COMMUNITY OF HOPE

mental health community assessment

July 2016

Executive Summary

The World Health Organization defines mental health as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. Mental health disorders often co-occur with substance use disorders (approximately 45% of the time), thus for the purposes of this assessment, mental health includes substance use.

In Boulder County, many of our residents struggle with episodic and ongoing mental health and substance use issues. In a recent survey, most (95%) reported that they or someone they know has struggled with mental health or substance use issues. Many reported seeing a therapist (69%) or psychiatrist (47%) for support, and getting support from family (40%) or friends (40%). (2016 Community of Hope Mental Health Survey.)

Among our high school students, more than 22% report they have felt sad or hopeless in the past 12 months, and nearly 5% report they had attempted suicide. (2013 Healthy Kids Colorado Survey.) Among adults in our community, more than 11% reported that their mental health was not good at least 8 of the past 30 days, and 37% of our older adults reported feeling depressed. (2013-2014 Behavioral Risk Factor Surveillance System.)

While there are many services and programs in place to support our youth, adults, and families experiencing mental health and/or substance use issues, the Community of Hope mental health assessment identified many perceived gaps and barriers to addressing mental health and substance use issues in our community. They include:

- Difficulty accessing services in a timely manner
- High costs of services
- Challenges with core coordination and transitions
- Stigma
- Limited prevention and early detection/intervention services
- Limited support and curriculum in schools
- Incarceration instead of treatment
- Limited specialized services
- Lack of integration with primary care

Based on this information, five major themes have been identified as key to improving mental health prevention and treatment in Boulder County.

MAJOR THEMES

Improve Timeliness and Ease of Access to Services

People seeking services often have difficulty accessing them in a timely fashion. Moreover, this priority was extended to include the need to address system navigation issues, recognizing that the behavioral health system is complex and may be overwhelming for those experiencing acute mental health issues.

Seek to Reduce Stigma

The pervasiveness of stigma with regard to mental health issues was observed to be highly problematic and contributes to a number of issues directly related to people seeking help. These stigma impact efforts related to early detection and prevent people from seeking services when these are needed. It also prevents the community from embracing the idea of mental health as a larger community health issue that might be helped by less "clinical" means, such as through the promotion of social supports and networks.

Increase Early Detection and Health Promotion

This priority acknowledges the importance of identifying issues as early as possible so that therapeutic, family, and community supports might be leveraged in response. This may include strategies like increasing mental health workers in schools, improving the promotion of positive health in early childhood populations, and expanding assessment to include social determinants and adverse childhood experiences (ACE).

Reduce Inappropriate Incarceration through Improved Access to and Utilization of Assessment and Treatment Services

There are many instances in which incarceration is used as an alternative to a more appropriate provision of mental health treatment services. A number of factors were seen to contribute to this issue, including a lack of available and relevant services, the inability for first responders to assess for these issues in the moment and make appropriate referrals, and the lack of systematic processes to connect those with acute issues to appropriate services. Possible strategies may include additional Mental Health First Aid training, increased capacity of first responders, and clearer procedures for connecting individuals with the most appropriate services.

Increase the Overall Availability and Range of Services

There is simply a lack of overall services, including the range of the types of services needed to best meet individuals where they are at a given point in time. While this reflects the need for increased resources, there is also a need to explore non-traditional approaches, including increased social supports, community responses, and efforts to increase overall mental/health wellness.

LOOKING AHEAD

The findings of this assessment are consistent with other discussions about mental health in Boulder County. In fact, there is growing consensus in the County about the primacy of this issue and the need for a concerted, community-wide approach. Fortunately, some work is already underway:

- The City of Longmont was awarded a grant from the Colorado Health Foundation to continue community conversations about mental health and focus on reducing stigma, primarily through Mental Health First Aid training and increasing the availability of mental health crisis services.
- Mental Health Partners (MHP) is strengthening its 24/7 Walk-In Crisis Center, including the mobile response and 24 hour crisis hotline, and is continuing Project EDGE, in which mental health professionals are paired with law enforcement when responding to crisis calls..
- As part of the Boulder County Public Health Improvement Plan, senior leadership from government agencies, health and mental health care organizations, nonprofit organizations, the faith community, and other community organizations are building action plans to reduce stigma and improve public education around mental health and wellness.

These efforts will build on other new and existing efforts to address this critical challenge in our community. Updates and progress on the issues highlighted in this report will be provided periodically to the Boulder County community.

Introduction

Health and quality of life are impacted by the economic, environmental, and social conditions in which we live. Community of Hope, a collaboration led by the Boulder County Departments of Housing and Human Services, Community Services, and Public Health, provides the framework to improve these conditions in order to create a more equitable place to live, work, play, or visit. Community of Hope focuses on seven pillars of stability: access to adequate food and nutrition; education; employment income stability; environmental health; health and well-being; housing stability; and safety. These areas, when addressed together, can improve economic, environmental, and social conditions so that every person in Boulder County has the opportunity for stability, self-sufficiency, health, and a sense of well-being.

Not surprisingly, mental health can play a significant role in whether members of our community are able to live a stable and healthy life. The World Health Organization defines mental health as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.

Mental health and wellness are cornerstones to supporting physical health. Many of the leading chronic diseases impacting Boulder County are influenced by behavioral and mental health, including but not limited to cardiovascular disease, diabetes, and depression.

Mental disorders account for approximately 25% of disability in the United States, Canada, and Western Europe and are a leading cause of premature death. In the United States, approximately 22% of adults have 1 or more diagnosable mental disorders in a given year. In addition, an estimated one in ten children in the United States has a mental disorder that causes some level of impairment. The effects of mental illness are evident across the life span; among all ethnic, racial, and cultural groups; and among those in every socioeconomic level. Moreover, mental illness costs the United States an estimated $150 billion annually, excluding the costs of research.

In late 2015, mental health and substance abuse was selected as a Community of Hope priority. In order to fully understand the issue in our community, a thorough review of Boulder County mental health and substance use data was first conducted, painting a picture of the prevalence and severity of the issue in our communities. Subsequently, an assessment was conducted to identify perceived gaps and opportunities for Boulder County programs and investments, looking at systems reform, process improvement, and policy change, along with indicators to measure progress.

The assessment was conducted by collecting information from five sources: local community forums, key informant interviews, presentations in the community, an online survey, and interviews previously done by partner agencies. Data was then analyzed to identify the most commonly perceived gaps in prevention, access to treatment, and quality of treatment. The influence of stigma in prevention, access, and quality treatment was also explored. This report is a summary of the findings of that assessment.

Details of the data collection methods are available in the Data Collection section at the end of this report. A summary of the mental health and substance use prevalence data is available in Appendix 2 of this report.

Findings

Mental health and substance use is an issue that is impacting many members of our community. Of all survey respondents, only 5% reported they did not know anyone with mental health concerns. Most reported struggling with mental health or substance abuse issues themselves and/or knowing someone close to them who struggled. A majority reported seeing a therapist (69%) or psychiatrist (47%) for support, and many also reported getting support from family (40%) or friends (40%). Full results from the survey are summarized in Appendix 1.

In the following two sections, findings from the assessment are presented in two categories: Gaps in Access to Care and Quality Treatment, and Gaps in Prevention.

PERCEIVED GAPS IN ACCESS TO CARE AND QUALITY TREATMENT

Overall, responses about getting care and the quality of care received were consistent across survey responses and interviews. The most commonly reported gaps were related to difficulty finding, scheduling, getting to, and paying for services, as well as difficulty with transitions in care. These gaps include:

- It took too long or was too difficult to schedule an appointment with a provider.
- There were not enough doctors or other providers to provide treatment.
- I did not have enough options for providers because of my insurance.
- I could not afford the services that I needed.
- I felt like I could take care of it on my own.
- Getting to care can be difficult.
- Transitioning care can interrupt treatment.
- Better integration of physical health and mental health.

It is important to note that there is overlap in these themes and descriptions, but categorizations were made in an attempt to convey the nuances of concerns voiced.

DIFFICULTY IN ACCESSING AND RECEIVING TIMELY TREATMENT

Although Boulder County has one of the most progressive systems of behavioral health and primary care integration in the country, there is room for improvement. Respondents described the current system for getting into care as complex, making it difficult for people to schedule appointments and receive timely treatment. This was expressed by those with private insurance, as well as those with Medicaid.

Medicaid expansion could be a factor that contributed to some of the issues of access and timeliness. In Boulder County in 2012, there were 24,009 people enrolled in Medicaid. As of May 2016, the number of people enrolled had increased 120% to 53,000 enrollees; however, the number of Medicaid providers in the county did not increase commensurately. (Colorado Health Institute http://www.coloradohealthinstitute.org/data-repository/county-details/boulder).

The following concerns came up most often:

1 It is difficult to schedule appointments with mental health and substance abuse treatment providers.

Clients face many challenges due to their mental health or substance abuse issues, which creates additional barriers when trying to navigate through a complex system to receive care. Navigating this system involves dealing with insurance issues, complicated automated phone answering systems, and rigid hours for calling to schedule appointments. Many participants mentioned that this complex system challenged clients to "fit into" the schedule.

Another challenge is that appointment times available are not always convenient for client schedules, particularly those who must balance work, children, and other responsibilities. Respondents mentioned that employers are not always flexible when faced with an employee's need to take off for mental/behavioral health needs. It was suggested that support and appointments available outside of normal work hours would make a significant difference.

2 The waitlist to see a provider is long.

Respondents consistently voiced their experience of having to wait anywhere from three weeks to six months to see a provider, with even longer wait times to see prescribers. Respondents mentioned that the window of opportunity to help clients who are motivated to seek treatment can be short, and when clients are placed on long waitlists, that motivation can easily dissipate.

3 There are limited services available in times of crisis.

Many respondents reported a lack of availability of help and support outside of law enforcement or a medical emergency department visit in times of crisis. They felt that neither law enforcement nor the emergency departments were appropriately equipped to handle many behavioral health crises, resulting in poor care for those most in need.

"It takes courage for them to acknowledge they need services, and then when they go, they are turned away."
—SURVEY RESPONDENT

"Follow-up appointments changed at the last moment, creating problems for getting off work to make a late afternoon appointment. There should be evening appointments available 2-3 days of the week."
—SURVEY RESPONDENT

"I think it is a joke that you can get an appointment for a skin problem faster than a psychiatrist, especially when the danger of not getting care is a lot higher, even though the condition is highly treatable."
—SURVEY RESPONDENT

"… that my daughter was suicidal but still could not get an appointment with a...therapist who would accept Medicaid for two months."
—SURVEY RESPONDENT

"We need a place for my husband, who has bipolar disorder, to go when he is feeling suicidal other than the emergency room and/or mental hospital. His suicidal ideations are temporary…we need a temporary place where he can go to protect himself."
—SURVEY RESPONDENT

"I called every psychiatrist who accepts my health insurance and nine months later have yet to receive a call back."
—SURVEY RESPONDENT

"My son is on Medicaid, and it was very difficult to find a therapist. They gave him lists of therapists in our area, but every time we called, we were told that the therapist either was not accepting new patients or they were no longer accepting Medicaid." —SURVEY RESPONDENT

"They said they couldn't help me and couldn't tell me where to go." —SURVEY RESPONDENT

"Was not able to see psychiatrist. They set me up with 'Doctor' who only has master's degree and cannot write prescriptions."
—SURVEY RESPONDENT

"He made an appointment, and it turned out to be a social worker, not a psychiatrist, which he really needed to see."
—SURVEY RESPONDENT

"Funding; billing requires a separation of mental health and substance abuse issues, while they are all a whole within the client."
—MHP STAFF

"My daughter had a wonderful experience with a female-only substance abuse support group in Boulder. She learned from each participant, and they helped each other."
—SURVEY RESPONDENT

LIMITED AVAILABILITY OF SERVICES

The options for care and availability of these options were low, exacerbating long wait times for appointments and care. Many respondents reported spending a considerable amount of time on the phone trying to schedule appointments, only to hear that the providers were not taking new patients. Many participants spoke of an overall lack of availability, meaning that even though there are resources present in the community, they aren't available to many of those in need. Even if insurance is accepted, it is still difficult to get into care.

Lack of awareness of available services in Boulder County may contribute to problems. Respondents — including mental health providers — were unsure where their needs could be best met in the community, resulting in a loss of care. Increased offerings of patient navigation for behavioral health issues and better advertising of existing services were offered as possible solutions.

Shortage of Specialized Providers

A shortage of specialized mental health providers including psychiatrists, psychiatric nurse practitioners, and qualified counselors and therapists, while not unique to Boulder County, has an impact on our community.

Additionally, some interviewees mentioned there were not enough treatment and care options for dual-diagnosis (e.g. substance abuse and mental illness) clients, suggesting that treatment for co-occurring disorders was not successfully integrated in Boulder County. Some providers expressed challenges implementing dual-diagnosis care due to insurance restrictions that favor single-diagnosis cases.

"While he spiraled down to the point where he was hospitalized, however, he was sent down to Colorado Springs, not once, not twice, but THREE times. Having him so far away made it impossible for us to visit, which further stretched out his illness."
—SURVEY RESPONDENT

Limited Availability of Inpatient Support

Participants described a deficit of available inpatient beds for both mental health and substance abuse treatment for Boulder County residents. These residents cannot get the level of care they need or must leave the community to get it. A number of survey respondents, interviewees, and Longmont Community Conversation participants reported instances of having to send loved ones hours away or even out-of-state to receive inpatient care. Many felt being isolated from family members and other support systems can impede the healing processing and burden families.

Respondents also suggested that group therapy should be more affordable and available in the community. One participant during a Longmont Community Conversation expressed the need for group therapy at all different stages of illness: those who are just beginning treatment, those who are just starting recovery, and those who have been in recovery for longer periods of time. Others described situations in which individuals are required to attend group therapy against their wishes, suggesting that the preferences of the individuals should be considered.

Poor Insurance Coverage and Affordability

Many respondents and interviewees expressed frustration with navigating insurance for behavioral health care. They mentioned it is difficult to find providers who accept their insurance, and that the treatment they receive is limited by insurance coverage and overall cost. Respondents with private insurance, as well as those receiving Medicaid benefits, expressed confusion over coverage, coverage changes, and reported being turned away from care because of their insurance type. This was especially more problematic for those receiving Medicaid benefits. Many suggested that the insurance provider should not dictate which mental health or substance abuse provider to use.

Affordability of care and treatment was identified as a significant barrier to accessing care. This was linked to poor insurance coverage, but more explicitly refers to the major burden of out-of-pocket costs, including the cost of medication. Even if people have insurance and can navigate the bureaucracy of insurance, find the right type of provider, etc., they still cannot afford the treatment they need.

Limited Locations for Care

Many respondents described getting to care as difficult, suggesting that the location of services may not correspond with areas of high need. Respondents described the burden of having to take several buses or travel to other cities to get to care, particularly when weekly care is needed, or when behavioral health issues impede their ability to navigate transportation options.

"Can't drive due to seizures. Get panic attacks if I have to transfer on bus. Need psych' near enough for one bus ride (no transfers) or in walking distance." —SURVEY RESPONDENT

"There is no adolescent inpatient facility in Boulder... When my daughter was placed on a mental health hold, the nearest available bed was in Colorado Springs, 90 minutes away. It was traumatic for all of us to be so far away from our daughter at a time when she was at her most vulnerable, and we were so concerned for her well-being. ..It is an extreme failure of the health care system that a doctor would assess that a child is not safe to leave the ER, must next go to an inpatient facility, only to learn that there is no inpatient facility with space, and the child may have to wait in the ER, sometimes for days, until a bed somewhere in the state becomes available." —SURVEY RESPONDENT

"Everybody has got insurance, but nobody will use it because they can't afford the deductible." —SURVEY RESPONDENT

"Most insurance only allows for a limited amount of appointments. Some illnesses, like PTSD, cannot be "cured' in six sessions." —SURVEY RESPONDENT

"I can no longer afford the medication I need to treat my condition. Insurance company has made the deductible so high, I can't afford to pay the bills, and the cost of the medication is so high." —SURVEY RESPONDENT

"I found an excellent counselor to assist with postpartum anxiety, but could only afford to see her one time." —SURVEY RESPONDENT

"To see a psychiatrist for diagnoses is $250 with my insurance, and that is not money I have lying around." —SURVEY RESPONDENT

"Then there is the internal stigma; we know that of the population of folks who have a mental health condition, the majority of them do not seek treatment because they want to take care of it themselves." —PROVIDER

"My father needed a PCP (primary care provider) to get him connected to services, but they just printed a bunch of numbers for him to call. A person who is depressed and an alcoholic is not going to be proactive in that kind of ways. Systems need to be better connected to help the patient."
—SURVEY RESPONDENT

"When released from hospital, I could not get in to see anyone for several weeks."
—SURVEY RESPONDENT

"Coordination of services are hit or miss. One person went to an ER. Wasn't given any MH info."
—SURVEY RESPONDENT

"HIPAA laws make communication and care coordination difficult. Talking over family concerns with a mental health professional are near impossible."
—SURVEY RESPONDENT

"My husband's case was closed. No warning. No phone calls. No nothing." —SURVEY RESPONDENT

"Every time I had a therapist and got to the point of trust, they either transferred or left... Turnover in these professions is not helpful to the patient."
—SURVEY RESPONDENT

"Change the discussion from mental health and use terminology such as "brain health," which focuses on the organ the issue is and not an abstract concept that has much stigma associated with the term." —SURVEY RESPONDENT

Challenges with Care Coordination and Transitions

Many respondents described issues with transitioning between different institutions or providers within one institution due to insurance coverage changes; increasing or decreasing mental health or substance abuse complications; or new providers. Respondents described this process as very difficult for clients and exacerbated by poor planning and information sharing.

1. Poor planning to ensure a smooth transition.

Many participants reported a lack of transitional planning when leaving a hospital or moving to another provider. High staff turnover at facilities was also mentioned as a cause for poor transitions for clients. Respondents suggested that not having a transition plan can result in a gap in or complete halt of treatment or poor continuity of a treatment plan with a new provider. Improved navigation of services may help to ease transitions.

2. Barriers to information sharing prevent patients from receiving the best care.

Respondents described difficulties with information sharing and coordination between providers. Clients felt frustrated that their providers did not communicate with one another and providers reported frustration with other providers for their unwillingness to share client information. Significant frustration from providers was targeted at HIPAA rules and limitations, but many providers expressed that providers are not coordinating well, even when they are permitted to do so.

3. Gaps in treatment can be traumatic for patients and families.

When poor transitions occur, clients who must find another provider can have a gap in treatment as they transition to new providers. Many respondents described how staff turnover or transitions disrupted their treatment progress and caused major frustrations, ultimately being detrimental to the healing process.

Poor Integration of Mental Health Services in Primary Care

Many clients and providers expressed a need for those in Boulder County to work harder towards integrating behavioral and mental health into primary care settings. Participants expressed interest in receiving care in their primary care setting. Clients also suggested that they prefer seeing their primary care provider for mental health or substance abuse treatment, but many said their primary care physician could not or would not address these concerns. Access and the quality of treatment could be greatly improved by bringing the appropriate mental health and substance abuse care to where individuals are receiving primary care.

"Medical MDs do not tell patients they suspect mental illness; often it just goes untreated or poorly addressed."— SURVEY RESPONDENT

"I do feel like the Latino community, we largely reach that community through our partnership with Clinica, for a number of reasons that community are more comfortable seeking care in primary care medical clinics than in mental health clinics."
– PROVIDER

GAPS IN PREVENTION

Overall, responses about prevention were consistent across survey responses and interviews. The most commonly reported prevention gaps were related to stigma, programs in school, housing, alternatives to jail, coping skills/stress reduction, and early detection. Specifically:

1. **Reduced stigma around mental health and substance abuse issues.**
2. **Having mental health counseling and prevention programs in schools.**
3. **Housing support programs for the homeless population.**
4. **Providing mental health services instead of sending people to prison (as appropriate).**
5. **Teaching coping skills/stress reduction skills during childhood.**
6. **Early detection and intervention is important for preventing worse outcomes.**
7. **Better education and awareness around mental health and substance abuse issues.**

Stigma

When asked about the ideal state of Boulder County, many respondents spoke about a need for inclusivity. For most participants, this was described as a stigma-free community that embodied acceptance and understanding. Respondents described how community-wide stigma is harmful and negatively impacts their ability to prevent mental health and substance abuse issues, access care when needed, and receive high-quality treatment. Community members proposed that better education at earlier ages would be important in reducing stigma related to mental health and substance abuse and could normalize help-seeking behaviors earlier if stigma was no longer a barrier to access.

One Longmont Community Conversation participant who suffered from depression shared that her friends had discouraged her from attending the mental health conversation and speaking about her condition. However, those who participated in the Longmont Community Conversations expressed feeling positive about the opportunity to share stories and ideas for improvement. They identified Longmont Community Conversations as a good place to start and wanted the conversations to continue.

Many people suggested increased offerings of Mental Health First Aid trainings as a beneficial tool to inform the community and also help to reduce stigma related to mental health and substance abuse.

"Stigma prevents acceptance, lack of acceptance prevents treatment." —SURVEY RESPONDENT

"I want to be an advocate for something that I can't even talk about." —SURVEY RESPONDENT

"Our community is extremely high-achieving with Nobel Prize winners, star athletes, and successful entrepreneurs. It can feel overwhelming for us ordinary folks to feel like we fit in or are worthwhile" —SURVEY RESPONDENT

"Stigma. Whether it's real or perceived - I definitely felt it before therapy, but then realized that it didn't mean a thing after. If I had earlier education, I would've understood how important mental (health) is and the options available so much earlier."
—SURVEY RESPONDENT

"As a teacher, I see more and more children coming to class with anxiety and emotional issues. Along with that, they lack coping skills and resilience to handle life's problems. I would like to see more emphasis on mental health programs for children, especially in schools."
—SURVEY RESPONDENT

"Make sure prevention is informed by reality. Like sexual health is medically and scientifically accurate, free from fear or shame – have to be realistic. With youth, will have youth that have tried drugs. We have to have approaches that are realistic and relatable to everyone." —PROVIDER

"It's hard to say, but with the large number of homeless people in Boulder, I think that is a big issue. If you have no money, no home, and no support, no job - of course you feel hopeless. And it's hard to work on your mental health when you have to sleep under a bush, or worse yet, the shelter, which isn't safe and treats people terribly."
—SURVEY RESPONDENT

"A month ago, we had 13 homeless, pregnant women. Very, very limited resources for homeless, pregnant women. The Mother House won't take a woman in if she has a partner. Very tenuous. Social Services doesn't get involved until the baby is born."—PROVIDER

"Just this morning I saw a guy addicted to drugs who has seven felonies, all related to his substance abuse"—CRIMINAL JUSTICE STAFF

"I have twice had friends in jail because nobody knew how to handle their mental health problems, and rather than seek mental health services, the authorities went with a punishment agenda." —SURVEY RESPONDENT

"I feel the Boulder County court system sets folks up for failure when trying to deal with drug abuse in our community. Often times, drug abusers keep getting in trouble and sit in jail and could benefit from education and programs while in jail so they might have a better chance when released from jail. Many times I heard firsthand I have a felony, so what's the point in trying? I'm doomed." —SURVEY RESPONDENT

Limited Trained Mental Health Providers in Schools

Respondents described school-based services and education around mental health and substance abuse as lacking or not as strong as they should be. Those with children, or working in school settings, described concerns about lack of resources to help children and teachers deal with bullying, peer pressure, and academic pressure. Others suggested the need for improved youth suicide prevention, including resiliency and skill building, and greater availability of interventions for youth who express suicidal ideas. Many felt having a stronger presence of mental health and substance abuse professionals in schools could help with early detection and treatment of many issues.

Finally, many community members highlighted the need for more health education and programming around substance abuse and mental health to be adopted into school curriculums.

Limited Housing for Homeless

Many expressed concerns about the homeless population in Boulder County and their need to receive needed services, including physical and mental health care. Interviewees brought up the importance of a "housing-first model," which emphasizes getting a homeless person into a stable house as a first step before addressing mental health or substance abuse issues. Many survey respondents and interviewees explained how the stress of finding housing distracts from an individual's or family's ability to treat mental illness or substance abuse issues. They suggested that only after a person has a stable living situation can they access the care they need. It is unrealistic to expect this while people are living in shelters.

Incarceration Instead of Treatment

Respondents expressed concerns with the arrest of those with mental health or substance abuse issues who would do better with treatment. They explained that, often, the underlying mental health or substance abuse issue is the cause for the criminal behavior, and bringing the person into the criminal justice system does not allow the underlying issue to be addressed. Many also suggested the need for more diversion programs to keep youth from ever entering detention facilities.

In addition, respondents expressed interest in better support and services for individuals transitioning out of jail so they are better equipped, long-term, to succeed upon their release.

Limited Early Childhood Promotion

Many described an interest for true upstream prevention focused on promoting mental wellness earlier in the life course, specifically focused on early childhood. Participants spoke of building resiliency, teaching coping skills, and providing care to young children who may already be experiencing mental health issues. Respondents suggested talking about mental health with young children, much like talking about physical health, prepares them for a life of self-care.

> "Elementary schools are ripe for when parents still have hands-on approach; kids are still listening. We wait until high school, when issues have become entrenched."
> —PROVIDER

Limited Early Detection/Intervention and Support

Respondents described a gap in early detection of mental health and substance abuse problems and a need to improve early screening to identify problems and mitigate poor outcomes in the long-term. The need for early detection and intervention was not suggested for one specific age group, but rather for detection of possible issues throughout the lifespan. Specific settings for early detection and intervention included school-based services, community organizations, and faith-based groups, as well as additional screening in primary care settings.

DATA COLLECTION

A random sample was not used in this assessment, and therefore, the findings cannot be generalized to the broader Boulder County population. However, a number of common themes emerged across the data collection methods from a sample that was both large and diverse. Thus, while not conclusive, the findings are indicative of some of the characteristics of mental health services and systems in Boulder County.

Information was collected from a variety of sources and analyzed to create a deeper breadth and depth of understanding about how mental health and substance abuse issues impact Boulder County. These included:

- Key informant interviews with Boulder County mental health providers, organization leaders, and community members.
- An online survey that was open to the community.
- Community presentations by the Legislative Education and Advocacy Day sponsored by Andrew Romanoff, Mental Health Colorado, and the League of Women Voters.
- Summaries of interviews conducted in August 2014 with Boulder County youth.
- Previous assessment findings conducted by community organizations.

Survey

The purpose of the survey was to learn more about the needs and experiences of residents from the larger Boulder County community and to give residents an opportunity to prioritize what's needed to address mental health in Boulder County. The survey also collected general information about respondents' experience with mental health and substance abuse issues. There were 431 survey responses; 407 in English and 24 in Spanish. The crux of the survey focused on two priority questions:

1. **What are the top five issues that have negatively impacted residents' ability to get help when they or a family member needs it?**

2. **What are the top three things that are needed to improve mental health among residents in Boulder County?**

Interviews & Focus Groups

The key informant interviews aimed to obtain richer, more contextual information from providers and organizations who focus on mental health promotion and substance abuse prevention and treatment. Members of the Community of Hope Community Engagement Group conducted 40 interviews —14 with providers in the community, 14 with organizations working on mental health and substance abuse issues, and 12 community members identified through a partner organization. Additionally, the City of Longmont conducted 12 Community Conversation events, which included 6 English conversations and 4 focus groups in Spanish. Themes identified in the initial key informant interviews and the City of Longmont Community Conversations were used to develop the survey.

Analysis

All qualitative materials were coded and analyzed to identify key themes. Important and relevant qualitative information was coded considering a predetermined set of categories and a few anticipated codes for each category. The categories were based on assessment questions addressing:

- Prevention
- Access to care
- Quality treatment
- Stigma

Codes were more specific and described the gaps within each category. An iterative process with two coders was used initially to ensure consistent and clear coding. While stigma was initially considered separately, eventually each stigma code was placed in the appropriate large code in an attempt to consider the influence of stigma as a gap to prevention, access to care, and quality treatment.

While many different concerns and gaps were discussed in this assessment, for each of the final 3 categories, codes that had 20 or more mentions were considered key themes and were included in the Findings section of this report.

Appendix 1 Survey Results

Who do you know who has a mental health or substance abuse issue?	Percentage Reporting
Yourself	43%
A child	37%
A spouse	21%
A parent	21%
Another family member	40%
A friend	51%
I don't know anyone with a mental health issue	5%

Where have you gone for support for a mental health or substance abuse issue for yourself or someone else?	Percentage Reporting
Family	40%
Friend	40%
Regular doctor	37%
Psychiatrist	47%
Therapist	69%
Clinic	17%
Support group for mental illness recovery	17%
Support group for substance abuse recovery	15%
Religious organization/faith community	16%
Home visitation nurse	1%
Senior center	2%
Emergency department	23%
Urgent care	6%
Drop-in crisis center	6%
Detox center	8%
Inpatient or other residential treatment	21%
Education and prevention services	13%
Needle exchange program	0%
Other	11%

Appendix 1 Survey Results

Top five issues that have negatively impacted your ability to get help when you or a family member needed it.	Number Reporting	Percentage Reporting
I was facing too many life struggles at once.	92	21%
I did not know who I should contact for help.	97	23%
There were not enough doctors or other providers to provide treatment.	140	32%
I did not have enough options for providers because of my insurance.	137	32%
I could not find a provider who I was comfortable with.	62	14%
I could not contact my provider in a crisis or to prevent a crisis.	33	8%
There were not enough group therapy class offerings.	31	7%
Staff turnover was high where I access care.	55	13%
It took too long or was too difficult to schedule an appointment with a provider.	137	32%
I could not afford the services that I needed.	135	31%
I could not get to my appointments because where I seek care was too far.	21	5%
I could not get to my appointments using public transit.	18	4%
I needed help to figure out where to go and how to get to an appointment.	52	12%
It was difficult to transition between clinics or providers.	29	7%
I was not treated well when making my appointment.	25	6%
I had a negative experience once that made me not want to seek help again.	51	12%
The treatment provided was not helping me.	43	10%
Other	62	14%

Top three things that are needed in Boulder County	Number Reporting	Percentage Reporting
Having family, friends, and other people to talk to for support	27	6%
More positive support regarding mental health issues from family members and others in my community	74	17%
More programs that promote general well-being versus focus on mental health	86	20%
More suicide prevention services and programs	57	13%
More screening for issues and services for young children	65	15%
Teaching coping skills/stress reduction skills during childhood	116	27%
Having mental health counseling and prevention programs in schools	144	33%
Ability to receive therapy/treatment at my doctor's office	68	16%
Providing mental health services instead of sending people to prison (as appropriate)	130	30%
More availability of mindfulness programs	53	12%
Housing and support programs for the homeless population	135	31%
Reduced stigma around mental health and substance abuse issues	147	34%
Other	55	13%

Appendix 2 Mental Health and Substance Use Data

Review of population-level mental health and substance abuse indicators demonstrated that residents in Boulder County are doing well compared to Colorado; however, some areas could be improved.

The leading mental health and substance abuse indicators are presented on the following course in order by life course (pregnancy, youth, adulthood) and vulnerable populations (criminal justice, older adults).

BOULDER COUNTY RESIDENTS

	Boulder County	Colorado
Adults who reported their mental health was not good at least 8 of past 30 days	**11.3%**	**13.0%**
Male	**8.6%**	**10.7%**
Female	**13.9%**	**15.4%**
Age 18-24	**11.4%**	**17.2%**
Age 25-34	**16.0%**	**14.7%**
Age 35-44	**12.2%**	**13.1%**
Age 45-54	**9.4%**	**12.7%**
Age 55-64	**14.9%**	**13.3%**
Age 65+	**5.1%**	**7.9%**
Black	**23.1%**	**13.1%**
Hispanic	**8.4%**	**13.4%**
Other	**5.3%**	**16.5%**
White	**11.6%**	**12.7%**
Less than $25,000	**20.3%**	**20.0%**
$25,000 - $49,999	**11.1%**	**13.4%**
$50,000 and above	**9.1%**	**9.5%**

Source: BRFSS – Behavioral Risk Factor Surveillance System

Appendix 2 Mental Health and Substance Use Data

PREGNANCY

	Boulder County	Colorado
Mothers who reported that a health care provider talked to them about what to do if they felt depressed during pregnancy or after delivery	87.6%	77.6%
Women who drank alcohol during the last 3 months of pregnancy	11.4%	10.7%

Source: PRAMS – Pregnancy Risk Assessment Monitoring System, 2011

YOUTH

Boulder Valley School District – Middle School

	Boulder County
Middle school students who ever thought about killing themselves	14.7%
Middle school students who had at least 1 drink of alcohol on 1 or more of the past 30 days	5.0%
Middle school students who used marijuana 1 or more times during the past 30 days	5.9%

	Boulder County
Middle school students who talked with parent about substance dangers during the past 12 months	57.1%
Middle school students who participate in extracurricular activities	69.7%

Source: Healthy Kids Colorado Survey (HKCS), 2013

Note: HKCS only conducted in Boulder Valley School District in Boulder County

Appendix 2 Mental Health and Substance Use Data

YOUTH

Boulder Valley School District – High School

	Boulder County	Colorado
High school students who reported attempting suicide in the last 12 months	4.9%	6.6%
High school students who had at least 1 drink of alcohol on 1 or more of the past 30 days	32.1%	31.0%
High school students who reported drinking 5 or more drinks of alcohol in a row, within a couple of hours, 1 or more times during the past 30 days	17.9%	16.6%
High school students who used marijuana 1 or more days during the past 30 days	24.4%	19.7%
High school students who talked with parents about substance dangers in the past 12 months	62.3%	51.7%
High school students who participated in organized community services as a non-paid volunteer 1 or more times during the past 30 days	46.6%	44.9%

Source: Healthy Kids Colorado Survey (HKCS), 2013

Note: HKCS only conducted in Boulder Valley School District in Boulder County

Boulder Valley School District – High School

	LGBQ Youth	Heterosexual Youth
Felt so sad or hopeless that they stopped doing activities for 2 or more weeks in the last 12 months	47.1%	20.4%
Purposely hurt themselves without wanting to die in the past 12 months	47.8%	12.4%
Seriously considered attempting suicide in the last 12 months	37.3%	11.5%
Attempted suicide in the last 12 months	19.2%	3.6%
Drank on school property during the past 30 days	10.1%	4.7%
Used any form of cocaine one or more times during their lives	11.4%	3.7%
Used heroin one or more times during their lives	6.0%	1.1%
Used methamphetamines one or more times during their lives	7.1%	1.3%
Used ecstasy one or more times during their lives	13.7%	5.4%
Had taken a prescription drug without a doctor's prescription one or more times during their lives	24.0%	11.9%
Been bullied on school property during the past 30 days	30%	18%
Been bullied electronically during the past 30 days	27%	14%
Had someone to go to for help with a serious problem	75%	83%
Could ask parents/guardians for help with a personal problem	57.7%	86.7%

Source: Healthy Kids Colorado Survey (HKCS), 2013

Note: HKCS only conducted in Boulder Valley School District in Boulder County

Appendix 2 Mental Health and Substance Use Data

ADULTS

	Boulder County	Colorado
Adults who reported mental health was not good at least 8 of past 30 days (BRFSS 2013-2014)	**11.3%**	**13.0%**
Adults who reported drinking 5 or more drinks on an occasion at least once during the past 30 days (BRFSS, 2013)	**15.3%**	**19.6%**
Boulder and Broomfield County adults who used marijuana or hashish during the past 30 days (BRFSS, 2014)	**18.9%**	**13.6%**
People who needed mental health care or counseling services but did not get it at that time during the past 12 months (Ages 5 – 104) (CHAS, 2015)	**19.7%**	**19.0%**

Source: BRFSS – Behavioral Risk Factor Surveillance System; CHAS – Colorado Health Access Survey, Colorado Health Institute
(Note: Data is only available for Health Statistics Region 16: Boulder and Broomfield Counties)

VULNERABLE POPULATIONS: CRIMINAL JUSTICE SYSTEM

Criminal Justice

- About 34% of all inmates are diagnosed Axis I (individuals have acute symptoms and require specialized treatment).
- AXIS I inmates typically stay incarcerated significantly longer and consume many more jail resources as compared to non-Axis I inmates.
- While many of these inmates do have high criminogenic needs, the primary determinants for this high jail resource need are limited options prior to arrest and a lack stabilizing services for this population in our community.

Boulder County Jail

- About 160 inmates with Axis I at any given time; estimated 2,000 inmates in a given year.
- Average length of stay for an AXIS I-diagnosed inmate, incarcerated at any time so far in 2016, is 76 days.
- Average length of stay for all inmates during the same period is 8 days.

Appendix 2 Mental Health and Substance Use Data

ALCOHOL, OPIATE USE, AND SUICIDE

	Boulder County (per 100,000)	Colorado (per 100,000)
Alcohol deaths	11.3%	13.0%
Prescription opiate deaths	15.3%	19.6%
Suicide attempts	18.9%	13.6%
Suicide completion	19.7%	19.0%

Source: CHA – Colorado Hospitalization Association; CVR – Colorado Vital Records

SUICIDE BY AGE

	Boulder County (per 100,000)	Colorado (per 100,000)
5 – 14 years of age	NA	2.6
15 – 24 years of age	10.8	17.1
25 – 34 years of age	20.4	22.5
35 – 44 years of age	9.6	26.4
45 – 54 years of age	29.2	27.2
55 – 64 years of age	24.1	26.3
65 – 99 years of age	26.5	26.0

Source: CHA – Colorado Hospitalization Association; CVR – Colorado Vital Records, 2014

VULNERABLE POPULATIONS: OLDER ADULTS

Older Adults

- 88% of adults 60 years and older living in the Denver-metro region reported excellent or good overall mental health/emotional well-being.
- Individuals with incomes less than $25,000 and $25,000 - $74,999 disproportionately reported higher needs as compared to individuals making $75,000 or more.
- Survey results indicate that older adults need:
  - Civic engagement and physical health.
  - Engaging in meaningful activities.
  - Obtaining financial and legal assistance.
  - Support in caregiver burden and safety.

Source: 2015 Community Assessment Survey for Older Adults conducted by the Denver Regional Council of Governments


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