



COLORADO

Department of Agriculture



Cultivating Wellness

**2025 Report on Behavioral Health in
Colorado's Agricultural Communities**



COLORADO
Department of Agriculture
Department of Human Services

“

I WAS SUPPOSED TO BE A ROCK, BUT INSIDE I WAS CRUMBLING.

When I reached out, I was seconds away from ending my life. Financially, things on our ranch were falling apart—and I felt like a failure. I didn't want my problems to burden anyone else, so I buried 'em inside. And that's what almost buried me. Thankfully, I picked up my phone and called Colorado Crisis Services. I was able to finally get out everything I'd been holding inside, and I realized that trying to be a rock of strength for everyone else had actually caused me to start crumbling inside.

No matter what you're going through, you don't have to go through it alone.



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Executive Summary

The 2025 Legislative Report from the Agricultural Behavioral Health Work Group (ABHWG) reflects a strong and deliberate first year focused on building a credible foundation for long-term impact. During its inaugural year, the Work Group concentrated on understanding the current landscape of behavioral health in Colorado's agricultural communities, identifying gaps in access and outcomes, and establishing the structures necessary to move toward meaningful policy and legislative recommendations.

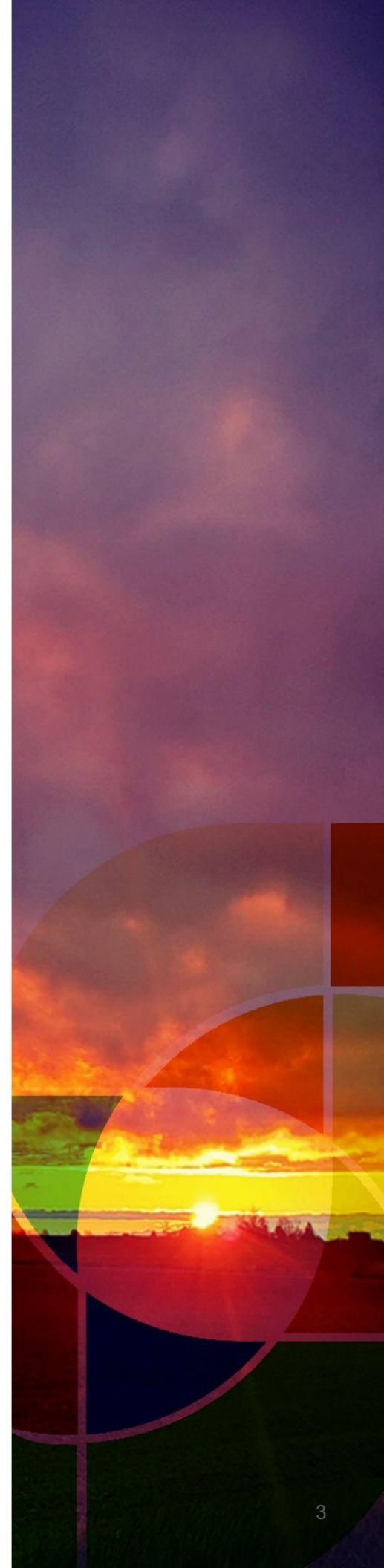
The following pages synthesize existing data, stakeholder input, and national research to clearly define both the scope of need and the opportunities for targeted intervention.

Current Landscape: Key Findings

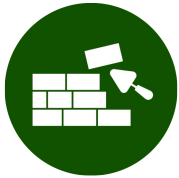
Data reviewed by the ABHWG underscores the urgency of addressing behavioral health challenges in Colorado's agricultural sector:

- **Elevated Suicide Rates:** From 2019-2023, agriculture, forestry, fishing, and hunting experienced the fourth highest suicide death rate among all Colorado industries.
- **Opioid-Related Mortality:** A 2020 national study found that workers in farming, fishing, and forestry experienced opioid-related deaths at more than five times the rate of the general working population.
- **Poor Mental Health Indicators:** Unpaid workers on family farms and businesses were more than twice as likely as the average working-age Coloradan to report eight or more days of poor mental health in the past month.
- **Severe Access Gaps:** Most rural areas in Colorado are designated as State Health Professional Shortage Areas (SHPSAs) for behavioral health. Several of the state's most agriculturally productive counties meet less than 20% of their residents' behavioral health service needs.

These findings confirm that agricultural communities face both heightened risk and systemic barriers to care, conditions that warrant focused and coordinated policy attention.



Agricultural Behavioral Health Work Group 2025 Accomplishments and Initiatives



Establishing the Foundation

- **12** meetings held since December 2024, including **3 hybrid meetings** in various locations around Colorado (Broomfield, CSU Pueblo, Monte Vista)
- Approved a formal **Work Group Charter**
- Developed a **Work Plan** to guide 2025 efforts
- Established **3 Subcommittees** to address specific statutory goals:
 - Review of Current Ag Behavioral Health Best Practices
 - Collection of Data to Identify Current Gaps
 - Coordination of Outreach & Communication Efforts



Connecting with the Community

- Convened the **Inaugural Agriculture Behavioral Health Summit** (November 13 and 14, 2025 in Monte Vista), organized by the Rocky Mountain Farmers Union
 - **62 individuals** attended
 - **9 agricultural organizations and 16 behavioral health organizations** were represented (See [Appendix D: Colorado Ag Behavioral Health Summit Agenda](#) for details)
- Improved the **CDA Ag Behavioral Health Websites** to promote transparency, house resources, and advertise upcoming events
 - Visit ag.colorado.gov and search "Rural Mental Health"



Provisioning Specialized Care for Rural and Agricultural Communities

- Provided **Changing Our Mental and Emotional Trajectory (COMET)** training for work group members.
- The Behavioral Health Administration (BHA) contracted with LandLogic to offer **2 years of no-cost, agriculturally responsive clinical training** for providers.
- The BHA agreement has successfully trained **48 individuals in LandLogic** to date, the majority of whom are behavioral health providers. .



What We Know About Behavioral Health in Agricultural Communities

Agricultural Behavioral Health Data Report Summary

Improving Behavioral Health Access for Agricultural Communities

The purpose of the Ag Behavioral Health Work Group (ABHWG), as created by [SB24-055 Agricultural & Rural Behavioral Health Care](#), is to convene leaders and experts in agriculture and behavioral health care to improve access to behavioral health care for those involved in agriculture and their families. Efforts include:

- Compile best practices to provide behavioral health care to those involved in agriculture and their families.
- Identify gaps in the provision of behavioral health care to those involved in agriculture.
- Engage with other stakeholders involved in behavioral health care, focused on those involved in agriculture.
- Collect data, as permitted by state and federal data privacy laws, on behavioral health-care outcomes in agricultural communities and steps taken to support those involved in agriculture through behavioral health initiatives and programs.
- Report to the department and the BHA on the data collected and recommend legislative or policy changes to further improve agricultural behavioral health care.

Work Group Membership and Appointments

The initial appointments to the Ag Behavioral Health Work Group (ABHWG) were finalized by September 1, 2024. The appointments of tribal representatives from the Ute Mountain Ute Tribe and Southern Ute Tribe were completed in December 2024, ensuring that all positions required by statute were successfully filled.

Applications were requested through a press release and promotional outreach to a wide variety of agricultural and behavioral health organizations, as well as direct outreach to the Tribes. A complete list of the original appointments and the current status of each appointee can be found in [Appendix A: Current Members](#).

The composition of the work group has changed slightly over the first year of meetings due to job turnover.

As a result, CDA staff have posted an online application to join the work group, which will remain open continuously. This will allow the Commissioner of Agriculture to appoint new members from a list of interested applicants if and when gaps in representation occur.

Current Behavioral Health Landscape in Agricultural Communities, continued

In order to develop a comprehensive landscape analysis of behavioral health needs and resources in agricultural communities, a multifaceted approach was implemented:

1. Review existing data sources to establish baseline information and create a data report.
2. Conduct a large scale quantitative survey to gather producer input.
3. Conduct in-depth qualitative interviews with key agricultural informants as identified by the ABHWG.

Summary Data Report on Existing Behavioral Health Outcomes and Gaps in Behavioral Health Services for Colorado Agricultural Communities

The ABHWG was tasked with compiling existing data on behavioral health outcomes and gaps in behavioral health services for Colorado agricultural communities.

This report compiles existing industry-level data about behavioral health outcomes including suicide deaths, opioid misuse, and mental health metrics for the agricultural community including unpaid workers for family businesses.

The report explores the current state of access to behavioral health services by highlighting data about State-Designated Health Professional Shortage Areas, utilization of community mental health services, and internet access.

Finally, the report gathers data from a Western Regional Agricultural Stress Assistance survey and a needs assessment conducted in the San Luis Valley that speak to current stressors, coping mechanisms, and stigma associated with mental health in agricultural communities.

Key relevant findings from the report include:

- Agriculture, forestry, fishing, & hunting had the fourth highest crude suicide death rate of all Colorado industries in 2019-2023, at 57.7 per 100,000 population.¹
- A 2020 study found that overall opioid use deaths for U.S. workers in the farming, fishing, and forestry industries were more than five times higher than for the general population of workers.²

¹ Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

² [The Effects of the Opioid Crisis on Agricultural Industries](#)

Current Behavioral Health Landscape in Agricultural Communities, continued

- According to the Colorado Department of Public Health and Environment, most rural areas of the state are State-Designated Health Professional Shortage Areas (sHPSAs) for behavioral healthcare as of 2024.³
- Dr. Katherine A. James also conducted a needs assessment in 2024 for agricultural owners/operators and field workers within the San Luis Valley of Colorado. The top five stressors reported by owner/operators were water resources, physical health, mental health, insurance, and housing assistance; the top five stressors for field workers were nutritious food, housing assistance, transportation, translation assistance, and financial assistance.⁴
- The Western Regional Agricultural Stress Assistance Program surveyed Colorado agricultural producers (n=53) on likelihood of participation in specific outreach and education projects. 60% of producers indicated that they were likely or very likely to participate in talking to a peer listener about stress and mental health (a peer listener was defined as a member of the ag community who is trained to listen and respond to their neighbors and direct them to available resources).⁵

The full report that synthesizes the existing quantitative and qualitative data on this topic can be found in [Appendix C: 2025 Agricultural Behavioral Health Data Report](#).

Producer Feedback Surveys

In 2025, CSU faculty partners and CSU Extension embarked on an effort to develop, disseminate, and analyze a large-scale producer survey.

The close connection between the ABHWG and CSU allowed the ABHWG Data Subcommittee to weigh-in on this survey rather than creating their own.

Utilizing the CSU survey process allowed the Data Subcommittee to capitalize on questions developed from validated scales, participant incentives, an established distribution plan, and CSU faculty expertise in data analysis and reporting. 1,000 surveys were distributed to Colorado producers in mid November. Data analysis of returned responses will begin in 2026.

³ Health professional shortage area maps and data

⁴ Behavioral Health of Agriculture Workers in the San Luis Valley, Colorado. Not yet published at the time of this report.

⁵ [WRASAP: Baseline Data Collection](#). Colorado State Report.

Current Behavioral Health Landscape in Agricultural Communities, continued

Agricultural Community Member Interviews

The Data Subcommittee is conducting a series of interviews with members of the ag community to gather data about what stressors they face, how they take care of themselves, and the resources they are able to access. 4 of 12 interviews have been conducted thus far. The remaining interviews, analysis and reporting will take place in 2026.

The questions asked during the interviews can be found in [Appendix E: Agriculture Key Informant Interview Template](#).

Literature Review on Best Practices

The subcommittee on best practices completed a comprehensive review of peer reviewed literature related to effectiveness of agricultural behavioral health programs and activities. The goal was to develop a guide outlining best practices for providing behavioral health information, support, and resources to farmers, ranchers, agricultural workers, and their families, including culturally appropriate strategies and access points. The complete report can be found in [Appendix F: Agricultural Behavioral Health Best Practices Literature Review Summary](#) but some key takeaways to guide future efforts include:

- There is a significant need for greater evaluation data on the effectiveness of ag specific behavioral health programming, highlighting the importance of adding evaluation processes to the Ag Behavioral Health Work Group activities and efforts.
- A significant predictor of help-seeking behavior among rural residents was prior knowledge of behavioral health information suggesting the importance of increasing mental health literacy, awareness of resources, and normalizing behavioral health conversations.
- Groups who support or live within the agrarian communities are an important key to the development of feasible interventions that result in long-overdue sustainable stress reduction among farm and rural populations.
- Improved mental health in agricultural populations tends to be the result of a comprehensive and holistic approach including:
 - Culturally appropriate and available care
 - Assistance during crisis
 - Physical health
 - Financial well-being
 - Coping skills
 - Social support

Current Behavioral Health Landscape in Agricultural Communities

Data Supporting the Work Group's Endorsement of COMET Training

Changing Our Mental and Emotional Trajectory (COMET) is a community training that is intended to equip participants with tools to address mental and emotional health issues early in their occurrence, before reaching the point of crisis.

A report published in the *Journal of Primary Care & Community Health* titled “Changing Our Mental and Emotional Trajectory (COMET): The Feasibility and Acceptability of a Rural Community-Based Strategy to Prevent Mental and Emotional Health Problems,” examines survey data of COMET participants to evaluate the effectiveness of this training as an intervention that to improve mental health in rural communities.

The report looks at data from 60 COMET Community trainings conducted between January 2021 and October 2022 that hosted over 700 participants.⁶ Survey data demonstrated a high level of satisfaction with the training. Nearly 94% of respondents agreed or strongly agreed that the training provided resources that can help them use COMET successfully.⁷ When comparing pre and post survey results, the percent of respondents who reported that they are likely or very likely to ask someone how they are really doing increased from 69% to 84% after training.⁸

This report finds that COMET is a feasible and effective training for a wide range of community members. Survey results demonstrate that trainees are more likely to engage in important conversations about mental and emotional health.

Many rural communities struggle to retain professionals in the mental health field and persisting stigma stops individuals from seeking help.⁹

Therefore community members in rural and agricultural communities can play a very valuable role in supporting an individual who may be struggling with mental and emotional health.

⁶ Zittleman L, Felzien M, Curcija K, et al. Changing Our Mental and Emotional Trajectory (COMET): The Feasibility and Acceptability of a Rural Community-Based Strategy to Prevent Mental and Emotional Health Problems. *Journal of Primary Care & Community Health*. 2025;16. Pg. 4. doi:[10.1177/21501319251317337](https://doi.org/10.1177/21501319251317337)

⁷ Ibid., 4.

⁸ Ibid., 4

⁹ Ibid., 4

Current Behavioral Health Landscape in Agricultural Communities

Recommendations for Legislative or Policy Changes

This first year of the ABHWG was focused on information gathering, understanding the current state of rural and agricultural mental health, and laying the groundwork for how the work group will function. Work group members reflected on the first year of meeting and concluded that good progress was made with foundation work, which included setting up subcommittees, interviews, literature reviews, and hosting the first annual summit.

Members found that hearing from guest speakers from public and private programs has been beneficial to increase representation, share information about existing programs, and provide networking opportunities.

The ABHWG has begun to identify gaps and assess needs of both agricultural producers and behavioral health providers. General themes are emerging such as: increasing access for Spanish-speaking communities, outreach to rural youth, uniting individuals and organizations doing similar work across the state, retaining providers in rural communities, and navigating insurance systems.

After spending most of its first year information gathering, the work group anticipates a focus for the next year will be developing policy and legislative recommendations.



Emerging Themes

- Increasing access for Spanish-speaking communities
- Outreach to rural youth
- Uniting individuals & organizations across the state
- Retaining behavioral health providers in rural areas
- Navigating insurance systems

Next Year's Focus



Developing policy and legislative recommendations

Advancing Agricultural Behavioral Health in 2026



Proposed Working Group Goals for 2026

For 2026, the ABHWG has a variety of goals that can be separated into the broad categories of programming and outreach.

Capacity Building: Training and Funding

These goals focus on expanding resources, skills, and financial support for behavioral health in the agricultural community.

- **Promote and Deliver Trainings:**
 - Support and promote **10 Land Logic Trainings**.
 - Support and promote **COMET Community Trainings** and **COMET Trainer Trainings**.
 - Coordinate the training of **15 new COMET trainers** Statewide.
 - Support and promote COMET trainings that reach **200 attendees** across the state.
 - Support and promote **3 COMET training sessions** around the state in **Spanish**.
- **Secure Funding:**
 - Explore funding to create an **Agricultural Behavioral Health Grant Program**.

Structural Change and Policy

These goals focus on reforming the work group's structure and developing the key policy outcomes required by its mandate.

- **Policy Development:**
 - Identify recommendations for **policy** that would be most effective in meeting the needs of the agricultural community.
- **Sub-Committee Reorganization:**
 - Start a new sub-committee focused specifically on **agricultural workers' mental and emotional health**.
 - Start a new sub-committee focused on **advancing change through policy**.
- **Formation of Specialized Group:**
 - Form **Unidos por la Salud Mental en el Campo**: A group of bilingual professionals to strengthen communication and cohesion across the state and help with bilingual programming.

Proposed Working Group Goals for 2026, continued

Data Collection and Community Outreach

These goals focus on gathering crucial data, improving communication, and ensuring broader community input, especially from Spanish-speaking populations.

- **Data Collection & Analysis:**
 - Gather, analyze, and report on **producer survey data**.
 - Conclude the remaining **9 in-person qualitative interviews** of key agricultural informants, transcribe, compile, and report on key findings.
- **Spanish-Speaking Community Engagement:**
 - Establish processes for gathering **Spanish-speaking farm worker feedback/data** by conducting informal informational interviews and hosting **5 listening sessions** (with 10 or more workers).
 - Host a session or conference track entirely in **Spanish** at the annual summit.
- **General Outreach:**
 - Draft and execute an **outreach strategy** focused on having a presence at agricultural and behavioral health events.
 - Translate materials available on the CDA Ag Behavioral Health Website into **Spanish**.
 - Improve annual summit programming to serve as many individuals as possible, including hosting a session or conference track for **youth**.



Funding Status and Efforts to Support Agricultural Behavioral Health

Senate Bill 24-055 enables the Colorado Department of Agriculture to create the Agricultural Behavioral Health Grant Program. The bill outlines that “subject to available appropriations, the department may administer the grant program.” No funding was appropriated to the department for a grant program for Fiscal Year 2025 or Fiscal Year 2026. As a result, a grant program has not been administered.

As CDA has invested in increasing access to rural behavioral health over the years, we have relied on a mix of term-limited federal funds and recovery dollars to continue the work.

The Colorado Department of Agriculture staff and leadership of the ABHWG are pursuing a variety of other funding options. Staff have held meetings with and investigated the following funding sources:

- Anschutz Family Foundation
- Boettcher Foundation
- Caring for Colorado
- The Colorado Trust
- Colorado Health Foundation
- Resilient Colorado Grant (CO Dept of Law)

Agricultural Behavioral Health Grant Program Status

SB 24-055

**Grant Program
Authorized**

**No FY25-FY26
Appropriations**

**Program Not
Implemented**

**Alternative
Funding Sources**

Being Pursued

CDA continues to pursue alternative funding sources to sustain agricultural behavioral health efforts.

Appendices



Appendix A:

Current Members

Statewide Agricultural Organizations that have programs focused on behavioral health issues

- Clinton Wilson CSU Extension
- Chad Reznicek, CSU Extension
- Julie Elliott, CSU Extension
- Tim Miller, Farm Bureau

Statewide organizations and tribal organizations that address mental or behavioral health issues

- James M "Mike" Olguin, Southern Ute Indian Tribe
- Richard Harland, Ute Mountain Ute Tribe

Veteran service organizations

- Michael Lozano, VFW Post 44 & Warhorse Ranch

Rural behavioral health providers

- Chetney Nelsen, Private Practice in Superior
- Kate Martinez, San Luis Valley Behavioral Health Group
- Joseph Carrica III, Axis Health System

Individuals who have lived experience with mental health or behavioral health issues

- Jessica Duke, Yuma
- Jacob Walter, Pueblo
- Isabella Proctor, Rocky Ford
- Julissa Soto, Denver
- MJ Guzman, Rocky Ford

State Entities

- Meghan Shelton, (replaced Nov 2025), Behavioral Health Association
- Elizabeth Thomas (joined Nov 2025), Behavioral Health Association

CDA Staff Members

- Robert Sakata
- Rosie Skovron

Appendix B:

Work Group Meeting Speakers and Presentation Topics

AgrAbility:

Chad Reznicek <https://agrability.colostate.edu/>

AgWell:

Clinton Wilson <https://agwell.org/>

Coffee Break Project/COMET/Gun Shop/Ag Advisory Committee:

JC Carrica

<https://www.thecoffeebreakproject.org/>

<https://medschool.cuanschutz.edu/family-medicine/research-and-innovation/pbrns/hprn/projects-and-programs/comet>

Warhorse Ranch:

Michael & Valery Lozano <https://warhorseranch.org/>

Office of Suicide Prevention:

Katherine Harvey <https://cdphe.colorado.gov/suicide-prevention>

BHA Overview:

Calandra Lindstadt <https://bha.colorado.gov/>

San Luis Valley Ag Worker Data study:

Dr. Kathy James

CDA Agricultural Worker Services Program:

Aldo Parra <https://ag.colorado.gov/ics/agricultural-worker-services-program-0>

Lift the Label:

Katelyn Aberle and Shadia Lemus <https://liftthelabel.org/>

Appendix B:

Work Group Meeting Speakers and Presentation Topics, continued

Welcome to CSU Pueblo:

Dr. Kristyn White Davis

Pueblo Community Health Center:

Julie Drake <https://www.pueblochc.org/>

HB22-1278: New state funding flow:

JC Carrica

Mental Health Forum & Buck the Trend:

Maddy Butcher <https://besthorsepractices.com/buck-the-trend-a-mental-health-forum/>

Spotlight on Las Animas County Commissioner:

Tony Haas

BHA LIFTS introduction:

Meghan Shelton <https://ownpath.co/>

Tri-County Health Network:

Jamie Hurst <https://tchnetwork.org/>

Appendix C:

2025 Agricultural Behavioral Health Data Report

Report purpose and definitions

The Agricultural Behavioral Work Group has been tasked with compiling existing data on behavioral health outcomes and gaps in behavioral health services for Colorado agricultural communities. This report synthesizes the existing quantitative and qualitative data on this topic.

- **Behavioral health** refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. The term is also used to describe the support systems that promote well-being, prevent mental distress, and provide access to treatments and services for mental health conditions. Behavioral health is an umbrella term that refers to mental health (including wellbeing, mental distress, and mental health conditions), suicidality (including suicidal thoughts or attempts), and substance use (including substance use disorders).¹⁰
- **Agriculture** is the science, art, or practice of cultivating the soil, producing crops, and raising livestock and in varying degrees the preparation and marketing of the resulting products.¹¹ Agriculture includes both **ranching** (raising livestock) and **farming** (growing crops), and people involved in agriculture include a variety of roles, such as owner-operators and paid farmworkers. Migrant farmworkers are people employed in agriculture on a temporary basis that are required by their work to be absent overnight from their permanent place of residence.¹² Many migrant farmworkers in Colorado are monolingual or bilingual Spanish speakers.

Agriculture demographics

Colorado is in the top 10 producer states for multiple commodities, including proso millet, cattle and calves, winter wheat, sheep and lambs, wool, alfalfa, potatoes, onions, apples, peaches, grapes, and melons.¹³

According to a 2024 report by the Colorado Department of Agriculture, the state's agricultural industry is composed of 35,900 farm operations and has 69,032 producers.¹⁴

¹⁰ [CDC Mental Health: About Behavioral Health](#)

¹¹ [Merriam-Webster: Agriculture](#)

¹² [Colorado Department of Labor and Employment: Migrant Seasonal Farmworkers](#)

¹³ [A Snapshot of Colorado Agriculture](#)

¹⁴ [Colorado Agricultural Statistics 2024](#)

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 2

Producers are people who are involved in making decisions for the farm operation (such as decisions on planting, harvesting, livestock management, and marketing), and may be the owner, a member of the owner's household, a hired manager, a tenant, a renter, or a sharecropper.¹⁵

Most producers in Colorado have multiple jobs; only 37.9% report farming as their primary occupation. A slight majority, 58.1%, are male. Veterans make up 9.4% and the average age of a producer is 58.3. A small portion, 7.9%, of producers are 35 years of age or younger.¹⁶ As of 2022, 97.5% of producers were white (regardless of Hispanic/Latino ethnicity) and 5.4% of producers of any race were Hispanic/Latino.¹⁷

19% of farms hire farm labor¹⁸ and Colorado has a growing migrant farmworker population, many of whom are monolingual or bilingual Spanish speakers. In 2023, Colorado employers requested just under 4,000 workers on H-2A visas, compared to fewer than 1,200 workers a decade ago.¹⁹ H-2A is a federal visa program that allows American employers to hire foreign workers legally to do jobs they cannot find domestic laborers to fill.

In addition to H-2A workers, one Colorado State University professor of agricultural economics estimates that 25% to 30% of the state's agricultural workforce may be undocumented.²⁰

Behavioral health outcomes

Suicide deaths

Agriculture, forestry, fishing, and hunting had the fourth highest crude suicide death rate of all Colorado industries in 2019-2023, at 57.7 per 100,000 population. The crude rate for all industries was 41.35 per 100,000.²¹

¹⁵ [2022 Census of Agriculture: United States Summary and State Data](#) (p. B-16)

¹⁶ [Colorado Agricultural Statistics 2024](#)

¹⁷ [2022 Census of Agriculture State Profile: Colorado](#)

¹⁸ [2022 Census of Agriculture State Profile: Colorado](#)

¹⁹ [Denver Post: Colorado farmers not worried about mass deportations](#)

²⁰ [Denver Post: Colorado farmers not worried about mass deportations](#)

²¹ Colorado Violent Death Reporting System, Colorado Department of Public Health and Environment

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 3

Overdose deaths and opioid misuse

While Colorado does not publish industry-specific data for drug overdose deaths, rurality can provide a proxy measure. The 2020-2024 age-adjusted drug overdose rate in Colorado counties where agriculture makes up more than 20% of all jobs was 31.97 per 100,000 compared to 29.37 in counties that had less than the state average of 1.3% of jobs in agriculture (though the difference was not statistically significant).²²

A 2020 study found that overall opioid use deaths for U.S. workers in the farming, fishing, and forestry industries were more than five times higher than for the general population of workers.²³ According to a 2017 survey by the American Farm Bureau Federation, 74% of farmers and farmworkers say they are or have been directly impacted by opioid abuse, compared to 45% of rural adults.²⁴

Alcohol and other substances

In a 2024 needs assessment in the San Luis Valley, ag field workers (n=168) reported the following:²⁵

- 9% used tobacco products some days and 7% used daily
- 6% used cannabis products some days and 3% used daily
- The median worker has 2 alcoholic beverages in a typical week
- 35% had engaged in risky drinking behavior in the past year (defined as having more than four drinks in a day if male, or three if female)

In fiscal year 2024, the Colorado State Epidemiological Outcomes Workgroup (SEOW) created [regional profiles](#) that show substance use trends throughout Colorado.²⁶ Based on the regional profiles, Region 11, consisting of Jackson, Moffat, Rio Blanco, and Routt counties, had the highest alcohol use in youth and Region 2 encompassing Larimer county had the highest alcohol use in adults.

²² [CO drug overdose statistics](#). Counties by percent of agricultural jobs pulled from [BHA and Agriculture Data](#).

²³ [The Effects of the Opioid Crisis on Agricultural Industries](#)

²⁴ [American Farm Bureau Foundation](#)

²⁵ Behavioral Health of Agriculture Workers in the San Luis Valley, CO. Not yet published at the time of this report.

²⁶ [CO State Epidemiological Outcomes Working Group 2024 Regional Profiles](#)

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 4

In 30 of the 64 counties, over 15% of the youth surveyed said that they had used cannabis on one or more occasions in the last 30 days and in 62 of the 64 counties, over 15% of the youth surveyed said that they had used electric vapor products on one or more occasions in the last 30 days; electric vapor products had the highest usage among youth compared to all 4 categories (binge drinking, cigarettes, electronic vapor products, and cannabis).

This data did not include agricultural specific data. However, by entering the number of agricultural producers per county as determined in a Colorado State University Extension report overviewing the 2022 Census data²⁷, conducted by the United States Department of Agriculture National Agricultural Statistics Service (NASS)²⁸, and comparing it with the county specific populations as outlined by World Population Review²⁹ allows for a review of ag producers per county and their alcohol and other substances uses.

Based on the highest percentages of agricultural workers per Colorado county (number of ag producers per county divided by total population per county), the following was found in the top 10 counties with the highest ag producers per county:

- The 10 counties with the highest agricultural producer population per population were Kiowa (57.74%), Cheyenne (43.59%), Baca (39.60%), Washington (27.74%), Dolores (19.76%), Jackson (18.46%), Sedgwick (17.34%), Mineral (16.92%), Lincoln (16.85%), and Yuma (16.40%)
- The average age was 45-64
- The usage of electronic vapor products was highest among youth with the average being 26.45% of youth participating 1 or more occasions in the last 30 days
- The usage of alcohol was the highest among adults with the average being 46.54% of adults binge drinking 1 or more occasions in the last 30 days
- The average cannabis usage was very similar among youth and adults; youth usage was 14.49% and adult usage was 14.75%.

²⁷ [Colorado State University Extension 2022 Census of Agriculture Report](#)

²⁸ [USDA National Agricultural Statistics Service 2022 Census of Agriculture](#)

²⁹ [World Population Review Colorado Counties by Population](#)

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 5

Mental health of unpaid workers for family businesses or family farms

Through the Colorado Health Access Survey (CHAS), the Colorado Health Institute has collected information on health coverage, access to health care, and factors that influence health in Colorado since 2009.³⁰ Based on the 2021 and 2023 CHAS, respondents ages 16 and older who reported that they were an unpaid worker for a family business or family farm were:

- More likely to report experiencing eight or more days of poor mental health in the past 30 days compared to the average for working-age Coloradans (58.6% compared to 27.2%, respectively). This difference was statistically significant.
- More likely to report needing mental healthcare or counseling services but not getting it at the time (32.0% compared to 16.3%). This difference was not statistically significant, so we are not sure it was not due to chance.
- More likely to report speaking to either a general doctor or a mental health care professional about their own mental health in the last year (50.9% compared to 31.7%). This difference was not statistically significant, so we are not sure it was not due to chance.³¹

Access to services

Behavioral health professional shortages

According to the Colorado Department of Public Health and Environment, most rural areas of the state are State-Designated Health Professional Shortage Areas (sHPSAs) for behavioral healthcare as of 2024.³² In the following map, dark purple areas only meet 0-19.9% of the demand for behavioral health services, while light purple areas meet 20-39.9% of the demand. Light green indicates an adequate supply. Most rural counties in the state meet less than 40% of the demand for services, while only a handful of rural counties (Garfield, Eagle, Summit, Pitkin, Montrose, La Plata, and Alamosa) have any portion at all that fully meets need – and those areas are only small portions of the total county.

³⁰ [Colorado Health Access Survey](#)

³¹ [CHAS Farm Data 2021-2023](#)

³² [Health professional shortage area maps and data](#)

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 6

While rurality is not necessarily indicative of agriculture, it is illustrative that 6 of the 10 counties that produce the highest market value of agricultural products³³ (Saguache, Prowers, Kit Carson, Yuma, Washington, and Phillips) all meet less than 20% of their residents' need for behavioral health services, and 2 more (Morgan and Logan) meet less than 60%. Of the top 10 counties, only Larimer and Weld have portions of their county with adequate supply, and those are in their urbanized areas.

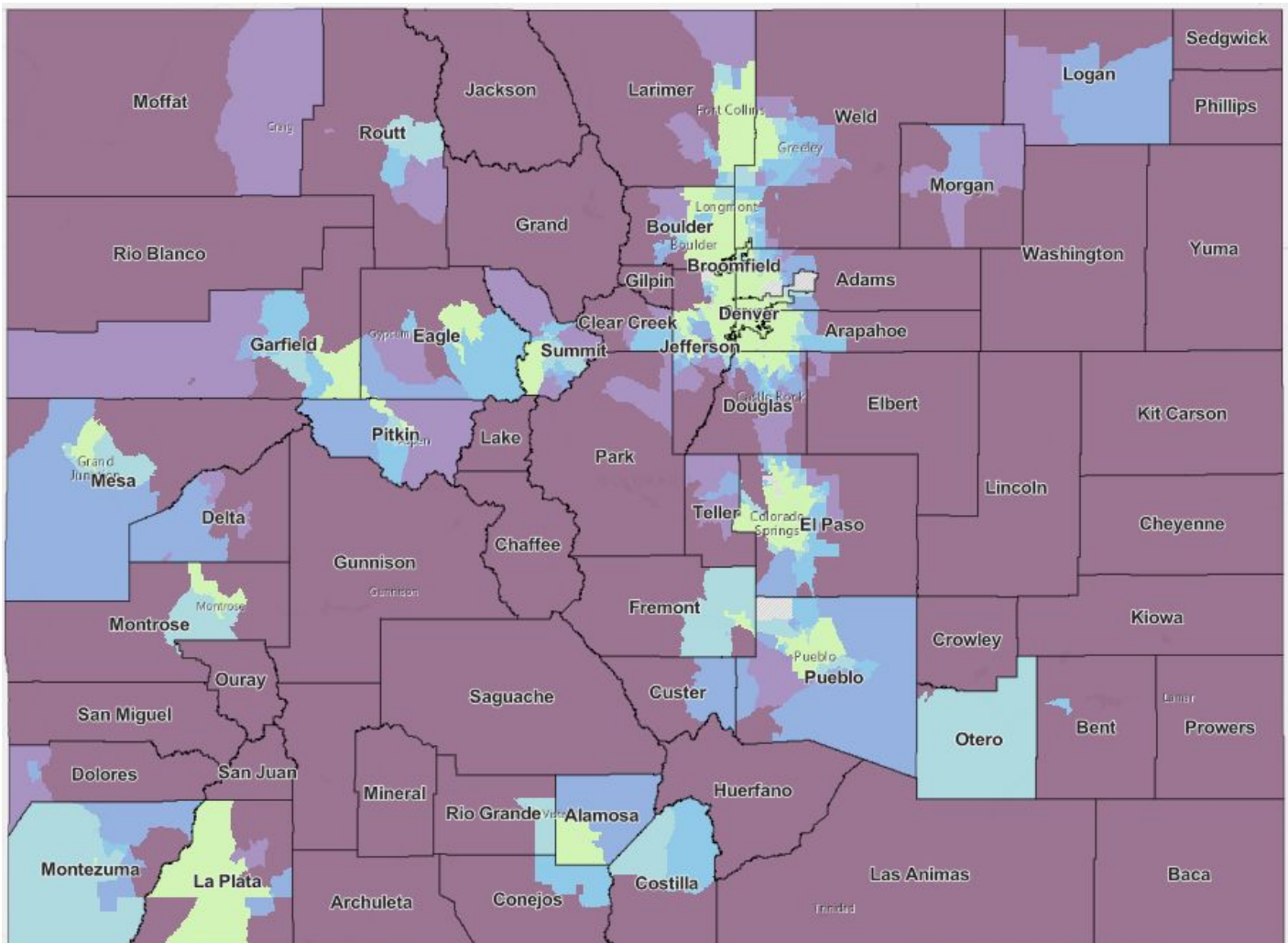


Figure 1. State-Designated Health Professional Shortage Areas (SHPSAs) for behavioral healthcare. Dark purple indicates meeting less than 20% of demand for behavioral health services, while light green indicates an adequate supply. Source: [Colorado Department of Public Health and Environment](#).

³³ [A Snapshot of Colorado Agriculture](#)

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 7

Utilization of Community Mental Health Services

Colorado's Behavioral Health Administration collects data on utilization of community mental health services, but does not have data specific to agricultural populations. However, we can compare county-level data for behavioral health metrics to the percent of the workforce involved in agriculture.

Counties by percent of agricultural workforce	Number of people who received publicly-funded community mental health services per 1,000 population (average of applicable county rates)
Counties with fewer than 1.3% of the workforce in agriculture	15.8
Colorado, 1.3% of total workforce in agriculture	16.1
Counties with 5% or more of the workforce in agriculture	29.9
Counties with 10% or more of the workforce in agriculture	30.0
Counties with 20% or more of the workforce in agriculture	33.2

Source: [BHA and Agricultural Data](#), with data compiled from the [State Demographer's Office](#) for agricultural workforce and from the [Behavioral Health Administration](#) for behavioral health metrics.

Internet Access

Telehealth is often suggested as a method of behavioral healthcare delivery in rural and agricultural areas, as it allows healthcare providers to provide services anywhere people have internet access and also may attract patients who are apprehensive to be seen utilizing services in a brick-and-mortar location.

However, telehealth requires internet access, which is more limited in rural Colorado. The 2023 Colorado Health Access Survey found that 4.7% of Coloradans reported that they did not have broadband access at home; however, this number was higher in all rural regions of the state. The Central Eastern Plains (Lincoln, Elbert, Kit Carson, and Cheyenne counties) had the highest percent of residents lacking home broadband at 16.3%.³⁴ More specific to agricultural communities, 83% of Colorado farms reported that they had internet access in 2022.³⁵

³⁴ [2023 CHAS: Broadband Access](#)

³⁵ [2022 Census of Agriculture State Profile: Colorado](#)

Appendix C:

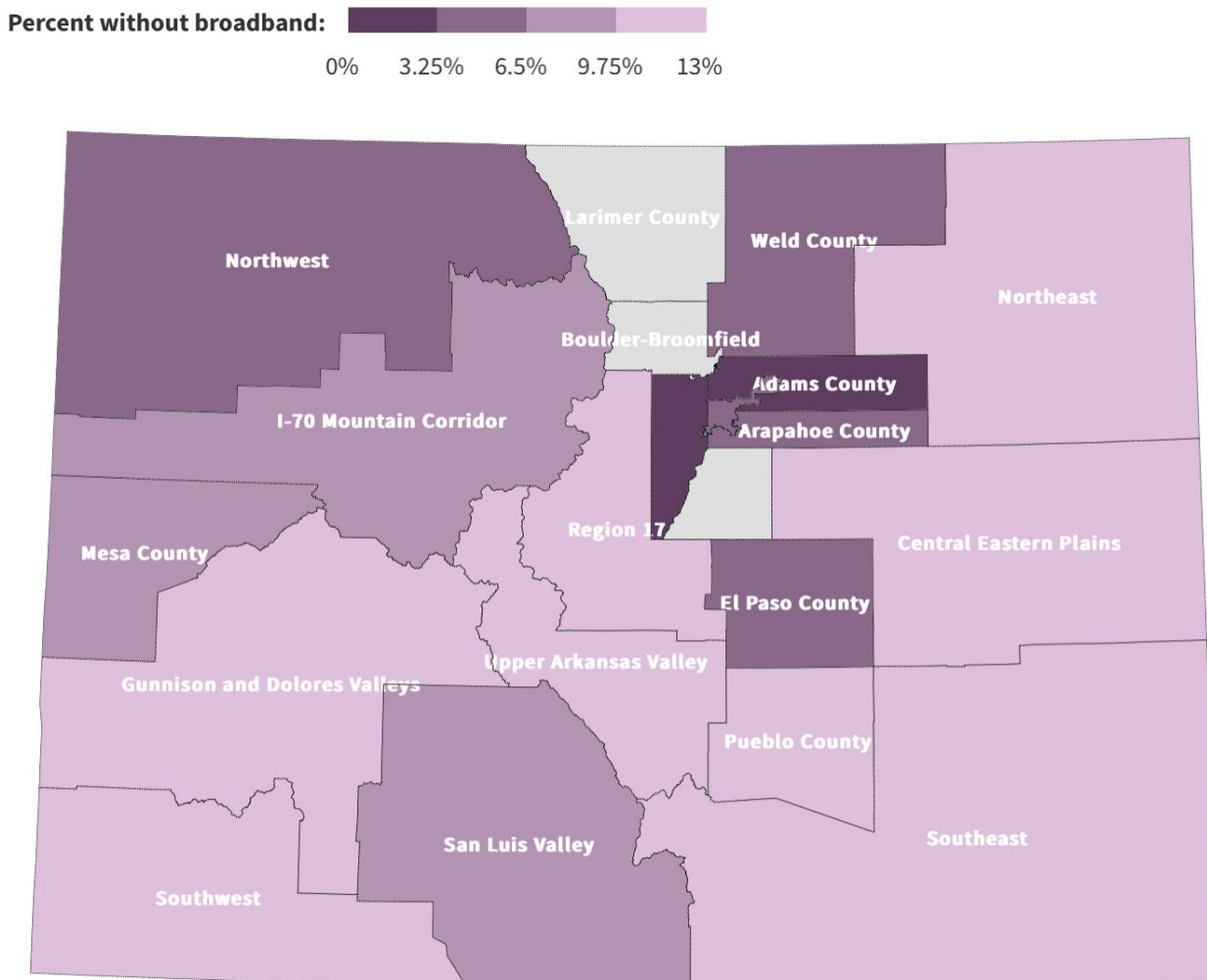
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Rural Colorado Lagged in Broadband Access

Topic: Lack of broadband internet access at home. **Population:** All Coloradans, by Health Statistics Region.

Year: 2023.

Darker colors show better access to broadband. Gray shows regions with numbers too small to report.



Source: [2023 CHAS: Broadband Access](#)

Additionally, the use of telehealth services requires an individual to have a degree of technical know-how and comfortability. Therefore a greater degree of technical assistance is likely needed for those who lack proficiency with virtual meeting technology.

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 9

Colorado Behavioral Health Provider Survey

In 2025, CSU faculty completed a survey of over 500 Colorado behavioral health providers serving rural communities to gather feedback on trends, challenges, and need areas. While the final report has not yet been completed, the ABHWG will incorporate this data in 2026 to help inform efforts around rural behavioral health workforce capacity building and retention.

Stressors and means of coping

The Western Regional Agricultural Stress Assistance Program (WRASAP) surveyed Colorado agricultural producers (n=53) on how often they experienced stress from various concerns. The top four most frequent stressors were livestock, increased labor costs, legislative issues related to agriculture, and lack of time.³⁶ To help manage and/or cope with their stress, Colorado producers indicated they would be most interested in learning about financial topics (58% interested or very interested), physical activity (48%), and physical rehab (47%). The three least popular topics were grief (22%), tobacco/marijuana/vaping cessation (20%), and alcohol/drug (14%).

WRASAP also surveyed agricultural workers, as opposed to producers, across the western region of the United States (n=515).³⁷ Their top four most frequent stressors were working in extreme temperatures, long working hours, lack of time, and low wages. To help manage and/or cope with their stress, ag workers indicated they would be most interested in learning about financial assistance (67%), retirement planning (65%), physical activity (64%), and nutrition/cooking (64%). The four least popular topics were grief counseling (44%), help getting a driver's license (39%), alcohol or drug cessation/rehabilitation (36.6%), and tobacco/marijuana/vaping cessation (33%), closely mirroring the least popular topics for Colorado producers.

Dr. Katherine A. James also conducted a needs assessment in 2024 for agricultural owners/operators and field workers within the San Luis Valley of Colorado. The top five stressors reported by owner/operators were water resources, physical health, mental health, insurance, and housing assistance; the top five stressors for field workers were nutritious food, housing assistance, transportation, translation assistance, and financial assistance.³⁸

³⁶ [WRASAP: Baseline Data Collection](#). Colorado State Report.

³⁷ [WRASAP: Baseline Data Collection](#). Aggregated Western Region Report (Workers).

³⁸ Behavioral Health of Ag Workers in the San Luis Valley, CO. Not yet published at the time of this report.

Appendix C:

2025 Agricultural Behavioral Health Data Report, page 10

Stigma

A 2021 American Farm Bureau Federation nationwide poll found that 63% of farmers/farmworkers said that there is at least some stigma around stress and mental health in the agriculture community.³⁹

WRASAP surveyed Colorado agricultural producers (n=53) on likelihood of participation in specific outreach and education projects.

- 60% of producers indicated that they were likely or very likely to participate in talking to a peer listener about stress and mental health (a peer listener was defined as a member of the ag community who is trained to listen and respond to their neighbors and direct them to available resources).
- 60% also indicated they were likely to participate in online or telephone counseling/therapy,
- 59% for participating in virtual, informal discussion groups
- 58% for discussing stress, health and wellness topics with someone they know well at informal events.

Notably, they were the least likely to be interested in discussing stress, health and wellness topics with a representative working on behalf of their community or health organization (42%) or to participate in a support group (37%), indicating the importance of telehealth for formal services and informal social support for in-person interactions.⁴⁰

³⁹ [Farmer and Rural Perceptions of Mental Health](#)

⁴⁰ [WRASAP: Baseline Data Collection](#). Colorado State Report.

Appendix D:

Colorado Ag Behavioral Health Summit

Agenda

November 13

Pre-Session (Optional)

8:00 am- **Optional Pre-Session Land Logic Training**

10:00 am- **Ag Behavioral Health Work Group Meeting**

Regular Session

11:00 am- **Welcome Lunch**

11:40 am- **AgWell, BHA, and CDA Overview and Organizational Introductions**

Attending organizations will have a brief opportunity to discuss their intention for this summit; what insights they're hoping to gain and behavioral health programming they want to develop within their respective communities.

Noon- **"Understanding Agrarian Challenges: Methods and Practices to Improve Connection and Behavioral Health Outcomes"**

This session will give attending organizations the framework, tools, and skillset to better understand the struggles and hardships of farmers, ranchers, and agricultural workers. We will hear directly from producers and farmworkers to better understand their struggles, values, and needs. We hope this will help attending organizations to improve communication, interpersonal connection, and cultural competency.

Speakers: Jacob Walters, Elena Miller, and Jesus Flores

1:00 pm- **Welcome Messages**

- Colorado Attorney General Phil Weiser
- BHA Commissioner Dannette Smith
- Governor Jared Polis

1:30 pm- Break

1:45 pm- **"Integrating Support into Organizational Structures Panel"**

On this panel we will hear from individuals representing ag labor, technical assistance (extension, SWCD), behavioral health provider organizations, and ag advocacy. This will be a knowledge share session where we will learn best practices focusing on behavioral health, and how they have incorporated agricultural wellness programming into the foundation of their work

Appendix D:

Colorado Ag Behavioral Health Summit

Agenda, continued

November 13

We hope that attendees and panelists can walk away from this session with new insights on how to better meet the needs of producers and farm workers.

- How are they engaging membership, producers, and farm workers, around these issues? What innovative programs are they developing?
- What has worked for them, what has been most challenging?
- We will discuss tools that can be used to help participants and attendees integrate these proven methods into their work to deepen their impact

Speakers: Chad Reznicek, Bill Brinton, Carol Gurule, and JC Carrica

2:45 pm- **Organizational Spotlights (Part 1)**

This session will be an opportunity for those organizations that are directly working in the realm of wellness in Ag to share what programs they would like to highlight, the methods used to implement those programs, and their impact. 5-7 minute spotlight with 3-5 minutes for questions.

3:45 pm- **Break**

4:15 pm- **Organizational Spotlights (Part 2)**

Any organizations that have not yet had an opportunity to share their work will do so in this session. 5-7 minute spotlight with 3-5 minutes for questions.

5:00- **Wrap Up**

5:30-8:00 pm- **Social and Dinner at Farm Brewery**, 2070 County Rd 12 S, Alamosa, CO 81101

November 14

8:30 am – **Organizational Networking**

This will involve separating attendees into tables organized by topic. It will be an opportunity to recap and for people to discuss any programs and practices that were shared. This is a knowledge transfer and brainstorming session designed to provide attendees with the information they need to make organizational change. (examples: substance abuse, youth, prevention..)

10:00 am - **Break**

Appendix D:

Colorado Ag Behavioral Health Summit

Agenda, continued

November 14

10:20 am - **Understanding Agrarian Challenges in Practice**

How can we address the gaps and needs that still remain? i.e. connecting people to resources etc...

Speakers Grace Powell, Grief in Agriculture and Chad Reznicek- Land Logic

11:50 am- **Address from Commissioner of Agriculture Kate Greenberg**

12:00 pm- **Lunch and Discussion**

Encourage people to reflect on the intention they set on the first day. What connections have you made, programs that you want to apply directly to your work moving forward?

1:00pm- **Close**

Appendix E:

Agriculture Key Informant Interview Template

1. How long have you been in agriculture?
2. What kinds of agriculture do you do?
3. What do you do on a daily basis on the farm/ranch?
4. How many people, if any, do you employ? Do they live on/off the property?
5. What region of CO do you live in?
6. What are some of your stressors?
7. What are the most effective ways that you manage your day-to-day stress?
8. What resources do you need access to in order to do your job?
9. What resources are you already familiar with in your community, if any? From what you just listed, what resources do you wish were available?
10. Are you a veteran? If yes, what resources do you know of that are available from the USDA and the VA?
11. Of the resources that do exist in your community, do you have a way to access those resources? What are barriers to accessing those resources?
12. Do you have a plan in place if a crisis happens (financial, weather, family, etc.)? If yes, please describe what that looks like.
13. Do you have experience in seeking health care for mental health or substance use? If so, what was that experience like?
14. What keeps people from engaging in behavioral health support?
15. What organizations or associations do you belong to, if any?
16. Where do you get most of your information on (1) agricultural issues and (2) behavioral health issues?
17. Where do you connect with other people in agriculture? How do you engage with your farming and ranching neighbors or peers?
18. Who do you turn to for support and who might you suggest others turn to?
19. What are some of the biggest returns that make the agricultural lifestyle worth it?
20. What advice would you offer your younger self, knowing what you know now?

Appendix F:

Agricultural Behavioral Health Best Practices Literature Review Summary

This summary is the result of a literature review utilizing the APA PsycArticles and Google Scholar databases. The intent was to identify a number of evidenced based practices related to behavioral health support for agricultural populations to help. The review revealed an overall lack of research with the rigorous evaluation data necessary for the designation of “evidence based” or “best practices.” That said, existing literature points to a number of considerations that can help guide efforts to address behavioral health concerns among agricultural populations.

A systematic literature review is a structured, transparent, and replicable method of identifying, evaluating, and synthesizing all available research on a particular topic or research question. Two of the most recent and comprehensive systematic literature reviews were identified as the most thorough potential data sources and were utilized by the subcommittee for developing this summary.

Farmer Mental Health Interventions: A Systematic Review (Younker and Radunovich, 2022)

This study reviewed a wide range of mental health interventions targeting farmer mental health spanning over 50 years and examined their reported effectiveness and constraints. A total of ninety-two articles on farmer mental health were included in a final systematic review. The following sections will highlight this reviewer’s key takeaways:

Mental Health Literacy Programs: Most articles were written concerning mental health literacy and peer and paraprofessional support interventions in the United States and Australia. Literacy programs are structured educational efforts designed to increase knowledge, skills, resource awareness, and confidence related to understanding, preventing, recognizing, and responding to mental health concerns.

- Mental health and crisis literacy programs were the most common and most evaluated components of mental health literacy interventions (n = 46).
- Mental health and crisis literacy, particularly stress-management workshops, were described as key components of the vast majority of multi-component interventions deployed in the United States and Canada during the Farm Crisis and other times of crisis.
- Non-experimental and qualitative data suggest positive outcomes from literacy and peer-support programs, and some community-based and agroecological interventions.

Appendix F:

Agricultural Behavioral Health Best Practices Literature Review Summary

A model for drivers of farmer mental health: The article provided a useful illustration of diverse contributing factors associated with farmer mental health. These drivers may be helpful in programming, education, and resource development:

- Physical health
- Financial well-being
- Social support
- Coping skills
- Assistance and referral during crisis
- Culturally appropriate and available care



Appendix F:

Agricultural Behavioral Health Best Practices Literature Review Summary

Potential directions for farm stress research: A systematic review of educational interventions to reduce psychosocial stress among farm and rural populations

(Derringer and Biddle, 2022)

The review identified 22 educational intervention studies focused on reducing psychosocial stress among farm and rural individuals, explicitly excluding clinical treatments like CBT and PTSD guidelines. Some of the key takeaways include:

- Thus far, research supports the use of educational interventions, but it does not support a specific intervention design to reduce psycho-social stress among farm and rural populations.
- Future research should first identify the population-specific causes of stress to develop primary interventions.
- Secondary interventions could include community-based initiatives [...] to facilitate open conversation about stress, depression, and suicide.
- Tertiary level interventions, such as improved access to health care professionals, continue to be of value.

Importance of community involvement:

- The dire need for high-quality research of intervention effectiveness for stress reduction in farm and rural populations relies on agricultural and rural stakeholders.
- Groups who support or live within the agrarian communities are an important key to the development of feasible interventions that result in long-overdue sustainable stress reduction among farm and rural populations.

Conclusion

The systematic reviews above both stress the need for improved evaluation and outcome measurements and note the lack of established evidence-based practice guidelines. They do help illustrate a number of general considerations and guiding concepts that can be used to inform future efforts of the Agricultural Behavioral Health Work Group (ABHWG). We will call these promising practices and guiding principles. Many of these practices and principles already align with and are intentionally being utilized by partners and organizations associated with the ABHWG.

Appendix F:

Agricultural Behavioral Health Best Practices Literature Review Summary

The ABHWG should seek to utilize literature reviews, particularly from 2022 forward in order to glean promising practices and guiding principles, related to proposed content areas, target activities and populations. CSU Extension has access to scholarly databases and will be happy to assist upon request.

Additionally, whenever possible, ABHWG should strive to include evaluation and outcome measures in activities, outreach, and programming.

Citations

Younker, T., & Radunovich, H. L. (2022). Farmer Mental Health Interventions: A Systematic Review. *International Journal of Environmental Research and Public Health*, 19(1), 244.
<https://doi.org/10.3390/ijerph19010244>

Derringer, J. C., & Biddle, M. J. (2022). Potential directions for farm stress research: A systematic review of educational interventions to reduce psychosocial stress among farm and rural populations. *Journal of Rural Health*, 38(3), 554–573.



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