

What Will it Take?: Solutions to Mental Health Service Gaps in Larimer County



Mental Health and Substance Use Alliance of Larimer County
An Unincorporated Non-Profit Association and Health Alliance

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Executive Summary

Introduction

Behavioral health disorders, including mental illness and substance use disorders, are serious, chronic, and potentially life-threatening health issues. In Larimer County, Colorado, tens of thousands of residents have a mental illness, a substance use disorder, or both. Effective treatment and support services for these disorders do exist, but due to insufficient local resources and critical service gaps, only a small percentage of those who need help get it. The great majority of people who need these services in Larimer County simply continue to suffer, putting great physical, emotional, and financial strain on themselves, their families, and their communities.

In recent years, several organizations have recognized the severe gaps in local behavioral health services and called for an improved behavioral healthcare system. In 2015, the MHSU Alliance of Larimer County, a partnership of local organizations, consumer and family advocates, and treatment and service providers, declared that its highest priority was to determine the extent of the need and to create a plan to expand critical behavioral health services. *What Will It Take? Solutions for Mental Health Services Gaps in Larimer County* is the result of the MHSU Alliance's investigation.

This document is intended to:

- Delineate what is needed for a more complete continuum of care capable of providing adequate levels of affordable care for those with behavioral health needs (focusing on the best evidence, high quality, and access to care); understand what actually exists in our community; and determine the gaps
- Determine a cost estimate for filling the gaps, potential revenue sources, and the remaining need for funding

The MHSU Alliance's aim is to help citizens and service providers understand the existing challenges, garner commitment to making improvements, and stimulate significant development and expansion of critical behavioral health services in Larimer County. Ultimately, our goal is to ensure that Larimer County has the resources needed to meet the growing behavioral health needs of its citizens.

The MHSU Alliance engaged the services of the NIATx group to aid in data collection, analysis, and development of the recommendations in this document. NIATx, a multidisciplinary team of consultants with expertise in public policy, agency management, and systems engineering, has worked with more than 1,000 treatment providers and more than 50 state and county governments.

The Need for Behavioral Health Services in Larimer County

Behavioral health disorders, including mental illness and substance use disorders, are common. In Larimer County, approximately 53,800 adults (ages 18 and older) have a mental illness, and

just over 12,300 of those individuals have a serious mental illness. Approximately 26,000 have a substance use disorder (many suffer from both mental health and substance use disorders). Like other common chronic health conditions, such as diabetes and heart disease, these conditions can affect people of all ages and all socioeconomic backgrounds.

Left untreated, behavioral health disorders can lead to greater suffering from symptoms, poor quality of life, a reduced ability to function, and the use of more intensive and higher-cost treatment. People with behavioral health disorders are also at risk for unstable employment, poverty, chronic health conditions, early death, and suicide. In fact, adults living with serious mental illness die on average 25 years earlier than others. The cost to the community is high as well. Many people who don't get adequate treatment repeatedly use high-cost community services such as emergency departments and criminal justice services.

Behavioral health disorders *can* be treated effectively, allowing people to function better and regain control of their lives. As is true with many chronic conditions, ongoing treatment and support involving a broad continuum of services designed to meet evolving needs, is often necessary. This continuum of services includes assessment; crisis stabilization; detox/withdrawal management (WM) services; inpatient treatment; outpatient and intensive outpatient treatment including medication-assisted treatment, residential treatment, and step-down and supportive housing options such as halfway houses, sober living homes, and permanent supportive housing.

Effective treatment for these disorders imparts significant benefits. Patients (and their families) benefit from improved health and well-being, as well as the ability to function in the family, at work, and in the community. Communities gain active and functioning residents and see reduced law enforcement and corrections-related expenses. Indeed, every dollar spent on addiction treatment yields a return of \$4 to \$7 in reduced drug-related crime and criminal justice costs, according to the National Institute on Drug Abuse, part of the National Institutes of Health. When savings related to healthcare, such as a lower use of emergency departments, ambulance services, and inpatient treatment, are included, savings can exceed costs by a ratio of 12 to 1.

Unfortunately, the majority of people with these disorders never get the treatment they need. In Larimer County and many other communities, patients and family members often experience great difficulty in accessing treatment and related services, due in large part to a severe shortage of local resources. A lack of treatment resources is particularly true in the area of substance use disorders.

In Larimer County, an estimated 26,000 people have a substance use disorder and currently need treatment, yet only about 2,300 actually receive care each year. This means that, each year, tens of thousands of residents in the County need, but do not get, treatment. Although many of these people are not yet seeking treatment, about 1,200 do want or would seek help, but are unable to get it due to the absence of many critical levels of care in the County. Due to the lack of local detoxification services, many of the people not yet seeking treatment but needing to safely detox from alcohol and/or drugs, currently end up in local jails and emergency departments where they are typically released without any follow up care. This is often an ongoing strain on those resources (law enforcement, EMS, emergency departments) due to the revolving door these residents continue to go through, and is extremely costly.

In order to meet the treatment needs of our citizens in Larimer County, this investigation found that it will be necessary to make treatment and related services available for over 5,000 people each year (about 2,300 who currently get some form of treatment, plus about 1,200 who are seeking but not getting treatment due to a lack of services, plus approximately 1,200 more who might be persuaded to seek treatment given better engagement and outreach through a local detox, as well as accounting for local population growth of an additional 500).

Providing a full and improved continuum of care each year for these people is critical to their recovery. However, current local treatment and support services are insufficient to meet that demand. As a result, far too many Larimer County residents with mental illness and/or a substance use disorder simply are not getting the behavioral healthcare they need.

Key Finding

While many quality services exist here, Larimer County does not have a continuum of mental health treatment and support services that is sufficient to meet the needs of the many County residents with mental illnesses and/or substance use disorders.

Key Recommendations

The MHSU Alliance of Larimer County recommends the expansion of existing community-based treatment and support services, along with the development of a 24/7 Behavioral Health Services Center. These recommendations would provide a new state-of-the-art model of care for people with mental illness and/or substance use disorders.

The Behavioral Health Services Center and related services would:

- Bring missing levels of care to our community, so people can get the affordable care they need (Detox, residential treatment, etc.)
- Expand local services that are currently available only to limited residents (such as medication-assisted treatment, etc.)
- Enable a more thorough, formal, patient-centered assessment process that will help people enter the right level of care at the right time
- Ensure that transitions between levels of care are seamless and efficient
- Reduce the number of people who go through withdrawal in jail, an emergency room, or on the street, by providing a place to safely detox (where they can also get connected to treatment and begin a path to recovery)
- Facilitate entry into treatment from crisis and detoxification levels of care

Recommended services to be provided at the Center include:

- Triage, medical clearance examination, and various levels of assessment and re-assessment
- An existing Crisis Stabilization Unit (CSU) would be moved to the Center
- A range of withdrawal management (drug/alcohol detoxification) services

- Residential treatment for substance use disorders
- Care coordination to ensure connection to and coordination with community-based treatment
- Transportation services to reduce the burden on local law enforcement and EMS and assist with access to services in rural areas of Larimer County

Funds should also be earmarked to expand existing services in the community, including:

- Early-identification and early-intervention services and resources for youth and families at risk for, or experiencing, mental illness or substance use issues or disorders
- Suicide prevention efforts
- Staffing for long-term residential treatment (halfway houses) to help people transition from inpatient treatment to community living
- Support services to enable treatment and care coordination for people living in Permanent Supportive Housing
- Moderately intensive to intensive care coordination for people with particularly intensive and complex needs

Funds should also be earmarked to help people who can't afford to pay the full cost of care, including those who need:

- Outpatient treatment (OP)
- Intensive Outpatient treatment (IOP)
- Medication-Assisted Treatment (MAT)

Additional community services may need to be expanded or developed in order to meet the needs of additional people being engaged in treatment, including:

- Outpatient treatment (OP)
- Intensive Outpatient treatment (IOP)
- Medication-Assisted Treatment (MAT)
- Voluntary sober-living options such as Oxford Houses (more capacity is needed)

Because there are other funding sources for these services, they have not been included in the budget for recommended service expansion.

Specific Recommendations

Specific recommendations to create and support services include:

1. **Expand treatment capacity** to provide services to over 5,000 adults. The total annual utilization of all services included in the recommended model is estimated at over 10,000 admissions (defined broadly).
2. **Provide most services in one facility** to create efficiencies and a better continuum of care.

3. **Create the ability to perform medical clearance screenings and triage on-site** to reduce the need for emergency-room levels of care and transport to other levels of care.

Provide in-depth assessment and re-assessment (differential diagnosis) on site in order to place patients in appropriate levels of care.

4. **Move the existing Crisis Stabilization Unit to the Behavioral Health Services Center**, to provide walk-in crisis assessment and short-term crisis stabilization for people whose symptoms and treatment can be managed in non-hospital settings. *Build 16 beds with the capacity to provide up to 1,700 admissions. Begin operation with approximately 10 beds for up to 700 admissions.*

5. **Create a Withdrawal Management Center (drug/alcohol detoxification) in the Behavioral Health Services Center** to support detox from alcohol or drugs and transition individuals into treatment. Provide social (clinically managed) (American Society of Addiction Medicine [ASAM level 3.2]) and medically-monitored (ASAM level 3.7) levels of detox services; start patients on medication-assisted treatment for alcohol and opioid use disorders; and support more ambulatory detox (ASAM level 2.0) managed on an outpatient basis in the community. Those with higher-level medical needs will continue to access the intensive inpatient detoxification services (ASAM level 4.0) provided in local hospital settings. *Build 32 beds with the capacity for approximately 4,300 annual admissions. Begin operations with 26 beds with the capacity for approximately 3,500 admissions per year.*

6. **Create or support several levels of residential care to support up to 795 short-term and long-term supported residential admissions**, as follows:

- **Create a short-term, intensive residential treatment unit** in the facility, which would provide a safe therapeutic environment where clinical services and medications are available to patients who are medically stable and withdrawn from substances. *Build 16 beds with the capacity for up to 400 annual admissions. Begin operations with 13 beds with the capacity for up to 320 admissions per year.*
- **Support low-intensity residential services** designed to build and reinforce a stable routine in a safe and supportive context for residents who lack a stable living environment. Provide 24/7 certified addiction counselors. *Encourage development of facilities (55 beds) by community providers.*
- **Encourage the expansion/development of independent, voluntary sober housing** in the community, such as Oxford Houses, to provide safe and supportive living environments for those who choose and can pay for this type of residence. No external financing is recommended for this type of housing.

7. **Provide funding to support behavioral health support services**, including:

- Early-identification and early-intervention services and resources for youth and families at risk for or experiencing mental illness or substance use issues or disorders
- Suicide prevention efforts
- Moderately intensive to intensive care coordination for up to 250 clients
- A client assistance fund to help cover needs such as transportation, co-pays (including for IOP and OP), medication, and personal emergencies for up to 1,400 clients

- Support services in Permanent Supportive Housing for up to 100 clients with chronic health conditions who lack family/social supports and are disconnected from employment and other community functions (housing to be provided by other sources)
8. **Encourage the development of community capacity for intensive outpatient services** for individuals who require a more structured substance use disorder outpatient treatment experience than traditional outpatient treatment. *Capacity needed: 1,400 IOP admissions, an average of 30 visits per admission, and an average daily census of 63.* (Note: Since health insurance is likely to cover these services, this document’s budget recommendation is for financial assistance for up to 175 uninsured or underinsured individuals.)
 9. **Encourage the development of community capacity for outpatient substance use disorder treatment, including medication-assisted treatment** to provide up to 4,700 admissions. (Note: Since health insurance is likely to cover these services, this document’s budget recommendation is assistance for up to 525 uninsured or underinsured people.)

Financial and Facility Needs

Financial Resources Needed

The estimated annual cost to provide these services is \$15.2 million (taking into account an anticipated \$6.5 million in client and payer revenues).

Projected Overall Operating Budget	
Personnel	\$11.7 million
Operational (operational costs, maintenance, equipment, contracted services, etc.)	7.2 million
Client Assistance	2.3 million
Family and Youth Resources and Suicide Prevention Resources	0.5 million
TOTAL	\$21.7 million
Less Client and Payer Revenues	6.5 million
Needed Annual Funding	\$15.2 million

Facility Needs and Associated Costs

Estimates for facility space and costs are based on providing many services in one facility. Based on current estimates, a 60,000square-foot facility is needed. Total facility and estimated land costs are estimated at \$33.4 million (if built in 2020). Facility costs have not been included for low-intensity residential services. Land costs will depend on the site selected.

Similar to other dedicated, state-of-the-art health facilities in the area, such as the \$20M Cancer Center built by UCHealth in 2014, this facility will house key treatment services in one place. This “No Wrong Door” type of system is considered best practice in the health care sector. One key difference is that the services provided by other healthcare facilities, such as the Cancer Center, are paid for by health insurance; while only about 30% of costs of the recommended behavioral health treatment services would receive insurance reimbursement. This results in the funding gap of about \$15 million a year.

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