

Substance Use Disorder (SUD) Inpatient and Residential Treatment Regional Capacity Stakeholder Meeting Summary

**February 7, 2020
Durango**

Meeting slides and additional information are available on the
[Department's Ensuring a Full Continuum of SUD Benefits webpage](#)

Participants

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Department: Kim McConnell, Shingo Ishida

Goals for Regional Stakeholder Meetings

- Share information gathered by Department on treatment programs in the state
- Elicit feedback on the data and mapping
- Collect additional information about regional needs from stakeholders

Presentation by Kim McConnell, ACC SUD Administrator

- Overall goals for the Department's capacity work
- ASAM Treatment continuum
- Current and future Medicaid coverage of SUD services in Colorado
- Review of work to date - Section 1115 SUD demonstration waiver
- Data mapping
 - Demand represented by density of Medicaid members with SUD diagnoses
 - Supply represented by Providers per 10000 Medicaid members with a SUD diagnosis (by ASAM level)
 - Future work on capacity mapping

Discussion: Audience Feedback

RAE 1 (Durango) Challenges and Opportunities

- Gaps in services:
 - Not enough 3.1 services
 - Lack of all levels of residential/inpatient treatment in the area
 - Sober living homes
 - Shortages, cost and some home's policies can seem very rigid to residents (for example, must attend AA meetings, must attend church, etc.)

- Issue with taking Purchased/Referred Care (PRC) for tribal populations; for some, Indian Health Services is the primary or only payer for treatment/care (i.e., Medicaid becomes a secondary payer source)
- Weather conditions drastically affect an individual's ability to travel to treatment.
- IOP is available, but it's very difficult to run because participants do not attend/participate due to schedule conflicts, access issues, and/or low numbers of participants
 - Sometimes IOP is court-mandated (and not self-referred) and no-show rates are high
 - Southern Ute community: sometimes a lack of services can determine, or directly affect, how an individual will be referred for treatment/care
 - An individual ordered by court to attend treatment does not necessarily sync with what is clinically/medically indicated for the individual
- Barriers: access to services/geography/weather, individual readiness to change
- Interim services while transitioning between levels of care include:
 - Peer support and recovery support services
 - Outpatient treatment
 - Southern Ute tribe: effort is made to connect the individual to other levels of treatment/care WHILE the individual is still in residential/inpatient treatment
- Access to treatment for tribal populations:
 - Most providers take IHS as payer source, but some do not
 - Some tribal populations travel to New Mexico (Albuquerque) to receive care
 - Lack of treatment programs that are culturally relevant
- Workforce shortages: how to incentivize individuals to enter behavioral health field and practice in rural/frontier counties?

Capacity Mapping Feedback

- SUD diagnoses may be underrepresented
- Some data might not be represented yet (for example, new SUD services that are just starting up/getting on its feet).
- Maps only represent those enrolled in Medicaid, and there are populations who are eligible for Medicaid, but for some reason, are not registered with Medicaid. Higher rates of eligible, but not enrolled individuals among tribal members.
- Not included: Fort Lyon Supportive Residential Community
- For discharge planning, it is important for 3.1 providers to know what other services and support are available for individuals.

Questions about changes to coverage of SUD services

Additionally, questions about the changes to Health First Colorado's SUD benefits were recorded and will be included in a Frequently Asked Questions (FAQ) resource that will be posted on the Department website.