The Community Mental Health and Substance Abuse Partnership of Larimer County, Colorado

Robert Wood Johnson Foundation

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Chapter Five, excerpted from The Robert Wood Johnson Foundation Anthology:

To Improve Health and Health Care Volume XI

Edited by Stephen L. Isaacs and David C. Colby

Published 10/2007

Editors' Introduction

It is ironic that the most vulnerable members of American society face the difficult, sometimes nearly impossible, task of dealing with multiple systems. People who are homeless, disabled, poor, or recently released from prison—among others—may have to contend with the acute medical care system, the disability system, various social service agencies, and, in some cases, the criminal justice system. One study by two Brown University researchers found that there were 127 agencies serving the disabled in the medium-sized community of Springfield, Massachusetts.[1] The fragmentation of services is a particularly severe problem for people with both mental illnesses and addiction to drugs or alcohol, who are often shuttled between mental health and substance abuse systems, receiving unsatisfactory services from both.

In this chapter, Paul Brodeur, an award-winning journalist and former staff writer for *The New Yorker*, discusses an approach to organizing services for people with both substance abuse addiction and mental illness. The large number of people who suffer from co-occurring mental illness and substance addiction is not widely appreciated, even though it affects about 3 percent of the adult population of the United States.[2] Looked at from a different perspective, approximately half of the people with severe mental illnesses also have a substance abuse problem.[3] Individuals with an existing mental illness consume roughly 38 percent of all alcohol, 44 percent of all cocaine, and 40 percent of all cigarettes in the United States, and those who have *ever* experienced a mental illness consume about 69 percent of all the alcohol, 84 percent of all the cocaine, and 68 percent of all cigarettes.[4]

Developed under a grant from the *Local Initiative Funding Partners* program, a collaboration between the Robert Wood Johnson Foundation and local foundations to support innovative and worthy local projects, the Community Mental Health and Substance Abuse Partnership of Larimer County, Colorado, has established a coalition of public agencies and private organizations to coordinate services for people with these co-occurring conditions.

Repairing the fragmented system of delivering health care services has been a longstanding concern of the Robert Wood Johnson Foundation. The On Loc and PACE (Program of All-Inclusive Care for the Elderly) initiatives integrated acute and long-term care for frail elders by providing social and medical services in an adult day care setting.[5] The *Community Partnerships for Older Adults* program was designed to coordinate long-term care and social services for elderly people. In the mental health arena, the *Mental Health Services Program for Youth* and the Program on

Chronic Mental Illness both attempted to develop ways to coordinate mental health services in the community.[6, 7]

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2. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General, 1999*. (*http://mentalhealth.samhsa.gov/features/surgeongeneralreport/home.asp*)

3. National Alliance on Mental Illness. "Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder." (*www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049*)

4. National Bureau of Economic Research. Mental Illness and Substance Abuse. (*www.nber.org/digest/apr02/w8699.html*)

5. Alper J and Gibson R. "Integrating Acute and Long Term Care for the Elderly." In *To Improve Health and Health Care 2001: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2001.

6. Saxe L and Cross TP. "The Mental Health Services Program for Youth." In *To Improve Health and Health Care 1998–1999: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2000.

7. Goldman HH. "The Program on Chronic Mental Illness." In *To Improve Health and Health Care 2000: The Robert Wood Johnson Foundation Anthology*. San Francisco: Jossey-Bass, 2000.

With more than 250,000 residents, including 24,000 students at Colorado State University, Larimer County is one of the four most populated areas in Colorado. Fort Collins, the county's largest city, with a population of about 118,000, is located about 65 miles north of Denver and is home to the university. Mile upon mile of fertile farmlands and grasslands lie in the northern and eastern portions of Larimer County; to the west, ranging from north to south as far as the eye can see, looms the majestic front range of the Rocky Mountains. All in all, a dramatic panorama.

Among the people living in its midst, however, a serious public health problem has been growing over the years—a high rate of mental illness and substance abuse. In 2004 nearly a quarter of the residents of Larimer County reported having been diagnosed with depression, up from 18 percent in 1998. Thirty-six percent of residents with low incomes reported having been diagnosed with depression in 2004, compared with 20 percent in 1998. The use of methamphetamine has posed a critical problem in the county. In 2005 30 percent of Larimer County residents receiving treatment for substance abuse were treated for methamphetamine as their primary drug of use, compared with 19 percent of substance abuse-treatment recipients residing elsewhere in Colorado.[1]

Services for people who have both mental illnesses and substance abuse disorders are typically fragmented; in most communities across the nation, such people do not usually receive integrated treatment for the two conditions simultaneously. Rather, they receive treatment for only one condition at a time, and if they are fortunate enough to receive treatment for the other condition, it is at a separate location at a different time. This was the case in Larimer County.

Erin Hall, who works for the Health District of Northern Larimer County and is the program manager of the Community Mental Health and Substance Abuse Partnership, describes just how dysfunctional the system had become. "At a meeting that took place in 1999, seven case examples written by agencies providing mental health and/or substance abuse services were distributed to and read by members of our steering committee," she recalled. "To their astonishment and dismay, they realized that four of them had written about the same person. 'I think some of you are describing the same man I have,' one of them said. 'Aren't we talking about the fellow who has family in New Mexico?' another asked. Still another member pointed out, 'This is the guy who wears a tattered brown jacket every day.'"

Hall recounts that the committee members were indeed talking about the same man, and they were shocked to realize that none of them had known he was being cared for by other agencies. "We call him Joe, which is not his real name but one we've given him to protect his privacy," she said. "Since then, we've used Joe's story, along with the stories of others, to build a composite picture of what often happens to people who suffer from mental illness and are also addicted. Joe is a really nice guy once you get to know him, and he has a great sense of humor. As a kid in grade school, he seemed normal and outgoing, but during his teens he became withdrawn, his grades suffered, and he developed what he describes as 'a fire in my brain.' By the age of 16 he had begun to smoke marijuana, which calmed him and made him feel better, but he soon entered a cycle in which he medicated himself not only by smoking pot but also by drinking heavily. By his early twenties, he was suffering from major untreated mental illness and addiction, which resulted in his not being able to keep a job or make new friends. By the time he was in his 30s, he was living on the street, unable to get a job, and had few if any friends. At the age of 45, he embarked upon a nightmarish two-year ordeal during which he was shuffled from agency to agency with little or no treatment coordination.

"After suffering a mental health crisis, he was taken to the Emergency Department of the Poudre Valley Hospital, here in Fort Collins," Hall continues. "From there, he was sent to the Island Grove Regional Treatment Center, a detoxification agency in Greeley, about 30 miles away, and then back to Fort Collins, to the Hope Counseling Center for outpatient substance abuse counseling. Following another crisis, he was admitted to the Emergency Department of McKee Hospital, in Loveland, seven miles south of Fort Collins, and then shipped back here to Mountain Crest, a psychiatric hospital that treats people with mental illness and substance abuse problems. From there, he was sent to the Colorado State Mental Health Institute, in Pueblo, which is about 120 miles south of Denver. Following a stay at the Institute, where they treat serious mental illness, he came back to Fort Collins, to receive treatment at the Larimer County Mental Health Center. However, after committing several crimes–Joe has had charges brought against him for driving under the influence, carrying a concealed weapon, and contempt of court–he found himself in the Larimer County Detention Center, where he received a mental health assessment that resulted in his being sent to the Circle Program, a long-term residential program operated by the State of Colorado for people with serious co-occurring mental illness and substance abuse disorders, which is located in Fort Logan,

near Denver. However, after completing the program, he went off his medication, started drinking again, and committed another crime that landed him back in the Larimer County Detention Center. It is estimated that during his two years of shuttling back and forth between different agencies, more than a quarter of a million taxpayer dollars were spent to treat Joe, only to have him wind up in jail."

To reform this unfortunate system, the Community Mental Health and Substance Abuse Partnership was established, with the goal of redesigning and improving the way people with mental illness and addictive disorders are evaluated and treated in Larimer County. Funded in part by the Robert Wood Johnson Foundation's (now) *Local Funding Partnerships* program, the Partnership faces the task of creating an integrated system in which 34 organizational providers and many individual providers–among them governmental agencies, nonprofit organizations, hospitals, private practitioners, police officers, school teachers, school counselors, clergy, and mental health advocates–collaborate with one another to improve access to, as well as delivery of, mental health and substance abuse services to an estimated 36,000 residents of the county who are in need of them.

The Program Takes Shape

Early concern about the situation in Larimer County arose in 1995, when Carol Plock, an energetic and purposeful woman then in her late 30s, who had recently become executive director of the Poudre Health Services District in Fort Collins, was called by a man named Jack Ewing. He informed her that there was a mental health crisis in Larimer County, as well as throughout Colorado. Plock had previously heard Ewing on a radio talk program, describing his own battle with mental illness and his frustration over how difficult it was for people like him to get access to appropriate mental health care. As it turned out, he had been a leader in suicide prevention in Colorado for many years, and had been instrumental in creating the governor's task force for suicide prevention, which led to the formation of the Colorado State Office of Suicide Prevention.

"I was fascinated by how eloquent, informed, and passionate he was about the connection between mental illness and suicide," Plock recalled. "So I called him back, and we began meeting to discuss ways in which our community might be able to resolve some of the issues involved. Shortly thereafter, the Poudre Valley Hospital held a session at Colorado State University's computer lab so people interested in improving services for those with mental illness could share information about their concerns and ideas. A year later, Jack and the hospital acted as catalysts in the formation of a coalition of people who either had experienced mental illness or had a family member with mental illness, and which included some midlevel managers of agencies that provide mental health services. The group was concerned that people with mental illness were not getting the level of treatment they needed. The coalition called itself the Larimer County Mental Health Network, and among its members were Jack and me, several therapists in private practice, and representatives from the Larimer County Center for Mental Health, the Health and Human Services Department of Larimer County, and the Mountain Crest Behavioral Health Center, a psychiatric hospital affiliated with the Poudre Valley Hospital."

Plock went on to say that in 1998 the Network sponsored a Mental Health Fair during which mental health providers shared information about their services, and a keynote speaker described what it might take to make significant changes in the delivery of such care in Larimer County. "Following the fair, members of the Network developed a long-term vision and mission statement that called for a coordinated and well-funded continuum of mental health and substance abuse services," she continued. "I can't say enough about the value of their contribution in laying the groundwork for changing the system. By that time, however, all of us had come to realize that real change could not be achieved unless we could involve top leaders in the community in the development of a formal process to bring it about. As a result, I spoke with the board members of the Poudre Health Services District, and, together with Michael Felix–a skilled community health development specialist–took on the job of visiting top leaders in order to gauge their interest and commitment."

The extent to which Plock and her colleagues succeeded can be seen in a memorandum, dated February 8, 1999, which stated that the chief executive officers of the Health District, the Larimer Center for Mental Health, and the Mountain Crest Behavioral Health Center had agreed to become involved in a formal mental health planning process to be called the Communitywide Mental Health and Substance Abuse Planning Project. Between February and August a plan was developed for assessing the nature and extent of the mental health issues facing the community. A key event in this process took place in August, when 80 people attended an open forum to talk about their experiences with the mental health system and give advice on how to improve it.

During this seven-month period, a 13-member steering committee was chosen to discuss information gathered about the scope of the mental health and substance abuse problem in Larimer County, formulate a strategy for dealing with it, and report its findings back to the community. In addition to Carol Plock and Jack Ewing, who represented the Suicide Prevention Coalition of Colorado, its members included representatives of mental health and substance abuse prevention organizations and advocates, law enforcement, the local school district, and therapists in private practice.

The steering committee's search for information culminated in a report entitled *Mental Illness and Substance Abuse in Larimer County*, dated February 2001, which revealed some disturbing findings:

- Extrapolating from mental health statistics provided in the 1999 Surgeon General's report on mental illness, it was estimated that more than 60,000 people in the county were affected by a mental health disorder or by substance abuse. Of those, approximately 20,000 had significant functional impairment caused by mental illness, and 15,000 were seriously impacted by substance addiction.
- Major depression was the number one health burden in the community by a wide margin, outranking cardiovascular disease, cancer, and other illness.
- The rate of suicide in Larimer County mirrored that of Colorado and was almost 40 percent higher than the national average.
- One in four inmates in the County Detention Center was taking psychotropic medication. The number of female inmates had tripled in the previous four years. According to statewide data, 75 percent of these women were in need of treatment for mental illness.

- People with mental illness reported difficulties in finding and paying for appropriate treatment. They also reported a lack of understanding about the nature of mental illness within the court and school systems.
- Both consumers and providers of mental health and substance abuse services reported long waiting lists for outpatient care, prescriptions, and treatment for substance abuse.

Following an extensive process that included 241 interviews, several discussion groups, and a community forum, members of the steering committee identified a number of crucial needs that had to be met to overhaul the mental health and substance abuse system in Larimer County and then recommended its top priorities for initial action:

First, to create an improved and integrated mental health and substance abuse information and referral system, the steering committee recommended that the current therapist referral service be expanded into a more comprehensive program that would create linkages (including electronic links) between the 24-hour response system, the crisis response system, and various mental health and substance abuse treatment centers. In addition, it recommended the establishment of a crisis response subcommittee to create a more efficient and understandable response system with clear protocols and responsibilities for evaluating people with mental illness and/or addiction disorders, and for sending them quickly and directly to an appropriate agency for treatment.

Second, to improve the delivery of mental health and substance abuse services to people who did not qualify for Medicaid, as well as those with low incomes who were uninsured, the committee recommended that a policy subcommittee be formed to develop strategies that would result in increased funding for mental health and substance abuse services to the low-income, non-Medicaid population.

Third, the steering committee recommended the creation of a comprehensive education plan that would lessen the stigma of asking for help in dealing with mental illness and substance abuse among the general population and would educate what it called "gatekeepers"—among them school personnel, law enforcement officers, clergy, judges, and employers—in how to identify the signs and symptoms of mental illness and addiction disorders and to make appropriate referrals for treatment. The education plan would introduce specialized training for primary care physicians interested in improving their ability to treat and refer patients suffering from mental illness and substance use disorders. It would also train mental health and substance abuse professionals to increase their knowledge about current treatment innovations, as well as about local resources and protocols for evaluating and referring patients to appropriate agencies.

Fourth, recognizing the need to create and implement an effective infrastructure that would support their broad plan to change the mental health and substance abuse system in Larimer County, the committee, in December 2000, created a consortium of existing agencies, with headquarters adjacent to the Poudre Health Services District, and with funding to be provided by the Health District and Partnership members and through outside grants.

The consortium was called the Community Mental Health and Substance Abuse Partnership, and among its members—34 organizations and some 80 individuals over time—were top executives from all of the major mental health and substance abuse providers in Larimer County, as well as leading representatives from Colorado State University, consumer advocates, officials of the justice system, law enforcement officers, public school personnel, and other interested parties. The Partnership was staffed by Erin Hall, the project manager; chaired by Cheryl Olson, a highly respected former county commissioner; and overseen by the Health District's executive director, Carol Plock. Under their direction and that of the steering committee, new subcommittees began work on phase two—the development of action plans to deal with the four top priorities that had been identified.

The Partnership Takes Shape

During phase one, members of the steering committee had estimated that $18.6 million a year was being spent by 16 major agencies that provided the bulk of funding to care for tens of thousands of residents of Larimer County who were suffering from some degree of mental illness and substance abuse. Of the $18.6 million, about $11 million was covered by insurance—private, Medicaid, and Medicare—and by other federal and state funding and self-payers. This left a burden of approximately $7.6 million that had to be generated within Larimer County to care for people who were either uninsured or too poor to pay for treatment. Because local funds for repairing the broken mental health and substance abuse system were already being stretched to the limit, the steering committee—recognizing that multiple interventions would have to be undertaken to make the fundamental changes necessary to achieve its vision—recommended that the community partnership submit a proposal for funding the restructuring program to state and national institutions that might be interested in financing such a project.

In late 2001 Ruth Lytle-Barnaby, the executive director of the Poudre Valley Hospital Foundation, read an announcement seeking nominees for funding from the Robert Wood Johnson Foundation's *Local Initiative Funding Partners* (LIFP) program.* She called Carol Plock with an offer to nominate the Partnership and to serve as its first funding partner. Plock then wrote a letter on behalf of the Poudre Health Services District to Pauline M. Seitz, director of (then) LIFP, requesting a grant of $340,000 over a four-year period starting in August of 2002 to support the implementation phase of the Community Mental Health and Substance Abuse Partnership.

In an accompanying project narrative, Plock told Seitz that the current planning phase should be completed by the middle of 2002 and that the implementation phase would require more financial resources than the Partnership could raise locally at one time. She also informed Seitz of the progress being made by the four subcommittees that had been formed to deal with the top priorities.

* Local Initiative Funding Partners is a program of matching grants that was created in 1987 to support collaborative relationships between the Robert Wood Johnson Foundation and local foundations that finance innovative community-based projects in the area of health and health care. The philosophy guiding the program is that local grantmakers interested in addressing local health care problems have a knowledge of their communities that no national foundation can match. The program is now called the *Robert Wood Johnson Foundation Local Funding Partnerships*.

On April 17, 2002, Seitz and Paul Nannis, a member of the Local Initiative's national advisory committee, made a site visit to the Community Mental Health and Substance Abuse Partnership. Although they had praise for the Partnership's staff and leadership and the high level of cooperation and commitment among its member agencies and local funding foundations, they felt that the project needed to focus its strategies and determine specific measurable outcomes. As a result, they recommended that the Partnership be awarded a one-year planning grant during which the action plans could be completed and initial interventions begun. Based on this recommendation, RWJF awarded the Partnership a planning grant of $72,000, to run from July 2002 through the end of June 2003.

The Partnership wasted little time in installing the first of its major system changes. In September 2002 a program called Connections—a specialized service designed to provide mental health and substance abuse information, referrals to appropriate treatment agencies, and other assistance to people who requested help—was established at the Fort Collins headquarters of the Larimer Center for Mental Health. Connections was a collaborative effort of the Center and the Health District of Northern Larimer County—the new name of the Poudre Health Services District. During the next year, counselors at Connections interviewed and assisted several hundred individuals. Meanwhile, staff members of the Partnership trained 127 school system personnel in how to identify mental illness and substance abuse symptoms among students and how to make appropriate referrals to Connections.

Erin Hall describes what happened when a woman called Connections, desperately seeking help for her adolescent son, Peter (a pseudonym). "The mother had recently found Peter's journal, in which he had written about cutting himself a few days earlier," Hall says. "He had also written that his younger brother had walked in on him just as he was holding a gun to his head. Realizing that a mental health crisis was in the making, the counselor who answered the telephone at Connections told the mother to bring Peter to the Mountain Crest Hospital right away, and proceeded to make sure that Mountain Crest was notified of his imminent arrival. A little while later, the mother called back to say that she and Peter were on their way to the hospital, and to thank the counselor for 'making a big difference today.' Afterward, we learned that in her attempt to find help, the mother had initially called Peter's school and spoken with a counselor there, who had advised her to contact Connections. This is a great example of how our Partnership's integrated referral system functions to provide early intervention and prevent tragedy."

In November 2002, Plock wrote another letter to Seitz, requesting that the Local Initiative Funding Partners program award a three-year, $290,000 grant to the Partnership that would be combined with $485,000 in local funds to finance the restructuring of the way mental health and substance abuse services were being provided in Larimer County. In an accompanying narrative, Plock informed Seitz about the formation of the Connections program, completion of the action plans for dealing with top priority issues, and the development of a model by the Health District evaluation team that would assess the impact of the Partnership's work. Five months later, after a site visit by members of LIFP and a positive recommendation from the team, the Foundation awarded a $290,000 LIFP grant to start on July 1, 2003, and end on June 30, 2007.

During the first year of the implementation grant, Partnership staff members trained an additional 388 gatekeepers—among them school personnel, early childhood educators, and health and human services staff—and made plans to extend the training to law enforcement officers. Nineteen local agencies that provided mental health and substance abuse services signed memoranda of understanding pledging to cooperate with Connections, which served more than 7,000 clients during the period. At the same time, a major effort was begun to organize the crisis and after-hours response system. A critical turning point in this effort came when the Poudre Valley Hospital committed itself to the establishment of a hospital-based crisis assessment center for people with mental illness and substance abuse problems. In addition, the Partnership worked with 20 organizations to change the way they handled crisis situations, including creating a matrix to be used by all initial entry points—for example, the phone numbers 211 and 911, the police, and ambulance services—so that consistency could be achieved in how individual situations were evaluated and appropriate referrals might be made. Finally, the Partnership secured funding to create and sustain an integrated care project with two local primary care clinics, where mental health and substance abuse professionals would work alongside primary care physicians.

Ann Cope, a mental health specialist at the Connections program in Fort Collins, tells the story of a man in his early 30s whom she calls Jeff. He has been referred to the center by court order for a full mental health evaluation because he has been convicted several times for possession and use of methamphetamines and has been in and out of prison. “The evaluation costs $150, however, and Jeff doesn’t have money enough to pay for it,” Cope says. “In fact, he’s so broke that he’s been sleeping on the floors of friends. Jeff has had a rough life and was raised in the foster care system. He suffers from severe anxiety and has panic attacks regularly because he fears that people everywhere are going to hurt him. He has been using meth for several years and is surrounded by other users, including his girlfriend, his boss, and his coworkers.

Cope goes on to say that Jeff’s condition had never been diagnosed properly, and on being arrested for possession and use of methamphetamines he had almost always been sent straight to jail. “In the past, the few mental health specialists who examined him insisted that he become clean and sober before they would treat him for mental illness,” she explains. “But how could Jeff kick his drug habit when he had become paranoid to the extent of believing that almost anyone he encountered might do him harm? When he was referred to us, he clearly wanted help, but was exceedingly wary of interacting with anyone, so I enrolled him in our Stepping Stones group, which was established in 2004 to create a nonpunitive and flexible environment for people who are not yet ready to embark on therapy. Jeff started attending Stepping Stones meetings regularly, but then he skipped an appointment I had made for him with a pro bono psychiatrist. Not wanting to give up on him, I enrolled him in a program called Projects for Assistance in Transition from Homelessness, where he received a thorough evaluation and an accurate diagnosis and started on medication.”

At this point, Cope declares that under the system that existed before the changes brought about by the Partnership, Jeff would probably have gone untreated and been lost, but because the new system allowed her to go the extra mile with him, he slowly came to trust the people who were trying to help him. “Finally, he felt safe enough to tell us what had happened to him,” she continues. “Out of

the blue one day, he revealed having been the victim of serious sexual abuse while growing up. As a result, counselors from the Projects for Assistance in Transition from Homelessness helped Jeff receive victims' assistance funding, which allowed him to receive intensive specialized treatment for damage caused by the sexual abuse he had undergone.

Cope concludes her account of what has happened to Jeff by observing that, like many people with serious mental illness and addiction disorders, his ordeal has proved to be ongoing. "Not long ago, he was hospitalized for being suicidal, with a plan and means to kill himself," she says. "While in the hospital, he was stabilized on his medications and efforts were made to probe deeper into his condition. At the time, he had not used methamphetamines for nearly a year and had found an apartment. However, he faces legal charges as a result of his past meth use and may still return to prison—a prospect that fills him with despair."

During the second year of the grant—the period from July 1, 2004, to December 31, 2005—the Partnership trained 279 more gatekeepers and made plans to extend training to members of the faith community. Working collaboratively with the Colorado Division of Criminal Justice, the Partnership helped coordinate weeklong crisis intervention training sessions for more than 50 local law enforcement officers, who learned how to interact with mentally ill citizens without resorting to violence and to defuse potentially violent situations. Realizing that local physicians needed help diagnosing and treating mental illness and substance abuse problems, the Health District, the Partnership, and the local safety net primary care clinics established a program called Integrated Care in March 2005. Under this program, mental health professionals began working with primary care physicians at two safety net clinics in Fort Collins—the Salud Family Health Center and the Family Medicine Center—which serve low-income and uninsured patients, who have the least access to psychiatric help. The clinics share a team of mental health and substance abuse specialists who can provide patients with services or make appointments to receive services at the same time patients are visiting their primary care physicians. This integrated approach not only provides more expertise in a single setting but also enables a primary care physician to bring a psychiatrist or a psychologist into the examining room to talk to a patient, and to consult with the mental health specialist about appropriate medication for the patient. During the first four months, nearly 200 people were treated for mental illness and addiction disorders at the two clinics.

The most significant change during the second year of the Local Initiative Funding Partners grant was the official opening, on February 2, 2005, of the Crisis Assessment Center adjacent to the Poudre Valley Hospital Emergency Department. There, a trained team from the Mountain Crest Behavioral Healthcare Center—including several psychiatric counselors—was on duty 24 hours a day to evaluate patients and, depending on the results, to hold them for further assessment, transfer them to a treatment facility, or place them with an appropriate professional. The new center significantly reduced confusion that had previously existed among police officers, ambulance personnel, and others about whether to take a person in crisis to the Emergency Room at the Poudre Valley Hospital, the Mountain Crest Behavioral Healthcare Center, a detoxification facility, or elsewhere.

Thanks to funding provided by several members of the Partnership, patients in need of detoxification could henceforth be transported from the Crisis Assessment Center to the Island Grove Regional Treatment Center, in Greeley, 24 hours a day. Previously such transportation had been funded for only one shift for five days a week. Moreover, staff members at the Crisis Assessment Center could now make same-day or next-day appointments (not just referrals) for patients with key providers, such as Connections and the Larimer Center for Mental Health. The Partnership also announced that it was developing a system in which private therapists would provide, on a volunteer rotating basis, outpatient appointments if they were deemed appropriate by the Crisis Assessment Center's staff.

A visit to the Crisis Assessment Center adjacent to the Poudre Valley Hospital Emergency Department includes a conversation with Officer L. H. "Bud" Bredehoft, a strapping mustachioed veteran of the Fort Collins police department, who has been stationed for the past several years at the department's downtown substation. Bredehoft is a pioneer in the new way police officers are being trained to deal with people who are mentally ill or exhibit signs of chronic addiction to alcohol or other substances. "For many years, one of our chief concerns at the downtown station has been how to resolve problems posed by the city's homeless population," he says. "In the old days before the Partnership came into being, there was a 'revolving door' in which homeless street people arrested for disorderly conduct or other offenses were sent to the county jail. Clearly, however, the root causes of chronic homelessness are mental illness, substance abuse, or a combination of the two, so a solution to the problem is going to be achieved not through the criminal justice system but by restructuring the way people with mental illness or substance abuse problems are processed. Thanks to the efforts of the Partnership, a police officer can now bring people he deems to be in crisis here to the Crisis Assessment Center, knowing that they will be evaluated and referred to agencies capable of treating them quickly and humanely. This not only benefits the person in crisis but also allows the officer to return to duty much sooner than before."

At this point, Bredehoft describes the weeklong training that police officers in Fort Collins and elsewhere in Colorado are being given to de-escalate tensions and minimize the possibility of physical confrontation when they encounter people suffering from mental illness or the effects of addiction disorder. "Great emphasis is placed upon negotiation in order to achieve an outcome that is in the best interest of the person the officer is interviewing," he explains. "The training, which is extremely realistic, involves intensive sessions in which officers interact with actors playing the role of people who are in the throes of a mental crisis or are under the influence of alcohol or drugs. In this way, police officers are being taught to become advocates for such people, and to consider their well-being." Bredehoft pauses and gives a rueful smile. "Not so long ago, my colleagues at the station were razzing me for being exactly that–an advocate for the homeless."

In the annual report to LIFP for the final year of the grant, Erin Hall noted that the Partnership had trained 200 more gatekeepers, bringing the total to 1,543, and that it was about to pilot test an educational campaign targeting men with untreated depression among employees of the City of Fort Collins. She went on to say that more than 13,000 people had received counseling and assistance at

Connections since it was established in September 2002, and that nearly 4,500 mental health and substance abuse evaluations had been performed by members of the crisis assessment team since the Crisis Assessment Center opened in February 2005. In addition, mental health and substance abuse specialists working with primary care physicians at the two safety-net clinics had treated more than 800 patients since the Integrated Care program had begun in March 2005. Many of these patients were homeless or had recently been released from jail, or were living on low incomes.

Integrating Mental Health and Substance Abuse Services

By mid-2006 the Partnership had achieved many systems changes in identifying people with potential mental illness, substance abuse disorders, or both, intervening early and effectively and connecting them to help. One of the most difficult problems to address is how to improve the delivery of help for people who have the most severe and complex needs, especially those with co-occurring mental illness and addiction disorders, and who may also confront varying combinations of homelessness, criminal justice problems, and physical disabilities. Helping individuals with such needs will necessitate major changes in treatment, support services, and both transitional and permanent housing.

This ambitious undertaking represents the greatest challenge of all in the attempt to overhaul the mental health system of Larimer County, and it will require considerably more time to become a reality. In the spring of 2005 the Partnership, in collaboration with the Health District of Northern Larimer County, submitted a proposal for funding that would provide integrated services for people with co-occurring disorders to a project called Advancing Colorado's Mental Health Care. This is a joint effort of the Caring for Colorado Foundation, the Colorado Trust, the Denver Foundation, and the HealthONE Alliance, which had banded together to finance up to ten five-year projects to help communities improve the integration and coordination of mental health services. In August 2005 the Partnership and the Health District were notified that they had been selected to receive a five-year, $590,000 grant to carry out the project.

Using money from this grant—together with funding of their own, extension dollars provided by LIFP, and money from local individuals, corporations, and foundations—the Partnership is embarking on two major projects designed to assist individuals with complex needs in reclaiming healthy lives. The first project is the development of combined services centers—one in Larimer County and other in neighboring Weld County—which would include 24/7 treatment for acute mental illness and detoxification and would create new emphasis on making sure that people with co-occurring disorders receive appropriate treatment. The Weld County combined services center is scheduled to open in late 2007, and it is expected that the Larimer County center will become a reality in 2008.

The second project is the development of an evidence-based model for treating people with co-occurring severe mental illness and substance abuse disorders—a model called *integrated dual disorders treatment*. The new protocol includes changes in treatment approaches, provision of consistent support, assistance in securing specialized employment, and assured housing. In 2006 several Partnership members traveled to Ohio and Illinois to learn about integrated dual disorders treatment,

and in early 2007 key partners made the commitment to restructure their services so that this model can be integrated locally. Because the model is staff-intensive, it will take a few years for local agencies to complete their restructuring. In the meantime the Partnership will apply for a grant from the federal Substance Abuse and Mental Health Services Administration to help fund staffing during the phase-in period.

Although these two projects are major, they alone will not be sufficient to transform the system so that it will be able to provide adequate care for people with complex needs. For this reason, the Partnership has begun a reassessment of what has changed since its inception and what changes need to be made in the future. Findings from the reassessment will be used to determine priorities for the next five years.

The Difference It Can Make

Carol Plock assesses the Community Mental Health and Substance Abuse Partnership in terms of whether she and her colleagues have succeeded in creating a system that may provide an entirely different outcome for Joe, whom we met earlier, and for thousands like him. She presents a scenario of what life would be like for people with mental illness and addiction disorders in a system in which they are treated in an integrated manner.

"First of all, imagine a system in which one of Joe's teachers in elementary school realizes that he may be exhibiting signs and symptoms of mental illness," Plock says. "The teacher discusses the matter with the school counselor, and together they arrange a conference with Joe's single mother, who has been concerned about changes in Joe's recent behavior, but delayed seeking help because of concern that she couldn't afford it. The counselor then provides her with the phone number of Connections, where professional staff members find a pro bono psychiatrist and a pro bono therapist to diagnose Joe's problems.

"During an evaluation process," Plock continues, "it is determined that Joe suffers from bipolar disorder. At that point, Joe is given prescriptions for several medications–he has to try three before finding one that provides relief–and his mother receives help in paying for them from the prescription assistance program. Meanwhile, she and Joe work with the pro bono therapist to learn about his disease and to develop ways of lessening its impact on him. In addition, Joe and his mother decide to tell his teacher and the school counselor about the diagnosis so that they can help him manage the disease. Joe's health improves rapidly as a result of his medication and the support of his teachers, and he goes on to complete high school with flying colors. He then enters State University, starts a relationship with a girl he meets there, and decides that things are going so well for him he can do without his medication. At about this time, he falls in with some classmates who don't know that he has a bipolar disorder, and they invite him to drink and smoke marijuana. Almost without noticing it, Joe proceeds to slip into a heavy dependence on illegal substances. Then, after a night of heavy drinking, he tells his girlfriend that he's in despair and has bought a gun so he can end his life."

Plock goes on to say that when Joe's girlfriend fails to persuade him to seek help, she calls 911. "The police officer who responds has received crisis intervention training and, after talking to Joe at

length, convinces him that he should go to the Crisis Assessment Center at Poudre Valley Hospital. After asking Joe's permission to access his medical records, the crisis assessment team learns that he suffers from bipolar disease. Because he is still intoxicated, however, they send him to the Combined Services Center, which is equipped to help him through detoxification, as well as help him deal with his mental health crisis. Joe stays at the Combined Services Center long enough for the staff members to get a complete picture of his background and current situation and to counsel him on how to turn his life around.

"Fortunately, because of his former experience with the new mental health system, he takes their advice seriously and agrees to undergo treatment specifically designed for people suffering from co-occurring mental illness and substance abuse disorders. As a result, he goes back on medication for his bipolar disease, finishes college, finds a good job, and marries his girlfriend.

"Our new Joe doesn't have to enter the Integrated Dual Disorders Program—high-intensity treatment that also exists in Larimer County—because knowledgeable people have intervened early enough to get him the help he needed. Nor, unlike the Joe of our earlier story, has he been recycled in and out of multiple agencies without appropriate treatment, only to end up in jail."

Plock concludes her assessment of how Joe might fare in the new mental health and substance abuse system that has been established in Larimer County by acknowledging that only time will tell whether the outcome she envisions will prove to be a reality. "One thing I can say for sure," she states. "The Partnership has improved the system tremendously, and its members intend to keep improving the system until our goals are reached."

Conclusion

The effectiveness of the Community Mental Health and Substance Abuse Partnership of Larimer County and the results it has achieved in a short period are largely due to the remarkable good will and camaraderie of the providers, consumers, advocates, and others that make up its membership. It is to be hoped that attempts to emulate this project will be undertaken in other communities in the nation, where the growing incidence of untreated mental illness and addiction disorders threatens to weaken the social fabric. It remains to be seen, however, whether the unselfish cooperation that exists among members of the Partnership can be achieved in larger venues, or whether such an extraordinary degree of collaboration can best be attained in smaller closer-knit communities, where people may not only tend to be more familiar with one another but also more civic-oriented.

Note

1. Compass of Larimer County. *Substance Abuse Treatment—Colorado and Larimer County, 2005.* (*www.larimer.org/compass/substance_abuse_treatment_h_atod.htm#book1a*)

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