Certified Community Behavioral Health Clinic (CCBHC) Community Needs Assessment La Plata County, Colorado

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Axis Health System

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Background

Axis Health System (Axis) is a nonprofit organization founded in 1960 with the mission to make a meaningful difference through health care innovation and caring for the whole person. Axis is a Behavioral Health Entity and Comprehensive Safety Net Provider licensed by the state of Colorado, a Federally Qualified Health Center authorized by the Health Resources Services Administration, and the recipient of a Certified Community Behavioral Healthcare Clinic (CCBHC) Planning, Development, and Implementation grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Eighty-two percent of Axis' Board Members have lived experience of a behavioral health condition, providing the organization with valuable ongoing input from community members on its overall suite of health services and CCBHC implementation.

Axis contracted with Third Horizon, a boutique strategic advisory firm with deep behavioral health and data analytics expertise, to conduct a community needs assessment for La Plata County. Axis has fully implemented CCBHC in accordance with federal criteria and quality standards. In March 2023, SAMHSA released updated certification criteria for CCBHCs[i], which require a community needs assessment every 3 years. As Axis is in Year 3 of its 4-year SAMHSA grant, the needs assessment provides the organization with an opportunity to examine the impact of its work as a CCBHC and identify opportunities to address emerging needs or gaps in care.

Methodology

Overall Approach

Third Horizon was guided by and adhered to SAMHSA's criteria for CCBHC community needs assessments. The firm also aimed to provide Axis with meaningful information it could apply to help guide continuous improvement efforts, access to care, and evolving service lines. Third Horizon conducted a similar assessment for Axis two years ago, so it could analyze the data longitudinally.

Third Horizon used a mixed-methods approach for its research. The firm conducted a literature review of other recent state and local needs assessments and gathered the most current secondary data available on public health, demographic, mental health and substance use disorder prevalence, access, and outcome indicators. Researchers analyzed the data and created visualizations from pertinent sources. Third Horizon also conducted primary qualitative research to explore the "why" behind the data and to gain insights into evolving community needs, access barriers, and service gaps. By conducting key informant interviews, the firm ensured that identified needs are grounded in the lived experiences of the target populations, referral partners, and the community at large.

Additionally, the project team met biweekly with Axis to ensure a collaborative strategy and aligned tactics.

Quantitative Data Sources

Third Horizon used reputable and publicly available data sources, including:

- American Community Survey (ACS)
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Centers for Disease Control and Prevention (CDC), National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
- CDC, PLACES
- Colorado Department of Local Affairs, Housing Division
- Colorado Department of Public Health and Environment, Vital Statistics and Drug Overdose
- Colorado Health Access Survey (CHAS)
- Health Resources and Services Administration, Area Health Resource Files
- Healthy Kids Colorado Survey (HKCS)
- La Plata County Community Health Assessment and Community Health Improvement Plan
- National Center for Education Statistics, Common Core of Data
- United States Census Bureau
- Substance Abuse and Mental Health Services Administration (SAMHSA), Buprenorphine Practitioner Locator
- SAMHSA, National Substance Use and Mental Health Services Survey (N-SUMHSS)

Literature Review

The firm reviewed several recent needs assessments for the region and pulled contextual information from them. Documents included in the literature review were:

- *2024 Community Health Assessment* – La Plata County, Colorado
- *Substance Use Treatment Feasibility Study and Implementation* Plan - Southwest Opioid Response District (SWORD)
- *HRSA Service Area Competition 2025 Needs Assessment* – Axis Health System
- *Community Health Needs Assessment FY2026-2028* – CommonSpirit - Mercy Hospital
- *Behavioral Health in Colorado,* 2025 Colorado Behavioral Health Needs Assessment- HMA
- *FY2025 Annual Report* – Axis Health System

Qualitative Research

Third Horizon conducted 10 virtual, semi-structured key informant interviews, with a facilitator and a note-taker in each. The firm used an interview guide developed with input from Axis. Participants were selected in accordance with SAMHSA's CCBHC criteria.

Research Limitations

Third Horizon relied on publicly available quantitative data sources, which may have some limitations.

- La Plata County is part of Colorado Health Service Region (HSR) 9, which includes Archuleta, Dolores, Montezuma, and San Juan counties. For some metrics, adult and

youth behavioral health data were available only at the HSR level, rather than the county level.

- Youth behavioral health prevalence data had gaps.
    - Healthy Kids Colorado Survey (HKCS) collects data every two years, but has not yet publicly released 2025 data (the most recent available data is 2023).
    - HKCS data for 18-year-olds and older were not available in HSR 9 for the questions analyzed.
- Data lags, which are common, make it difficult to analyze data trends.
    - For example, two key metrics, poor mental health days per month among adults and binge drinking, have not been released beyond 2023 by the CDC.
    - The 2026 Point-in-Time Count and Housing Inventory Count for the Balance of State Continuum of Care, including La Plata County, occurred on January 27, 2026. However, these data have not yet been released publicly by the Colorado Division of Housing. Consequently, Third Horizon used 2025 data.

A standard research limitation in qualitative research is low generalizability due to small sample sizes.

- Third Horizon conducted key informant interviews with 12 participants selected in accordance with SAMHSA's guidelines.
- Third Horizon also analyzed client satisfaction survey data, which offers important insights from people with lived experience.

Summary of Key Findings and Changes Since Last Needs Assessment

Third Horizon's analysis found that some behavioral health indicators are trending in the right direction. By implementing CCBHC, Axis has expanded access to comprehensive outpatient behavioral health care and care coordination. Additional targeted outreach strategies and community education may be needed to ensure all stakeholders are fully aware of available services.

At the same time, there are still unmet behavioral health needs in La Plata County, resulting from geographic and workforce challenges that affect access to care, gaps in services (particularly acute care), and social determinants of health.

Specific findings included:

- La Plata County is a remote, rural area that poses unique challenges to behavioral health care access. There is minimal public transportation, and travel distances to larger cities/service hubs are long and involve crossing mountain passes, which can be treacherous in inclement weather.
- La Plata County has a suicide rate that is slightly higher than the national average.
- While Axis operates an Acute Treatment Unit and Withdrawal Management Unit in La Plata County, there are no long-term (2+ weeks) residential treatment beds for substance

use disorders, or adult or child inpatient/long-term residential psychiatric beds in La Plata County or any of the surrounding counties in Southwest Colorado.
- There is a limited number of behavioral health providers accepting uninsured clients and clients with Medicaid, which positions Axis as a critical organization in the local behavioral health delivery system.
- Behavioral health conditions are exacerbated in the region due to key social determinants of health, including limited affordable housing and increased homelessness.
- Stakeholders report some perceived improvements in access to care since Axis implemented CCBHC, particularly around expedited intake processes, expanded integrated care services, and the availability of bilingual clinicians.

Third Horizon compared the most recent data with those from the prior CCBHC community needs assessment. Notable changes include:

Behavioral Health Prevalence
The data show some modest positive trends.
- The age-adjusted drug overdose mortality rate in La Plata County has decreased from 34 to 15 from 2022 to 2024. In 2024, Colorado was at 26.[ii]
- The age-adjusted suicide mortality rate in La Plata County decreased from 28 to 15 from 2022 to 2023, and was at 16 in 2024. In 2024, Colorado was at 21, and the United States was at 14.[iii]
- According to the Colorado Health Access Survey, from 2023 to 2025, there was a marginal decrease in respondents reporting eight or more poor mental health days in a month, while increases were observed in respondents getting care when they needed it.[iv]

Social Determinants of Health
Third Horizon identified concerning trends in nutrition/food access, housing, and homelessness.
- Demand for free school lunch has increased from 2022 (25.0%) to 2024 (35.7%), which is typically indicative of an increase in lower-income families in the community.[v]
- The percentage of households receiving SNAP has increased from 6.46 to 8.72 (comparing the rolling averages 2018-2022 and 2020-2024). The last ten years of data show a steady increase (2014 to 2024).[vi]
- The median home value increased from $527,809 to $591,500 (comparing the rolling average 2018-2022 to the rolling average 2020-2024).[vii]
- According to the 2024 *Annual Homelessness Assessment Report (AHAR) to Congress* published by the U.S. Department of Housing and Urban Development (HUD), Colorado's point-in-time counts of homelessness increased nearly 30% from 2023 to 2024, with 46% of people counted experiencing homelessness as part of families with children.[viii]
- The Point-in-Time Count and Housing Inventory Count for the Balance of State Continuum of Care tracks the number of unhoused people in rural and non-metro parts of Colorado. 2025 (sheltered and unsheltered) data show 134 people (including 10 youth), which stakeholders consider high for a rural mountain community.[ix]

There were no statistically significant changes in the data from the prior needs assessment in median household income, poverty rate, unemployment rate, health insurance coverage (including Medicare, Medicaid, private health insurance, military health insurance, and uninsured), household internet access, no vehicle available, housing choice vouchers, and rent-burdened rate.

Literature Review Highlights

The La Plata County CCBHC Community Needs Assessment is one of several recent assessments for the region. Third Horizon conducted a literature review and found several consistent data and themes.

According to *Behavioral Health in Colorado* (2025), the Colorado Behavioral Health Administration (BHA) and Health Management Associates (HMA) executed a comprehensive statewide behavioral health needs assessment to support strategic planning, meet federal block grant requirements, and inform behavioral health system reform. The assessment uses a mixed-methods approach. It pairs community engagement with quantitative analysis and a 2020–2024 literature review to examine the prevalence of mental health conditions and substance use disorders (SUD), identify service gaps across regions and priority populations, and highlight strengths and progress since the 2020 needs assessment.

The report organizes its recommended strategies around strengthening the continuum of care statewide. Recommendations include augmenting community services for people with severe mental illness (SMI), improving behavioral health integration for children and youth with serious emotional disturbance and early severe mental illness, strengthening the crisis continuum, and assuring effective treatment for pregnant women with SUD. It also reports that statewide SMI prevalence is increasing in Colorado (from 5.5% in 2019 to 7.1% in 2023), underscoring a growing need for mental health resources across the state.

The most relevant points in the report for La Plata County are based on HSR 9, since the report lacks county-level data. It notes a shortage of licensed behavioral health clinicians in rural and mountain resort areas. The report also highlights concerns about youth mental health, with HSR 9 youth showing greater need than the state overall; 33.4% of students reporting prolonged sadness/hopelessness versus 25.7% statewide.

The *Substance Use Treatment Feasibility Study and Implementation Plan for Southwest Colorado* (2023) identifies significant behavioral health system gaps across Colorado's Health Services Region 9, which includes Archuleta, Dolores, La Plata, Montezuma, and San Juan counties. Using stakeholder interviews, community surveys, and secondary data analysis, the report finds that rural geography, workforce shortages, and fragmented service coordination limit access to behavioral health and substance use treatment services. According to the report, the region lacks key components of the treatment continuum, including medically managed withdrawal, residential or inpatient treatment, crisis stabilization services, and recovery housing, leaving many individuals with moderate to severe substance use or co-occurring mental health needs without appropriate local care.

The report also highlights structural and population-level factors contributing to behavioral health needs in the region. Region 9's rural population faces transportation barriers, limited provider availability, and higher rates of uninsurance and economic hardship. Indigenous communities, including members of the Southern Ute Indian Tribe and Ute Mountain Ute Tribe, experience particularly high behavioral health needs and barriers to culturally responsive services. Stakeholders emphasized the importance of expanding medication-assisted treatment and peer recovery supports while strengthening regional coordination across behavioral health, health care, and social service systems.

The Mercy Hospital Community Health Needs Assessment FY2026-2028 identifies behavioral health as one of the most significant health priorities for the hospital's service area, which includes Archuleta, La Plata, Montezuma, and San Juan counties. Using community surveys, key informant interviews, and secondary health data, the assessment finds that mental health, access to health care, and substance use are among the top community health concerns. Key informants highlighted increasing concern about suicide deaths and alcohol-related mortality, along with the widespread impacts of substance use on community members and families. The report also emphasizes limited behavioral health service availability, including shortages of mental health providers, long waitlists for youth counseling, and the need to travel outside the region for some substance use treatment services. Stakeholders further noted that housing instability, transportation barriers, and affordability challenges exacerbate behavioral health needs and complicate access to care across the region.

The Axis Health System FY2025 Annual Report highlights the organization's role as a key behavioral health provider in Southwest Colorado through an integrated care model that combines primary care, behavioral health, dental, pharmacy, and crisis services. The report notes continued expansion of behavioral health services, including crisis care, medication-assisted treatment for opioid use disorder, therapy and counseling, and psychiatric medication management, while also investing in workforce development and integrated electronic health records to better coordinate care across services. In 2025, behavioral health accounted for a substantial share of services delivered, reflecting the system's central role in addressing mental health and substance use needs across the region.

The *La Plata County Community Health Assessment (2024)* identifies behavioral health as a major concern for residents and stakeholders, particularly related to mental health, substance use, and access to care. The assessment draws on community surveys, focus groups, interviews, and secondary data to evaluate local health needs. Findings indicate that adults in La Plata County experience slightly more days of poor mental health than the statewide average, and stigma surrounding mental health treatment remains a barrier that prevents some residents from seeking care. Youth mental health concerns are also prominent; regional survey data show that 38% of high school students reported feeling persistently sad or hopeless, and 18% reported seriously considering suicide in the past year. Overall, survey respondents ranked substance use and access to mental health services among the top health issues in the county, alongside broader social determinants such as affordable housing.

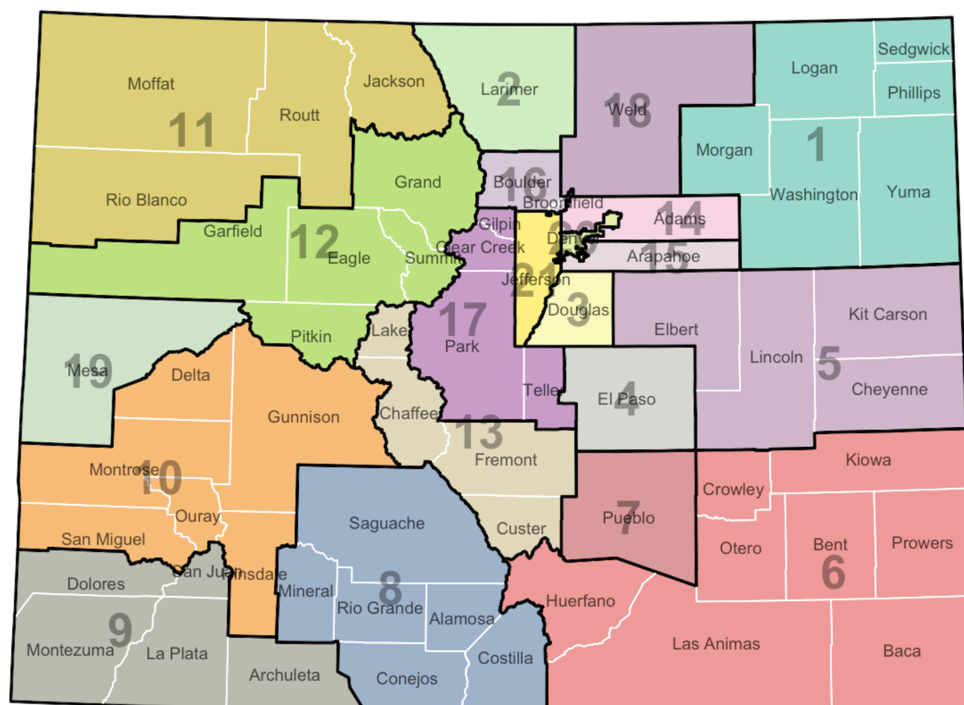
The *HRSA Service Area Competition 2025 Needs Assessment* for Axis Health System describes significant behavioral health needs across its largely rural service area in southwestern Colorado. The assessment draws on clinical data, public health reports, community input, and analyses of social determinants of health to identify priority health issues affecting the target population. Findings indicate high levels of behavioral health need, including elevated rates of suicide and frequent mental distress compared with statewide benchmarks, as well as significant impacts from alcohol and drug use. The assessment notes that behavioral health conditions often co-occur with social and economic challenges such as housing instability, food insecurity, and financial strain, which can increase risk for depression, anxiety, substance use disorders, and trauma-related conditions.

Quantitative Data Findings

A description of the physical boundaries and size of the service area, including identification of sites where services are delivered by the CCBHC, including through any Designated Collaborating Organizations

The state map in Figure #1 shows the 21 Colorado Health Statistics Regions – groupings of counties created by the Colorado Department of Public Health and Environment (CDPHE) Health Statistics Program in collaboration with state and local public health professionals, using statistical and demographic criteria. Axis Health System is in Southwest Colorado, in the "Four Corners" region, where Utah, New Mexico, Arizona, and Colorado meet.

Figure 1: CDPHE Colorado Health Statistics Regions



Although Axis Health System provides services throughout an 11-county region (HSR Regions 9

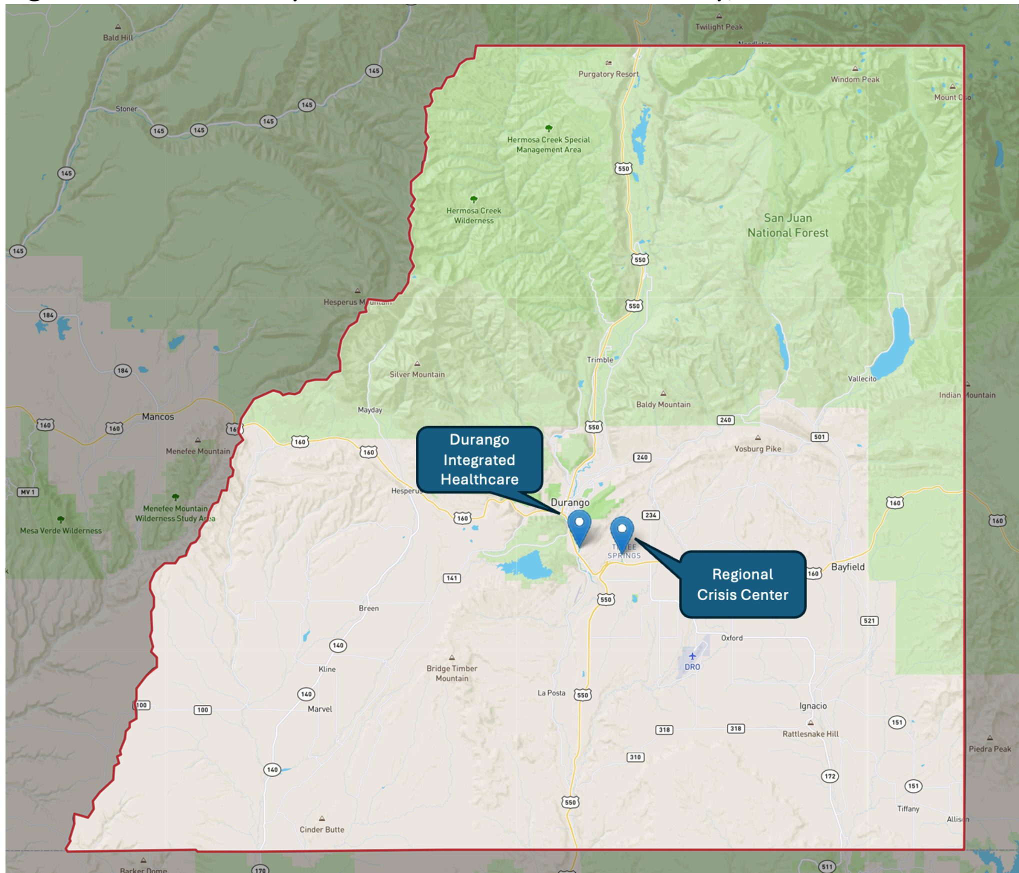
and 10), its CCBHC is located in La Plata County. Thus, La Plata County is the focus of this needs assessment. The county covers about 1,689.7 square miles, making it largely rural with pockets of denser population in Durango and Bayfield. The county population is approximately 56,823 (2024) and has grown slightly since 2020.[x]

The remote nature of the region poses unique challenges to accessing behavioral health care and services that address the social determinants of health. There is minimal public transportation, and winter weather often results in closures of regional highways and mountain passes. There are limited resources and a severe shortage of behavioral health providers, particularly those who accept Medicaid or offer a sliding fee scale for uninsured or low-income populations. According to the 2025 Colorado Behavioral Health Needs Assessment, 82% of licensed behavioral health clinicians in the state reside in urban counties. Clinician supply is substantially higher in urban areas (461.8 clinicians per 100,000 residents) than in rural resort areas (371.1).

La Plata County has transitioned from an economy historically tied to “traditional west” commodities (mining/minerals and ranching) toward a service-heavy mix in which tourism is a major driver. The service sector employs about 44% of the county's workers, with a wide variety of income levels.[xi] Fort Lewis College, in Durango, is also one of the county’s major employers.

Axis has two locations in La Plata County, which are both in Durango: an integrated health center and a regional crisis center. The integrated health center provides physical and behavioral health services, as well as dental and pharmacy services. The regional crisis center has walk-in services from 8:00 A.M. to 5:00 P.M. and a 24-hour, seven-day-a-week crisis care phone line.[xii] Additionally, Axis operates an Acute Treatment Unit offering short-term psychiatric stabilization, and withdrawal management (detox.)

Figure 2: Axis Health System locations in La Plata County, Colorado

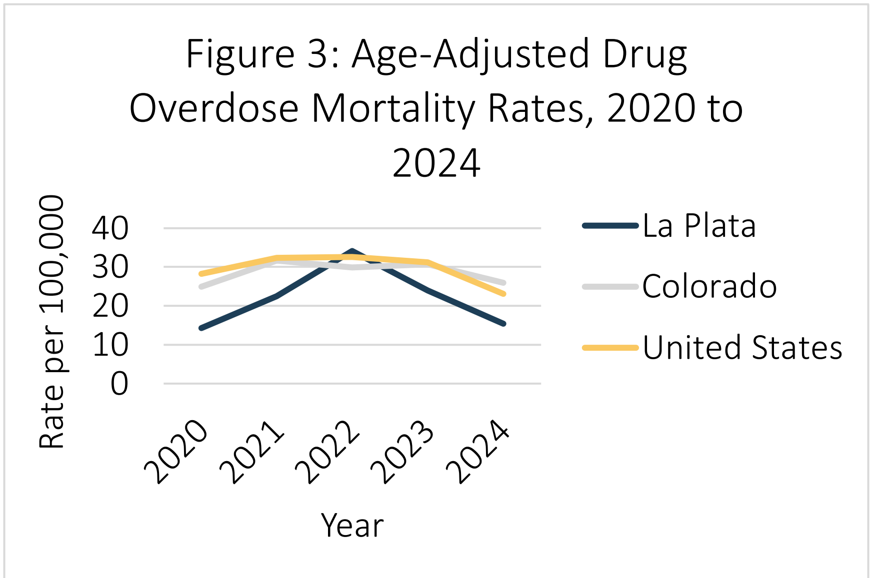


As the largest town in the Four Corners region, Durango serves as a service hub for residents of outlying areas. As required by SAMHSA, Axis' CCBHC does not turn anyone away regardless of place of residence, economic status, income level, ability to pay, or insurance status. Axis provides all CCBHC services directly and does not use any DCOs.

Information about the prevalence of mental health and substance use conditions and related needs in the service area, such as rates of suicide and overdose

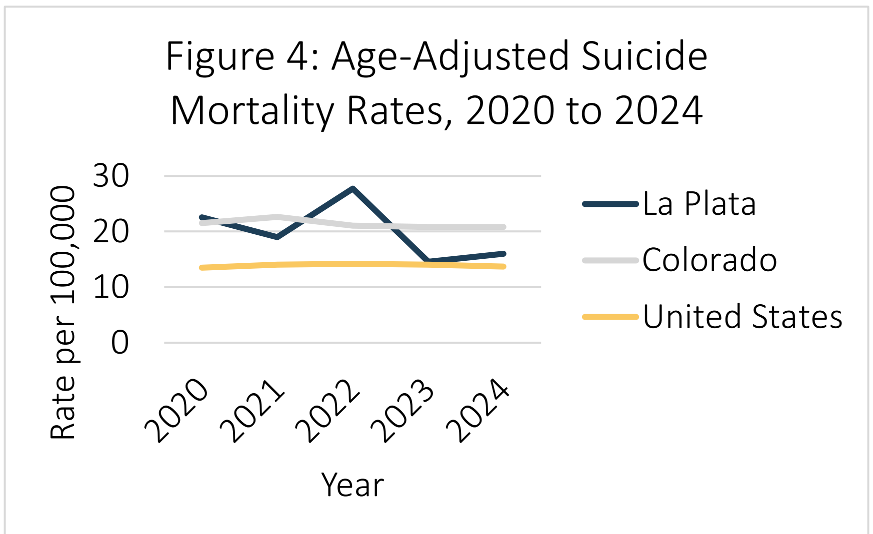
Drug and Suicide Mortality Data

As shown in Figure 3, the age-adjusted drug overdose mortality rate in La Plata County rose significantly from 2020 to 2022, from about 14 to 35 deaths per 100,000. From 2022 to 2024, the rate decreased back down to about 15 deaths per 100,000.[xiii] Colorado and the U.S. have trended similarly over these years, with La Plata meeting them during the 2022 spike, but remaining below both geographies in all other years.[xiv]



CDPHE data from 2020 to 2024, crude counts ranged from 7 to 18, averaging 12.

The age-adjusted suicide mortality rate in La Plata County has fluctuated over the five-year period from 2020 to 2024 (see Figure 4). Notably, the last two years, 2023 and 2024, were the lowest of those five years (down from 27.73 in 2022), and dipped below the state rate.[xv]



However, more current local data tell a different story. La Plata County Coroner Data, retrieved by La Plata County Public Health, showed crude counts of 7, 11, and 23 suicides in La Plata County for 2023, 2024, and 2025 (see Figure 5). Crude counts from local data show a stark increase from 2024 to 2025. That is not reflected in Figure 4 because CDPHE has not yet published the 2025 age-adjusted rates.

Figure 5: La Plata County Crude Suicide Mortality Counts

Year	Crude Suicide Mortality Count
2023	7
2024	11
2025	23

Figure 6: Percentage of students who made a plan about how they would attempt suicide during the past 12 months.

The rate of students who made a plan about how they would attempt suicide fluctuated in HSR 9 among all ages from 2013 to 2023. Two high rates in HSR 9 were among 18-year-olds in 2021 and 16-year-olds in 2023.

		2013	2015	2017	2019	2021	2023
HSR 9	15 years or younger	13.2%	15.8%	13.8%	16.3%	13.7%	14.5%
Colorado		12.6%	14.1%	13.0%	13.8%	14.2%	9.7%
HSR 9	16 years old	11.2%	11.8%	12.9%	12.2%	13.8%	17.2%
Colorado		11.6%	14.1%	13.2%	13.1%	13.3%	8.9%
HSR 9	17 years old	11.2%	11.8%	12.9%	12.2%	13.5%	11.7%
Colorado		11.6%	14.1%	13.2%	13.1%	12.2%	8.6%
HSR 9	18 years or older	11.6%	14.0%	10.2%	12.5%	18.6%	
Colorado		11.7%	14.6%	13.7%	13.2%	9.7%	9.9%

Figure 7: Percentage of students who seriously considered attempting suicide during the past 12 months. While data between HSR 9 and Colorado are relatively similar across many ages and years, HSR 9 shows a couple of troublingly high data points. In 2021, 26 percent of 18-year-olds seriously considered suicide, while in 2023, nearly 20 percent of 16-year-olds did.

		2013	2015	2017	2019	2021	2023
HSR 9	15 years or younger	16.5%	16.7%	16.4%	16.1%	17.8%	15.4%
Colorado		15.5%	17.1%	16.4%	17.0%	17.6%	11.3%
HSR 9	16 years old	16.0%	12.8%	16.3%	16.7%	18.1%	19.4%
Colorado		13.9%	17.5%	17.7%	18.0%	17.3%	10.9%
HSR 9	17 years old	16.0%	12.8%	16.3%	16.7%	16.9%	15.4%
Colorado		13.9%	17.5%	17.7%	18.0%	17.2%	10.9%
HSR 9	18 years or older	9.7%	13.8%	15.2%	15.8%	26.3%	
Colorado		13.6%	18.9%	16.5%	16.4%	12.6%	11.9%

Figure 8: Percentage of students who attempted suicide one or more times during the past 12 months. Students responded at high rates that they had attempted suicide in the last 12 months in HSR 9. Each age group has had a relatively high rate in 2021 or 2023, with 18-year-olds or older at nearly 10 percent in 2021 and 15-year-olds or younger at nearly 10 percent in 2023.

		2013	2015	2017	2019	2021	2023
HSR 9	15 years or younger	8.5%	9.5%	9.2%	8.8%	7.4%	9.8%
Colorado		7.6%	8.1%	7.4%	8.2%	8.2%	6.6%
HSR 9	16 years old	4.4%	6.3%	7.3%	6.3%	7.6%	6.8%
Colorado		5.6%	7.4%	6.7%	7.1%	6.9%	4.6%
HSR 9	17 years old	4.4%	6.3%	7.3%	6.3%	5.6%	7.8%
Colorado		5.6%	7.4%	6.7%	7.1%	6.2%	4.2%
HSR 9	18 years or older	6.3%	8.0%	6.7%	8.9%	9.6%	
Colorado		6.3%	8.4%	6.8%	7.4%	5.1%	5.1%

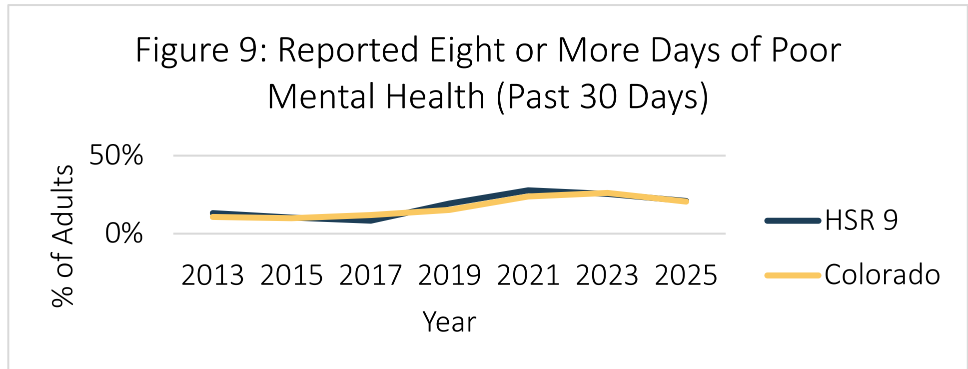
Other Adult Behavioral Health Prevalence Data

Colorado Health Access Survey Results (CHAS), 2013 to 2025

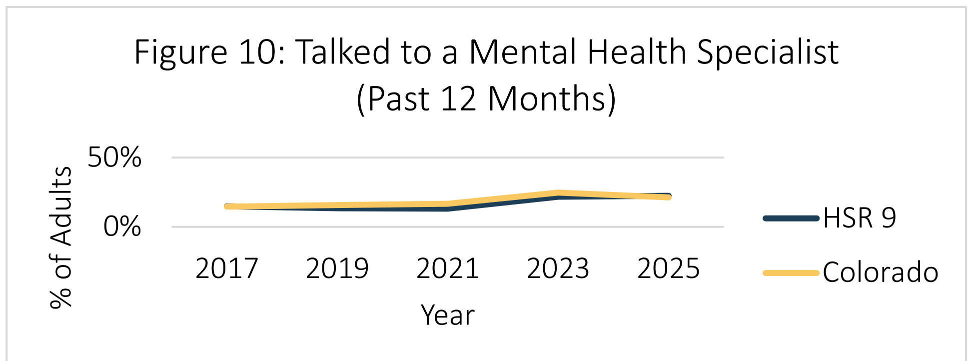
Figures 9, 10 and 11 display three key questions related to mental health among adults in Health Statistics Region 9 (which includes La Plata County) from the Colorado Health Access Survey:

- adults reporting eight or more days of poor mental health in the past 30 days
- adults who have talked to a mental health specialist in the past 12 months
- adults who said they need mental health care but didn't receive it in the past 12 months.[xvi]

The number of adults self-reporting eight or more poor mental health days in a month went from about eight percent in 2017 to nearly 28 percent in 2021. In 2023, that number went down to 26 percent, and in 2025, to 21 percent.



The number of adults self-reporting that they had talked to a mental health specialist in the past 12 months has increased since 2021.



The number of adults self-reporting a need for mental care without getting services in the past 12 months steadily increased from 2013 to 2023. In HSR 9, there was a significant increase from 2021 to 2023, and a significant decrease from 2023 to 2025 (23 to 12%).

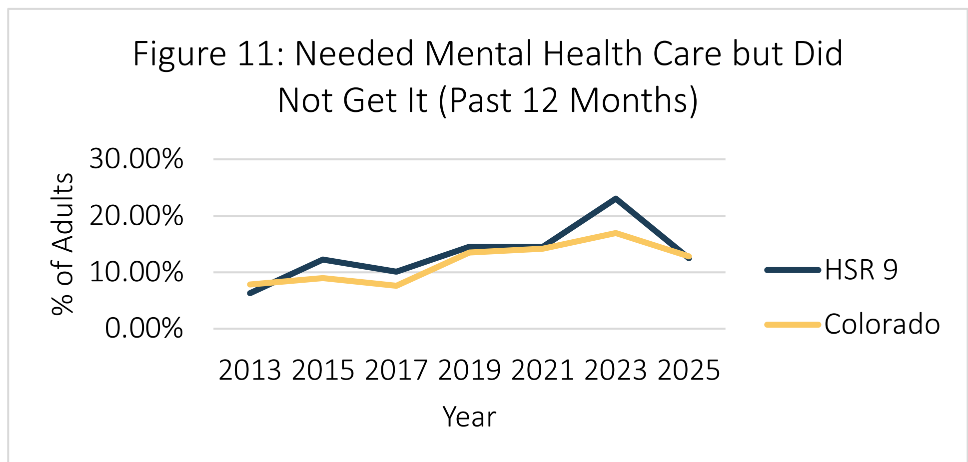


Figure 12 shows a few other relevant behavioral health metrics. The "time period" column reflects the latest data available. In 2023, the rate of adults self-reporting 14 or more poor mental health in the last 30 days was 16.9 percent, which mirrored Colorado and the United States. In La Plata County, this figure has increased every year since 2017 (11.90). Individuals self-reporting binge drinking in 2023 were slightly higher in La Plata County than in Colorado, and about 25 percent higher than the national average. Historical data in La Plata County has not varied.

In 2025, La Plata County had a similar number of psychiatrists per 100,000 residents to Colorado and the United States. The number of opioid treatment providers per 100,000 in 2025 was higher in La Plata County than in Colorado and the United States.

Figure 12: Other Behavioral Health Data

Topics	Time Period	La Plata County	Colorado	United States
Self-reported poor mental health (%)[xvii]	2023	16.9%	16.4%	17.2%
Binge drinking (%)[xviii]	2023	20.8%	18.5%	16.5%
Psychiatry physicians per 100,000[xix]	2025	33.0	32.0	30.0
Opioid treatment providers per 100,000[xx]	2025	22.4	18.9	14.5

Other Youth Behavioral Health Prevalence Data

Colorado Health Kids Survey, 2013 to 2023[xxi]

The Colorado Healthy Kids Survey (CHKS) is voluntary for public middle and high school students in Colorado. It is administered every other year (2025 data is not yet available). The following charts use a green-to-red gradient to indicate relative prevalence, with green representing lower percentages and red higher. The COVID-19 pandemic had a major effect on youth mental health, which is reflected in the CHKS data. Also, according to the Children's Hospital Colorado 2021 mental health playbook, they saw a 73% increase in mental health visits to the emergency department from January to May 2019 to January to May 2021.[xxii] In May 2021, Children's Hospital Colorado declared a state of emergency for youth mental health.[xxiii]

As shown Figure 13, HSR 9 trends generally mirror Colorado (they have both steadily decreased from 2013 to 2023), with some age groups in HSR 9 reporting higher rates than the state. No rate was published for HSR 9 students aged 18 or older.

Figure 13: Percentage of students who had at least one drink of alcohol on one or more of the past 30 days

		2013	2015	2017	2019	2021	2023
HSR 9	15 years or younger	32%	26%	24%	28%	21%	22%
Colorado	15 years or younger	23%	23%	21%	22%	17%	14%
HSR 9	16 years old	44%	36%	40%	44%	31%	33%

THIRD HORIZON

Colorado		36%	37%	35%	36%	26%	21%
HSR 9	17 years old	44%	36%	40%	44%	43%	38%
Colorado		36%	37%	35%	36%	32%	28%
HSR 9	18 years or older	33%	40%	49%	30%	52%	
Colorado		42%	38%	41%	39%	35%	31%

Rates of prolonged sadness or hopelessness increased from 2013 through 2021 across all age groups in both HSR 9 and Colorado, with COVID again being a likely contributor. Despite recent improvement, prevalence remains higher than pre-2019 levels for most adolescents, particularly in HSR 9.

Figure 14: Percentage of students who felt so sad or hopeless almost every day for two weeks or more in a row during the past 12 months that they stopped doing some usual activities

		2013	2015	2017	2019	2021	2023
HSR 9	15 years or younger	21.5%	26.8%	31.3%	28.2%	36.8%	28.9%
Colorado		24.8%	29.2%	29.4%	32.6%	37.9%	25.1%
HSR 9	16 years old	22.9%	23.0%	31.5%	31.6%	39.8%	43.1%
Colorado		24.0%	30.1%	33.0%	36.4%	40.6%	26.0%
HSR 9	17 years old	22.9%	23.0%	31.5%	31.6%	36.4%	32.7%
Colorado		24.0%	30.1%	33.0%	36.4%	42.1%	26.6%
HSR 9	18 years or older	17.3%	20.0%	25.2%	37.5%	41.9%	
Colorado		23.4%	28.0%	33.4%	35.9%	41.1%	26.1%

Economic factors and social determinants of health that are affecting the population's access to health services, such as the percentage of the population with incomes below the poverty level, access to transportation, nutrition, and stable housing.

As shown in Figure 15, Third Horizon reviewed several indicators to assess economic factors and social determinants of health. La Plata County's median household income is about ten percent lower than that of Colorado, but higher than the national average. The County's poverty rate is significantly higher than Colorado's, and close to the U.S. All three geographies share a similar unemployment rate.

The rate of La Plata County residents with Medicare is much higher than in Colorado and the U.S. as a whole. The percentage of people with Medicaid is the same as in Colorado, but less than the national average. Private insurance adoption is slightly lower than in Colorado but similar to the U.S. rate. Military health coverage and uninsured rates are similar across all three geographies. Percentages may not sum to 100% because estimates are collected separately by the American

Community Survey (ACS) and represent five-year rolling averages that aggregate data rather than using data from a single year.

Among the “Other” social determinants of health data points, La Plata County data tracks closely with state and national data in most categories. However, a couple of data points stand out. In La Plata County and across Colorado, fewer children are eligible for free school lunch. However, as discussed previously in this paper, the rate in La Plata County is increasing significantly. The median home value is higher than in Colorado and significantly higher than in the U.S.

Figure 15: Economic Factors and Social Determinants of Health

Topics	Time Period	La Plata	Colorado	USA
Financial				
Median household income	2020-2024	$ 86,056	$ 95,470	$ 80,734
Poverty rate	2020-2024	12%	9%	12%
Unemployment rate	2020-2024	4%	5%	5%
Health Insurance				
Medicaid coverage	2020-2024	18%	18%	21%
Medicare coverage	2020-2024	22%	16%	18%
Dual eligible coverage	2020-2024	1%	2%	2%
Private health insurance	2020-2024	68%	70%	67%
TriCare/military health coverage	2020-2024	2%	4%	3%
Uninsured rate	2020-2024	8%	8%	8%
Other				
Free school lunch eligibility[xxiv]	2024	36%	38%	48%
Food stamps (SNAP)	2020-2024	9%	8%	12%
Internet access	2020-2024	93%	96%	93%
No vehicle available	2020-2024	3%	5%	8%
Median home value	2020-2024	$ 591,500	$ 539,400	$ 332,700
Housing Choice Vouchers [xxv]	2024	4%	3%	4%
Rent-burdened	2020-2024	49%	50%	48%

All data in the table above are from the American Community Survey, unless otherwise noted in Figure 14.[xxvi]

Cultures and languages of the populations residing in the service area

A rolling average of American Community Survey data from 2020 to 2024 showed about 13% of La Plata County residents identified as ethnically Hispanic or Latino (see figure 16).[xxvii]

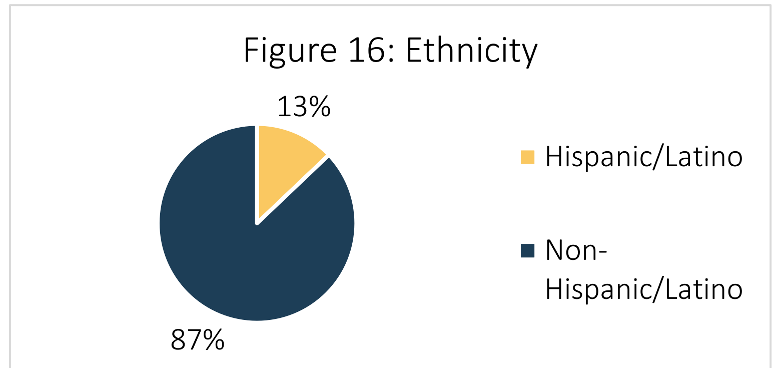
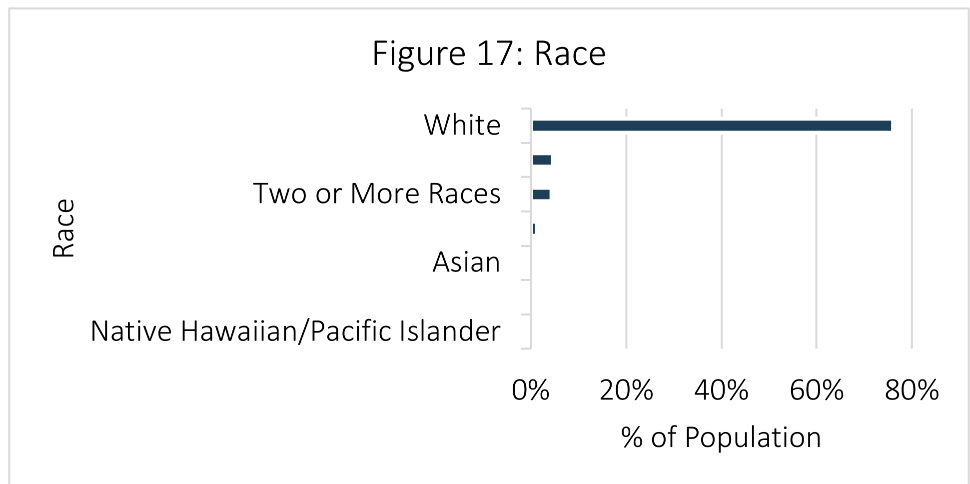
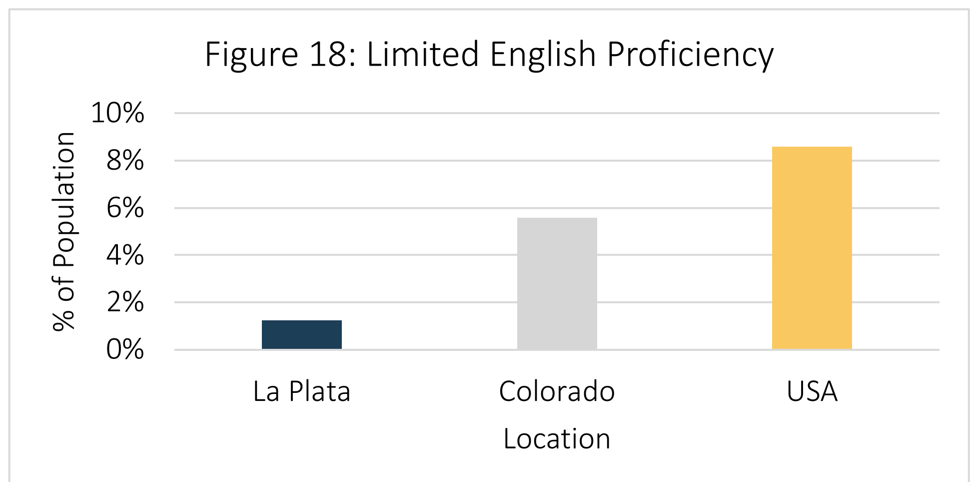


Figure 17 shows data on race from the same time period. La Plata County is predominantly White, with about five percent noting American Indian & Alaska Native and four percent noting Two or More Races.[xxviii]



English is the primary language spoken in La Plata County. As shown in Figure 18, only 1 percent of households reported limited English proficiency, which is lower than in Colorado (6 percent) and the United States (8 percent).[xxix]



The identification of the underserved population(s) within the service area

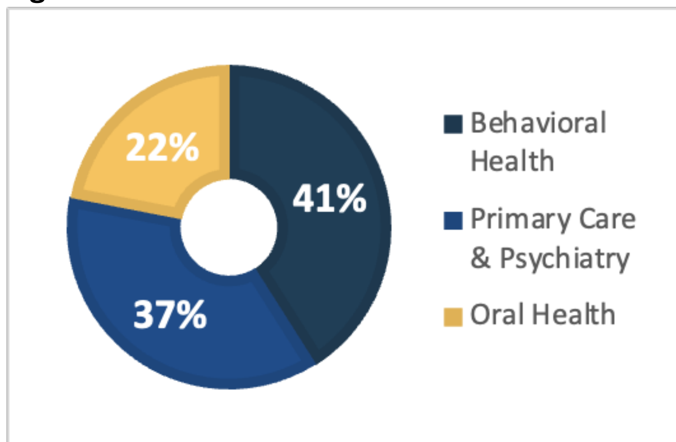
Underserved populations in La Plata County include people with serious mental illness, substance use disorders, and children with serious emotional disturbance; particularly, low-income people who are on Medicaid or uninsured and have behavioral health conditions.

In Third Horizon's qualitative research, key informants also described ranchers and agricultural workers as underserved, along with the growing number of people who are homeless in La Plata County.

Axis Patient Demographics

Axis provides behavioral health, primary care and psychiatry, and oral health services. Behavioral health accounts for 41 percent of total services. Because the CCBHC community needs assessment evaluates behavioral health service needs and gaps in the region, the demographic comparisons below focus on Axis's behavioral health population rather than the full patient population when presenting patient data. All organization-specific data in this section is from Axis's own patient demographic records for calendar year 2025.[xxx]

Figure 19: Service Mix



Payer mix further illustrates why this distinction matters. Medicaid pays for 36 percent of services across all Axis service lines, but 63 percent of behavioral health services. Figure 20 compares the overall payer mix with the behavioral health payer mix that frames the remainder of this section.

Figure 20: Axis Payer Mix 2025

Primary Payer (group)	All Service Areas	Behavioral Health
Commercial Insurance	28%	12%
Medicaid	36%	63%
Medicare	11%	11%
Self Pay (Not Insured)	25%	13%
Other	0%	1%

Unless otherwise noted, all Axis patient demographics in this section reflect behavioral health patients who reside in La Plata County. Community benchmarks reflect ACS estimates for the county's overall population, as comparable county-level estimates are not publicly available.

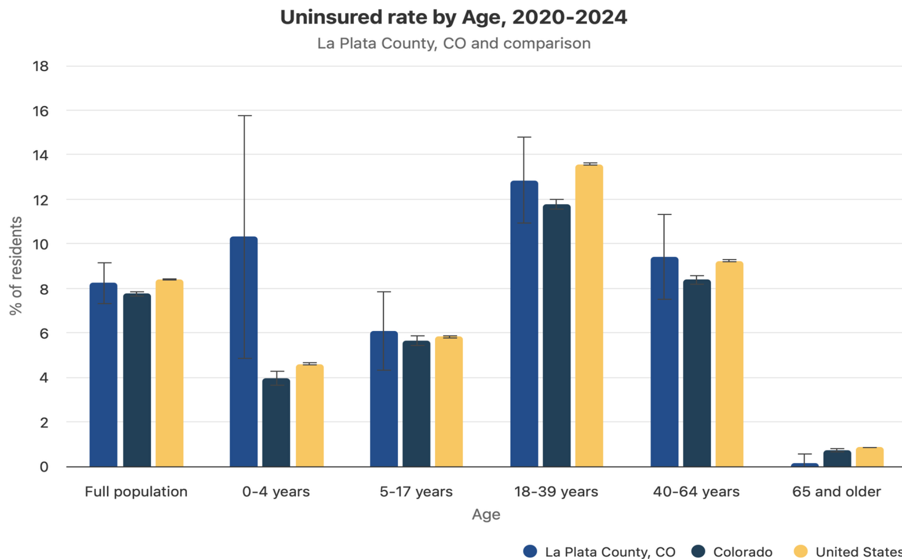
As shown in Figure 21, Axis' La Plata County behavioral health population skews younger than the county as a whole. Adults ages 18 to 39 account for 39 percent of Axis behavioral health patients, compared with 28 percent of county residents. By contrast, children ages zero to 17 and adults ages 65 and older are underrepresented in Axis' behavioral health population relative to the community overall.

Figure 21: Age Data (La Plata County Population and Axis Patients Served)

	Total Population - La Plata County (2020-2024)	Distinct Patients Served (County of Residence: La Plata)	Services Delivered (County of Residence: La Plata)
0-17 years	18%	8%	4%
18-39 years	28%	39%	39%
40-64 years	34%	37%	45%
65 and older	21%	16%	11%

Figure 22 provides important context for this age pattern. In La Plata County, Colorado, and the United States, uninsured rates are highest among adults ages 18 to 39. That pattern is consistent with Axis' younger behavioral health population and suggests that coverage gaps may contribute to demand for services among this age group.

Figure 22: Uninsured Rate by Age, 2020-2024 (La Plata County, Colorado, and United States)



Axis' behavioral health population in La Plata County also includes a higher share of Hispanic patients than the county overall. Hispanic residents represent 13 percent of the county population, compared with 20 percent of Axis behavioral health patients in 2025, as shown in Figure 22. This difference suggests that culturally and linguistically responsive behavioral health access remains an important consideration for service planning.

Figure 23: Hispanic/Non-Hispanic White/Other Data (La Plata Population and Axis Patients Served)

	Total Population - La Plata County (2020-2024)	Distinct Patients Served (County of Residence: La Plata)	Services Delivered (County of Residence: La Plata)
Hispanic	13%	20%	18%
Non-Hispanic White	76%	70%	73%
Other	11%	10%	10%

Axis has federal poverty level data for approximately half of its La Plata County behavioral health patients. Among patients with available income data, 72 percent were at or below 100 percent of the federal poverty level, and 92 percent were at or below 200 percent. Figure 24 also shows that patients below 100 percent of the federal poverty level account for a disproportionate share of behavioral health services delivered.

Figure 24: Income Level (Axis Patients Served)

FPL%	Distinct Patients Served (County of Residence: La Plata)	Services Delivered (County of Residence: La Plata)
Unknown	51%	38%
0%-100%	39%	52%
101%-125%	3%	3%
126%-150%	3%	3%
151%-175%	3%	4%
176%-200%	2%	2%
201%-250%	3%	2%
251%-300%	2%	1%
Grand Total	**100%**	**100%**

Though 51 percent of patients are missing income data, Axis' behavioral health population appears substantially lower income than the county overall. As shown in Figure 25, 25 percent of La Plata County residents and 22 percent of residents statewide live below 200 percent of the federal poverty level. By comparison, nearly all Axis behavioral health patients with reported income fall below that threshold.

Figure 25: Poverty Rate Comparison, La Plata County and Colorado

	La Plata County	Colorado
Below the Federal Poverty Level	12%	9%
Below 200% of the Federal Poverty Level	25%	22%

Insurance coverage patterns reinforce the extent to which Axis' behavioral health population is economically vulnerable. Figure 26 shows that Medicaid is the primary payer for 62.67 percent of behavioral health services, while 13.46 percent are self-pay, indicating no insurance coverage at the point of service. These shares are well above countywide benchmarks and underscore Axis' role as a behavioral health access point for residents with public coverage or no coverage.

Figure 25: Calendar Year 2025 Insurance Status for Services Delivered

Primary Payer (group)	%
Commercial Insurance	12.03%
Medicaid	62.67%
Medicare	11.22%
Self Pay (Not Insured)	13.46%
Other	1.03%
Grand Total	**100.00%**

For context, ACS county data indicate that 18 percent of La Plata County residents are enrolled in Medicaid and 8 percent are uninsured. Axis' behavioral health payer mix, therefore, reflects a patient population with markedly greater economic and coverage-related barriers than the county population overall.

Qualitative Research Findings

Consumer Input/Lived Experience

Axis conducts an annual 10-question Patient Satisfaction Survey (PSS), most recently from October to December 2025 (see Appendices for full survey results). Modeled after the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, it measures care quality from the patient perspective. The survey also provides valuable insights into access to care. Third Horizon reviewed the survey results as part of the needs assessment process.

This year, Axis introduced anonymous text-message surveys sent after each appointment, replacing prior paper and tablet methods. The survey was distributed across all clinic locations in the 11-county service area (excluding Regional Crisis Centers), yielding 912 responses over 12 weeks—701 from in-person visits and 211 from telehealth—with a response rate consistent with past years.

Overall, patient feedback through the survey was primarily positive. Notably, 95% of respondents indicated that their wait time for today's appointment was reasonable. Nearly 95% also reported being treated with dignity and respect.

Axis identified the following focus areas based on the survey results, with working groups in place to support continuing initiatives for improvements to service delivery:

PSS Response 2026 Focus Areas:

- 87% of respondents were able to get an appointment as soon as they needed to. (Question 1)
- 83% of respondents received a call back on the same day to schedule an appointment. (Question 3)
- 76% of respondents reported being satisfied with their provider. (Question 10)

Patients scored Axis very positively on bedside manner. While scheduling responsiveness was identified as an area of focus, no single factor stood out as the primary driver of the lag in overall satisfaction. The Axis Quality Team continues to use patient feedback data to identify trends, prioritize areas for improvement, and partner with clinical teams to implement and monitor targeted initiatives.

For telehealth appointments, 95% of respondents felt the quality was equivalent to an in-person visit.

Key Informant Interviews

Participants

Third Horizon conducted twelve key informant interviews. Each interview took place virtually with a facilitator and a note-taker, using a semi-structured interview guide. The participants represented a cross-section of community stakeholders and partner organizations in accordance with SAMHSA's CCBHC criteria.

Figure 26: Key Informant Interview Participants by Stakeholder Category

Stakeholder categories required by SAMHSA:	Key Informant Interview Participants:
People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the clinic conducting the needs assessment.	• Tara Kiene, President & CEO, Community Connections Note: Additional people with lived experience were engaged through the Axis Patient Satisfaction Survey
Local FQHCs	• Sarada Leavenworth, VP of Population Health, Axis Health System FQHC

Local health department	• Rosalind Penney, Community Health and Wellness Division Manager, La Plata County Department of Public Health • Ashley Micikas, Behavioral Health Section Supervisor, La Plata County Department of Public Health
Inpatient facilities (including psychiatric if available)	• Jenn Miller, Critical Care and Pulmonary, CommonSpirit Hospital • Genna Speno, Mental Health Therapist, CommonSpirit
Department of Veterans Affairs or Veterans Services Organizations	• Erick Burgos, Veteran's Services Officer, La Plata County VA
Representatives from local K-12 school systems.	• Vanessa Giddings, Executive Director of Student Support Services, Durango School District
Crisis response partners such as hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers, and warmlines.	• Molly Rodriguez, Director of Residential and Crisis Services, Regional Crisis Center Durango • Jordan Fletcher, Manager of Behavioral Health Crisis, Regional Crisis Center Durango • Jenn Miller, Critical Care and Pulmonary, CommonSpirit Hospital • Genna Speno, Mental Health Therapist, CommonSpirit
Optional Additional Stakeholder Categories in SAMHSA's CCBHC Criteria	**Key Informant Interview Participants:**
Other behavioral health or human service organizations	• Martha Johnson, Director, La Plata County Department of Human Services • Andrew Urenda, Resource Navigator, Manna Soup Kitchen • Mariel Balbuena, Executive Director, La Plata Family Center • Claire West, Project Manager, Southwest Opioid Response District

Law enforcement/criminal justice agencies	• Chief Brice Current, Durango Police Department
Local government	• Marsha Porter-Norton, County Commissioner, La Plata County

Summary of Common Themes and Outliers

Third Horizon synthesized the qualitative research to identify common themes and outliers from the interviews. Participants responded to a series of questions designed to elicit information on the primary areas that SAMHSA's CCBHC community needs assessment requires: behavioral health treatment needs, crisis services, service access and availability, and potential barriers to care. Additionally, Third Horizon sought input on changes in the community since the last needs assessment and since Axis implemented CCBHC.

Overall Behavioral Health Needs in the Region

Participants identified overarching behavioral health needs and gaps that included:

- Lack of local psychiatric inpatient and long-term residential treatment
- Limited recovery and transitional housing and step-down supports
- Gaps in high-acuity youth services
- Challenges serving individuals with complex and co-occurring needs
- Need to strengthen prevention and pre-crisis services
- Increased homelessness in the region
- Transportation barriers
- Workforce shortages
- Barriers related to insurance, language access, and community awareness
- Breakdowns in care transitions and system coordination.

The following section provides additional details on these themes and stakeholder-specific feedback from the interviews.

Community Assets and What is Working Well

Integrated Care Model

Many stakeholders identified Axis Health System's integrated care model as a significant strength in the region. The integration of primary care, behavioral health, dental and pharmacy within Axis' continuum, in addition to the co-location with La Plata County Public Health Department and Labcorp for lab services was frequently described as improving access, reducing stigma, and supporting whole-person care. Participants noted that individuals often enter through primary care or dental services and are successfully connected to behavioral health supports. The integrated campus model was described as a flagship asset for the region and particularly beneficial for individuals with low income or complex health needs.

THIRD HORIZON

Crisis Services and Co-Response

Several stakeholders highlighted the co-responder model and mobile crisis services as among the most effective programs currently operating in the region. Law enforcement, hospital representatives, and community partners described the co-response program as a major success, citing strong relationship-building, improved on-scene assessments, and reduced strain on emergency systems. Axis crisis services and the Acute Treatment Unit (ATU) were also viewed as valuable community resources, particularly for adults experiencing behavioral health emergencies. Stakeholders emphasized that continued funding and regional expansion of crisis services are critical to maintaining these gains.

Improved Access to Psychiatry and MAT

Multiple participants noted that access to psychiatric services has improved in recent years, with shorter wait times compared to prior years. Interviewees described the addition of psychiatric nursing capacity and the expansion of medication-assisted treatment (MAT) services as positive developments. The recent opening of a methadone clinic in Durango was also viewed as a meaningful improvement for individuals with opioid use disorder. While access challenges remain, stakeholders acknowledged measurable progress in timely connection to psychiatric care.

Peer Support, Navigation, and ACT Services

Stakeholders identified peer support, case management, and Assertive Community Treatment (ACT) services as particularly effective for individuals with serious mental illness and high service utilization. Programs that include care navigation, reminder calls, and warm handoffs were associated with improved engagement and reduced hospitalizations. Participants emphasized that when patients are well-connected to coordinated services, outcomes are significantly improved.

Community Collaboration and Nonprofit Engagement

Many informants described the region as mission-driven, with strong collaboration among nonprofit organizations, public health, schools, hospitals, and law enforcement. Organizations such as Manna Soup Kitchen, recovery housing providers, youth-serving agencies, and veteran-serving organizations were consistently cited as valuable partners. Stakeholders also noted active councils and cross-sector initiatives addressing opioid use, suicide prevention, and justice involvement. While coordination gaps remain, participants described the willingness to collaborate as a core community strength.

<u>Gaps in Care</u>

Inpatient and Residential Treatment

Stakeholders reiterated the absence of local inpatient psychiatric and long-term residential substance use treatment as the most significant structural gaps in the continuum of care. Participants emphasized the strain caused by "boarding" in emergency departments, transporting individuals long distances for care, and the lack of adolescent and geriatric inpatient

options. Interviewees described the absence of medical detox services for alcohol use disorder as contributing to avoidable ICU admissions and increased health care costs.

High-Acuity Youth Services

Several participants identified the lack of high-acuity services for youth as a critical gap. The region has limited access to child psychiatrists, and youth requiring inpatient or residential treatment must be transferred out of the area. Emergency department boarding for youth in crisis was described as common, and discharge planning for adolescents returning from higher levels of care was viewed by participants as inconsistent.

Complex Needs

Some participants highlighted persistent challenges serving individuals with co-occurring intellectual/developmental disorders and other behavioral health conditions, or co-morbid chronic disease. Diagnostic overshadowing, where one condition prevents appropriate treatment of another, and the lack of crisis settings able to support activities of daily living (ADLs), create additional barriers. Individuals with complex needs often remain in crisis longer, are inappropriately placed (e.g., in jail, emergency rooms, or with family members), or are transferred to distant state facilities or regional centers. Additionally, participants commented on the lack of respite for parents or caretakers of people with complex needs.

Recovery and Transitional Supports

Stakeholders consistently described gaps in step-down services, including recovery housing, sober living environments, and other transitional supports following detoxification, incarceration, or inpatient treatment. The limited availability of recovery housing contributes to relapse and repeated system involvement.

Home- and Community-Based Services

Some participants noted the limited availability of services delivered outside traditional clinical settings. Outreach efforts to unhoused individuals and school-based behavioral health services have been effective when funded, but staffing and reimbursement limitations constrain sustainability.

Prevention and Pre-Crisis Services

Stakeholders highlighted the need to strengthen both prevention and pre-crisis behavioral health care. Participants described the importance of connecting individuals to services when they are experiencing mental health or substance use challenges, but have not yet reached the point of emergency. In addition, stakeholders emphasized addressing the crisis's root causes, including social isolation, economic stress, and limited community support. Expanding early intervention, culturally responsive services, and upstream prevention efforts would help reduce avoidable crises and lessen reliance on emergency and inpatient systems.

<u>Access Barriers</u>

Transportation

Transportation was one of the most frequently cited barriers to care. Participants described long travel distances, limited Medicaid transportation options, weather-related delays over mountain passes, and the absence of dedicated 24/7 behavioral health transport services as contributing to delayed or disrupted care. For individuals in rural and outlying areas, the need to travel to Durango for services was described as a persistent barrier. One participant also mentioned that transportation challenges are particularly acute for individuals discharged from inpatient facilities outside the region.

Workforce Recruitment and Retention

Nearly all participants described workforce shortages and provider turnover as ongoing challenges. Recruitment of addiction counselors, pediatric specialists, and bilingual therapists was identified as especially difficult. Participants indicated that turnover disrupts continuity of care and undermines trust, particularly for individuals with complex or long-term needs.

Insurance Coverage

Several stakeholders expressed concern about the potential impacts of changes to Medicaid and anticipated losses of health insurance coverage. Participants expressed concern that this could widen existing gaps across the continuum or lead people with behavioral health needs to forgo care.

Community Awareness and Perception

Multiple stakeholders noted that perceptions about limited access sometimes persist even when services are available. Confusion about eligibility, service offerings, and intake processes can discourage individuals from seeking care. Participants encouraged Axis to conduct regular community education and outreach.

<u>Coordination of Care</u>

Care Transitions

Stakeholders described breakdowns during transitions between settings, particularly from hospital to outpatient care, from jail to community treatment, and from inpatient facilities back to the region. Participants cited challenges that include complex confidentiality regulations, the need for improved discharge planning and increased communication between providers, and insufficient follow-up capacity.

Navigation and Warm Handoffs

Across interviews, the need for more consistent navigation support emerged as a central theme. Stakeholders described a system in which individuals are often provided lists of resources but are not supported in connecting to the most appropriate service. Participants indicated that warm handoffs and dedicated navigators are essential to improving care coordination.

<u>Youth and Adolescents</u>

Gaps for High Acuity Needs

Stakeholders identified significant gaps in behavioral health services for youth and adolescents, particularly for those with high acuity mental health or substance use needs. While some participants noted that existing outpatient mental health services are generally sufficient for youth with mild to moderate needs, significant gaps remain for those requiring higher levels of care. Limited access to child and adolescent psychiatry, inpatient care, and intensive outpatient services often results in youth being transferred out of the region for higher levels of care. Some noted that the transition back to the community from out-of-region facilities is a critical gap, with insufficient coordination to ensure continuity of care and stabilization.

School Services

Interviewees noted that the Durango school district offers robust youth mental health programming, while other school districts in the area may be more limited. However, funding for school-based services is needed for sustainable programming. Additionally, participants indicated that school staff are often overwhelmed and could benefit from additional training and secondary trauma support.

Youth Substance Use

Participants noted increasing concerns related to youth substance use, vaping, suicide risk, and the need for more prevention efforts and pro-social activities. Several stakeholders discussed broader community norms as a contributing factor, including the legalization of marijuana and the social acceptance of marijuana and alcohol, which may influence youth perceptions of risk and acceptability.

<u>Improvements Since Last Needs Assessment</u>

Participants commented on improvements they have observed in the community since Axis became a CCBHC. Common themes included reduced wait times and improved intake processes, expanded access to psychiatric providers, including psychiatric nurses embedded in primary care, and expanded Medication-Assisted Treatment.

Additionally, many interviewees commented on the value of Axis' integrated care clinic in reducing stigma and improving overall access to care.

<u>Primary Health Needs</u>

Participants were asked about the primary health care needs of community members they serve.

Chronic Disease and Alcohol-Related Conditions

Hospital representatives emphasized high rates of alcohol-related medical complications, including liver disease, heart failure, and encephalopathy. These conditions significantly strain critical care resources. More broadly, participants noted diabetes, hypertension, and other chronic diseases as prevalent concerns requiring integrated management.

Preventive and Screening Services

Stakeholders described ongoing efforts to strengthen preventive care, including cancer screenings and population health initiatives. However, interviewees noted that individuals with co-morbid behavioral health conditions often struggle to maintain follow-up appointments without navigation support.

Oral Health and Pharmacy Access

Participants identified expanded dental capacity and 340B pharmacy discounts as important assets for uninsured and Medicaid populations. Some commented that oral health and medication affordability remain critical components of whole-person care.

Role for Axis Health System

Many stakeholders expressed a desire for Axis to play a larger role in addressing gaps in inpatient, residential, and step-down services, while recognizing workforce and financial constraints. Participants emphasized the importance of Axis maintaining transparency around strategic decisions and continuing to engage in regional planning conversations.

Stakeholders also consistently encouraged Axis to continue investing in care coordination, particularly to support people transitioning between acute care and community-based services.

Several informants recommended increased outreach, education, and transparency to strengthen community trust and awareness of available services. As Medicaid uncertainty increases, participants emphasized the importance of clearly communicating the value and scope of services at risk.

Other Concerns

System Challenges

Across interviews, stakeholders acknowledged that many of the identified gaps reflect broader state- and national-level behavioral health system challenges rather than local organizational failures. Funding instability, workforce shortages, and fragmented oversight at the state level were frequently cited as structural barriers.

Increased Homelessness

Several stakeholders discussed the increased number of unhoused individuals in the region and the strong connection between homelessness, serious mental illness, and substance use disorders. Participants emphasized gaps in recovery and transitional housing, the need for a wet shelter, and the frequent cycling of individuals between the streets, jail, and the emergency department. One stakeholder also observed that some individuals decline available services or are unwilling to engage in recovery programs, despite access to basic needs supports. Overall, stakeholders described valued community resources but insufficiently coordinated, long-term solutions.

A description of how the staffing plan does and/or will address findings

Axis's CCBHC staffing plan was instituted to support the full implementation of the nine required services. The organization added positions to expand mental health and substance use disorder treatment, crisis services, care coordination, peer services, and veterans services. Axis has many additional staffing roles that support the CCBHC, though these roles are not funded by the CCBHC grant.

Third Horizon's qualitative research found that additional community outreach and education may be needed. This would help ensure that stakeholders and referral partners are fully aware of the services Axis offers and how to access them. Furthermore, participants expressed the need for increased support for care transitions for people with behavioral health conditions returning from acute care settings to the community. Third Horizon recommends that Axis consider adding more dedicated capacity to its staffing plan for care coordination.

Plans to Update the Community Needs Assessment Every Three (3) Years

A community needs assessment gives organizations comprehensive information about the community's current health status, needs, and issues. This information is imperative for developing an improvement plan by justifying where and how resources should be allocated to best meet community needs. Axis is committed to updating its community needs assessment every three years to gauge the impact of CCBHC implementation and monitor new and emerging trends, gaps in care, and other behavioral health concerns in La Plata County. A similar approach to that used in this needs assessment will be implemented in the follow-up assessment.

Conclusion

Third Horizon's research found that La Plata County continues to face meaningful behavioral health needs. At the same time, Axis' CCBHC implementation provides a strong platform to improve access and coordination across much of the continuum. Several indicators suggest modest progress since 2022; for example, overdose mortality declined by 2024, and the number of adults self-reporting eight or more poor mental health days in a month decreased. Stakeholders also perceived improvements in access to care and service responsiveness, including expedited intake, integrated care access, and strengthened bilingual capacity.

At the same time, persistent structural barriers continue to limit timely care. Rural geography, limited transportation, and workforce shortages remain significant constraints, particularly for Medicaid and uninsured residents. The county also lacks higher levels of care, including local long-term inpatient psychiatric and long-term residential substance use treatment, and recovery housing/sober living, and support for care transitions remains insufficient.

Social determinants of health further intensify demand. Rising housing instability and homelessness contribute to higher acuity and difficult care transitions, especially for people cycling between crisis services, emergency settings, and outpatient care. In this context, the CCBHC model can continue to serve as a hub for navigation and care coordination—helping

residents connect to the right level of care and strengthening continuity when higher-acuity services must be delivered out of county.

By building on CCBHC-aligned infrastructure and collaborating regionally, Axis can continue to match services to community need and improve continuity of care for the populations at highest risk.

About Third Horizon

Third Horizon is a strategic, boutique advisory firm focused on designing integrated health and social systems so all communities, families, and individuals can thrive. Through its work across three advisory areas – behavioral health, community health, and payment design and analytics – the firm offers a 360º view of complex challenges across three horizons (past, present, and future) to help industry leaders and policymakers interpret signals and trends and develop upstream innovations, strategies, and structural changes that maximize the value of the yearly spend on health care. Learn more at https://thirdhorizon.com.

Appendices

1. Stakeholders Engaged in the CCBHC Community Needs Assessment

Key Informant Interviews

Stakeholder categories required by SAMHSA:	Key Informant Interview Participants:
People with lived experience of mental and substance use conditions and individuals who have received/are receiving services from the clinic conducting the needs assessment.	• Tara Kiene, President & CEO, Community Connections Note: Additional people with lived experience were engaged through the Axis Patient Satisfaction Survey
Local FQHCs	• Sarada Leavenworth, VP of Strategic Initiatives, Axis Health System FQHC
Local health department	• Rosalind Penney, Community Health and Wellness Division Manager, La Plata County Department of Public Health • Ashley Micikas, Behavioral Health Section Supervisor, La Plata County Department of Public Health
Inpatient facilities (including psychiatric if available)	• Jenn Miller, Critical Care and Pulmonary, CommonSpirit Hospital • Genna Speno, Mental Health Therapist, CommonSpirit
Department of Veterans Affairs or Veterans Services Organizations	• Erick Burgos, Veteran's Services Officer, La Plata County VA
Representatives from local K-12 school systems.	• Vanessa Giddings, Executive Director of Student Support Services, Durango School District
Crisis response partners such as hospital emergency departments, emergency responders, crisis stabilization settings, crisis call centers, and warmlines.	• Molly Rodriguez, Director of Residential and Crisis Services, Regional Crisis Center Durango • Jordan Fletcher, Manager of Behavioral Health Crisis, Regional Crisis Center Durango

	• Jenn Miller, Critical Care and Pulmonary, CommonSpirit Hospital • Genna Speno, Mental Health Therapist, CommonSpirit
Optional Additional Stakeholder Categories in SAMHSA's CCBHC Criteria	**Key Informant Interview Participants:**
Other behavioral health or human service organizations	• Martha Johnson, Director, La Plata County Department of Human Services • Andrew Urenda, Resource Navigator, Manna Soup Kitchen • Mariel Balbuena, Executive Director, La Plata Family Center • Claire West, Project Manager, Southwest Opioid Response District
Law enforcement/criminal justice agencies	• Chief Brice Current, Durango Police Department
Local government	• Marsha Porter-Norton, County Commissioner, La Plata County

Lead Staff:

Name	Title
Haley Leonard-Saunders	Vice President of Strategy and Communications
Sarada Leavenworth	Vice President of Population Health
Nichole Glaser	Manager of Public Relations and Development
Matthew Dodson	Director of Engagement Services
Gary Meisner	Manager of Engagement Services

2. Axis Health System Staffing Plan

Positions	Total BH Staff Team	Funded by CCBHC Grant
ADMIN	**1**	
Referral Supervisor	1	
BEHAVIORAL HEALTH - COMMUNITY	**13**	
Behavioral Health Equity Manager	1	0.5
Bi-lingual Cultural Liaison	1	1.0
Co-Responder Therapist-Licensed 1	1	
Co-Responder Therapist-Licensed 2	1	
Co-Responder Therapist-Unlicensed	3	
Manager of Behavioral Health	3	
School Based Mental Health Specialist	1	
Veterans Liaison	1	1.0
Vocational Supervisor	1	
BEHAVIORAL HEALTH - CRISIS	**61**	
Behavioral Health Care Coordinator	4	
Behavioral Health Care Coordinator- Team Lead	1	
Behavioral Health Tech Supervisor	1	
Behavioral Health Technician-Lead	2	
Case Manager	2	
Clinical Supervisor	1	1.0
Detox Supervisor	1	
Manager of Behavioral Health	2	
Peer Specialist	2	
Therapist-Licensed 1	5	
Therapist-Unlicensed	6	2.0
BEHAVIORAL HEALTH - JAIL-BASED	**6**	
Case Manager	1	
Clinical Supervisor	1	
Peer Specialist	1	
Therapist-Unlicensed	3	
BEHAVIORAL HEALTH - Mental Health/SUD	**40**	
Behavioral Health Technician - Outpatient	1	1.0
Case Manager	7	1.0
Case Manager Supervisor	1	
Clinical Supervisor	6	1.0
Peer Specialist	5	1.0
Peer Supervisor	1	
Therapist-Licensed 1	2	1.0

Therapist-Licensed 2	2	
Therapist-Unlicensed	13	
Wellness Coach	2	1.0
BEHAVIORAL HEALTH - PSYCH	**10**	
BH Nurse Manager	1	
Psychiatric Assistant	2	
Psychiatric Nurse Practitioner	4	
Psychiatrist	3	
INTEGRATED CARE	**1**	
Wellness Coach Supervisor	1	
IT	**1**	
Analyst-Business Intelligence	1	0.5
LEADERSHIP	**15**	
Chief Administrative Officer (CAO)	1	
Chief Executive Officer (CEO)	1	
Chief Legal Officer (CLO) General Counsel	1	
Chief Operating Officer (COO)	1	
Director of Behavioral Health	1	
Director of Community Behavioral Health	1	
Director of Crisis	1	
Director of Nursing	1	
Director of Project Management	1	
Director of Quality and Compliance	1	
Medical Director of Primary Care	1	
Medical Director of Psychiatry	1	
VP of Behavioral Health	1	
VP of Integrated Health	1	
VP of Strategic Initiatives	1	0.6
Grand Total	**148**	**12.6**

3. Axis Health System Patient Satisfaction Survey

Summary

Axis Health System (Axis) conducts a 10-question Patient Satisfaction Survey (PSS) annually, most recently in October-December of 2025. The survey was modeled after the Consumer Assessments of Healthcare Providers and Systems (CAHPS) survey, which assesses quality of care from the patient's perspective. This year, a new process was implemented; the survey was sent to patients **via text** after each appointment. The data collected from patients this year is unidentified, whereas in years past, data was collected manually (i.e., paper surveys or tablets) and, therefore, less anonymous. The new process was implemented at all Axis clinic locations throughout our 11-county service area (excluding Regional Crisis Center locations). **A total of 912 surveys were collected over a 12-week period; the majority (701) were collected during in-person patient appointments, and the remainder (211) were collected during telehealth appointments. The total response rate among patients was comparable to historical data trends.**

Axis continues to work to better understand and optimize the role of telehealth in patient care. To this end, the PSS also includes questions targeting feedback regarding telehealth. Of those respondents answering the telehealth questions, 95% of patients who reported accessing care via telehealth reported that the quality of their visit was equivalent to an in-person visit, consistent with the 2024 reporting cycle.

PSS Response Highlights:

- 95% of respondents thought the wait time was reasonable. (Question 2)
- 98% of respondents felt they were treated with dignity and respect. (Question 5)
- 98% of respondents felt their provider listened to them during their visit. (Question 6)
- 97% of respondents felt encouraged to ask their provider questions about their care. (Question 7)

Analysis

The Axis Quality Team uses data to determine trends and, as appropriate, develop a plan of action based on direct patient feedback. This PSS cycle demonstrates that most patients have had a positive experience. There is an opportunity to improve the patient's experience in the highlighted focus areas. The largest variance in data was patients who felt satisfied with their provider, which **decreased by 15%** from the last data collection period. The Quality team will begin analyzing the data to identify service lines and the areas where the most improvement is needed and will work with the clinical teams to implement initiatives to track performance. Patients responses to receiving calls back the same day also **decreased by 9%** , and it was reported that the ability to schedule appointments when needed has **decreased by 6%.** Quality will continue to monitor the data and report back on trends, understanding that this data was collected during a transitional period to NextGen and the acquisition of Pagosa Medical Group.

Quality will partner with the Clinical and Operations teams to analyze and support continuing initiatives to improve the following:

PSS Response 2026 Focus Areas:

- 87% of respondents were able to get an appointment as soon as they needed to. (Question 1)

- 83% of respondents received a call back on the same day to schedule an appointment. (Question 3)
- 76% of respondents felt they were satisfied with their provider. (Question 10)

Questions from the Patient Satisfaction Survey

1. When you make an appointment with your provider for routine care or care needed right away, how often do you get an appointment as soon as you need?
2. Do you think your wait time for today's appointment to see your provider has been reasonable?
3. In the past 6 months, when you contacted your provider's office during regular business hours, how often did you receive an answer to your healthcare question the same day?
4. In the past 6 months, do you feel everyone involved in your care worked well together? *
5. Were you treated with dignity and respect by staff?
6. Did your provider listen to your reasons for today's visit?
7. Did your provider encourage you to ask questions and provide opportunities to participate in the development of your care plan and goals?
8. In the past 6 months, how often did this provider explain things in a way that was easy to understand?
9. Would you recommend an acquaintance, friend, or family member to your provider for healthcare?
10. How satisfied are you with the care you received from your provider today?

Patient Satisfaction Survey: Executive View

A summary of the bi-annual Patient Satisfaction Survey (CHC & CMHC) results

Surveys Received 912

Survey Questions	Positive	Neutral	Negative
When you make an appointment with your provider for routine care or care needed right away, how often do you get an appointment as soon as you need?	87.01%	9.98%	3.02%
Do you think your wait time for today's appointment to see your provider has been reasonable?	95.27%		4.73%
In the past 6 months, when you contacted your provider's office during regular office hours, how often did you get an answer to your healthcare question the same day?	82.52%	14.23%	3.25%
In the past 6 months how often do you feel that everyone involved in your care worked well together?	93.17%	5.82%	1.01%
Were you treated with dignity and respect by staff?	94.55%	4.34%	1.11%
Did your provider listen to your reasons for today's visit?	94.81%	3.76%	1.44%
Did your provider encourage you to ask questions and provide opportunities to participate in the development of your care plan and health goals?	90.30%	7.39%	2.32%
In the past 6 months, how often did this provider explain things in a way that was easy to understand?	96.09%	2.34%	1.56%
Would you recommend an acquaintance, friend, or family member to your provider for healthcare?	89.88%	7.59%	2.53%
How satisfied are you with the care you received by your provider today?	75.93%	4.07%	20.00%

Patient Responses Regarding Telehealth Services

Patients were presented with four questions regarding connectivity, smart device access, and attitudes toward telehealth options. The results of these questions are below.

Telehealth survey responses **increased by 75%** from the last data collection period (Fall/Winter 2024). The data was consistent, **95% of patients** felt that their telehealth was equivalent to an in-person visit.

Telehealth Surveys Received 211

Telehealth: Attendance

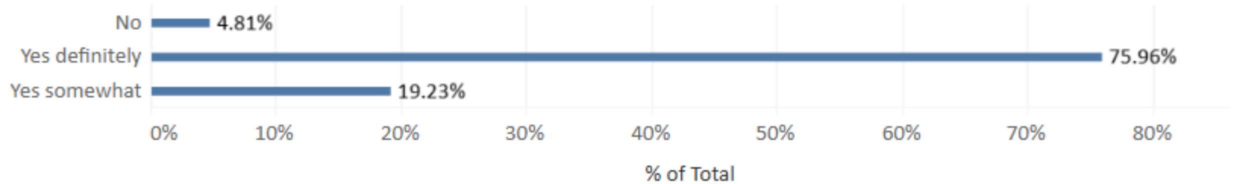
Where did you have your telehealth visit?	
A non-Axis location (e.g., at home)	68.72%
An Axis location (e.g., video call was held at room on-site	31.28%

What type of device did you use to attend your telehealth visit**?	
Computer (desktop/laptop)	12.32%
Smart phone	47.87%
Tablet (iPad, chromebook, etc.)	5.21%
N/A (Attended at an Axis location or no response	34.60%

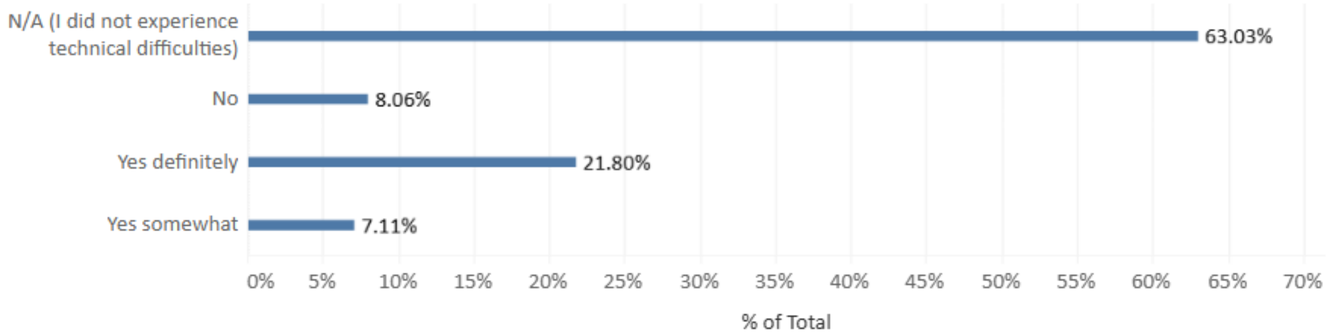
**only collected for visits from non-Axis location (e.g., at home)

Telehealth: Quality of Visit

Do you feel the quality of your telehealth visit was equivalent to an in-person visit?



If you experienced technical difficulties during your telehealth appointment, were you able to access support to resolve the issue?



4. Citations/End Notes

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[xxvii] https://www.census.gov/programs-surveys/acs
[xxviii] Ibid.
[xxix] Ibid.
[xxx] Axis's service data for La Plata County residents includes all behavioral health services provided at Durango Integrated Healthcare, including Psychiatry, MH, SUD, Crisis, and Support services such as Case Management, Employment, Outreach, etc. for patients who reside in La Plata County only. Data was provided to Third Horizon on January 30, 2026.