Healthcare Myths

Below are common beliefs about mental health and substance abuse issues and the systems within which services are provided. We found these viewpoints to be unsubstantiated and therefore refer to these beliefs as Healthcare Myths.

Medicaid covers everyone who needs help – especially those living under 100% of the federal poverty guidelines (FPG).

False. In Colorado, although Medicaid covers children up through age 16 who live in homes with an income level under 100% FPG, older teens (age 17+) and adults only qualify for Medicaid if their household income is under 39% of FPG.

The Child Health Plan Plus (a health insurance program with low premiums) is available for children in families with incomes up to 185% FPG that do not qualify for Medicaid. As of late 1999, less than 40% of eligible children were enrolled. The premium rates, although low, were considered to be a barrier to enrollment and have recently been suspended by the Governor.

Adults and children living in families with incomes over 39% of FPG and up to 185% FPG may be eligible to participate in the Colorado Indigent Care Program (CICP). CICP, however, is not available in all communities, does not cover all services and requires significant co-payments.

Except for those with disabilities, there are no health insurance subsidies for those living in households whose income exceeds 185% of FPG.

Only those living under poverty levels cannot afford to pay for health insurance or healthcare.

False. A recent study, "Prices and Affordability of Health Insurance for Colorado's Uninsured Population," discovered that people living at levels of up to 185% of federal poverty guidelines (FPG) do not have funds to pay for healthcare after they cover essentials such as food, housing, transportation and child care. The study also found that those living in households where incomes range from 185-300% of FPG will need assistance in paying the full cost of health insurance.

According to a March 2000 Kaiser Commission Report on Medicaid and the Uninsured, the average premium for a family with group coverage was between $5,000 and $6,000 annually in 1999, and the cost of health insurance (adjusted for inflation) has doubled in the past twenty years. The same report noted that almost half (45%) of low-wage workers do not have access to employer sponsored coverage.

Going without insurance is usually temporary; most people get coverage back quickly.

False. According to the Robert Wood Johnson Foundation 1999 Annual Report, from 1993 through 1995, more than half of the spells of no insurance lasted longer than five months.

Locally, of the people who reported not having insurance sometime in the last three years, one-half (50%) were uninsured for more than one year, and 68% were uninsured for more than six months. *(1998 Community Health Survey, Poudre Health Services District)*

The uninsured can get the healthcare they need when they need it.

False. Compared with people who are insured, people without insurance experience major delays in receiving care, have trouble getting needed major medications and have much higher rates of hospitalizations for potentially treatable or preventable conditions. *(1999 RWJ Annual Report on physical health.)*

The Kaiser report notes that one in five uninsured adults (6 million) do not get necessary medical treatment because of costs; 30% of adults did not fill a prescription or skipped a test or treatment in the past year because of cost; and two-thirds of uninsured adults in poor or fair health have problems getting needed care.

The Larimer Center for Mental Health's mission and services changed with privatization in 2000.

False. Changes to Medicaid managed care at the state level, which began in 1998, have had a greater impact on services than privatization. There has been no significant change in mission or services as a result of privatization and privatization has increased funding opportunities for the Center.

The percentage of poor people is increasing in Larimer County.
False. Fewer people are living in poverty and the median income has increased. *(Census data)* In addition, it appears that a lower percentage of residents of Larimer County did not have health insurance in 1998 than in 1995, however, the impact of the recent increase in insurance costs is not yet known. *(1998 Community Health Survey, Poudre Health Services District)*

Providers in The Medicaid and Colorado Indigent Care Program are compensated for the cost of delivering care.
False. Although actual costs are difficult to determine, Medicaid providers are reimbursed for approximately 80% of cost (*Mountain Crest calculation*). CICP providers are reimbursed for approximately 17% of costs.

If you're insured, you get timely, appropriate care.
False. Consumers in community discussions and interviews report many barriers to finding and affording care, and obtaining treatment recommended by their physicians.

People with mental illness or addictive disorders can get better on their own if they have the right attitude and try hard enough.
False. Mental disorders are like many other common medical illnesses where a major organ of the body malfunctions in someway. In the case of mental illness the involved organ is the brain. The cause of a mental illness, similar to other medical illnesses, is a combination of genetic and environmental factors. In very mild cases, just like other medical illnesses, a mental disorder may heal over time without treatment. However, in other cases, the condition is chronic and an untreated mental disorder will continue to worsen and may result in death.

Alcohol and drug addiction is a disorder similar to diabetes II, hypertension and asthma. All have genetic, personal choice and environmental factors involved in the causes and course of the disorder. Drug dependence produces significant and lasting changes in the brain chemistry and function. All these disorders have effective treatments, although they are not yet curable (Journal of the American Medical Association, October 4, 2000. Vol. 284, No. 13)

Issues Emerging from Community Conversations

During the interviewing process we asked a series of questions regarding current issues, resources, challenges and advice. We solicited similar information during discussion groups and community forums. **The following is a summary** of the most consistent advice or concerns expressed by the many people involved in this process. Many issues were expressed as concerns; however, we have stated them here as advice. **For a list of all issues expressed, please see Appendix J.**

As a result of previous community discussions, a vision of an ideal mental health and substance abuse system was developed (see Appendix B). One of the tasks identified for the first phase of this project was to compare our current system to the ideal system. As we reviewed all of the concerns and advice expressed we found there to be concerns with every area mentioned in the ideal system. Areas of the ideal system closely follow the focus areas listed below. We can say with confidence that none of the areas identified in the "Elements of an Ideal Mental Health and Substance Abuse System" have been fully achieved.

Focus Area #1: Clear, Immediate Access to the System and Services

Do you know where to go for services? Assure that we have a:

- **Reliable information source**—complete, accurate, acceptable, many entry points, one source with answers (walk-in, web and phone access)
- **Appropriate referral system**—timely evaluation, triage and referral to the appropriate service
- **Response system and protocol**—clear and easily understood, includes 24-hour immediate response, walk-in or hotline access, known and used by consumers, emergency room and law enforcement. Services would include early intervention through crisis intervention

We don't know what services are out there. We stumble upon them."

-Consumer in discussion group

Focus Area #2: Consumer and Family Support

Can you get help understanding and getting the most out of the system? Assure that we have:

- **More Consumer and Family Driven Services**—more consumer and family driven services, consumers and families as an integral part of the service planning team; planned *with*, not *for*
- **Service Coordination**—services are coordinated between agencies
- **Family Care Coordination**—coordinate services within/between agencies to meet families' needs
- **Neutral Ombudsman**—for families/consumers to help understand the system to act as advocates
- **Continuity of Care**—families and consumers are guided, as needed, through the system

Focus Area #3: Full Continuum of Care

Are needed services available in our community? The following services were said to need improvement, (Please note that this is NOT a complete list of services needed for a full continuum of care).

"There are multiple, fragmented ways of how people are handled in crisis situations... it's hit or miss."

-Health and human services provider in discussion group

Focus Area #3 continued:

Assure that we have:

- **Crisis Services**—See Focus Area #1 above
- **Prevention**—services are established and funded on an ongoing basis
- **Early Intervention**—services are established and funded, people don't need to wait until the problem is nearing a crisis to have access to services

> **"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

- **Outpatient Services**—services available with no waiting lists regardless of ability to pay
- **Intermediate Level of Care (Acute Treatment Unit (ATU), "Step down", "Halfway"," Partial" or "Transitional" Services)**—adequate services available upon discharge from inpatient or detention center to assure stabilization of medication, follow-through on treatment plan and continuity of care. Also, available when neither detention nor inpatient is the most appropriate or when a stabilization period outside the home is needed
- **Residential services**—residential adolescent bed space is increasing but placement for kids with extremely intensive needs continues to exist
- **Inpatient Services**—retain inpatient services, assure facility is appropriately staffed
- **Non-medical detox**—closer services available (geographically) and adequately funded
- **Medications**—available in a timely manner regardless of ability to pay, follow-up services to reduce liability on person writing the prescription

In looking at a full continuum of care it will be important to consider which services may be best provided locally and which regionally. Factors to consider include transportation costs, cost efficiencies, burden to the family and consumer and continuity of care.

Focus Area #4: Community-wide Coordination

Does our community have a means for planning and coordinating services? Assure that we have:

- **Protocols, Planning and Coordination**—planning and coordination on a community-wide and continuing basis, not just agencies planning independently

> **"There's too much fragmentation. Everyone's out there doing their own thing. We need better coordination."**
>
> -Psychologist in discussion group

- **Shared Pool of Money**—available for costly and complicated situations

Focus Area #5: Adequate Services for People with Co-occurring Conditions

Can people with co-occurring mental health and/or substance abuse issues or developmental disabilities get the services they need? Assure that we have:

- **Seamless System**—appropriate services are not denied or delayed due to confusion over payer
- **Collaborative Services**—consumer receives well-coordinated services to address all needs, providers collaborate on treatment plan
- **Trained Staff**—staff are adequately trained to meet needs of people with co-occurring conditions
- **State level coordination**—clear understanding of the interplay between state offices of Mental Health Services, Drug and Alcohol Abuse Division and Developmental Disabilities Services

Focus Area #6: Adequate Resources

Do we have the resources we need to provide adequate services? Assure that we have:

- **Services for Non Medicaid, Low Income Consumers**—adequate number of providers (particularly psychiatrists) and adequate reimbursements or incentives in place
- **Medicaid reimbursement rate**—on par with similar communities in Colorado
- **Medicaid contracts**—contracts awarded in manner that is not damaging to the "safety net" and does not create harmful competition between local providers
- **Medicaid Reimbursement for Substance Abuse**—Medicaid reimbursement for substance abuse is established, on par with majority of states in the country
- **Child Welfare rates** –fair and reasonable rates paid to providers
- **Criminal Justice System**—access to the amount and quality of services available within the criminal justice system before criminal involvement

> **"We have a three tiered system: those with money or insurance, those with Medicaid and those left out"**
>
> - Consumer

Focus Area #7: Schools and Criminal Justice System

Are schools and criminal justice systems efficient, responsive and adequately funded? Assure that we have:

- **Police response**—clear efficient police intervention and transportation protocol that allows person in need to get services quickly and allows the officer to get back on the street quickly
- **Detention Center**—establish detox options other than the detention center
- **Engaged Parents**—provided with early information and engaged in effective partnerships with schools
- **School Services**—trained personnel with time to provide appropriate level of services or have quick access to appropriate referrals for kids and families

> **"We are supporting the cycle of crime, not interrupting it."**
>
> - Participant in criminal justice discussion group

Focus Area #8: Quality of Services

Are you receiving the most effective, efficient and customer-oriented services for your situation? Assure that we have:

- **Quality Services**—providers at all levels and across continuum of care are knowledgeable and skilled regarding resources, medications and treatment options

Focus Area #9: Stigma

Are you confident that asking for help will not have negative consequences? Assure that we have:

- **No stigma**—awareness and understanding among the general public regarding mental health and substance abuse issues. Education provided for everyone, not to exclude law enforcement, school personnel and primary care physicians.

> **" The stigma of mental illness rivals the AIDS stigma"**
>
> -Consumer in discussion group

Focus Area #10: Ancillary Services

In addition to your mental health and substance abuse needs, can you get your basic needs met?

- **Housing, Transportation, employment**—ancillary services including housing, transportation, employment, etc. are available and adequate to meet the needs.

Policy Issues

Several policy issues that significantly impact the delivery of mental health and substance abuse services were identified. A complete list of policy issues mentioned in interviews, discussion groups and steering committee meetings are provided in Appendix K. The issues that came up most often are listed below. As with the emerging issues section, all concerns are stated as advice.

Legislative Issues

Issues that would require legislative attention include:

> **"We're one of only 2 or 3 states that don't draw a federal match for Medicaid to cover substance abuse"**
>
> - State Leader

Participants would like to see:

- **A higher Medicaid reimbursement rate**—on par with similar communities in Colorado, not remain as the lowest rate in the state
- **Medicaid coverage for substance abuse**—Colorado should join 47 other states in providing Medicaid reimbursement for substance abuse services
- **Services for kids and families without charges being filed**—parents shouldn't have to be charged with neglect or abuse and before the child is at risk of being placed out of the home through Child Welfare
- **More funding for non-Medicaid low income consumers**—would like to see adequate general fund dollars for the Department of Mental Health Services to allow local communities to provide services for non-Medicaid low-income consumers
- **Decreased fragmentation**—would like to see resources and coordination for mental health, substance abuse and developmental disabilities become less fragmented at the state level, which would result in less fragmentation at the local level for individual consumers who need services in two or more of these areas. Would like to see people treated as a whole person and not divided into parts in order to match the system. Would also like to see a coordinating group at the state level to oversee mental health and substance abuse services.

> **"At the state level, Medicaid bumps into ADAD- there is confusion over who funds what when"**
>
> -State Leader

Regulatory Issues

Issues that would require the attention of state regulating agencies include:

Participants would like to see:

- **Health Care Policy and Finance (HCPF)**—
- Close monitoring and further analysis if necessary as HCPF considers integration of Medicaid mental health and primary care managed care.
- Policy makers informed of the potential loss of the safety net infrastructure if Medicaid and managed care contracts go strictly to the lowest bid. This would result in the continuing decline in the ability of agencies to cover the costs of providing services to non-Medicaid low-income consumers.
- **Information sharing**—would like to see regulations that support sharing of information between agencies to better coordinate services.

- **Co-occurring conditions**—would like to see minimization of overlaps and gaps between ADAD, Mental Health Services and Developmental Disabilities Services and clear effective policies regarding who is responsible to initiate and pay for services.
- **Medicaid reimbursement for non-medical detox**—would like to see Medicaid pay for less expensive non-medical detox instead of medical detox only.
- **Fewer barriers to inpatient services**—would like to see fewer barriers to gaining appropriate admission to the state

  hospital in Pueblo, currently admit orders must come from Larimer Center for Mental Health. Currently the state is considering requesting a waiver to decrease the number of beds at the state hospital and dispersing the savings of $3,000,000 to local communities. Under current circumstances the barriers to accessing appropriate intensive inpatient placement for people with severe needs are significant. A further decrease in the number of available beds has exacerbated this problem.
- **Coordination of programs and paperwork**—would like to see less variance between ADAD, MHS, DDS, Child Welfare and Medicaid, currently they have very different procedures and are seen as "different planets."
- **Pooling resources**—would like to see allowances made for waivers to pool resources and determine spending at a local level.
- **Parity**—The state legislature may be entering new discussions regarding mental health parity. These discussions need to be followed closely and appropriate action taken to ensure that mental health benefits do not decline.

Other Issues

Issues that involve federal legislation and regulations, insurance issues or local issues include:

Participants would like to see:

- **Increased prescribing authority**—More professionals should be eligible for prescribing authority.
- **Fewer insurance limitations**—Would like to see more treatment choices (medications, length of stay, treatment techniques) available to physicians and patients. Insurance currently limits inpatient days, forces decreased staff, limits detox and prevention treatments and dictates prescription options, all of which negatively impact patient and staff safety.
- **Less complex insurance**—would like to see less variance between insurance company policies.
- **Schools diagnosing and paying**—would like to be sure that if schools are the both a paying source and are diagnosing that this does not result in conflict of interest.
- **PVHS billing Medicaid instead of County**—would like to explore the impact of PVHS billing Medicaid for services to inmates instead of billing the County as is currently the case.
- **Clear and reasonable criteria for receiving services**—would like to see people able to access services before the point of becoming suicidal or being considered harmful to themselves or others. Would also like to see services available to children without needing to consider parents neglectful. Need services available at the time of need and at the appropriate level.