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## Colorado's mental health system collapsing under ratcheting pressure

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Colorado's Mental Health System is collapsing under ratcheting pressures and I prescribe a healthy dose of C&D to help restore sanity to our system.

Any doctor who treats patients with serious mental illness in the Emergency Department, hospital, or in a community clinic knows that our mental health system has been starved into near collapse. Family members are painfully aware; they are frustrated and angry. As physicians, we understand all too well the real world tragedies that result from the lack of care for these vulnerable patients. They self medicate, harm themselves or others, and cost far more in economic terms than the treatment itself. The human costs are immeasurable. This, sadly, is why Colorado's largest facility for the treatment of patients with mental illness is now the penal system.

Because of the perverse "ratcheting" glitch in Colorado's revenue and spending caps, the sorry condition of our collective mental health will only get worse, unless the bipartisan referenda, C&D, are approved by voters in November. The suffering will only worsen if Coloradans reject these common-sense restorations of TABOR's original intent.

Thanks in large part to TABOR's misapplied formulas, we hold many dubious distinctions. The U.S. Department of Health and Human Services reports that we are last in the country in funding the prevention, treatment and research of substance abuse disorders. Colorado ranks first in cocaine abuse and in over-all substance abuse rates (if marijuana is excluded). We are near the bottom in staffing levels for the Division of Mental Health. This important agency oversees the quality and administration of mental health services across the state. We have the nation's sixth highest suicide rate. E. Fuller Torrey reported that we have the nation's highest percentage of mentally ill people among jail inmates. The Legal Action Center ranked Colorado the worst state in placing obstacles to these individuals' re-entry into society, in part because services are so few.

When people with mental illness have nowhere to turn for real treatment, the results can be disastrous. An increase in homelessness and the "criminalization" of mentally ill people has been a clear by-product of short-sighted policies. Police officers report that they have few dispositions other than jail (if not the ED) for what they call "EDPs" (emotionally disturbed persons). The requests for competency evaluations for mentally ill people charged with a crime have soared. The Pueblo Mental Health Institute is having great difficulty meeting the demand. One county recently was reduced to seeking a physician to provide a free second opinion of a committed mentally ill person—provided for by state statute—because budget cuts have left the county

without the funds to do it. As recently outlined in a PBS Frontline special, prisons have become "The New Asylums." As a jail psychiatrist I can tell you that I see the consequences of a non-system each day in the form of ruined lives.

Cuts in funding naturally lead to reductions in care. The statistics are compelling: Despite the fact that Colorado's population continued to increase, 16,378 fewer mentally ill people were served between FY 2001 and FY 2004.

According to a report issued by the Division of Mental Health, "An Analysis of Budget Impacts on Colorado's Public Mental Health System," state general fund appropriations for services to adults and children with serious mental illness were \$18,777,197 in FY 2002. Over the next three fiscal years, that funding was cut by over 25%, a total of \$4,707,398. The number of Medicaid patients served decreased over this period even while the number of Medicaid eligible persons increased substantially, by nearly 100,000 people from FY 2002 to FY 2004. State general fund appropriations also declined to the Medicaid Mental Health Capitation Program over this period. (This trend is significant because the states have been shifting the burden of paying for the care of the most seriously mentally ill people to the federal government for many years.) Medicaid itself remains at risk for even deeper cuts due to the federal budget deficit. The National Governors Association has been vigorously resisting further cuts.

The report also identified that the individuals who did receive care were more severely ill, with a "marked

increase” in the percentage of those served having serious and persistent mental illness. Moreover, “funding reductions have dramatically reduced the number of non-Medicaid [indigent] persons being served in the public mental health system.” Colorado now has over 700,000 indigent people who have few options for care.

The Fort Logan Mental Health Institute has been threatened with closure for three straight years due to the pressures of TABOR. Budget cuts have already reduced a once vibrant facility, which recently received a 94 rating from JCAHO, to only 153 beds. This hospital is meant to serve the needs of 2.5 million people in the Denver metro area and other areas of our state. The Mental Health Center of Denver had to resort to terminating care for 400 existing patients or risk closing their doors. The hope was that their former patients would re-connect with services elsewhere, but alternatives are scarce and continue to diminish at an alarming rate due to cuts in funding.

These problematic trends must be examined in the context of a mental health system that was already struggling. The President’s New Freedom Commission called the mental health system a “shambles”. Many programs were already vulnerable or being actively whittled away before the budget crisis. We have lost at least 20% of the psychiatric hospital beds in the metro area. Erosion of the public system has caused a ripple effect. Perhaps more so than in any other area of medicine, the public mental health system cares for the most seriously ill among all individuals afflicted with mental illness. With added pressures on all treatment providers to try to absorb a growing number of indigent or partially-covered individuals, there is less ability to provide care to anyone else. The result has been partial care for people with complex illnesses. Continuity of care and the standard of care itself have suffered.

Managed care has diminished mental health benefits coverage. The most impaired patients are too often removed from the plans altogether, their insurance dropped because their care is too costly. We have fought to get existing parity laws simply

enforced. Panel lists are often stale, inaccurate and exasperating to patients and families. Hospital admission criteria are sometimes exceedingly high, with mental health holds dropped injudiciously before complete evaluation. Those who do make it into hospitals stay for shorter periods of time, simply for “acute stabilization” instead of receiving a foundation of care that will lead to lasting and meaningful stability. Great pressures are placed on inpatient teams to get the patient out. This can lead to abrupt discharge without a realistic plan for follow-up—if follow-up can be found at all.

Yes, we need passage of Referenda C and D. The TABOR ratchet effect has squeezed a mental health system that was already struggling to the point where it is no system at all. People who are ill do their best to find treatment somewhere. When they fail, society responds anyway, but not necessarily in a way that is productive. The unnecessary use of the Emergency Department, the police, courts, jails and prisons wastes our tax dollars and

causes undue suffering. The State itself concluded in its report that the system has been denigrated into one “serving primarily those in crisis”, and rightly noted that this is a self-perpetuating problem: that is, without attending to people who are not yet in crisis, they usually end up there anyway.

I know I paint a disturbing picture. I’m frustrated because I work primarily in the public sector, and each day I struggle to find help for people with no resources. To be sure, good mental healthcare does happen in our state every day. Colorado is still fortunate to be the home of many world-class psychiatrists. Yet the problems outlined are the result of a sick system, a system that without a doubt has been significantly eroded by the effects of TABOR and the budget crisis. Psychiatrists and physicians of all specialties are confronted with patients and families from all walks of life who are finding quality mental health care to be more unattainable. The social safety net and the social contract are in tatters. Help pass Referenda C and D.

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