



# **Mental Illness and Substance Abuse in Larimer County**

## **The Challenges We Face Today**

**A Report from the Steering Committee  
of the Community-wide Mental Health  
and Substance Abuse Planning Project, Phase One**

Larimer County, Colorado  
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## **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

**Joe Hendrickson, assistant superintendent**

Poudre School District

**Tom Linnell, therapist**

private practice

**Brownie McGraw, juvenile coordinator**

Office of the District Attorney

**Tim O'Neill, executive director**

Foothills Gateway/ Community Center Board

**Carol Plock, executive director**

Poudre Health Services District

**Randy Ratliff, executive director**

Larimer Center for Mental Health

**Monica Smith, administrator**

Poudre Valley Hospital/Mountain Crest

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**Dana Timmermans, executive director**

Hope Counseling Center

## **Liaisons to State Offices**

**Tom Machiorletti, program specialist**

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**position vacant at time of publication**

Alcohol and Drug Abuse Division

## **Consultant to the Project**

**Michael Felix, chief executive officer**

Felix, Burdine and Associates

## **Staff to the Project**

**Erin Hall, special projects coordinator**

Poudre Health Services District

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**Dedication (p. ii)** A brief statement of thanks to all who have contributed to this report and will contribute to the changes stemming from it.

**Consumer Letter (p. iii)** This is a letter from consumer advocate Jack Ewing about the planning process.

**Executive Summary (p. ES-1)** The Executive Summary is a snapshot of the entire report, capturing briefly the report's most critical points.

**About the Community-Wide Mental Health and Substance Abuse Steering Committee (p. 1)** This section provides an explanation of how and why the steering committee was formed.

**Planning Process Goals (p. 2)** This section is a listing of the steering committee's goals for Phase One of the Community-Wide Planning Project.

**The Process (p. 3)** This section describes methods used for gathering the data that are reported in subsequent sections of the report.

**What Did We Learn? (p. 5)** This section describes what was learned through the process described in the previous section. There are seven subsections within "What Did We Learn?" They are described below:

**Case Examples (p. 6)** The steering committee reviewed several case examples of some of the most difficult and challenging situations encountered by consumers and providers. Themes that emerged from the case examples are presented in this section. In addition, we have included three specific case examples.

**Trends (p. 10)** As a group we explored important trends impacting mental health and substance abuse services and systems. This section highlights the most important national, state and local trends.

**Resources: Services (p. 19)** This section is a listing of local service providers and the services they offer. Appendix N includes more detailed information on most of our local service providers.

**Resources: Financial (p. 20)** Every attempt was made to collect comprehensive financial data. While there were many challenges in this area, we were able to capture enough financial information to begin to understand funding sources and costs. This information is presented in the "Resources: Financial" section.

**Issues Emerging from Community Conversations (p. 26)** This section is intended to summarize all of the comments we heard during interviews and discussion groups with 240 people. Appendix J is included to provide a more expansive list of comments from the community conversations.

**Policy Issues (p. 30)** This section is a summarized list of policy issues that significantly impact the delivery of mental health and substance abuse services. A complete list of policy issues mentioned in interviews and discussion groups is included in Appendix K.

**Recommendations (p. 32)** This section includes five recommendations for change based on the conclusions and information presented in the previous section and throughout the report.

**A Call to Action (p. 40)** This final section reminds us of the challenges ahead and of the critical reasons we must face and overcome these challenges to improve mental health and substance abuse services in our community.

# 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

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January 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