COLORADO BEHAVIORAL HEALTH TRANSFORMATION COUNCIL

Policy Brief: Behavioral Health High Utilizers

September 2011

Fast Facts:

- *1 in 4 people will experience a mental health or substance use issue in their lifetime (NIMH, 2008)*
- *50% of all lifetime cases of behavioral health disorders (mental health and substance use) begin by age 14 and 75% by age 24.6.*
- *The unmet behavioral health need in Colorado is 108,000 adults and over 18,000 youth (CO PIN, 2009)*

Inside this brief:

Behavioral Health System Transformation in Colorado

"Currently, there is no single behavioral health system in Colorado. Instead, consumers with behavioral health disorders receive services from a number of different systems, including health care, behavioral health care, child welfare, juvenile and criminal justice, education, and higher education."

In recognition, the Colorado Legislature passed Senate Bill 2010-153, and pursuant to that legislation, the Governor issued Executive Order 2010-11 establishing the Behavioral Health Transformation Council.

The Council's charge is to advise the Governor's Cabinet on transforming the behavioral health system to make the system's *"administrative processes, service delivery, and funding more effective and efficient to improve outcomes for Colorado citizens."* (Senate Bill 2010-153).

This policy brief highlights the need for and identifies strategies to promote such transformation. It was informed by research on:

- High utilizers of behavioral health (mental health and substance use) services
- Need and solutions for an effective and integrated behavioral health system.

High Utilizers of Behavioral Health Services

The majority of "High Utilizers" of substance use and mental health treatment services have prior and/or current involvement with Child Welfare, Special Education, Juvenile Justice, and Adult Corrections

The Division of Behavioral Health (DBH) conducted an informal study to examine clients who utilize a high volume of behavioral health services. High volume is defined as clients accessing 5 or more different types of state agency services in the course of their life. The study's purpose was to inform Colorado's behavioral health transformation efforts. Like others, this study may raise more questions for further research.

275 clients were identified as high utilizers based on an analysis of statewide Colorado Client Assessment Record (CCAR), Drug/Alcohol Coordinated Data System (DACODS), and Medicaid encounter service data. These clients account for the greatest service costs and are, thus, considered high utilizers of behavioral health services. Common characteristics that High Utilizers share are:

- Caucasian male
- No dependent children
- High school graduate
- Medicaid recipient
- History of law enforcement, court system and corrections involvement
- History of suicide attempts
- History of childhood physical abuse, verbal abuse, and/or neglect
- Principle diagnosis: major depression, bipolar disorder, and/or psychosis
- History of multiple outpatient behavioral health treatment services
- History of inpatient psychiatric admissions
- History of family substance abuse

The Story of a "High Utilizer" of Behavioral Health Services

Shawn Larson was born in California in 1970. He has little memory of his parents who he last saw in 1975. Shawn was raised by a couple, Vernon and Linda, from church. Shawn moved to Colorado with Vernon and Linda in 1982. Shortly at age 12, Shawn entered the foster care system. Shawn bounced from family to family and in and out of group homes. He remembers feeling "unwanted", and quickly learned not to get too attached to his foster families. Likely as a result, Shawn began to injure himself by cutting his wrists with a razor blade. This behavior led to Shawn being admitted to the Colorado Institute at Fort Logan. He then went to live with a person he trusted who eventually molested him.

At the age of 17, Shawn considered himself a "delinquent" and felt the stigma that came with that label. By age 18, Shawn left foster care, dropped out of high school, got married, and had a child. His wife and daughter left him shortly after their daughter's birth. Around this time, Shawn recalls drinking heavily and not doing much else. His addiction to alcohol grew, which led to his arrest for felony robbery.

By the age of 20, Shawn was homeless, drinking, and in and out of prison. The 1990's were filled with more substance use. Shawn admits to doing everything from crack to crystal-meth to heroin. Half of his days were spent using drugs and living on the streets, the other half spent in prison. Shawn recalls wanting to improve his life, doing something , but the drugs were too hard to overcome.

In 2000, Shawn was in his thirties and continued to cycle through prison, homelessness, and drug use. Not until 2007 did his life start to shift after a 3 year prison sentence for drug charges and parole violations. The long prison sentence forced Shawn to become and stay sober. In December 2009 after release from prison, Shawn entered "The Crossing", a transitional housing complex operated by the Denver Rescue Mission. It is here that he started taking GED classes, working, and joining the "New Life" spiritual counseling program. Shawn's life was going well and the pieces were falling into place.

In August 2010, Shawn unfortunately stopped attending the New Life program and became homeless once again. Shawn is now serving time at Bent County Correctional Facility in Colorado. (Source: 5280, Dec. 2010)

"Untreated behavioral health disorders place individuals at high risk for poor health outcomes and significantly impact virtually all aspects of local and state government by reducing family stability, student achievement, workforce productivity, and public safety" ***(Senate Bill 2010-153).***

System Transformation: What is the Value?

"To reduce the economic and social costs of untreated behavioral health disorders, Colorado needs a systemic transformation of the behavioral health system" (Senate Bill 2010-153)

Most mental and substance use disorders manifest before age 25 (IOM, 2009). The total economic cost of behavioral health disorders among youth is approximately $247 billion. Public resources therefore need to be focused at preventing mental health and substance use among children, adolescents, and young adults (IOM, 2009). For example, for every $1 spent on school-based drug prevention results in cost savings of $5.50 (NIDA). Compare this to the fact that underage drinking costs nearly $62 billion a year nationally in medical care, lost productivity, and pain and suffering of youth and families (PIRE). Further, prevention of a single case of alcohol abuse by adults saves $119,633 in avoided costs to society. And, for every $1 spent on community based behavioral health treatment there is a savings of $12 in reduced substance-related criminal justice and health care costs (NIDA).

On average, community based behavioral health treatment costs are :

- Medicaid mental health treatment = $10/day ($3,650/year)
- Non-Medicaid mental health treatment = $8.50/day ($3,100/year)
- Outpatient substance use average treatment episode = $1,500

Compare this to the cost of other public social services where consumers may have their behavioral health needs met:

- TRCCF (Therapeutic Residential Child Care Facility) = $175/day
- DYC (Division of Youth Corrections) Placement = $125/day
- County Jail = $65/day
- DOC (Department of Corrections) Placement = $88/day
- Hospital ER (Emergency Room) = $2,400/day
- Residential substance use average treatment episode= $5,000

Continued on Page 3

System Transformation: What is the Value? (cont.)

Untreated depression and alcohol use cost Colorado businesses $2.3 billion (2008). The loss to Colorado businesses is equivalent to $484 per employee. Yet, every dollar spent on Employee Assistance Programs saves businesses between $5 and $16 (Federal Department of Labor).

Fiscal costs aside, there are social costs to children, youth, adults and families, for example:

- Suicide is the second leading cause of death for teenagers between the ages of 15 and 19
- Teens who experience depression are at higher risk for suicide and substance use
- 26% of persons who are homeless have a serious mental illness
- 64% of persons who are homeless have an alcohol or substance use disorder
- Jail inmates with serious mental illness spent 103 days longer in jail compared to other inmates

Behavioral health disorders are among the top conditions for disability, burden of disease, and cost to families, employers and publicly-funded health systems.

However, they are *"treatable conditions not unlike other chronic health issues...When individuals receive appropriate prevention, early intervention, treatment and recovery services, they can live full, productive lives"* (Senate Bill 2010-153).

System Transformation: What is Needed?

Senate Bill 2010-153 calls for an effective integrated behavioral health system that provides consumers with *"timely access through multiple points of entry to a full continuum of culturally responsive services, including prevention, early intervention, crisis response, treatment, and recovery"*. The System of Care Work Group, a sub-committee of the Behavioral Health Transformation Council, proposes the following as necessary components of any such effective and integrated behavioral health system.

Prevention & Early Intervention Services

- Behavioral health training and education to state, county, and local social services agencies as well as to individuals, families, and communities (e.g., Mental Health First Aid; Screening, Brief Intervention, Referral to Treatment (SBIRT));
- Expanded primary prevention initiatives and health promotion activities and campaigns;
- Standardized, universal, and early screening and detection of substance use and mental health issues across all state, county, and local social services agencies;
- Accessible and comprehensive emergency/crisis behavioral health treatment services for individuals and families; and
- Early intervention (e.g., early childhood centers, school-based health clinics, child welfare).
- Coordination with other health services to ensure comprehensive integrated care.

Treatment & Recovery Services

- Client-centered, family-focused, community-supported behavioral health systems of care;
- Intensive cross-system case management, mentorship, and coordination of services;
- Peer and family support services (e.g., Family Advocates & Navigators, Peer Specialists, Clubhouses, Advocates, Recovery Coaches);
- Recovery support services (e.g., housing, employment, recreation and social, education/ training, transportation, family support); and
- Evidence-based clinical behavioral health practice Multi-Systemic Therapy (MST), medication assisted treatment, Assertive Community Treatment (ACT), Integrated Dual Diagnosis Treatment (IDDT).

"Behavioral Health is Essential to Health: Prevention Works, Treatment is Effective, People Recover"

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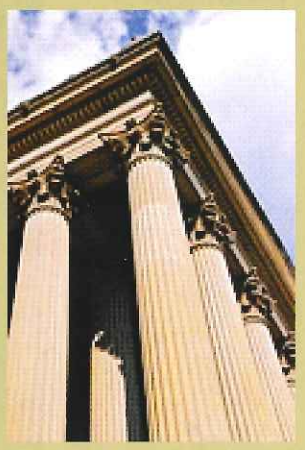

System of Care Work Group

More About the Behavioral Health Transformation Council

The Behavioral Health Transformation Council is a group of key stakeholders-- providers, state officials, legislators, advocates, and consumers-- charged with transforming the State's public behavioral health care system and emphasizing the importance of behavioral health within the healthcare continuum. The Behavioral Health Transformation Council (SB10-153), builds upon the recommendations of the 2007 House Joint Resolution Behavioral Health Task Force (HJR 07-1050) and works collaboratively with Governor's Office. Its purpose is to:

- Develop a strategic prioritization, planning and implementation process to advise the Governor's Cabinet on behavioral health transformation;
- Develop shared outcomes across key systems to enable joint accountability, improve services, and increase recovery, self sufficiency, and economic opportunity;
- Aligning service areas across systems to promote equitable and timely access to a full continuum of services throughout Colorado;
- Establish joint monitoring across systems to ensure accountability for common outcomes and to reduce the administrative burden associated with service provision;
- Create integrated behavioral health policies and rules to align with integrated service delivery;
- Financing reform to maximize and efficiently utilize funds;
- Utilizing electronic health records or other technology, shared screening tools, assessments, and evaluations in compliance with federal and state confidentiality and privacy laws;
- Adopting consistent cross-system standards for cultural congruence and for youth, adult, and family involvement; promoting and utilizing evidence-based and promising practices to the extent possible;
- Creating workforce-development strategies required for an integrated behavioral health system;
- Developing a comprehensive behavioral health service system that includes services to persons with mental illness, addictions, disabilities, and co-occurring issues; and
- Coordinate and consolidate the Council's efforts with the efforts of other groups that are working on behavioral health issues to increase the effectiveness and efficiency of these efforts.

The Behavioral Health Transformation Council has three subcommittees to help the Council meet its charge. One of them is the System of Care Work Group, the author of this Policy Brief. The other subcommittees are: Criminal Justice, and Prevention and Early Intervention.

System of Care Work Group Goals:

- Expand and credential the role of Peer Specialists/Family Systems Navigators/Recovery Coaches/Family Advocates;
- Develop standard behavioral health protocols for health information exchange;
- Develop and implement uniform and standardized behavioral health screening/assessment for children, adults, and older adults;
- Develop a recovery-oriented system of care plan for Colorado;
- Enhance Supported Employment Initiative: The BHTC was awarded SAMHSA, Center for Mental Health Services transformational grant (September 2010) to increase the capacity of community behavioral health providers to deliver supported employment services; and
- Finalize report on Behavioral Health High Utilizers (individuals who utilize high cost health and social services across multiple state agencies).

This Policy Brief and underlying research is a first step to address the Work Group's charge to "Identify the 'Top 275' high utilizers of behavioral health services across state agencies and improve service delivery to this population with increased efficiencies".