

MIDDLE CLASS AND WORKING POOR TO BE HIT HARDEST BY CUTS IN STATE MENTAL HEALTH FUNDING

Colorado's community mental health centers have a contractual responsibility to provide services for the State's poorest citizens who are part of the Medicaid program. These responsibilities continue, even when Medicaid funding is decreased. Many mental health centers in Colorado expect previous and proposed Medicaid cuts to force them to cut important programs geared toward helping people with mental illness reintegrate into society and reduce re-hospitalizations, along with a number of suicide prevention programs and programs for young people.

The centers' contractual requirement to give the highest priority to Medicaid patients, however, means that patients who do not qualify for Medicaid and are unable to pay out-of-pocket for services will be the most seriously impacted by the funding cutbacks that have already been implemented and those being contemplated by the legislature. Coloradans who fall into this category include people who are working and do not have medical insurance, people whose health insurance policies do not provide mental health coverage and those who have exhausted the mental health benefit provided in their health insurance policy.

The crisis in funding for the middle class and working poor in Colorado predates the current budget emergency. State and federal funding for mental health services dropped \$11.4 million in 2001. The following year the Department of Human Services released a study showing that more than 67,000 Coloradans who need mental health services are not receiving those services (Colorado Department of Human Services, Mental Health Services, *Population in Need of Mental Health Services*, Executive Summary; January 7, 2002.)

When state revenues dropped earlier this year, the Governor restricted (would not allow State agencies to spend) more than \$14 million that had been appropriated for mental health services, including Medicaid funds, appropriations to the State's two mental health institutes and funding targeted to children and adolescents. The cuts currently being anticipated by the legislature will meet or exceed the \$14 million mark.

Colorado's mental illness treatment system is already reeling from budget cuts.

*Funding cuts are affecting Coloradans of all ages and races and in all corners of the State. Geriatric services have been cut, as have school based programs, in-home services, spiritual programs and anger management programs.

*State funding has not kept up with cost of providing necessary mental health treatment. The State now funds services for 10,970 Coloradans compared to 25,305 in the past.

*Eight adolescent beds at the Mental Health Institute in Pueblo have been closed. A 16-bed adult unit at the Mental Health Institute at Ft. Logan has been closed, leaving only 426 inpatient, non-forensic beds available in public mental health institutes.

Reducing the community mental health centers' ability to provide services does not reduce the demand for the services. People with mental illness do not "go away" just because the funding to treat them has gone away. When persons with mental illness can't receive the treatment they need within "the system," they put additional pressure on hospital emergency rooms, the criminal justice system and even local schools. In fact, with a population of nearly 2,500 individuals with serious mental illness, the Colorado Department of Corrections has become the largest "treatment" facility in the State.

For those who are lucky enough to get treatment, new medications and therapies have improved the chances that they will be able to return to being contributing members of society. In fact, the success rates for treatments for mental illness can be higher than treatments for other chronic conditions.

Treatment Success Rates

(Marshall Thomas, M.D., University of Colorado Health Sciences Center Associate Professor of Psychiatry.
Presentation before NAMI, Colorado Conference, October 7, 2001)

<u>Disorder</u>	<u>Treatment Success Rate</u>
Bipolar	80%
Major Depression	65%
Schizophrenia	60%
Obsessive Compulsive Disorder	60%
Cardiovascular treatments	52%
Angioplasty	41%

Persons who can't get treatment for their mental illness often see suicide as providing the only relief from their painful disorders. According to a study released by the Colorado Trust, 60% to 90% of all suicidal behaviors are connected with some sort of mental illness and/or substance abuse disorder. Two-thirds of those who die by suicide have a primary depressive disorder.

Too often the legislative response to a budget crisis follows the old adage of "Don't cut services for me, don't cut services for thee, but cut services for the person behind the tree." Members of our society with mental illness are wrongly thought of as the people "behind the tree," a minority that doesn't merit a high budget priority. Nothing could be further from the truth. According to a report by the U.S. surgeon general, one in five American families is affected in their lifetime by a severe mental illness.

Paying for the treatment of a severe mental illness can bankrupt even the hardest working middle-class Colorado family. Either the state appropriates the funds needed to properly treat these patients within the mental health system, or it will be forced to pay the higher cost of treating them in the corrections system or hospital emergency room system or see

even more tragic suicides. During these difficult budget times, it makes fiscal and moral sense to adequately fund mental health services.

Prepared and distributed by the Mental Health Association of Colorado, Colorado Behavioral Healthcare Council, National Alliance for the Mentally Ill Colorado and the Colorado Federation of Families for Children's Mental Health. For more information call 303/377-3040 ext. 37 or 303/321-3104.