

What Did We Learn?

During Phase One of this project information was gathered from many sources. This information is reported on the following pages and is divided into five sections: case examples, trends, resources: services, resources: financial and issues that emerged from community conversations.

The steering committee reviewed case examples that uncovered five common themes. These themes and three of the case examples are included in this report. Information on current trends was gathered from conversations with leaders in mental health and substance abuse and from extensive review of the literature. Trends are divided into national, state and local categories.

The section on resources includes a list of services and a summary of financial information that was gathered. Attempts were made to speak with all of the major mental health and substance abuse service providers to gather accurate financial and service information.

Finally, in the "What did we learn?" section, we report on issues that emerged from community conversations. We spoke with 241 people through a series of individual interviews, discussion groups and a community forum. Comments from each of these conversations was recorded and analyzed for common themes and issues. These issues are divided into general issues and policy issues.

Case Examples of System Failure

In an effort to understand how the mental health and substance abuse system is currently functioning, steering committee members wrote case examples from their agency's perspective. These case examples, which highlighted the greatest challenges for providers and consumers, proved to be extremely valuable learning tools. Prior to this exercise, members did not fully realize how complicated the mental health and substance abuse systems were and were not aware of the extent of the lack of coordination between agencies.

Local agencies work hard and provide quality services every day. However, they are stretched beyond capacity. The problems raised by the following examples do not always occur but they occur frequently enough to be of major concern.

Four common problem themes emerged from the case examples:

Theme #1: Management by Crisis — The system is so overloaded and fragmented that services are sometimes driven by the crisis at hand with little or no time for prevention or early intervention services.

Theme #2: Consumers Feeling and being "Punted" — Many Consumers and families are and feel "punted" or "shuffled" from service to service. Consumers are frustrated not knowing what services are available and how to access them. As demonstrated in one case example of "Joe," (see graphic above) some consumers utilize services from 10 or more agencies.

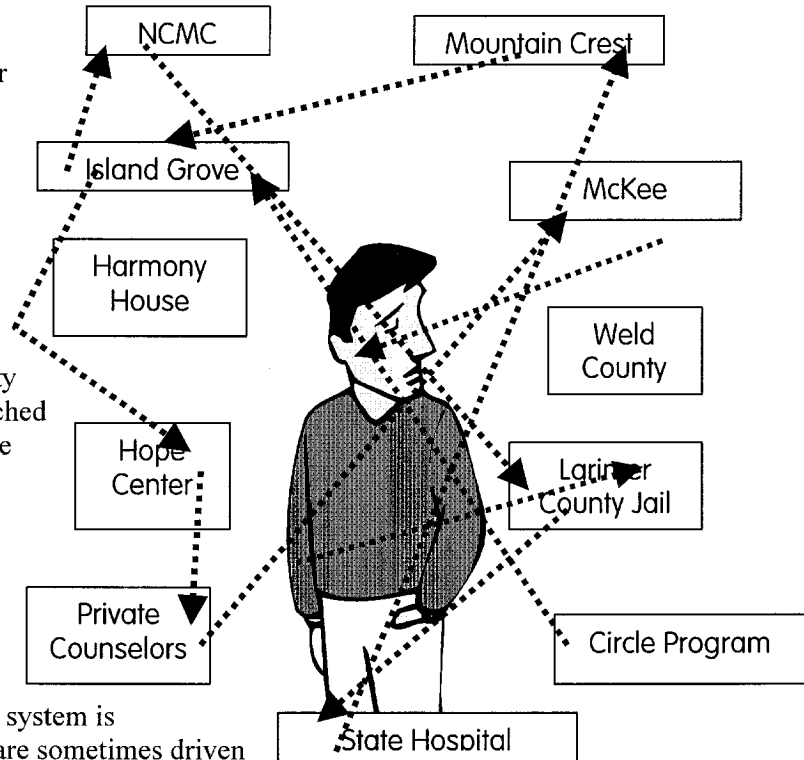
In some cases, clients are delayed from receiving services due to disagreements over which payer source will cover the cost of treatment. In one case, a client was held in inpatient care (the most costly care available) for nearly a month while potential payers disputed responsibility. Lower level care would have been both more appropriate and less expensive.

Clients also report delays in receiving care due to gaps in the system. Gaps may be created by a lack of available services or poor coordination. For many clients in need of mental health and substance abuse services a delay in treatment can lead to deterioration in their condition, a need for more intensive services later, a greater burden to the client and family, or the delay may even be fatal. The consequences of delayed care are demonstrated in the case example of Samantha (see Samantha's Story, page 9).

"Joe" Case Example

The Impact of a Lack of Care Coordination

Joe, age 45, has mental health and substance abuse problems. He has been shuffled from program to program with no care coordination.



**"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

Theme #3: Lack of Coordinated Care — As a client moves from agency to agency, providers rarely know what treatment, if any, has been tried, and which agencies, if any, have already provided or are currently providing services. Lack of coordination can also allow for misuse or over utilization of services.

Theme #4: Insurance limitations (for those who have insurance)—Case examples demonstrate (see Jake's story on following page) that having insurance with mental health coverage does not guarantee access to adequate and appropriate mental health services. In some cases insurance coverage is so limiting that patients can not receive even inpatient care in their home community. In addition, as a cost saving effort, managed care companies often restrict the frequency, length and type of services provided.

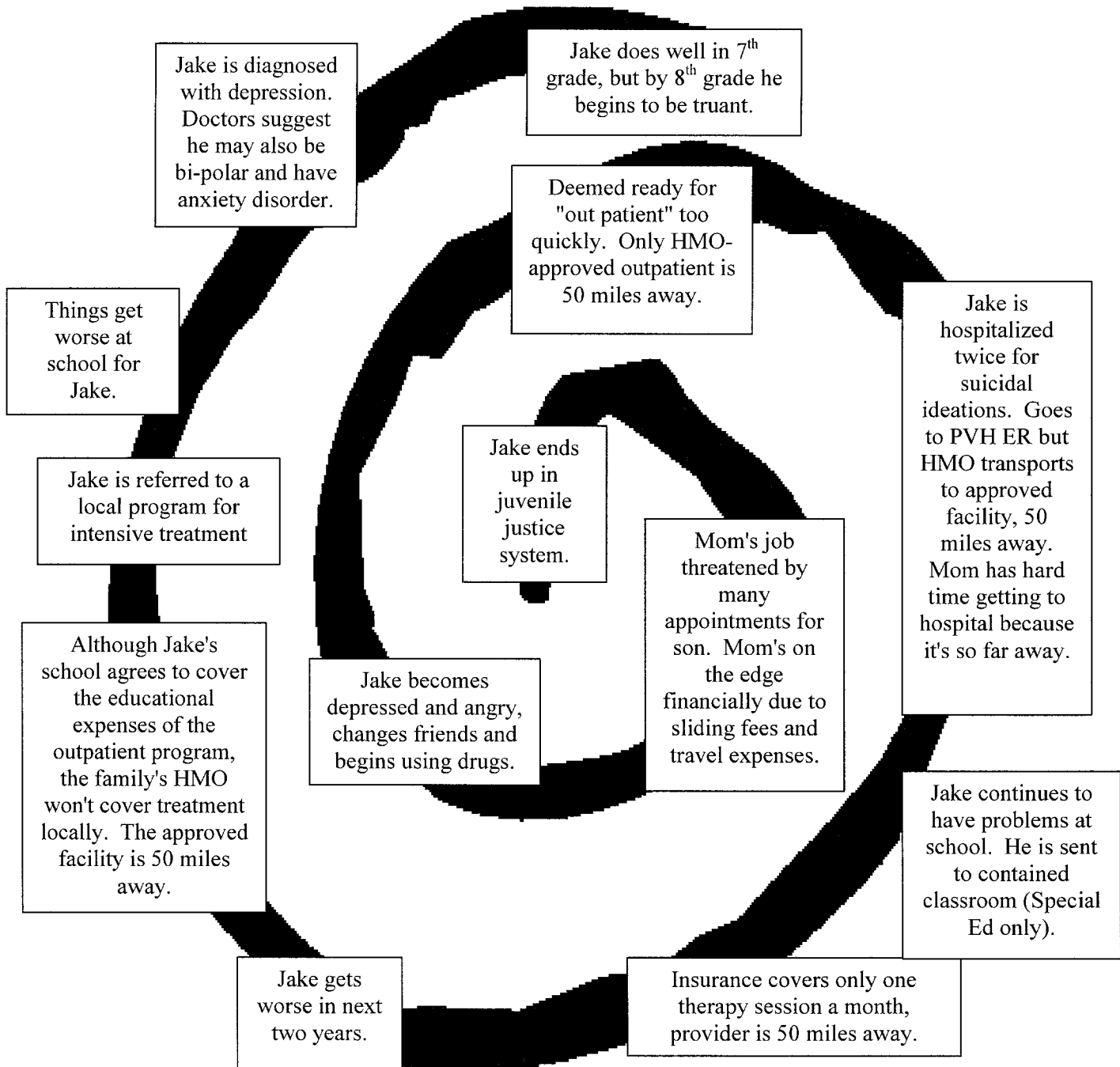
Theme #5: Themes 1,2, 3 and 4 result in Consumers Not Reaching Their Potential — When the system is overloaded, clients are involved with multiple agencies, and there is no community protocol for coordination of care from agency to agency, chances for a positive outcome are limited. Some clients end up in jail, others continue to unsuccessfully cycle through the available services.

Case Examples

Jake's Story

The Impact of Missing an Early Intervention

Jake lives in Ft. Collins with his mother and older brother. When this story begins, Jake is entering 7th grade and has been diagnosed with ADD. He is doing well in school with minimal support from Special Education.



Just so you don't think the family doesn't know how to access services needed for Jake, let us close by telling you that Jake's mother works as an RN case manager for her HMO.

Case Examples

Samantha's Story *The Impact of Delayed Care*



Samantha lives in Fort Collins with her husband and three children. She has a good job with health insurance. Samantha has always had mood swings and has talked to her doctor about "down times," but unfortunately they seem to be getting worse.

Samantha begins to get bad headaches and her energy level is getting lower. When she talks to her doctor, he discusses stress and prescribes sleeping pills. After a particularly bad day at work, Samantha is unable to get out of bed and misses a few days of work. She's having trouble concentrating and feels just terrible.

Knowing things are getting bad, she calls her doctor for help. Unfortunately he is out of the country for 6 weeks. She attempts to find another doctor on her plan, but no one is accepting new patients. When she finally finds a doctor and tells the receptionist she needs to be seen for depression, she is informed that her insurance doesn't allow her to see a family physician for mental health issues. She must use a separate mental health provider list that can be provided by her insurance company.

Worn out, Samantha gives up. Luckily, a concerned friend intervenes and helps Samantha get an appointment with a psychiatrist. She has an appointment and is given a diagnosis of depression and a prescription designated by her HMO (even though her doctor wanted to give her a different one). Before the medication and therapy have a chance to help, Samantha quits her job in frustration, forcing her to join her husband's insurance, which means a new HMO and a new doctor.

Meanwhile, Samantha feels that her medication isn't working. She calls the psychiatrist on the new plan and finds out she can't get in for three weeks. When she asks for an extension for her current prescription, the doctor decides that the dosage is too high and changes it. Samantha cuts her dosage as directed, but experiences extreme side effects and is now seriously considering suicide.

Again Samantha's friend intervenes and gets her an emergency appointment with her new psychiatrist. Samantha doesn't like the new doctor, but the other two providers on her plan aren't accepting new patients.

Financial Effects

Samantha is depressed and unable to make good decisions. She quits her job even though they understand her difficulties. Without Samantha's job, the family's income drops by more than half and the kids lose their insurance.

The Effect on the Family

Samantha's family feels the affects of her depression long before she quits her job and financial problems arise.

As Samantha worsens, her husband must turn into "Super Dad" to keep the family going. Their youngest begins to act out in school, the middle child who was always so positive has turned cynical and their oldest exhibits signs of depression.

The Effects of HMO Limitations

When Samantha is in crisis her doctor is out-of-town, forcing her to call around to the other doctors on her plan for help. When she finally finds someone who will see her, she discovers she has to use a different provider list for mental health issues.

Her new psychiatrist is forced to prescribe a particular medication rather than the one he thinks Samantha needs.

When Samantha changes insurance plans, she must to start the process over with the new HMO and adjust to a new primary care physician and psychiatrist.