



Media Contact:

Maggie Spain
The Bawmann Group
303.320.7790, maggie@morethanpr.com

New Study Reveals Some Gains, but Continued Challenges in the Delivery and Funding of Mental Health and Substance Use Disorder Care in Colorado

DENVER – Three in 10 Coloradans, or 1.5 million people, need mental health or substance use disorder (SUD) care. While more Coloradans than ever are in need of treatment, state spending on mental health care remains insufficient, and overall spending rates for SUD care and prevention are one-third the national average. Access to needed care among Coloradans in rural and frontier areas of the state, as well as sexual and racial minority groups, veterans, persons with disabilities, and older adults remains a significant challenge. However, over the past decade, gains have been made in providing better coordinated, person-centered mental health and SUD care to Coloradans.

These are among the key findings of a report released on December 7th by Advancing Colorado's Mental Health Care (ACMHC). *The Status of Behavioral Health Care in Colorado* is the most comprehensive assessment and critical analysis of the state's public and private mental health and SUD systems to be published since 2003.

Eight years ago, a group of eight Colorado foundations came to together to fund *The Status of Mental Health Care in Colorado*. This report published, for the first time, information about the state's many overlapping, fragmented, and underfunded systems for providing mental health services. In response, Caring for Colorado Foundation, the Colorado Health Foundation, The Colorado Trust, and The Denver Foundation partnered to create ACMHC. ACMHC was a five-year (2005 – 2010), \$4.25 million project that supported six community collaboratives to bring together mental health care providers, human services agencies, and other local partners to address the tremendous needs detailed in the 2003 study. It also included the development of an updated assessment of behavioral health care in Colorado from TriWest Group.

“The 2003 report revealed significant challenges within the various systems that deliver mental health care in Colorado,” said Anne Warhover, President and CEO of the Colorado Health Foundation. “One of the great values of this work is that it has enabled the ACMHC funders to examine the impact of integrating behavioral health



care within myriad settings, gain an in-depth understanding of the systems that deliver this care, and then deliver that understanding to key Colorado stakeholders through this report.”

TriWest Group spent the past year and a half conducting research – including interviews with 89 informants involved in behavioral health treatment delivery and policy development in Colorado – to develop this current assessment. A few of the key findings of *The Status of Behavioral Health Care in Colorado* include:

- There are too few providers with specialized skills willing to serve Coloradans with the most complex behavioral health needs, given current reimbursement rates and gaps in specialized training. As a result, these individuals are accessing services through multiple systems, too often receiving ineffective, uncoordinated care, and driving up costs.
- There is a critical shortage of providers in rural and frontier areas of the state. Eighty-two percent of practicing psychiatrists, 86 percent of child psychiatrists and essentially all psychiatrists specializing in SUD treatment are located in the Denver and Colorado Springs metro areas.
- Specific populations continue to struggle to access mental health/SUD care. Sexual minority groups have a two to three times greater risk of suicide than the general population. Veterans are returning from Iraq and Afghanistan with elevated rates of trauma-related disorders and depression, or untreated traumatic brain injuries. In addition, when they do receive care, Coloradans of color are disproportionately served in correctional settings.
- Colorado is a national leader in promoting integrated behavioral health care, and 50 percent of mental health/SUD care is now delivered in primary care settings.

The Status of Behavioral Health Care in Colorado describes systems that have taken steps to reduce fragmentation since 2003 and are now working better together. However, unmet health needs are resulting in dramatically higher treatment costs, as thousands of Coloradans do not receive mental health/SUD care until they present in correctional systems, child welfare settings, homeless shelters, or other adverse situations.

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“The unique, collaborative effort on the part of four Colorado foundations to commission this report reveals that behavioral health disparities among vulnerable populations continue,” said David Miller, President and CEO of The Denver Foundation. “It is clear that many sectors of our state must now come together to address these needs.”

The report offers a number of recommendations for those striving to improve behavioral health care in Colorado:

- Continue to promote consolidation and coordination efforts among state and county agencies. These efforts are key to aligning benefits and maximizing access to federal funds, reducing overall costs, and minimizing the adverse impacts of unmet behavioral health care needs.
- Target provider workforce-expansion efforts to two areas: access in communities outside the metro Denver and Colorado Springs areas, and in specialized areas of need, including providers with advanced training, specialists to care for older adults and children, and culturally competent providers.
- As available funds allow, increase overall investment in mental health service delivery, and substantially more (on a percentage basis) in SUD treatment and prevention services.
- Expand availability and access to person-centered medical homes that integrate behavioral health and primary care.

“The efforts of the ACMHC grantees and others over the past few years to reduce system fragmentation and increase coordination have helped us better understand how to more fully integrate behavioral health care,” said Ned Calonge, M.D., President and CEO of The Colorado Trust. “The findings of this new report underscore the importance of future investments in Colorado to strengthen preventive and integrated behavioral and primary health services in order to provide better care and to rein in costs.”

The ACMHC funders plan to use the findings of the 2011 report to help inform future grantmaking efforts. According to Chris Wiant, Ph.D., President and CEO of Caring for Colorado Foundation, “It is our hope that this status report will also serve as a valuable resource for others working to support and improve behavioral health care



in the state.”

The Status of Behavioral Health Care in Colorado and highlights of the report are now available online at www.ColoradoMentalHealth.org.