Attachment A

Colorado Behavioral Healthcare Council

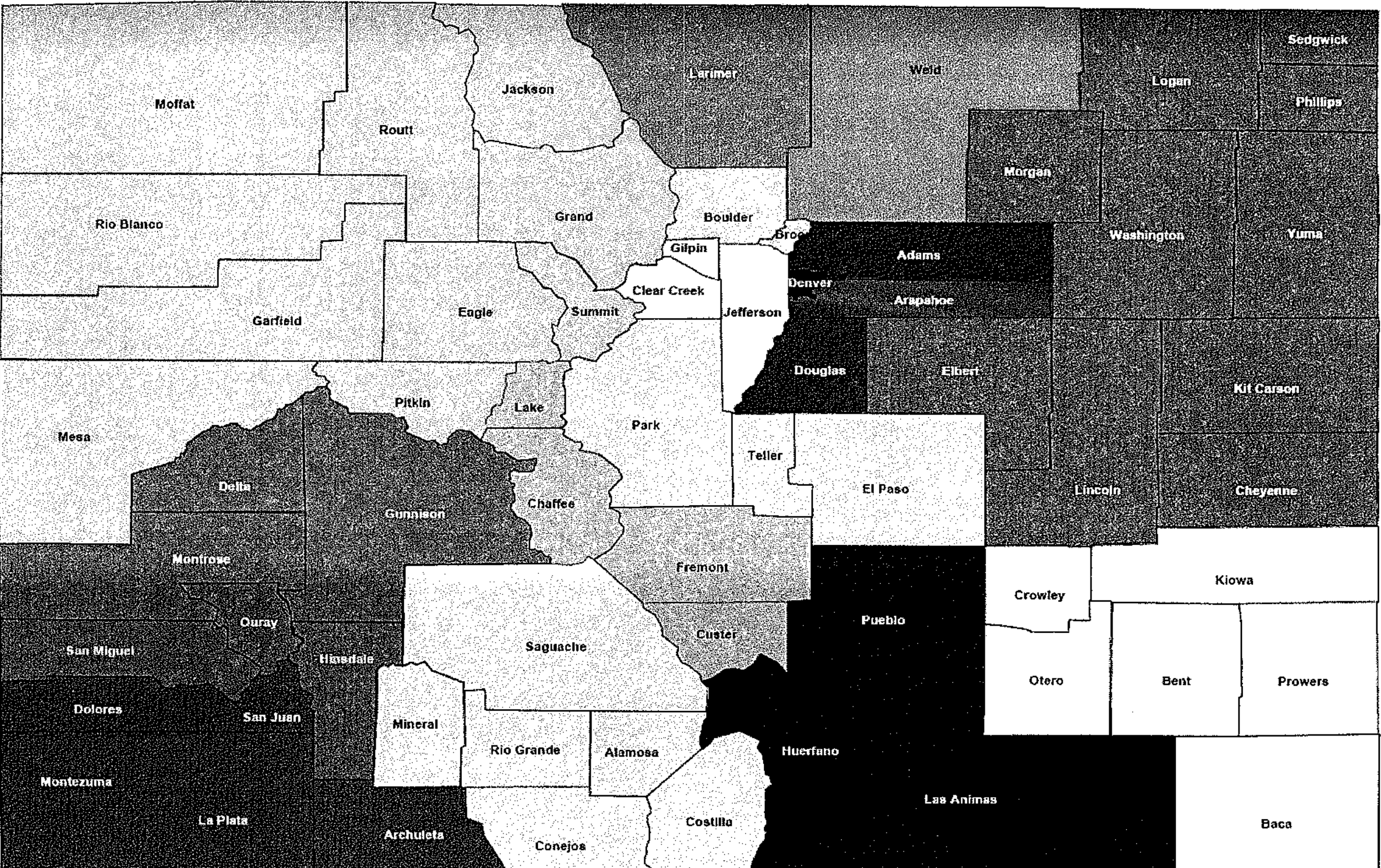
Presentation to the Colorado General Assembly
Health Care Task Force

August 10, 2009

www.cbhc.org

Colorado's Community Mental Health System

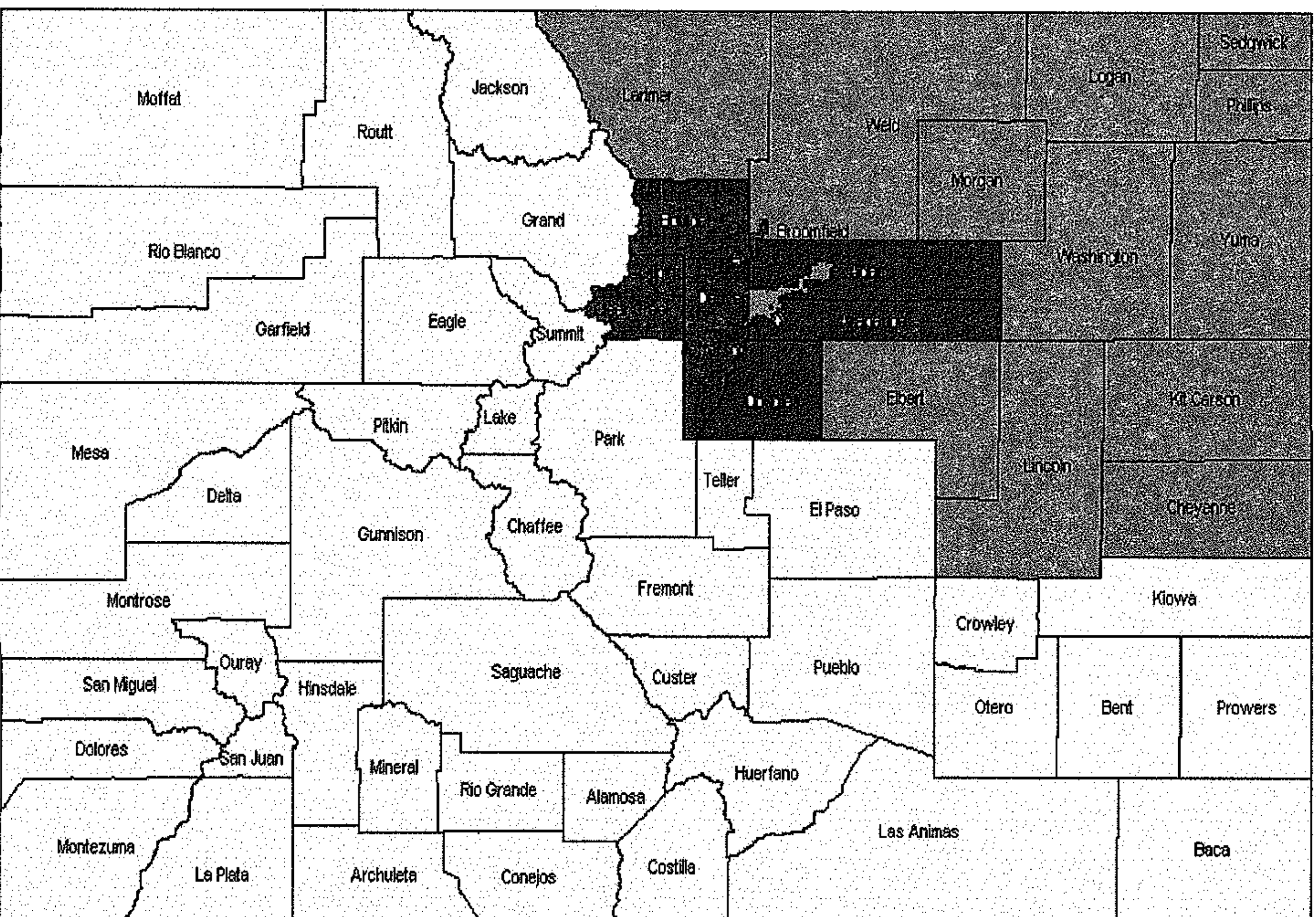
- CBHC is a non-profit 501 (c) 3 membership organization that represents Colorado's statewide network of community behavioral healthcare providers, which includes:
  - 17 community mental health centers (CMHCs)
  - 2 specialty clinics (Asian Pacific Development Center & Servicios de la Raza)
  - 5 behavioral health organizations (BHOs)
    - The BHOs implement Medicaid Mental Health Capitation Program
- CBHC member organizations contract with the State of Colorado and work together to provide comprehensive behavioral and psychiatric services to defined geographic areas of the state.



Colorado Community
Mental Health Centers
by Counties Served

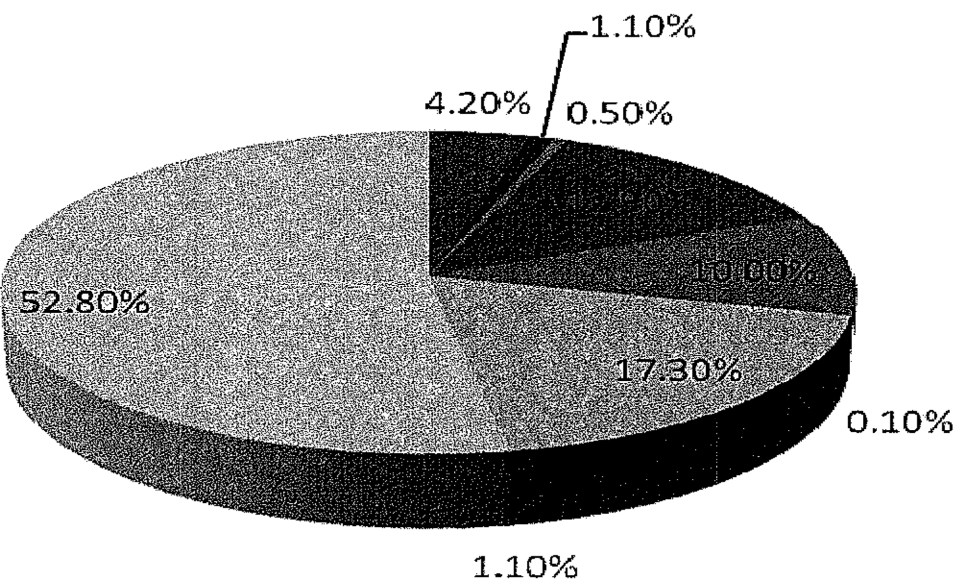
pahoe/Douglas mental health Network
ra Community Mental Health Center

- Centennial Mental Health Center
- CO West Regional Mental Health Center
- Community Reach Center
- Jefferson Center for Mental Health
- Larimer Center for Mental Health
- Mental Health Center of Boulder
- Mental Health Center of Denver
- Midwestern CO Mental Health Center
- North Range Behavioral Health
- Pikes Peak Mental Health Center
- San Luis Valley Mental Health Center
- Southeast Mental Health Services
- Southwest Colorado Mental Health Center
- Spanish Peaks Mental Health Center
- West Central Mental Health Center

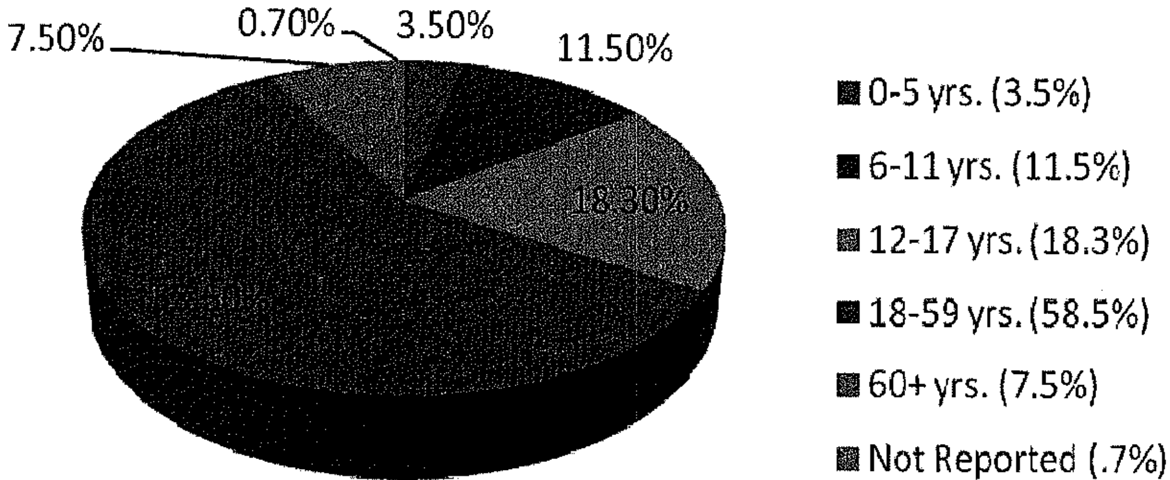

Colorado Medicaid
Behavioral Health Organizations Regions
January 2005 to Present
Moffat
Routt
Jackson
Larimer
Weld
Logan
Sedgwick
Phillips
Morgan
Broomfield
Rio Blanco
Grand
Washington
Yuma
Garfield
Eagle
Summit
Mesa
Pitkin
Lake
Park
Elbert
Kit Carson
Lincoln
Delta
Teller
El Paso
Cheyenne
Gunnison
Chaffee
Montrose
Fremont
Kiowa
Crowley
Ouray
San Miguel
Hinsdale
Saguache
Custer
Pueblo
Otero
Bent
Prowers
Dolores
San Juan
Mineral
Rio Grande
Alamosa
Huerfano
Montezuma
La Plata
Archuleta
Conejos
Costilla
Las Animas
Baca
Access Behavioral Health
Behavioral Health Care
Northeast Behavioral Health
Colorado Health Partnerships
Foothills Behavioral Health

In 2008, the statewide network of Community Mental Health Centers served **89,213 unduplicated clients**

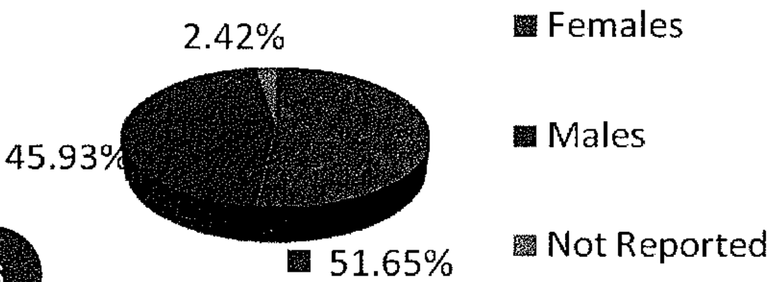
Diversity of Clients in 2008



Clients Served by Age in 2008



Gender - 2006 through 2008



CBHC membership provided mental health services to a diverse population across the state, including over **37,000 kids** just last year.

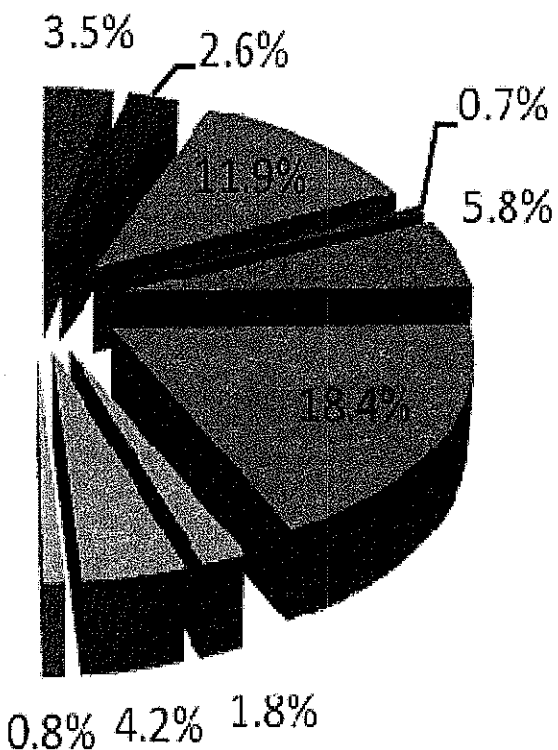
Types of Services Provided

State Service in 2008	Clients
Assessment -	15.90%
Case Management -	23.00%
Day Treatment -	0.60%
Emergency/Crisis -	5.70%
Family Therapy -	5.40%
Group Therapy -	6.10%
Individual -	18.70%
Med Management -	14.80%
Other Service -	4.70%
Psychiatric Evaluation -	4.80%
Psychological Testing -	0.30%

- The services mix in 2008 demonstrates the wide variety of care provided by Colorado's CMHCs.

- The Case Management statistic demonstrates our commitment to client recovery that extends beyond the clinician/patient relationship, to include assisting people to obtain and coordinate a diverse range of community resources, tailored to individual needs.

CMHC Revenues by Fund Source 2008



- Client Fees (3.5%)
- In-Kind Donated Meds (2.6%)
- Other (11.9%)
- Cash Contributions (.7%)
- Local Government (5.8%)
- State of Colorado (18.4%)
- Federal Grants (1.8%)
- Third Party (4.2%)
- Medicare (.8%)
- Medicaid (50.2%)

History of Budget Cuts on Mental Health System

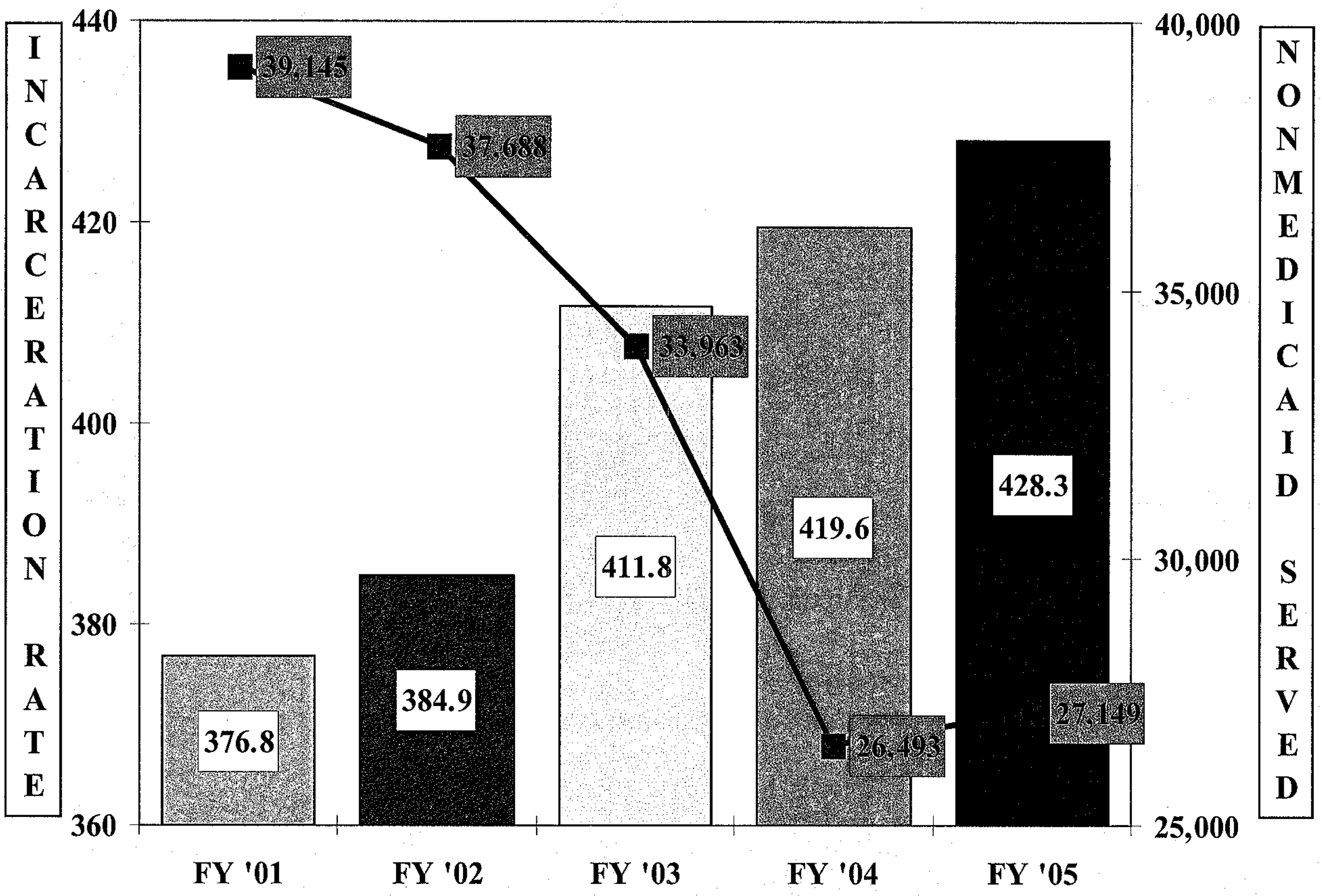
- As many of you know, during the last budget crisis in Colorado, the Community Mental Health system suffered severe budget cuts beginning in FY 2002.

- By September of 2003, the impact of these cuts can be summarized as follows:

- 70% of all centers had to close cases and/or terminate care
- Almost 90% of centers had to reduce the frequency or type of care
- Over 7,100 adults, children and families lost or had their services reduced
- more than 3,400 Coloradans with serious mental disorders lost care altogether
- 2,500 children and their families had services reduced or eliminated
  - School-based services were reduced or eliminated
  - Day treatment was reduced
  - Respite care was reduced or eliminated
  - There was more than a two-thirds reduction in care for non-Medicaid children

History of Budget Cuts on Mental Health System

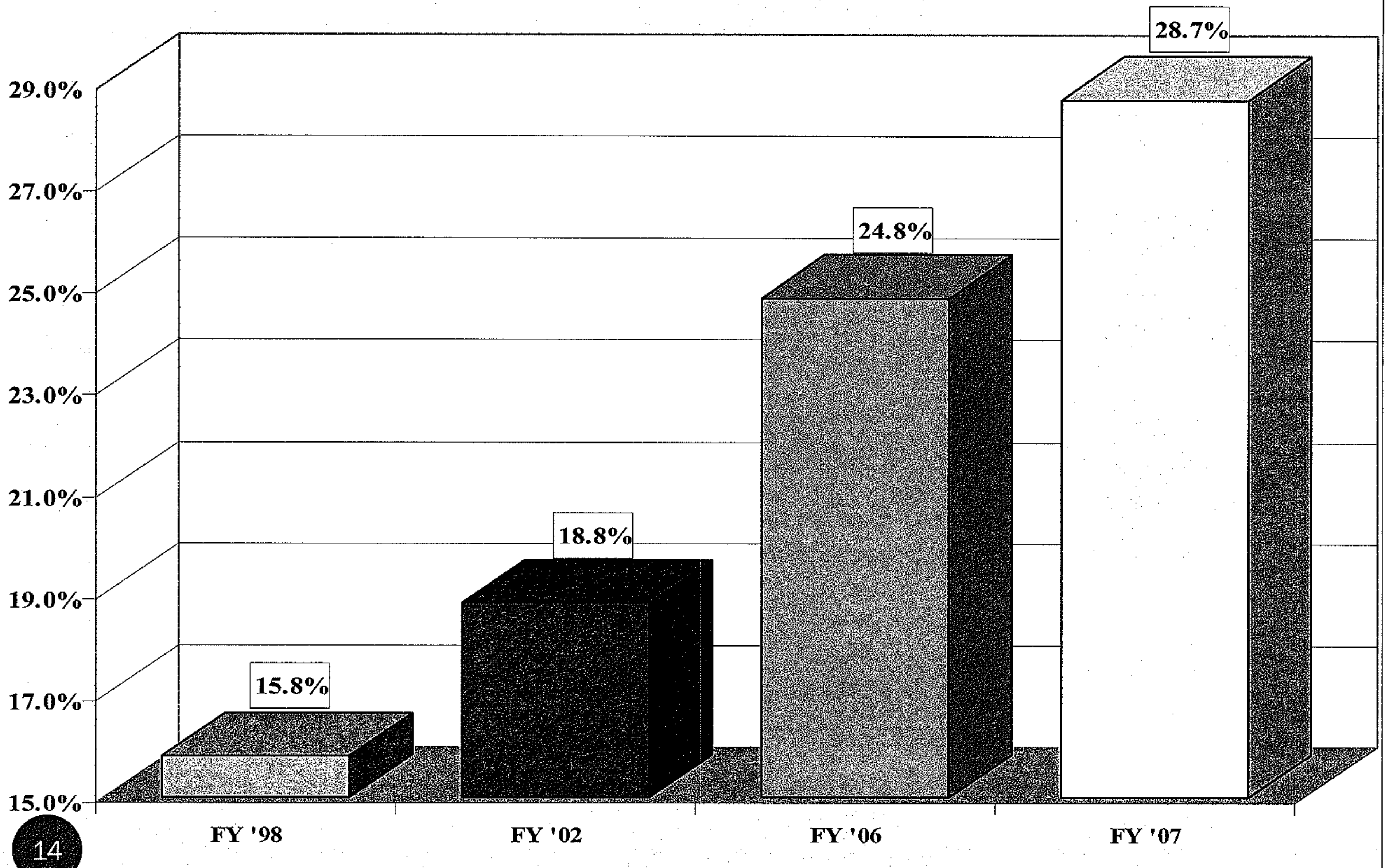
- These cuts resulted in continuing declines in the number of individuals served, until FY 2005, when the cuts began to be restored.
- In part, because of these cuts, incarceration rates began to materially increase in the Colorado Department of Corrections.

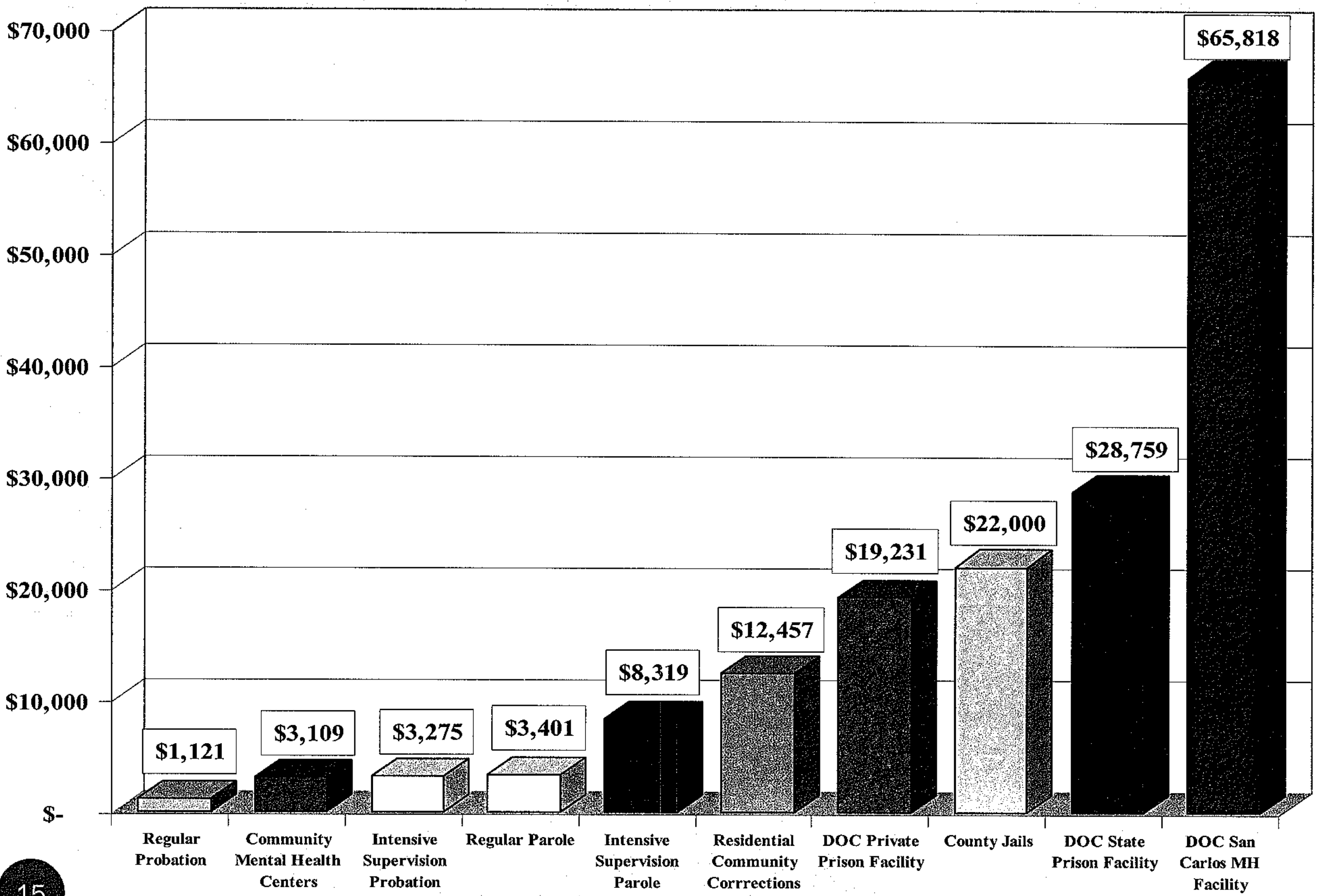

Incarceration Rates Vs. # of Non-Medicaid Mentally Ill Served
INCARCERATION RATE
NONMEDICAID SERVED
440
420
400
380
360
40,000
35,000
30,000
25,000
39,145
37,688
33,963
26,493
27,149
376.8
384.9
411.8
419.6
428.3
FY '01
FY '02
FY '03
FY '04
FY '05

Impact of cuts to mental health on Colorado Department of Corrections (DOC)

- As is apparent in the prior graphic, as numbers of individuals served by the Colorado community mental health system declined, incarceration rates increased.

- Not surprisingly, the percentage of DOC court commitments with moderate to severe mental health needs has also increased dramatically, as can be seen in the following graphic.


Percentage of DOC Court Commitments With Moderate to Severe Mental Health Needs
29.0%
27.0%
25.0%
23.0%
21.0%
19.0%
17.0%
15.0%
15.8%
18.8%
24.8%
28.7%
FY '98
FY '02
FY '06
FY '07
14


Community Mental Health Vs. The Criminal Justice System
$70,000
$60,000
$50,000
$40,000
$30,000
$20,000
$10,000
$-
$1,121
$3,109
$3,275
$3,401
$8,319
$12,457
$19,231
$22,000
$28,759
$65,818
Regular Probation
Community Mental Health Centers
Intensive Supervision Probation
Regular Parole
Intensive Supervision Parole
Residential Community Corrrections
DOC Private Prison Facility
County Jails
DOC State Prison Facility
DOC San Carlos MH Facility
15

Budget Crisis Round II

- During the 2008 Legislative Session, the Governor and the General Assembly protected Colorado's vulnerable populations from the impact of the many of the budget cuts.

- With many tough decisions ahead, please consider the importance of prevention and community-based services as an alternative to spending money in the criminal justice system, or other more costly alternatives.

The Impact of the Budget and the Healthcare Crisis

- Rising uninsured population
- Inadequate behavioral health benefits in many private health plans
- Increasing difficulty accessing necessary services

The Behavioral Health Crisis

- In 2004, the National Survey on Drug Use and Health found that 5.1% of all adults in the U.S. (10.8 million people) reported they had an unmet need for mental health care resulting from insufficient, interrupted and/or delayed treatment.

- The Center for Mental Health Services estimates that two-thirds of children and adolescents do not receive necessary mental health services.

- Two key factors that deter people from seeking behavioral health help:

  - Lack of coverage and
  - cost of treatment

Public Cost of Untreated Behavioral Health

- **Colorado Department of Corrections**
  - 30% have a moderate to severe mental illness
  - 90% have an identified substance abuse issue
- **Courts & Probation**
  - Individuals with behavioral health needs cycle in and out of the criminal justice system and are more likely to recidivate
- **Police & Sheriff's**
  - Offenders with behavioral health needs consume more staffing and jail resources
- **Schools**
  - Children with behavioral issues impact educational services and require additional resources
- **Emergency Rooms & Hospitals**
  - Expensive and often inappropriate setting for behavioral health treatment

The Personal Cost of Untreated Behavioral Health

- People with serious mental illness die **25 years younger** than the general population.
  - three out of five die of preventable disease
  - often suffer from obesity causing heart disease and diabetes
  - more likely to have alcohol and drug abuse problems
  - more likely to smoke
  - often lack access to consistent physical health services

- People with untreated mental illness often have increased contact with the criminal justice system, causing additional problems:
  - termination from health benefits
  - estrangement from family supports
  - loss of job and housing
  - difficulty transitioning back to the community

Co-Morbidity Study

- July 2008, Milliman released a report on the impact of comorbid depression or anxiety on privately insured patients with chronic medical conditions
- Chronic medical conditions include:
  - Asthma, diabetes, chronic pain, hypertension. . .
- Comorbid depression results in elevated total healthcare costs of $500 per comorbid member/per month.
- Patients with depression have a higher burden of medical illness than people without depression
- Estimates as high as 40% of high utilizers of healthcare have depression or anxiety, yet most care-management programs continue to separate medical and behavioral healthcare.

The case for integrating behavioral health and physical healthcare services

According to leading policy experts:

- *mental health is central to overall health; and*
- *physical health is central to mental health*

(Source: the Surgeon General's Report on Mental Health(1999) and; the President's New Freedom Commission Report on Mental Health (2003))

Importance of Integrated Care

- **Good mental health is vital to good overall health**. Mental health and physical health care services must be integrated.
- It is critically important to establish a healthcare system that treats mental illnesses with the same urgency and importance as it treats physical illnesses.
- Individuals regularly turn to physical care providers for support, treatment, and access to specialized mental health resources.
- According to the Surgeon General, only 15% of children are referred to mental health services through their primary care physician. The other 85% access mental health needs through schools, juvenile justice, child welfare, and other community based programs.

Community Mental Health Centers <u>ARE</u> Medical/Healthcare Homes

- Children and adults with special health care needs often have many professionals invested in their physical and emotional well-being, making care coordination essential.
- It is often very difficult to find a physical care provider who will see patients with a mental illness that are also on Medicaid. Therefore, Community Mental Health Center works to help find a doctor who will meet the consumer's needs.
- In addition to ensuring that our consumers have a physical healthcare doctor, CMHCs help navigate the many other systems involved in their life. This includes the schools, social services, the criminal justice system and other healthcare providers.

National Healthcare Reform

- America's Affordable Health Choices Act—HR 3200
  - Passed Education and Labor Committee on July 17
  - Passed Ways and Means Committee on July 17
  - Passed Energy and Commerce on July 31

- Mental Health and Addictions Provisions in House Bill
  - Discount pharmaceutical pricing (340B) expanded to mental health and addiction treatment organizations
  - Licenses professional counselors and marriage family therapists covered in Medicare, Rural Health Clinics and FQHCs
  - Promotes the coordination of health services (inc. MH) through medical homes and Accountable Care Organizations
  - Awards grants to mental health and substance abuse training programs

National Health Care Reform

- Amendments offered in Energy and Commerce
  - Allows for temporary suspension of benefits rather than revocation for individuals in public juvenile facilities
  - creates "federally-qualified behavioral health centers"

- <u>Federally Qualified Behavioral Health Centers</u>
  - Receive reimbursement for the cost of providing mh/sa treatment services to adults and children
  - Defines national standards for such entities
  - Establishes a federal status that will help with other aspects of service delivery

Goals for Integrated Care

- Increase integration and coordination of care with physical health providers
- Increase access and coordination between physical health providers, child psychiatrists, and other mental health providers
- Ensure adequate and accessible mental health resources in rural and frontier communities
- Ensure appropriate insurance coverage for mental health and substance abuse services
- Assure mental health services are culturally appropriate for the population they serve

Goals to Reduce Stigma

- Provide funding for education and outreach to shift awareness and attitudes of the public, policy makers, and governments
- Provide information to policy makers and the public about treatment options
- Encourage the integration of mentally ill people into the workforce
- Use *Mental Health First Aid* to help reduce stigma and increase awareness and about mental health

Goals for Criminal Justice

- Streamline Cross-System Communication/Coordination
  - Communication--Relay information between CMHCs and CJ system upon release of offenders with mental illness and/or co-occurring disorders
  - Collaboration--In-reach from CMHCs to the prisons/jails prior to release to ensure the "warm hand-off"
  - Planning--Create joint-treatment plans and ensure basic needs are secured and available in community as part of transition planning
- Continuity of Medications from Prison to the Community
  - Continuity, availability, timely access to prescribers & affordable medications
- Ensure Basic Needs and Resources are in Place Prior to Release
  - Colorado ID, benefits, stable housing, access to treatment, access to medications
- Increase Support Opportunities with Transition Specialists/Community Providers/Case Management
  - Increase use of navigators and specially trained case managers in CMHCs to address specific needs of CJ/MI population

Next Steps

- Hospital Provider Fee--HB09-1293 (Riesberg/Keller)
  - Creates a funding stream that includes matching federal funds to increase hospital reimbursement rates under Medicaid and the Colorado Indigent Care Program, which will reduce uncompensated care and cost shifting; and Cover more uninsured by increasing eligibility for Medicaid and CHP+.
  - Creates coverage through Medicaid for childless adults

Need to ensure the benefit created for childless adults is a comprehensive benefit for mental health and substance use disorders.

Next Steps

Ensure implementation of the SB 006s!

- **SB08-006** (Boyd/Solano) Suspends Medicaid Benefits for Confined Persons
- **SB09-006** (Boyd/Solano) Creates a Mobile ID Processing Unit for Jails and other facilities

Data Sources

- Slide 10: *The Impact of Budget Cuts:* A Report on the Survey of Community Mental Health Centers Conducted by the Colorado Behavioral Healthcare Council and the Mental Health Association of Colorado. September 2003.
- Slide 12: Incarcerations rates are from the Colorado Department of Corrections Fiscal Year 2007 Statistical Report. Numbers of non-Medicaid mentally ill served are from the Colorado Department of Human Services FY '10 Budget Request, Volume 1, Department Description, Page 76.
- Slide 14: All data is from the Colorado Department of Corrections Fiscal Year 2007 Statistical Report.
- Slide 15: Much of the data is from the Colorado Department of Corrections Fiscal Year 2007 Statistical Report, as well as the FY '10 Long Bill.
- Slide 19: Department of Corrections Statistical Report 2008
- Slide 20: Joseph Parks, Missouri Department of Mental Health