

## Flagship Priority: Mental Health and Substance Abuse

Mental and emotional well-being is essential to shaping a state of health for Coloradans. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Substance abuse is defined as overindulgence in or dependence on addictive substances such as alcohol and illicit or prescription drugs, and is often associated with mental health status. It is a preventable health issue that has been linked to increased rates of sexually transmitted infections, domestic violence and child abuse, car crashes, crime and suicide.<sup>1</sup> Supporting improved mental health, reductions in substance abuse and better behavioral health through health system integration are initiatives within the Colorado Governor's 2013 State of Health Report.<sup>2</sup> Additionally, 27 of 53 local communities have chosen to address mental health and 22 of 53 have chosen to address substance abuse as public health priorities.

Mental health and substance abuse are impacted by broad and multifaceted issues that vary over the stages of life. Social factors such as housing, safe neighborhoods, education, adequate employment, social connectedness and high quality, integrated health care are needed to support mental health and prevent substance abuse. Living in poverty often has associated stresses that can be linked to decreased cognitive development, depression, increased drug use and a higher risk of some chronic diseases. Additionally, health systems that fail to provide person-centered care and treat conditions as isolated issues result in poor quality care and high costs. Colorado state agencies are committed to ensuring integration efforts that strengthen mental health crisis services, inpatient treatment and community-based behavioral health systems.<sup>2</sup>

The public health role in mental health promotion and substance abuse prevention is rooted in the understanding that mental health is closely connected to overall health and should be prioritized as such. It should include identifying risk factors and health disparities associated with mental health and substance abuse disorders, increasing awareness that mental health and substance abuse disorders are treatable, decreasing the stigma associated with seeking help for these issues, and improving screening and early intervention. To make the greatest population-based impact, Colorado is working to secure resources and clearly define the public health role in Colorado in addressing mental health and substance abuse at both the state and local levels. Colorado will receive \$65 million over the next four years in a grant from Centers for Medicare and Medicaid Innovation. The pur-

pose of this State Innovation Model (SIM) funding is to develop and test a coordinated, accountable system of care that gives Coloradans access to integrated primary and behavioral health care. Enhanced behavioral health surveillance data are needed to inform these efforts. CDPHE, CDHS and the Colorado Department of Health Care Policy and Financing are leading efforts to identify opportunities within existing data collection systems to better measure effectiveness of behavioral health outcomes at various stages of life, implement necessary changes to data collection systems and set statewide performance benchmarks. To learn more about this effort, see *Measuring Behavioral Health: Fulfilling Colorado's Commitment to Become the Healthiest State*.

This plan highlights the population-based efforts that organizations across Colorado are taking to address mental health and substance abuse over the next five years, many of which align with the approaches of Colorado's local public health agencies. It focuses in three areas of high need:

- advancing policy and community approaches to improve social and emotional health of mothers, fathers, caregivers and children;
- improving screening and referral practices and reducing the stigma of seeking help for depression, especially among pregnant women, men of working age and individuals who are obese; and
- preventing prescription drug abuse.



## Social and emotional health of children and families

Mental health is an important aspect of social and cognitive development for children. It is an essential part of a child's overall health and has a complex interactive relationship with physical health and the ability to succeed in school, at work and in society. Environments and relationships that are safe, stable and nurturing lay the groundwork for positive well being and help children reach their full potential. Children who grow up to be healthy and productive citizens build stronger and safer families and communities for their children. All children should have access to effective care to prevent or treat any mental health problems they may develop. However, many children experience unmet mental health needs, especially those living in low-income communities, ethnic minority youth and those with special needs. Colorado is working to improve the social and emotional health of children and their families through changes at the system, societal and community levels.

**STATEWIDE GOAL: Advance policy and community approaches to improve the social and emotional health of mothers, fathers, caregivers and children.**

### STRATEGIES:

1. Support efforts designed to increase access to high quality mental and behavioral health care and develop and expand the behavioral health workforce to support healthy parenting.
2. Expand comprehensive social and emotional health screening of caregivers by increasing adoption of depression screening codes for caregivers at the child's visit.
3. Promote best practice mental health integration in all publicly funded primary care, and change the reimbursement structure for mental health services by increasing incentives.

**Coordinating agencies:** CDPHE and CDHS

**Partners in Implementation:** Kempe Center, Pediatric Injury Prevention, Education and Research Center, CDHS, Children's Hospital, Steele Street Bank, Prevent Child Abuse Colorado, Early Childhood Comprehensive Systems Initiative.

## Depression screening, referral practices and stigma reduction

Depression is the second leading cause of disability nationwide. Colorado consistently faces some of the highest suicide rates in the country and nearly two-thirds of Coloradans who die by suicide were suffering from depression at the time of death. Suicide rates in Colorado have been increasing for men and women of all ages, but the highest rates are among 45-54 year-old men. Pregnancy-related depression is one of the most common complications of childbirth and can disrupt a woman's ability to care for herself and engage in healthy parenting behaviors. Regular depression screening and education for all women during the prenatal and postpartum periods can increase awareness of the signs and symptoms, help identify depression sooner, and ultimately increase the number of women seeking needed treatment. This is especially important because infancy and early childhood lays the foundation for development, learning and health throughout life. Depression is related to other growing public health concerns such as obesity; the prevalence of depression increases as body mass index increases. Depression is treatable and seeking help and receiving treatment for depression leads to lower depression and suicide rates. However, the stigma surrounding mental health disorders prevents many from seeking help. Colorado is focusing on efforts that improve screening and referral practices and reduce the stigma of seeking help for depression, especially among these high risk populations.

**STATEWIDE GOAL: Reduce the burden of depression in Colorado by improving screening and referral practices and reducing the stigma of seeking help for depression, especially among pregnant women, men of working age and individuals who are obese.**

### LONG-TERM OUTCOME MEASURES

- Increase the percent of adults who report experiencing symptoms of depression from 7.7 percent in 2012 to 8.0 percent in 2018.<sup>3</sup> (Data source: BRFSS)
- Increase the percent of adults who reported taking medication or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem from 12.1 percent in 2013 to 15.0 percent in 2018. (Data source: BRFSS)

### STRATEGIES:

#### 1. Increase the percent of mothers who are appropriately screened and treated for depression.

**Objective 1:** By 2018, 82.0 percent of mothers will report that a doctor, nurse or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery. (Data source: Pregnancy Risk Assessment Monitoring System (PRAMS))

**Baseline:** 76.6 percent of mothers in 2014

**Coordinating agency:** CDPHE

**Partners in Implementation:** Denver Public Health, Tri-County Health Department, Larimer County Department of Health and Environment, Northeast Colorado Health Department, other LPHAs, Pregnancy-Related Depression State Advisory Committee

**2. Decrease the stigma of depression and increase access to an online cognitive behavior therapy tool for working aged men through access to the Man Therapy campaign and website.**

**Objective 1:** By 2019, increase the number of visitors to Mantherapy.org to 50,000.

**Baseline:** 11,851 visitors in 2013

**Coordinating agency:** CDPHE

**Partners in implementation:** Carson J. Spencer Foundation, Suicide Prevention Coalition of Colorado, Colorado Suicide Prevention Commission, CDHS Office of Behavioral Health

**Role of local public health:** Promote Man Therapy and partner with the community to implement promotion strategies.

**Objective 2:** By 2018, increase the percent of men who report experiencing symptoms of depression to 7.7 percent. (Data source: Behavioral Risk Factor Surveillance System (BRFSS))

**Baseline:** 6.5 percent of men in 2012

**Coordinating agency:** CDPHE

**Partners in implementation:** Carson J. Spencer Foundation, Suicide Prevention Coalition of Colorado, Colorado Suicide Prevention Commission, CDHS Office of Behavioral Health

**Objective 3:** Increase the number of Colorado men who access and use Mind Master, the online cognitive behavior therapy tool on Mantherapy.org, to 300 in 2019.

**Baseline:** Zero in 2014

**Coordinating agency:** CDPHE

**Partners in implementation:** Mind Master, Carson J Spencer Foundation, Colorado Suicide Prevention Commission

**Role of local public health:** Promote Man Therapy and partner with the community to implement promotion strategies.

**3. Provide best practices, tools and guidelines to primary care and behavioral health providers on screening and referral for depression and physical health care needs for obese patients.**

**Objective 1:** Increase the number of viewers of online training about the relationship between depression and obesity that describes best practices and tools to improve screening and referral for depression and physical health care needs for obese patients to 100 by 2019.

**Baseline:** 35 viewers in 2014

**Coordinating agency:** CDPHE

**Partners in implementation:** Behavioral Health Transformation Council, Integration Subcommittee, Colorado Prevention Alliance, Colorado Health Service Corps, LPHAs

**4. Partner with stakeholders and the Governor's office to share consistent messages focused on mental health as a part of overall health, and the importance of integrated care delivery systems.**

**Objective 1:** CDPHE will partner with stakeholders and the Governor's office to share consistent messages focused on mental health as a part of overall health, and the importance of integrated care delivery systems, forming 20 partnerships by 2019.

**Baseline:** 12 partnerships in 2014

**Partners in implementation:** Behavioral Health Transformation Council, Bridges Advisory Council, Trauma Informed Systems of Care Advisory Committee, HCPF, CDHS Office of Behavioral Health, school based health centers

**Role of local public health:** Support the integration of mental health and primary care. Promote integrated care centers and encourage that model.

## Prescription drug abuse

Nonmedical use of pain relievers, also known as prescription drug abuse, has been and continues to be a growing public health concern. It is more common than illicit use of drugs such as cocaine, heroin, hallucinogens or inhalants. Colorado has the second highest prescription drug abuse rate in the country.<sup>4</sup> Between 2000 and 2012, the number of annual deaths due to drug-related poisoning more than doubled and the number of deaths involving the use of opioid analgesics such as oxycodone and hydrocodone more than tripled. According to the *2012 National Survey on Drug Use and Health*, 5.1 percent of Coloradans reported using pain relievers non-medically in the past year.

**STATEWIDE GOAL:** Reduce prescription drug overdose death rates of Coloradans ages 15 and older by increasing safe prescribing practices and permanent disposal sites for controlled substances.

**LONG-TERM OUTCOME MEASURE:** Reduce prescription drug overdose death rates of Coloradans ages 15 and older from 20.5 per 100,000 in 2013 to 16 per 100,000 in 2018.

### STRATEGIES:

- 1. Improve usability and appropriate accessibility of the prescription drug monitoring program (PDMP) system through the use of information technology, increased stakeholder access and increase use as a public health tool.**

**Objective 1:** By 2019, every filled controlled substance prescription will be accompanied by a query of the prescription drug monitoring program database.

**Baseline:** One query per every five filled controlled substance prescriptions in 2014

**Coordinating agency:** Colorado Prescription Drug Abuse Prevention Consortium

**Partners in implementation:** CDPHE, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society

**Role of local public health:** Promote the use of the prescription drug monitoring program to care providers and as a public health tool for monitoring.

**Objective 2:** By 2019, form interagency agreements regarding use of the prescription drug monitoring program data to determine prevention strategies and policy changes.

**Coordinating agency:** Colorado Prescription Drug Abuse Prevention Consortium

**Partners in implementation:** CDPHE, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society

**2. Ensure all physicians and dentists receive continuing education about safe prescribing practices, including the use of the prescription drug monitoring program.**

**Objective 1:** By 2019, The Colorado Department of Regulatory Agencies (DORA) will promulgate state board policies (or rules) for all DORA-licensed prescribers to include pain management guidelines and require continuing education on safe prescribing practices.

**Coordinating agency:** DORA

**Partners in implementation:** Colorado Prescription Drug Abuse Prevention Consortium, CDPHE, HCPF, CDHS, University of Colorado, Colorado Medical Society

**Objective 2:** By 2019, increase the number of partners enlisted to offer provider trainings regarding safe and effective pain management practices, including the use of the prescription drug monitoring program.

**Coordinating agency:** Colorado Prescription Drug Abuse Prevention Consortium

**Partners in implementation:** CDPHE, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society, LPHAs

**3. Ensure proper disposal of prescription drugs by establishing permanent drug disposal sites.**

**Objective 1:** By 2019, increase the number of permanent drug disposal sites for controlled substances to 64 (one in each county).

**Baseline:** Nine counties in 2014

**Coordinating agency:** CDPHE

**Partners in implementation:** Colorado Prescription Drug Abuse Prevention Consortium, DORA, HCPF, CDHS, University of Colorado, Colorado Medical Society

**Role of local public health:** Advocate the need for this with law enforcement agencies and help identify proper storage for drugs until they can be destroyed.

1 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2010 midcourse review: Focus area 26, substance abuse [Internet]. Washington: HHS; 2006 Retrieved from: <http://www.healthypeople.gov/2010/Data/midcourse/pdf/FA26.pdf>

2 State of the Health Report, 2013 <http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf>

3 Efforts that successfully increase awareness of and reduce stigma of depression are expected to increase the percent of adults who report experiencing related symptoms.

4 Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (January 8, 2013). The NSDUH Report: State Estimates of Nonmedical Use of Prescription Pain Relievers. Rockville, MD.