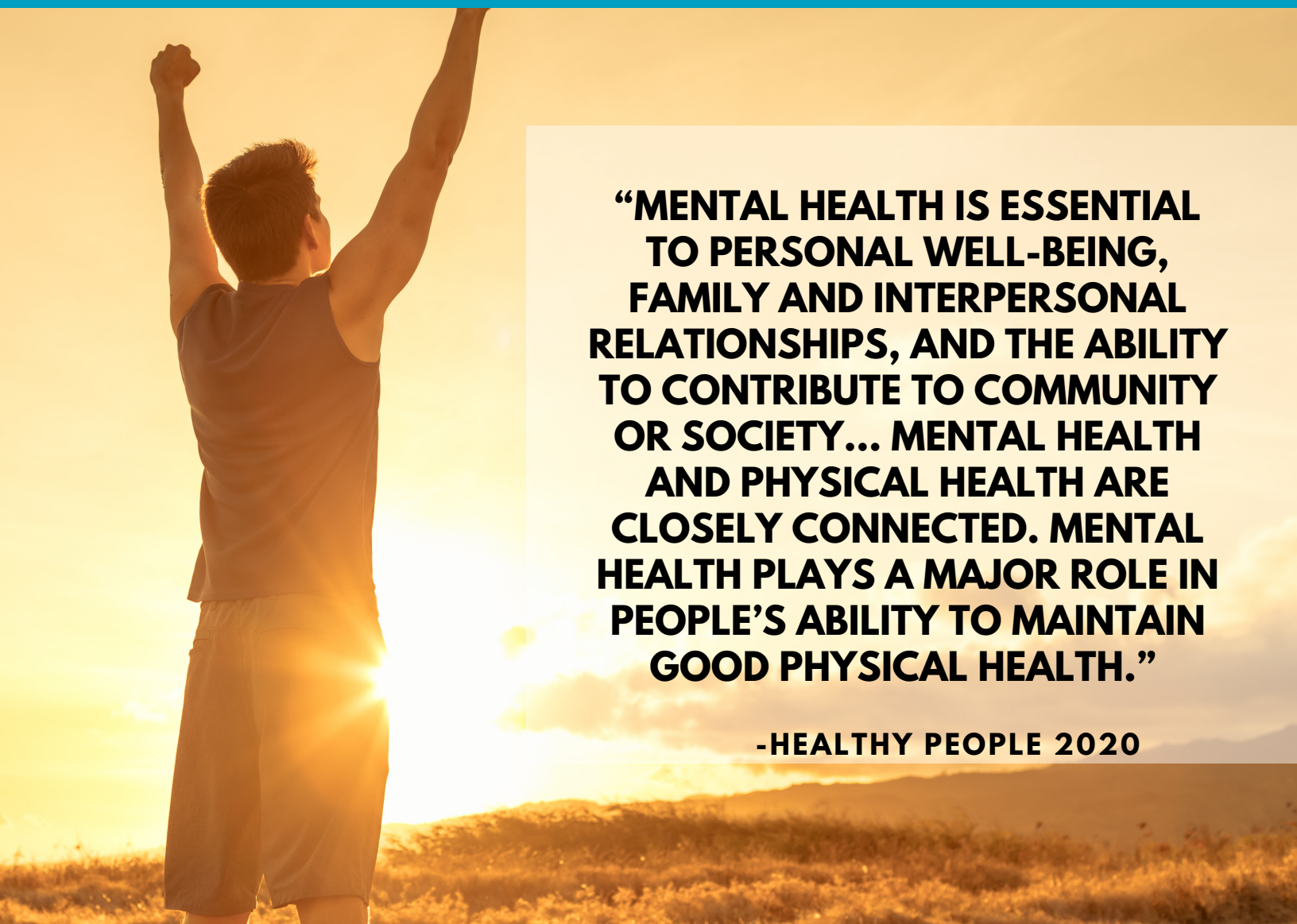


CONCLUSION

The majority of residents in Mesa County have health insurance and a usual source of care, but many people are still forced to delay or go without care because of cost, access, and personal obstacles.

Notably, as we look toward the future of health care access in Mesa County, nearly 50% of residents are enrolled in a public insurance plan. As the impacts of the COVID-19 pandemic on the state budget become more clear, the state may be required to tighten eligibility requirements for Health First Colorado (Medicaid), potentially removing people from the rolls in order to cut costs. With such a high dependence on these programs, it's important for Mesa County health care providers and the community to be aware of these possible changes and the impacts they could have on health care access and health outcomes in vulnerable, low-income populations.

MENTAL HEALTH



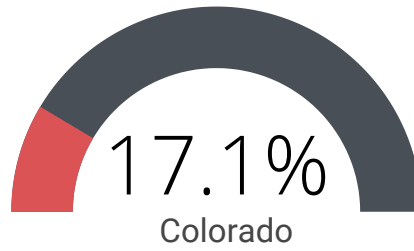
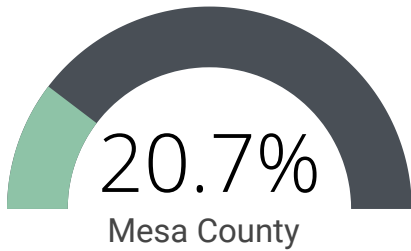
“MENTAL HEALTH IS ESSENTIAL TO PERSONAL WELL-BEING, FAMILY AND INTERPERSONAL RELATIONSHIPS, AND THE ABILITY TO CONTRIBUTE TO COMMUNITY OR SOCIETY... MENTAL HEALTH AND PHYSICAL HEALTH ARE CLOSELY CONNECTED. MENTAL HEALTH PLAYS A MAJOR ROLE IN PEOPLE’S ABILITY TO MAINTAIN GOOD PHYSICAL HEALTH.”

-HEALTHY PEOPLE 2020

Data on mental health can appear conflicting, or vary widely across population sub-groups. While four out of five Mesa County residents report good mental health, 37% of high school students report extreme, long-lasting feelings of sadness or hopelessness.

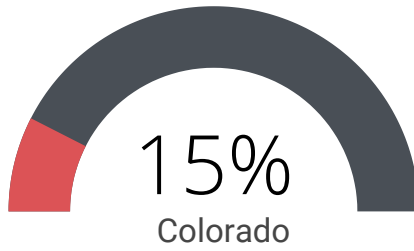
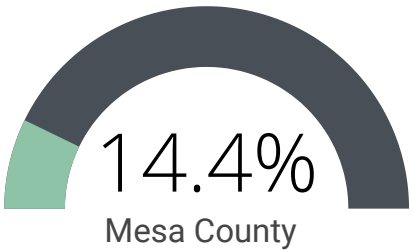
In recent years, Mesa County primary care providers have prioritized conversations about mental health with patients and have worked to integrate mental health services with primary care, allowing a team-based care model. As a result, Mesa County residents were significantly more likely to have spoken to a doctor about their mental health than Colorado residents in general. However, the percent of residents who reported needing mental health care services and being unable to get them appears to be climbing, and is above 10% in a recent survey.

MENTAL HEALTH RISK FACTORS



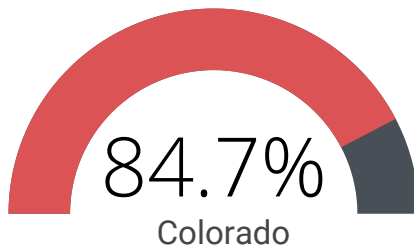
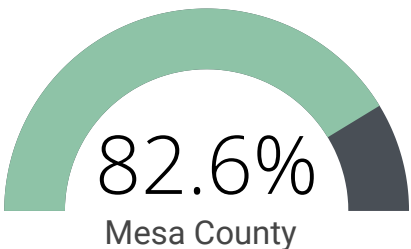
of adults have ever been diagnosed with a depressive disorder.

(2016-2018)



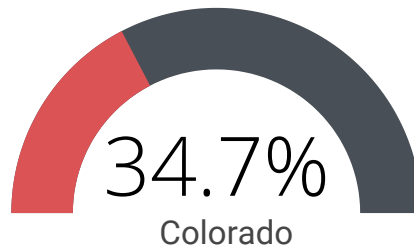
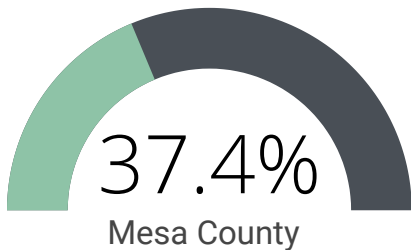
of adults received treatment for a mental health condition or emotional problem.

(2016-2018)



residents reported good mental health (less than 8 days of poor mental health during the past 30 days).

(2019)



of students felt so sad or hopeless that they stopped doing usual activities almost every day for 2+ consecutive weeks during the past 12 months.

(2019)

8.6% OF MESA COUNTY HIGH SCHOOL STUDENTS REPORT HAVING ATTEMPTED SUICIDE.

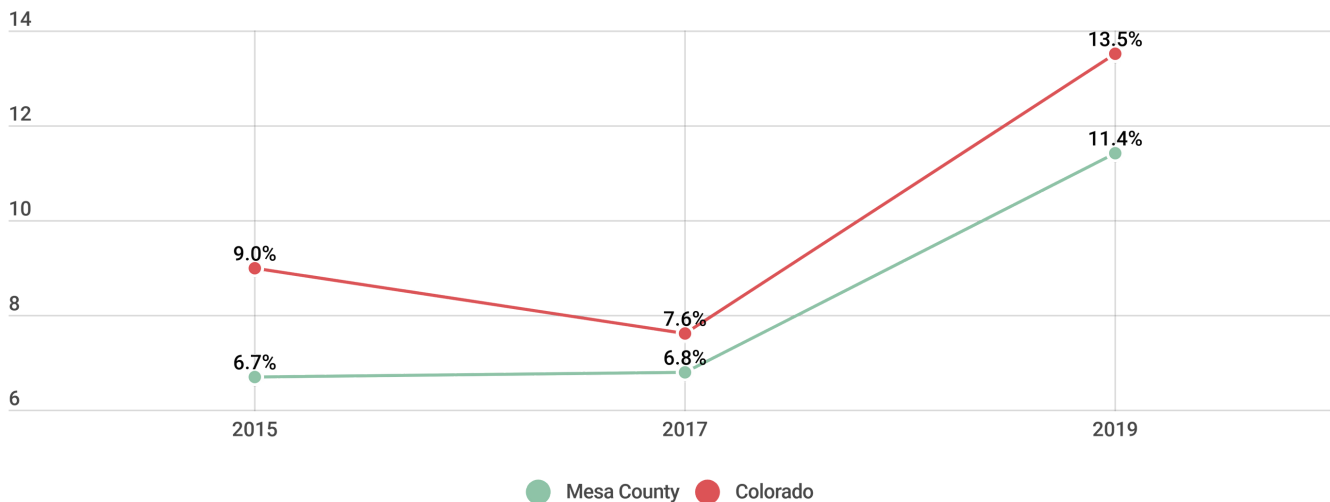
COMPARED TO 7.6% OF COLORADO STUDENTS

BASELINE CARE

PERCENT OF RESIDENTS (5+ YEARS) WHO SPOKE TO A PROVIDER ABOUT THEIR OWN MENTAL HEALTH IN THE PAST 12 MONTHS IN MESA COUNTY AND COLORADO (2019)

	Mesa County	Colorado
General Doctor or Primary Care Provider	25.7%	18.5%
Mental Health Provider	13.9%	16.0%

PERCENT OF RESIDENTS (5+ YEARS) WHO NEEDED MENTAL HEALTH CARE/COUNSELING SERVICES BUT DID NOT GET IT IN THE PAST 12 MONTHS IN MESA COUNTY AND COLORADO (2015-2019)



MENTAL HEALTH SURVEY

In February and March of 2021, several community partners worked with Commissioner Janet Rowland to survey Mesa County residents about their mental health. The survey reached over 850 people, largely well-educated women.

MORE THAN HALF OF RESPONDENTS SAID THEY WOULD SEEK HELP FROM A FRIEND OR RELATIVE IF THEY OR A LOVED ONE WERE EXPERIENCING EMOTIONAL OR MENTAL HEALTH ISSUES.

57.7% of respondents indicated they would seek help from a friend or relative if they or a loved one was experiencing emotional or mental health issues. Other responses included a mental health provider or therapist (50.0%), doctor/chiropractor/health care provider (45.6%), counselor (38.2%), online resources (19.0%), and clergy or church (17.4%). 9.8% indicated they didn't know where they would go.

Among those who had accessed mental health care services for themselves, 27.7% rated their first visit as "fair" or "poor." Nonetheless, 56.3% indicated that their coping skills had increased as a result of the services they received.

●●● AREA OF ACTION

- Ensure the community is aware of their rights under the Healthy Families and Workplaces Act, effective 2021. The leave accrued under this act can be used for health care appointments.
- Improve mental health experiences for first-time patients.
- Reduce barriers associated with seeking mental health services.
- Identify bottlenecks that make it difficult to schedule a timely appointment.

Of respondents who had accessed mental health care services for themselves or a loved one, 68.7% reported encountering barriers. These included wait times (62.3%), issues scheduling an appointment (43.2%), lack of access to a desired provider (25.1%), and being unable to take time off work (9.1%). Many people indicated that they had more than one barrier.

Additionally, 24.3% of respondents had used alcohol or drugs not prescribed by a doctor to treat mental health issues.

The survey also included a provider component, and 55 responses were collected, largely from medical providers.

PROVIDERS ENCOUNTERING BARRIERS WHILE SEEKING MENTAL HEALTH SERVICES FOR PATIENTS (AMONG PROVIDERS WHO ENCOUNTERED A BARRIER), 2021

	Inpatient Services	Outpatient Services
Wait times	91.9%	94.4%
Eligibility	67.6%	22.2%
Payment Problems	29.7%	61.1%
Patient Time off Work	-	52.8%

69% of respondents encountered barriers while trying to access mental health care services for themselves or a loved one.

90% of providers encountered barriers while trying to get their patients inpatient mental health services, and **81%** encountered barriers while trying to get their patients outpatient mental health services.

MENTAL HEALTH PROVIDER SPOTLIGHT

Mesa County Valley School District 51 provides licensed clinicians to provide mental health services to students based on referrals. These services are completed on the school site, reducing scheduling and transportation barriers, and are at no cost to the student or their family. The program is funded through the Medicaid School Health Services Program, and currently employs eight clinicians.



PROVIDER SPOTLIGHT

DISTRICT 51 SCHOOLS

In the fall of 2020, the Warrior Wellness Center opened at Central High School. The center is staffed and managed by MarillacHealth, and students can receive mental health services as well as other types of health care services.

CHALLENGES TO CARE

When asked to describe challenges in delivering services to the Mesa County community, multiple partners indicated that the current system is inadequate for addressing community and individual needs around people experiencing multiple types of crisis.

In addition, many clients are experiencing homelessness, which can make access to care and services difficult.

Some clients are experiencing only two of these factors, but many are experiencing three, or even all four. When these factors overlap, current Mesa County systems often do not have the capacity or capability to meet a client's needs.

While these issues are typically thought of as "mental health" issues, clients touch systems well beyond the boundaries of mental health care providers. Clients may not have permanent housing and need resources from organizations that provide resources for individuals experiencing homelessness. Clients may interact with residents, who often call law enforcement out of concern for a client's safety, or to report a community disruption or crime. If no crime is being committed, the client may or may not be a good fit for the services available at facilities such as Mind Springs Health. When they are not a good fit, clients often end up admitted to the Emergency Department of local hospitals despite not experiencing a medical emergency. These visits accrue large medical bills that uninsured clients have no means of paying, thereby raising the cost of health care for everyone in the community.

At each step of this process, stakeholders act in good faith to operate at the full extent of their capability and capacity, but often find that the existing options are inadequate. Below, we examine the stakeholders, their options, and the barriers that complicate their interventions with clients.

RESOURCES FOR PEOPLE EXPERIENCING HOMELESSNESS

Not all clients are experiencing homelessness, but those that are face extra barriers to care. Mesa County shelters only provide beds for people who are sober and participation is voluntary, meaning that shelters cannot meet the needs of most clients.

LAW ENFORCEMENT

The Mesa County Sheriff's Office (MCSO) receives calls from residents concerned about clients, and from clients themselves. When a caller reports a person experiencing a mental health crisis, MCSO's first choice of response is to send an officer and one of two Mind Springs mobile clinicians who operate from the Clifton MCSO branch. The Grand Junction Police Department has a similar program called the co-responder unit.

CLIENT DEFINITION

For the purposes of this section, we define a "client" as having two or more of the following criteria:

1. Experiencing a mental health crisis.
2. Experiencing substance use disorder.
3. Currently intoxicated.
4. Combative or unwilling to voluntarily participate in care.

In some cases, clinicians are able to resolve situations with people in mental health crisis on site. When this is the case, the Mind Springs clinician attempts to follow up with the person at a later date to see if they have additional needs and can be matched with an appropriate program or care provider. MCSO considers these cases to be an indicator of success at shifting first contact with people in mental health crisis from law enforcement officers to appropriately-trained clinicians.

However, between 2017 and 2020, MCSO incidents with a “mentally unstable subject” increased by 164%, from 331 in 2017 to 873 in 2020. These records only count incidents where the primary event is a “mentally unstable subject” and not a crime. They do not count crime incidents where the subject was also experiencing a mental health crisis or issue.

Some of the calls MCSO receives are about crimes. Due to COVID restrictions and recent decriminalization of drug charges, few of these crimes result in the client being taken to jail.



DESPITE DEPLOYING A SUCCESSFUL NEW MENTAL HEALTH INTERVENTION TEAM TO MANY CASES, MCSO HAS SEEN ALMOST A THREE-FOLD INCREASE IN MENTAL HEALTH RELATED CALLS.

MIND SPRINGS HEALTH

One possibility for transfer when a law enforcement officer has identified a client with needs that cannot be met by a clinician on site is the various programs at Mind Springs Health and West Springs Hospital.

Mind Springs Health provides detox facilities for people who are willing to voluntarily participate in a 1-5 day program for people experiencing withdrawal symptoms. The primary treatment goal is to safely detox patients who are intoxicated or experiencing withdrawal, then engage and refer them to an appropriate level of care. The program is not designed or licensed to work with clients who are suffering from substance use disorder and are also combative or unwilling to participate.

Another Mind Springs program that meets some of these needs are the 64 beds at West Springs Hospital for people experiencing a mental health crisis who are a threat to themselves or others. Individuals can be required to participate if legal requirements and due process are met, making this an important recourse, but one requiring a threshold of evidence and time investment.

Because Colorado does not define a substance use disorder as a mental health crisis, many clients whose primary issue is substance use do not qualify for these beds. Similarly, many clients who are having a mental health episode that results in community disruption but are not an immediate threat to themselves or others do not qualify for the standards of placement in West Springs Hospital.

ST. MARY'S HOSPITAL

When a client does not meet the criteria for the programs available at Mind Springs Health and West Springs Hospital but is creating a community disruption, law enforcement officers with clients in need often turn to St. Mary's Hospital Emergency Department. Emergency Departments typically have policies of accepting nearly every patient they are presented with, and so clients are assessed even if they are not actually having a medical emergency.

While a client cannot typically be compelled to stay in the Emergency Department, often their behavior is unpredictable, and hospital administrators specifically referenced situations where this leads to clinical staff being injured.

One of the main issues with clients being served by St. Mary's Emergency Department is that St. Mary's is not well-equipped to provide the resources and interventions that clients typically need. While St. Mary's does have a suicide prevention team and individual care providers may do their best to leverage their own expertise, the Emergency Department system is not set up to engage clients in the next appropriate level of care. When they come out of crisis and leave the hospital, they often do so without additional resources or coping strategies.

ST. MARY'S HOSPITAL EMERGENCY DEPARTMENT OFTEN SEES CLIENTS WHO ARE IN CRISIS BUT NOT EXPERIENCING A MEDICAL EMERGENCY.

DUE TO LICENSING AND REGULATORY RESTRICTIONS, MIND SPRINGS HEALTH AND WEST SPRINGS HOSPITAL OFFER TREATMENT OPTIONS APPROPRIATE FOR SOME CLIENTS, BUT NOT ALL.

● ● ● AREA OF ACTION

- Research the resources and challenges around this issue for other stakeholder institutions such as Catholic Outreach, Grand Junction Housing Authority, Grand Junction Police Department, District 51 mental health and substance use disorder providers, Community Hospital, Colorado Canyons Hospital, among others.
- Identify resources available in other communities that fill gaps in the Mesa County system and research best practices.
- Solicit potential solutions from community members and stakeholder institutions. Work together to implement changes.



CONCLUSION

Mesa County health care providers and community partners recognize the importance of effective and efficient mental health care, and yet residents report significant challenges to getting the care they need, and stakeholders identify large gaps in the care landscape.

When every stakeholder is already operating in good faith under the responsibility and restrictions of their area of work, solutions have to come from creating new resources within and around the existing institutions. No single provider will be able to solve the issues surrounding mental health in Mesa County, but every provider we spoke to for this report indicated a willingness to be part of the team that makes changes.

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