
Mental Illness and Substance Abuse in Larimer County

The Challenges We Face Today

Executive Summary of the Mental Illness and Substance Abuse Report

From the Steering Committee of the Community-wide
Mental Health and Substance Abuse Planning Project

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February 2001

Dedication

This report is dedicated to all members of our community; those who struggle with mental illness and substance abuse, their dedicated family, friends, employers, co-workers and neighbors; those who are committed to helping them overcome their challenges; those who contributed their time, knowledge, experience and expertise to this report; those who contributed funding and resources to make this project possible; those who will use this information to improve mental health and substance abuse policies, legislation and practice; and those who will continue working until positive change has been realized.

"History will judge those with health by how they care for those without."

Dana Timmermans
Executive Director
Hope Counseling Center



Community-Wide Mental Health and Substance Abuse Steering Committee

February 2001

Dear Larimer County residents,

For too long, mental health and substance abuse have been considered less important than physical health. We can no longer ignore the evidence that mental health and substance abuse critically impact overall health and well being. In fact, mental illness and substance abuse together are the biggest public health concerns nationally and locally. We must stop according mental health second class treatment.

According to the Surgeon General of the United States, four of the ten leading causes of disability for persons age five and older are mental disorders. Among developed nations, including the United States, major depression is the leading cause of disability and is responsible for over 90% of suicides world-wide. More people die from suicide than homicide in our country each year. In Larimer County, hundreds of people have died from suicide in the past twelve years alone. This despite the fact that effective treatment of mental illness and substance abuse exists.

Substance abuse and mental illness impact an estimated 60,000 people in Larimer County. These diseases/disorders are treatable but people experience multiple barriers trying to access care. Some studies suggest that even those who do access care have only a 25% chance of receiving "adequate" treatment.

Locally, we are experiencing problems keeping our mental health hospital staffed and a sufficient number of inpatient beds available for our residents. When beds or psychiatrists are not available locally, severely ill patients are forced to leave family and friends to receive treatment elsewhere.

Solving these problems—and others—will require a commitment to working together. It will require an end to the funding disparities between treating physical and mental health/substance abuse problems. Even as this report was put together, the State of Colorado has removed millions of dollars from the 2001 budget for the treatment of the mentally ill.

The 1999 Surgeon General's report on mental illness, the Colorado Governor's report on suicide prevention, and our recent conversations with the community have given us our marching orders. With this focus being drawn at the national and state level, now is the time to use this momentum to take action on behalf of our community.

We must rise above the rancor and work within our community to create a comprehensive mental health and substance abuse system. We have the opportunity to adopt a very new vision of treatment that integrates the legal system, service providers and, especially, the people with these diseases and their families, into a partnership.

Sincerely,



Jack Ewing
Mental Health Advocate

Community-Wide Mental Health and Substance Abuse Planning Project

History of the System in Larimer County

The need for improvement of the local mental health and substance abuse system has not gone unnoticed. Several groups have mounted efforts over the last four years, but one of the difficulties encountered has been the lack of a mechanism to evaluate and plan for community needs in mental health and substance abuse across all sectors (private/public/consumer advocates). In 1999, three key providers (the Health District, Poudre Valley Health System and the Larimer County Mental Health Center (now the Larimer Center for Mental Health) joined forces to create the Community-wide Mental Health and Substance Abuse Planning Project. This multi-phase project was designed to provide comprehensive evaluation and planning.

Planning Project Vision

A well coordinated, well funded continuum of mental health and substance abuse services which will achieve our maximum potential for meeting community needs and promote a healthier community through healthier individuals and families.

Introduction to the Planning Process

The Mental Illness and Substance Abuse Report and this summary of that report are two results of Phase One of this project, which focused on clarifying the issues and identifying potential next steps. Phase Two, which began in December 2000, is focusing on developing a structure to address key issues. Phase Three, which will begin late 2001, will focus on the implementation of the identified solutions.

Key steps in Phase One included:

- Formation of a steering committee (of agency directors and consumer representatives)
- Identification of stakeholders both in and outside our community
- Information gathering through discussion groups and interviews (240 people total)
- Creation of case examples, financial and programmatic reviews of providers and a review of health-related trends, statistics and model programs
- Summarizing key issues
- Strategy formulation (structure and next steps)
- Reporting back to the community

"The "system" is a rat maze - overwhelming to both providers and families. It's complicated, and the funding streams are not connected."

-Health and human services provider in discussion group

"If we applied our knowledge of the disease process, we'd put more money up front, and gain huge paybacks later."

-Primary care physician in discussion group

What Did We Learn?

During Phase One information was gathered from many sources. This information is divided into six sections: case examples, trends, service gaps, funding, issues that emerged from community conversations and key policy issues.

Case Examples: A Disjointed System

When Steering Committee members charted case examples of some of the most challenging situations, they were surprised to learn how disjointed the system can be.

Members recognized that:

- Service delivery is often uncoordinated
- Regulations and disagreements over who will provide reimbursement for which services delay care and can lead to care in inappropriately high-cost settings
- Consumers often bounce from agency to agency without guidance or continuity of care
- In many cases the ultimate outcome for the consumer was not likely to be effective.

We know consumers are receiving high quality services every day and that some parts of the system are working well. However, we discovered that formal connections between organizations are weak and the system-when considered as a whole-is flawed. In fact, the current system may be a major contributor to consumers cycling between mental health services, substance abuse services, health-care services, law enforcement and detention. In the end, not organizing the system may prove to be far more costly than leaving it as it is. In one case, members estimated that about \$250,000 was spent on one individual, with the ultimate outcome of jail.

Committee members also began to understand more completely how stretched the system is for all providers. They began to step back from blaming other players and began looking at how the system could be reorganized for improvement.

"Even a RN case manager working for her HMO has problems getting her son the services he needs."

-Steering committee member

Trends: Increasing Needs, Funding Cuts and Shrinking Safety Nets

A review of mental health and substance abuse trends nationally, statewide and locally showed that:

- Mental illnesses and substance abuse issues combined are the number one public health burden in the United States and Larimer County. However, funding is not proportional to the health burden of the disorders. While the problems contribute about 20% of the burden, mental health and substance abuse services receives only 10% of the national health expenditures.
- Mental health and substance abuse is a patch worked system: complex, uncoordinated and confusing for providers and consumers alike.
- More people are dying from mental illness than ever before. Since 1960, suicide rates among adolescents and young adults have nearly tripled. Suicide rates in Larimer County are nearly 40% higher than the national average.
- Despite the existence of effective mental health and substance abuse treatment, many of those who would benefit from treatment are unable to access care due to cost and limited or no insurance coverage.
- Connecting consumers to timely, appropriate care is severely hampered by gaps in available services.
- Consumers also have problems with long waiting lists, delaying care due to costs, confusion about where to go, limitations on treatment options imposed by managed care, challenges of having a mental illness and inhibitions to seeking care due to society's stigma.
- Recent losses of Medicaid mental health funds are threatening the infrastructure that provides a safety net for people without insurance or money for care.
- Due to funding changes the entire field is shifting from the psychiatric therapy/medication and inpatient model to emphasis on outpatient care and medications. Primary care physicians are more involved in treatment than ever before, but many report the need for more training in effective treatment for mental health disorders.
- As safety net providers are less able to provide adequate services, the burden of care falls to high-cost options such as the inpatient hospital and the detention center where the community at large ultimately pays the higher price.

What Did We Learn? continued

Service Gaps Exist

While Larimer County has a diverse group of organizations providing mental health and substance abuse services, significant gaps and overlap exists (see key service issues, below). Because there has been no history of community-wide planning, it is not possible to make judgments on the extent of the gaps nor whether there are inappropriate overlaps until further exploration in each area is undertaken.

Funding, Local Burden, Donated Care and High Indirect Costs in Larimer County

Four conclusions can be drawn from the financial information presented in the report. First, there is approximately \$18.6 million being spent in Larimer County on mental health and substance abuse services. With this total in mind, there would be \$315 per person, per year to serve the 60,000 people in the County who have a mental illness or substance abuse disorder. That total does not include the services provided by private therapists, psychiatrists or primary care physicians.

Second, there is a large local burden to providing care to those who are uninsured and can't afford the full cost of care. After contributions from insurance, regular federal and state funding and client fees, there is still approximately \$7 million that must be generated to serve mental health and substance abuse clients locally.

Third, the indirect cost burden to our community for mental illnesses and substance abuse is very large, currently estimated at \$22.6 million. Fourth, our community providers make a major contribution to providing care for those with limited incomes. We know that at least \$350,000 of services is donated annually in our community, although the actual amount is likely much higher.

Issues Emerging from Community Conversations

Community members identified the following needs:

1. Clear, immediate, access to the system and services
2. Consumer and family support
3. Closing gaps in services to offer a full continuum of care, regardless of ability to pay
4. Community-wide coordination
5. Coordinated services for people with co-occurring conditions

6. Reimbursement for the uninsured who can not afford care and insurance reimbursement that covers the cost of care
7. More efficient and responsive coordination within and by schools and the criminal justice system
8. Quality service improvement and training for providers (at all levels) on resources, medications and treatment options
9. Community education to reduce stigma

Key Policy Issues

The four major legislative changes needed to address barriers to improving services are summarized below; other regulatory and related issues are discussed in the body of the report.

1. Increase Larimer County Medicaid reimbursement rate to be on par with other Colorado counties
2. Colorado to join 47 other states to provide Medicaid reimbursement for substance abuse services
3. Child welfare law to allow early interventions so that parents do not have to be charged with neglect or abuse (or the child placed out of the home) before receiving assistance
4. Adequate general fund dollars to be available for non-Medicaid, uninsured low income consumers

"Mental illness is a disease. Do we stigmatize those with heart disease? Do we put them on a waiting list or fail to respond immediately with appropriate treatment when their condition accelerates into a heart attack?"

-Health and human services provider

Recommendations

Based on the information gathered for the Mental Health and Substance Abuse Report, the Steering Committee agreed to the following recommendations as they move into Phase Two of the Community-Wide Planning Project.

1. Adopt a long-term commitment to community-wide planning.
2. Tackle the issues comprehensively in planned phases.
3. Establish priorities and create a subcommittee for each of the following high priority areas.
 - a. Improve the information and referral and crisis response systems
 - b. Address continuum of care and care for those without insurance and limited ability to pay
 - c. Develop a comprehensive education campaign
4. Develop a coordinated message to advocate for policy changes
5. Choose an effective, lasting structure for future improvements to the system

Note: The steering committee addressed this recommendation in December 2000 and chose to create a partnership headquartered at the Health District. The partnership will be funded by the Health District, partnership members, and through outside grants.

"There's too much fragmentation. Everyone's out there doing their own thing. We need better coordination."

-Psychologist in discussion group

A Call to Action

Challenges to Change

Change is never easy. Resources are limited, people are busy and "turfism" is hard to overcome. We need to recognize the following challenges and overcome them:

- All aspects of the mental health and substance abuse systems are interdependent. A change in one area will create ripples elsewhere in the system.
- We have no mandate for community-wide planning. Success depends on commitment to a community-oriented, coordinated system of care.
- Competition among providers exists in accessing a limited pool of dollars.
- There is inconsistent and incomplete financial data on which to base critical decisions.
- Successful community-wide planning and implementation takes a great deal of time and there are critical needs right now.
- Myths and stigmas related to mental health and substance abuse will impact how quickly change might occur.

Why Change at All?

The Community-wide Mental Health and Substance Abuse Planning Project was formed to study and improve the mental health and substance abuse services in our community. There is no formal mandate at any level pushing this group to act, even with the Surgeon General's report urging action. At a time when there are so many demands on our time and resources the question must be asked; why spend so much time and energy on a community-wide approach to improving our mental health and substance abuse systems?

The bottom line is that the current approach is not working well. It is a mishmash of funding and services that does not effectively or efficiently meet the needs of the consumer or community and is consistently frustrating to those who try to provide quality services and those who try to access them.

Conclusion: The Moral Imperative

The most important reason to change is that the health and lives of real people and their families hang in the balance. We have examined the local mental health and substance abuse systems from several perspectives and as objectively as possible. After careful consideration we conclude that we must invest the time, energy and resources to make positive changes to the mental health and substance abuse systems in Larimer County. Lives depend upon successful change.

Steering Committee Members

BJ Dean, executive director
Island Grove Regional Treatment Center

Gary Darling, captain
Larimer County Sheriff's Office

Marty Dwyer, consumer and family advocate
Federation of Families

Jack Ewing, consumer advocate
Suicide Prevention Coalition of Colorado

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